

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

TWENTIETH CONGRESS
First Regular Session

House Bill No. 654



Introduced by Rep. Cielo Krisel B. Lagman

EXPLANATORY NOTE

Legislating a comprehensive law on preventing adolescent pregnancy is imperative to institutionalize policies and strategies on eliminating or mitigating adolescent pregnancy and extend social protection to adolescent parents and their children.

Adolescent mothers should be relics of the past when early childbearing was the norm. But child mothers still abound in the modern setting, especially in developing countries like the Philippines.

Way back in 2020, the United Nations Population Fund (UNFPA) reported that the "Philippines has one of the highest teenage pregnancy rates among the ASEAN member states." It documented that "more than 500 Filipino adolescent girls are getting pregnant and giving birth every day" or in excess of 182,500 births annually.

Philippine Statistics Authority data in 2024 revealed that live births among girls aged 10 to 14 rose from 2,411 in 2019 to 3,343 in 2023, a 6.6 percent increase in just four years.

In response, the UNFPA once more released an official statement expressing its alarm and reiterated calls for immediate government action to address the indefensible phenomenon of children giving birth to children.

It stated that: "These girls also face numerous challenges as many of them are forced to stop schooling, which in turn deprives them of a better future. UNFPA Philippines' ongoing Longitudinal Cohort Study on the Filipino Child also provides strong evidence that adolescent pregnancy perpetuates intergenerational poverty and poor education and nutrition outcomes."

It must be underscored that according to both recent research by Save the Children and the UNFPA State of the World Population Report as far back as 2013, very young mothers under 15 years old are twice as likely to die from pregnancy or childbirth complications compared to women aged 20 to 30.

In January 2025, the Commission on Population and Development also disclosed that it is closely monitoring what it described as an "alarming trend" in the marked increase of live births to very young girls in the country and labeled repeat pregnancies among adolescents as a "major issue".

Clearly, lives of children are at stake and the House of Representatives in the 19th Congress recognized the urgency of finding long term solutions to the problem of adolescent pregnancy when it overwhelmingly approved the "Adolescent Pregnancy Prevention Act" on third and final reading in September 2023. Unfortunately, the Senate failed to approve its counterpart measure.

It must be brought to the forefront that the major deleterious consequences of adolescent pregnancies impact adversely on both adolescents and the economy.

Complications during pregnancy and childbirth are the leading cause of deaths for teenagers worldwide because young girls' bodies are not ready for the rigors of pregnancy and childbirth. Moreover, babies born to teenage mothers face greater health risks.

Due to early pregnancy, young girls fail to finish basic education, lack adequate skills for remunerative work, and are economically vulnerable, thus perpetuating intergenerational poverty.

Adolescent pregnancies negatively affect the economy with a yearly average of P33-B forfeited revenues due to "lost opportunities and forgone savings" consequent to early childbearing. Most adolescent mothers remain unemployed and unproductive. The government also spends billions of pesos annually for the healthcare of pregnant teenagers, adolescent mothers, and their infants.

Consequently, the country fails to reap the benefits of a demographic dividend from the potential of a huge young population.

The major programs and strategies to prevent adolescent pregnancies are: (1) age- and development-appropriate reproductive health and sexuality education, including life skills training that improve confidence and self-worth, communication skills, and decision-making abilities; (2) access to contraceptives by adolescents; and (3) comprehensive legislation.

Countries providing reproductive health (RH) education clearly show that accurate information on health and sexuality at the right time and appropriate age encourages responsible behavior and delays the onset of sexual activity. What is important is that information and services are accessible, accurate, and appropriate.

The beneficent outcomes of RH education are: (a) correct and relevant sexual values are instilled, preconceived myths on sex are discarded, and young people's curiosity is addressed, thus risky behavior and experimentation are foreclosed; (b) initiation into sexual activity is delayed; (c) abstinence before marriage is encouraged; (d) life skills to counter peer pressure and resist coerced sex are acquired; (e) for the sexually active, safe sex and prevention of unintended pregnancy are achieved; (f) multiple sexual partners is avoided; and (g) transmission of HIV-AIDS and sexually transmitted diseases is prevented.

Mandatory RH education assumes more importance in the context of the Philippines where majority of Filipino parents' default in teaching their children

proper sexual values because conversation about sex in most Filipino homes is taboo or the parents themselves are uninformed.

It is lamentable that more than ten years after the enactment of the RH Law, the Department of Education (DepEd) has not fully completed the mandated curriculum on RH education which has yet to be implemented nationwide. DepEd appears to be the graveyard of RH education.

Adolescents' access to contraception complements RH sexuality education. Increased use of contraceptives accounts for an 86% decline in teenage pregnancy in the United States. Contraceptive use is also cost-effective. It is a small portion of the total expenditure for overall RH care and services. Correct and consistent contraceptive use also reduces abortion rates.

Unfortunately, in the Philippines there is a stringent legal barrier to adolescents accessing modern contraceptives. The diluted compromise provision in the RH law requiring written parental consent for minors to access modern contraception, "*except when the minor is already a parent or has had a miscarriage*", was further diluted by the Supreme Court in *Spouses Imbong vs. Ochoa* where the majority struck down the two aforesaid exceptions for purportedly eroding parental authority in the rearing of children. Consequently, without a written parental consent, no minor can access modern contraception.

In stark contrast, the US Federal Supreme Court as early as four decades ago in *Carey vs. Population Services, Int'l.* ruled that a 16-year-old minor's constitutional right to privacy includes the right to freely avail of contraceptives. It also debunked for want of proof the pretension that access to contraception increases minors' sexual indulgence.

Since there should be no idolatrous adherence to precedents, it stands to reason that Congress can depart from the aforesaid pronouncement in *Imbong* by legislating that parental consent is not necessary for adolescents, particularly those who are 16 years old and above, to access contraceptives because the State policy upholding the constitutional right to privacy of minors is superior to parental authority, which needs government support and intervention like in the case of defaulting parents.

Verily, enacting a law preventing adolescent pregnancy; addressing the underlying factors contributing to adolescent pregnancy, such as poverty, lack of educational opportunities, and harmful social norms that perpetuate early marriage and childbearing; and providing social support for young parents will save young girls from the clutches of maternal death, unemployment and poverty, and improve their future.

If we are to truly uplift the lives of women, we must start by improving the future of young girls.

Immediate approval of this bill is earnestly sought.


CIELO KRISSEL B. LAGMAN

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HOUSE BILL NO. 654

Introduced by Representative Cielo Krisel B. Lagman

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

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

SECTION 1. *Short Title.* - This Act shall be known as the *Adolescent Pregnancy Prevention Act*.

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

- (a) Recognize, promote, and strengthen the role of adolescents and young people in the overall human socio-economic development of the country;
- (b) Create and sustain an enabling environment for adolescents to achieve their aspirations and potentials as well as to positively contribute to nation-building;
- (c) Pursue sustainable and genuine human development that values the dignity of the human person and affords full protection to peoples' rights, especially the adolescents and their families;
- (d) Promote and protect the basic human rights of adolescents, particularly their rights to sexual and reproductive health, equality and equity before the law, freedom of expression, development, education, and participation in choosing and making responsible decisions for themselves;
- (e) Pursue an adolescent pregnancy reduction strategy that is anchored on the empowerment of adolescents, their rights to health and development, their needs and preferences, that is cognizant of the structural barriers, including but not limited to sex, gender, poverty, age, ethnicity, and disability that lead to adolescent pregnancy;

- (f) Provide full and comprehensive information to adolescents to help them prevent early and unintended pregnancies and their life-long consequences;
- (g) Provide access to safe, quality, and respectful maternal health care services, including antenatal, delivery, and postnatal care to adolescent girls;
- (h) Ensure corresponding interventions that could respond to the socioeconomic, health, and emotional needs of adolescents and youth, especially young girls, with due regard to their creative capabilities for social, family, and community support, employment opportunities, participation in the political process, and access to education, health, counseling, and high-quality reproductive health services;
- (i) Guarantee universal access to medically safe, legal, and affordable reproductive health care services, methods and devices, and information that prioritizes the needs of the underprivileged, especially adolescent girls and those who are already parents;
- (j) Encourage adolescent parents to continue and finish their education or acquire functional and technical skills in order to equip them for a better life, improve their income, increase their human potential to help prevent early marriages, high-risk child-bearing and repeated pregnancies, and reduce associated mortality and morbidity through comprehensive social protection interventions;
- (k) Create enabling mechanisms and opportunities for adolescent parents, especially those who are minors, to achieve their aspirations and potentials through comprehensive and integrated social protection measures; and
- (l) Recognize and promote the rights, duties, and responsibilities of parents, teachers, and other persons responsible for the growth of adolescents to provide them, in a manner consistent with their evolving capacities, appropriate direction, and guidance in sexual and reproductive matters.

SEC. 3. *Definition of Terms.* - As used in this Act:

- (a) *Adolescents* refer to individuals in the 10 to 19 years' age group, as defined by the World Health Organization (WHO);
- (b) *Adolescent Male involvement and participation* refers to the active movement, participation, and commitment of adolescent males and their joint responsibility with adolescent females in all areas of adolescent sexual and reproductive health, as well as reproductive health concerns specific to males;

- (c) *Adolescent sexual and reproductive health (ASRH) Care* refers to the access to a full range of methods, techniques, and services that contribute to the reproductive health and well-being of young people by preventing and solving reproductive health-related problems;
- (d) *Adolescent sexuality* refers to the central aspect of being human, which encompasses sex, gender identities and roles, sexual orientation, pleasure, intimacy, and reproduction by individuals aged 10 to 19. It is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviors, practices, roles, and relationships; and is influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious, and spiritual factors;
- (e) *Comprehensive Adolescent Sexuality Education (CASE)* refers to the process of acquiring complete, accurate, relevant, and age-appropriate information and skills on all matters relating to the reproductive system, its functions and processes, and human sexuality and forming attitudes and beliefs about sex, sexual identity, interpersonal relationship, affection, intimacy, and gender roles of adolescents. It shall develop the skills of adolescents for them to make informed decisions such as the capacity to distinguish between facts and myths on sex and sexuality, critically evaluate and discuss the moral, religious, social, and cultural dimensions of related sensitive issues such as contraception and abortion, and the prevention of risky behaviors that may undermine the realization of their aspirations and potentials. It is a rights-based, gender-focused, approach to adolescent health education taught over several years with progressive appropriateness based on age-appropriate information consistent with the evolving capacities of young people and adolescents. CASE shall be implemented in schools, alternative learning systems, communities, and other venues which the government may identify and utilize, taking into consideration its appropriateness and the protection of its beneficiaries' privacy;
- (f) *Evolving capacities of the child* refers to the concept enshrined in Article 5 of the Convention on the Rights of the Child recognizing the developmental changes and the corresponding progress in cognitive abilities and capacity for self-determination undergone by children as they grow up, thus requiring parents and others charged with the responsibility for the child to provide varying degrees of protection, and to allow their participation in opportunities for autonomous decision-making;

- (g) *Information and service delivery network (ISDN) for adolescent health and development (AHD)* refers to the network of facilities, institutions, and providers within the province, district, municipality or city-wide health and social system offering information, training, and core packages of health and social care services in an integrated and coordinated manner;
- (h) *Informed choice* refers to a situation wherein a person is provided with options to choose from several commodities, diagnostic treatments, tests, or procedures, based on full information and details about their benefits, risks, and expected outcomes;
- (i) *Mature minor doctrine* refers to the legal principle that recognizes the capacity of some minors to consent independently to medical procedures and services if they have been assessed by qualified health professionals to understand the nature of such procedures and services and their consequences to make decisions on their own;
- (j) *Normal schools or colleges for teachers* refer to learning institutions training or educating teachers in primary, secondary, college, postgraduate, technical, or vocational education;
- (k) *Reproductive health* refers to a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and its functions and processes;
- (l) *Risky behavior* refer to an ill-advised practices and actions both sexual and non-sexual that are potentially detrimental to a person's health or general well-being; and
- (m) *Social protection* refers to policies and programs that seek to reduce poverty and vulnerability to risks and enhance the social status and rights of the marginalized by promoting and protecting livelihood and employment, protecting against hazards and sudden loss of income, and improving people's capacity to manage risks.

SEC. 4. *Adolescent Pregnancy Prevention Inter-Agency Council.* - The Adolescent Pregnancy Prevention Inter-Agency Council, hereinafter referred to as the Council, is hereby established. The Council shall serve as the policy-making body responsible for the formulation and implementation of policies and programs that shall provide family-oriented, adolescent-friendly sexual and reproductive health programs, centered on the prevention, counseling, and post-delivery care of adolescent

pregnancy, through the development of coherent, rational, unified, effective and efficient structures, systems, and mechanisms for social protection program to the adolescents with health and development concerns primarily on sexual and reproductive health.

SEC. 5. *Development and Implementation of National Program of Action and Investment Plan for the Prevention of Adolescent Pregnancy.* - The Council shall, in collaboration with other relevant national agencies, non-government organizations (NGOs), and civil society organizations (CSOS), shall develop an evidence-based, National Medium-Term Plan for the Prevention of Adolescent Pregnancy.

This program of action shall serve as the national framework for inter-agency and inter-sectoral collaboration and resource allocation at all levels, to address the various health, cultural, socio-economic, and institutional determinants of adolescent pregnancy.

Based on the Program of Action, a *National Program on the Prevention of Adolescent Pregnancy (NPPAP)* shall be developed and funded at all levels and shall become a priority program of the Philippine Population Management Program of the Commission on Population and Development (POPCOM), spearheaded and coordinated by the Council created under Section 4 this Act.

The NPPAP shall be based on the inter-agency program of action involving all relevant government agencies and shall be considered a program that is eligible for multi-year funding and inter-agency obligational authority to ensure the allocation of the adequate funding for all concerned government agencies.

SEC. 6. *Information and Service Delivery Network for Adolescent Health and Development.* - All provinces and chartered cities shall organize and operationalize an ISDN for AHD consisting of different government agencies and NGOs, institutions, and facilities disseminating information and services to adolescents within their locality.

In cases of provinces and cities with existing ISDNs for AHD, they shall harmonize new and existing efforts and programs for AHD, particularly the services responding to the socioeconomic dimensions of adolescent pregnancy. The ISDN shall be organized by each province or by municipality or city according to local government capacity. An

effective collaborative and referral system among the members of the ISDN shall be established and implemented within a catchment area.

The ISDN for AHD shall provide health services that are sensitive to the particular needs and human rights of all adolescents to enable them to deal positively and responsibly with their reproductive health and sexuality.

The organization and mobilization of ISDN for AHD shall support the program through the following activities, among others:

- (a) Map and analyze the various factors contributing to pregnancies among adolescents at the regional and local levels;
- (b) Identify, harmonize, coordinate, and implement inter-agency interventions to address the various issues related to adolescent pregnancies at the regional and local levels;
- (c) Capacitate ISDN for AHD agency members in collaboration with relevant regional government agencies to ensure the dissemination of quality information and services to adolescents;
- (d) Provide, in collaboration with concerned local government units (LGUs), needed information and services for adolescent development;
- (e) Generate or share resources among involved institutions and facilities in the implementation of the joint strategic plan of the ISDN for AHD; and
- (f) Monitor and evaluate the effectiveness of coordination and referral systems and other interagency interventions jointly implemented by the ISDN.

The local ISDN for AHD shall be organized by the Office of the Provincial, City, or Municipal Population Officer, and coordinated with the Provincial, City or Municipal Health Office, in coordination with the Sangguniang Kabataan (SK) Federation or Local Youth Development Council (LYDC) in the concerned localities, with technical assistance from the Council and other relevant national government agencies. The local ISDN for AHD must be established within one (1) year after the promulgation of the Implementing Rules and Regulations of this Act.

SEC. 7. Mandatory Establishment of Functional Local Centers for Adolescent Health and Development. – School-or community-based centers for AHD shall be established and operationalized in all municipalities and cities in the country. These

youth-led centers shall serve as facilities where adolescents particularly girls and young women are able to access appropriate information and services on ASRH and other concerns relevant to their holistic development. These Centers shall be the convergence or catchment facilities or hubs for the services under the ISDN for AHD. The Center may also serve as a peer-helping, counseling, and treatment center for adolescents in crisis or victims of abuse and violence as well as a venue for the implementation of programs and strategies under the Social Protection Program for Adolescent Parents and their Children (SPPAPC).

The Center shall be mainly managed, operated, and maintained by the LGUs through the SK, in collaboration with the local office designated to organize and coordinate the ISDN for AHD; youth volunteers and workers; and other organized adolescents and youth groups recognized by the LGU with the assistance of various adult service providers and youth-serving professionals including the CSOs. The establishment and operationalization of the centers shall be funded using 10% of the SK fund and other relevant local budget sources.

The Council shall formulate the guidelines and standards for setting-up Centers in schools and communities. National government agencies shall provide assistance to LGUs and schools in setting up the centers.

SEC. 8. *Adolescent and Youth-Friendly Health Facilities.* - The Department of Health (DOH)-approved standards for adolescent and youth-friendly health facilities and hospitals shall be institutionalized and made a requirement for the licensing and relevant accreditation of public and private health facilities. The DOH shall likewise identify specific AHD-related health services that should be made available in public health facilities and hospitals under the operational framework and mechanisms for the Universal Health Care Act.

The Council shall likewise facilitate the development and adoption of standards for establishing and maintaining adolescent and youth-friendly public facilities providing information and services for adolescents.

SEC. 9. *Community-Based and Culturally-Sensitive, Age and Developmentally-Appropriate Comprehensive Adolescent Sexuality Education.*-

To complement and support age-and developmentally-appropriate reproductive health education pursuant to Republic Act No. 10354 or “The Responsible Parenthood and Reproductive Health Act of 2012”, and to ensure the inclusive promotion of CASE, culturally-sensitive and appropriate modules shall also be developed and adopted through community-based information, education and communication programs for all adolescents, including indigenous people, persons with disabilities, out-of-school youth (OSY), children in conflict with the law, beneficiaries of residential social welfare services, and other marginalized groups: *Provided*, That cultural norms and practices that may violate human rights, or reinforce discrimination against women and girls shall be prohibited.

The Department of Education (DepEd) shall, with assistance from the Council, and in collaboration with other relevant government agencies, develop and promote educational standards, modules, and materials to promote CASE in schools.

Reinforcing the relevant provisions of Republic Act 10354, public and private educational and technical skills development institutions and facilities shall, in coordination with the Council and in collaboration with relevant NGOs and CSOs, adopt a government-approved, age- and developmentally-appropriate CASE modules in all educational and technical skills development curricula and training programs, including in higher education curricula and vocational institutions, to ensure adequate coverage of concerns such as gender sensitivity, reproductive health choices and responsibilities, and sexually transmitted infections (STIs), including human immunodeficiency virus (HIV) acquired immunodeficiency syndrome (AIDS).

Delivery of CASE in a non-formal education setting shall be ensured by DepEd through their Alternative Learning System. Community youth leaders shall, through SK, the LYDC, and the Local Council for the Protection of Children (LCPC), invest in a concerted effort in reaching these groups and encourage peer-to-peer counseling. Volunteer groups and interested CSOs and NGOs shall be recognized for supplemental support to the local ISDNs for AHD.

The CASE shall be a compulsory part of education, integrated at all levels of learning with the end goal of normalizing discussion of sex and gender, adolescent sexuality, reproductive health, and removing the stigma on the discussion of these topics. The

materials and modules developed must be evidence-based, medically accurate, rights-based, culturally sensitive, and non-discriminatory towards adolescents of different sexual orientations, gender identities, and gender expressions.

The Council shall undertake annual reviews to determine the effectiveness of the curriculum and to make revisions as necessary to enhance the implementation of the program. In addition, the Council shall be tasked to integrate the CASE syllabus that is culturally sensitive into the existing Madrasah curriculum.

This curriculum shall be designed to strengthen respect for human rights and fundamental freedoms, including those related to reproductive health, sexuality, population, and development. The materials shall be complementary to the Responsible Parenthood and Reproductive Health Law and should be based on the need for responsible human sexuality and, reflect the realities of current sexual behavior.

SEC. 10. Comprehensive Adolescent Sexuality Education for Out-of-School Adolescents and those with Special Concerns. - The Council, the local ISDN, and the LGUs shall collaborate to intensify and institutionalize interactive learning methodologies for CASE among out-of-school adolescents in the communities and workplaces: *Provided*, That the needs of adolescents who belong to indigenous communities, those who are working, have disabilities, and are in social institutions are considered in the design and promotion of sexuality education among adolescents.

SEC. 11. Training of Teachers, Guidance Counselors, School Supervisors, and School Nurses on Comprehensive Adolescent Sexuality Education. - The Council shall ensure that all teachers, guidance counselors, school supervisors, and school nurses entrusted with the duty to educate adolescents on CASE are properly trained on adolescent health and development, and gender sensitivity to effectively educate and guide adolescents in dealing with their sexuality-related concerns. The training shall introduce and improve the delivery of the current services to promote greater responsibility and awareness of the interrelationships between adolescent health issues, including sexual and reproductive health, and gender equity: *Provided*, That the training shall also include legal and human rights instruments applicable to the sexual and reproductive health of adolescents, especially in cases of unintended pregnancies as a result of sexual violence.

The training shall be in collaboration with the Council for technical assistance. Funding for the training shall be allotted in the concerned government agencies' annual allocation to be approved by Congress. As a result of the training, schools shall institute policies to support adolescent mothers in ensuring that they stay in school and complete their education.

The Commission on Higher Education (CHED) shall ensure that CASE standards are guided by principles of gender equality and women's human rights and must be integrated into the curriculum and across specializations in the professional preparation and training for would-be teachers in normal schools or teacher education institutions in the country.

SEC. 12. *Comprehensive Adolescent Sexuality Education for Parents and Guardians as well as those with Special Concerns.* - The Council shall intensify and institutionalize interactive learning methodologies for CASE among parents and guardians to effectively guide adolescents in their growth and development. The Parent Effectiveness Program as provided for under Republic Act No. 11908, otherwise known as "*The Parent Effectiveness Service Program Act*" shall be adopted by the Council to enhance the parenting skills of parents, guardians, relatives, and other significant adults who care for or have influence over adolescents.

SEC 13. *Adolescent Sexual and Reproductive Health Training for Policymakers and Implementers.* - The Council shall be responsible for disseminating guidelines and providing training programs for policymakers and implementers in both the executive and legislative branches of government at all levels to enable a better understanding of ASRH as well as policies and practices to promote it.

The guidelines crafted for the purpose of this section shall be framed from a lens of gender equality and women's human rights and shall be made in consultation with the Philippine Commission on Women (PCW), academic institutions and CSOs focused on gender and women's human rights.

SEC. 14. *Sustained National Campaign on the Prevention of Adolescent Pregnancy using Various Types of Media.* - The Council shall develop and implement

a nationwide communication campaign through various types of media, including online platforms, to maximize dissemination to adolescents. The POPCOM shall, in collaboration with the Council members and other agencies, develop, maintain and regularly update a web portal for all AHD communication information, referral, and materials. Relevant services shall be developed and promoted by the Council to harmonize and link various government websites and online services for ASRH including the networked operationalization of ISDN for AHD.

Private broadcast networks with news channels or news programs shall also be encouraged and mobilized for the national campaign as part of their corporate social responsibility initiatives. The Philippine Information Agency (PIA) as the official public information arm of the government shall take the lead in promoting ASRH and in advocating for adolescent pregnancy prevention in media.

SEC. 15. *Participation of the Private Sector in the Promotion of Comprehensive Adolescent Sexuality Education.* - The government may enter into a public-private partnership agreement in mobilizing private communication networks and companies in promoting CASE through text or short message service or media messages. An incentive mechanism for telecommunication companies, including social media platforms, shall be developed and implemented by concerned agencies to recognize private participation in promoting CASE and adolescent health-seeking behavior, positive attitude towards sex, sexual relations, and sexuality, among others.

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

SEC. 16. *Access to Reproductive Health Information and Services.* – Access and information to modern family planning methods with proper counseling by trained service providers shall be provided to adolescents. For this purpose, all health service providers in all health facilities shall be trained in providing adolescent-friendly and responsive information and services. It is the duty of health service providers to provide complete and medically-correct information on reproductive health and clinical services, including the right to informed choice, and access to modern and other legal, medically-safe, and effective family planning methods: *Provided, That* the provision of reproductive health services to adolescents shall be based on the principles of non-

discrimination and confidentiality, the rights of adolescents, their evolving capacities, and the principle of the mature minor doctrine: *Provided*, further, it shall be ensured that adolescents are not denied the information and services needed to prevent future unintended pregnancies and can access treatment and care services without fear of stigmatization, discrimination, and violence: *Provided, finally*, that access to reproductive health services shall be made available under any of the following circumstances:

- (a) In keeping with the principle of the evolving capacities of the child, if the person is fifteen (15) to below eighteen (18) years of age, access to reproductive health services shall be made available to adolescents without the need of consent from a parent or guardian;
- (b) In keeping with the mature minor doctrine, adolescents below fifteen (15) years old who have already begun childbearing, who are pregnant, or who have experienced sexual abuse, miscarriage, sexually active or engaged in high-risk behavior shall have full access to reproductive health services without the need of consent from a parent or legal guardian; and
- (c) In all other cases not covered by letter (b) of this section, consent to access to reproductive health services shall be obtained from the adolescent's parents or guardian if the person is below fifteen (15) years of age or is mentally incapacitated. In cases when the adolescent's parents or guardian cannot be located despite reasonable efforts, or if the adolescent's parents or guardian refuse to give consent, it shall be obtained from a duly licensed and trained health service provider.

The Council shall ensure that ASRH training is integrated into the pre-service curriculum training of Barangay Health Workers (BHWs), front-line health care providers, and social workers. The said training shall include topics such as: consent, adolescent sexual and reproductive health, effective contraception use, disease prevention, HIV and AIDS and the more common STIs, hygiene, healthy lifestyles, and prevention of gender and sexual violence. Linkages and referral systems shall be established in educational institutions to bridge gaps between adolescent reproductive health curriculum and access to sexual and reproductive health (SRH) services for in-school

adolescents. For OSYs and other groups, a trained community peer educator could be chosen to advocate accessing SRH services and distribution of commodities.

SEC. 17. Social Protection Program for Adolescent Parents and their Children.

– A comprehensive social protection program shall be provided to adolescents who are currently pregnant and their partners to prevent repeat pregnancies and to ensure their well-being while assuming the responsibilities of being young parents. The social protection program shall include information and services that address the risks, vulnerabilities, and needs attendant to being a young parent, such as:

- (a) Maternal health services including pre-natal, ante-natal, and post-natal check-ups and facility-based delivery;
- (b) Post-natal family planning counseling and services for either or both adolescent parents;
- (c) Home-based, in-school, or tech-vocational education for adolescent mothers and parents;
- (d) Personal Philippine Health Insurance coverage, making mandatory enrollment and membership of indigent adolescent mothers;
- (e) Training, skills development, and support to livelihood programs for the household of the adolescent parents especially for the indigents;
- (f) Continuing CASE for adolescent parents;
- (g) Workshops on couples counseling, parenting, and positive discipline for the prospective parents;
- (h) Protective and support services for adolescents who are victims of or are exposed to gender-based violence, abuse, and exploitation;
- (i) Safety net measures for adolescent parents during emergency and crisis situations;
- (j) Support mechanisms that will encourage the return of adolescent parents to schools such as in-school day-care, breastfeeding stations, among others; and
- (k) Psycho-social support and mental health services for adolescent mothers.

Beneficiaries of the program who are 18 years old and above shall be entitled to maternal and paternal leave, especially if both are employed. Suspension, forced resignation, and other discriminatory acts in the workplace and in school against pregnant girls shall be prohibited. The local councils shall, through the Local Social

Welfare and Development and the Population Office, shall implement a continuing CASE program for adolescent mothers and fathers with technical assistance from the Council.

The services shall safeguard the rights of the adolescents to privacy, confidentiality, respect, and informed consent while ensuring respect for cultural values and beliefs.

Congress shall provide funding for the SPPAPC in the GAA as a priority poverty reduction program. The national government shall provide additional and necessary funding and other necessary assistance to effectively implement this provision.

SEC. 18. *Adolescent Male Involvement and Shared Responsibility in the Prevention of Early and Unintended Pregnancies.* - The Council shall develop programs to be implemented by LGUs that shall promote adolescent males' active involvement in the prevention of early and unintended pregnancies. These programs shall include the topics such as responsible fatherhood, couples counseling, laws against abuse, violence against women, and gender-based life skills. These programs shall emphasize the roles and responsibilities of adolescent fathers and ensure their active involvement. These programs shall emphasize the roles and responsibilities of adolescent fathers and ensure their active involvement. These programs shall also serve as an avenue to encourage the uptake of SRH services and information for boys and young men.

SEC. 19. *Foster Care or Adoption.* - The Department of Social Welfare and Development (DSWD) shall provide assistance to adolescent parents who may decide to put their child up to foster care or adoption. The consent of both adolescent parents, or at least one of them, if the whereabouts of the other, despite diligent efforts is unknown, shall be needed for the validity of the foster care or adoption.

Social workers and guidance counselors shall provide support and guidance to adolescent parents as well as the parents or guardians of the latter to enable them to make an informed choice on the possible legal and non-legal consequences of their actions.

SEC. 20. Social Protection in Cases of Sexual Violence. – The Council shall provide social protection mechanisms against violence for adolescents, especially for girls. Expectant and current mothers whose pregnancies were the result of sexual violence shall be given access and support to legal, medical, and psycho-social services. Furthermore, the Council shall reinforce the capacities of health facilities in providing comprehensive care for adolescents in case of sexual violence.

Social protection services shall include the following:

- (a) Psychosocial care, counseling, and administration of psychological or psychiatric tests;
- (b) Referral to medico-legal examination;
- (c) Professional health services;
- (d) Legal services; and
- (e) Referral or transfer to any DSWD, LGU, or any registered and licensed care facility for temporary shelter or protective custody.

The scope of sexual violence shall include offenses committed through online means and physical contact. Incidents of sexual violence against adolescents shall 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 laws protecting their rights, the identification of sexual violence, utilization of the related reporting system, and other protective services available.

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

SEC. 21. Social Protection in Cases of Humanitarian, Armed Conflict and Emergency Situations. - The local ISDN shall be strengthened in the event of humanitarian crises, armed conflict, and climate-related or emergency situations. The local ISDN shall ensure swift and efficient delivery of SRH services to vulnerable adolescents and young pregnant girls. Increased vigilance shall be practiced in cases of gender violence, sexual assault, and exploitation. All incidences of the

aforementioned situations shall be immediately addressed by the local ISDN through appropriate channels.

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

SEC.22. Harmonization and Integration of Local Programs for the Prevention of Adolescent Pregnancy in the Local Council in the Protection of Children, Local Youth Development Council, and Sangguniang Kabataan Program. - Strategies and programs which aim to prevent the incidence of adolescent pregnancies shall be integrated into the LCPC, LYDC, and SK programs at the local and community level: *Provided, That SK shall use ten percent (10%) of SK funds to integrate these programs.*

The LCPC, LYDC, and SK shall likewise implement programs and activities that aim to develop the potential and skills of adolescents to make them more productive members of the society.

The topics of the said programs and activities shall include: (1) Health literacy, hygiene, and fertility awareness, (2) Sexuality and gender equality, (3) Comprehensive sexuality education, contraceptive information, counselling, and services, (4) Antenatal, intrapartum and postnatal care, (5) STIs and HIV prevention and care, (6) Violence against women and girls: prevention, support and care, (7) Harmful traditional practices such as child marriage, (8) Laws protecting children and adolescents, (9) Disaster preparedness and risk reduction, and (10) Building community support for ASRH and dealing with resistance.

The LCPC, LYDC, and SK shall encourage adolescent participation in these activities as means of focusing their potential into more meaningful and productive endeavors.

The LCPC, LYDC, and SK shall enlist the support of the local barangay council and barangay health center to be able to provide a more complete array of services, activities, and programs.

SEC.23. Residential Care Facilities for Marginalized and Disadvantaged Women - The existing residential care facilities for marginalized and disadvantaged women of the DSWD shall be capacitated to accommodate the needs of pregnant girls. The management of the said facilities shall coordinate with their respective locality's ISDN to provide SRH information and services to their residents. In order to effectively serve their pregnant adolescent residents, these facilities shall mobilize the following personnel from the existing ISDN: a healthcare worker, an on-call obstetrician-gynecologist, a full-time midwife or nurse, and a psychologist.

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

SEC. 24. Creation of a National Monitoring and Evaluation System on Prevention of Adolescent Pregnancy - The Council shall create a monitoring and evaluation system that will comprehensively assess and effectively monitor and evaluate the status, success, and efficacy of the NPPAP.

An Adolescent Health and Development Survey shall be carried out every four (4) years to conduct surveys and collect age- and gender-disaggregated data. The survey shall cover a wider range of topics and indicators extending beyond adolescent sexuality and reproductive health including, but not limited to, topics such as education, adolescent health, and labor. Existing surveys such as the National Demographic and Health Survey, Family Health Survey, Family Planning Survey, and Maternal and Child Health Survey shall cover the collection of data disaggregated at ages 10-19 and include never-married women in the data collection in order to have a more accurate picture. Research and data from the assessment and evaluation shall be stored in a public database.

LGUs are required to conduct safety audits every three (3) years to assess the efficacy and effectiveness of the implementation of this Act within their jurisdiction. Such audits shall be multi-sectoral and participatory, with consultants undertaken with population officers, social workers, health workers, schools, and CSOs.

SEC. 25. Preventing Adolescents' Involvement in Other Risky Behaviors. – All barangays shall adopt and implement legal measures to prevent adolescents from engaging in risky behaviors including those that may lead to adolescent pregnancy, sexual assault or violence.

SEC. 26. Implementation Structure. - The Council created under Section 4 of this Act shall be composed of the following:

- (a) The POPCOM Executive Director as the Chairperson;
- (b) The Council for the Welfare of Children (CWC) Executive Director as Co-Chairperson;
- (c) Senior officials (at least Undersecretary level) of the DOH, PCW, National Youth Commission (NYC), DepEd, DSWD, Department of the Interior and Local Government (DILG), CHED, and Technical Education and Skills Development Authority (TESDA) as ex-officio members: *Provided*, That ex-officio members of the Council shall have the right to vote;
- (d) Two members from Women's Rights group or CSOs, selected by the Council, who are persons with knowledge, expertise, accomplishment, and with no less than five years of experience in the fields of public health, adolescent rights, and social protection, and education, psychology, and social welfare: *Provided*, That at least one is female;
- (e) One (1) adolescent and one (1) youth representative selected by the Council from various nationally-represented organizations, provided that at least one appointed member is female; and
- (f) The Chairpersons of the League of Provinces, Cities and League of Municipalities.

The POPCOM and CWC shall serve as the secretariat of the Council.

SEC. 27. Powers and Duties of the Council. - The Council shall perform tasks and functions that include:

- (a) Facilitate the development, implementation, and assessment of the comprehensive and integrated National Plan of Action and Investment Plan for the Prevention of Adolescent Pregnancy;

- (b) Propose legislative and administrative policies on the prevention of adolescent pregnancy based on emerging contexts, needs, and preferences of adolescents;
- (c) Develop operational guidelines and standards for government agencies and private organizations in the development and implementation of comprehensive strategies and programs for the prevention of adolescent pregnancy;
- (d) Facilitate the conduct of research and generation of evidence and knowledge on the drivers of adolescent pregnancy to enhance the development of programs and policies;
- (e) Address and resolve emerging institutional barriers in the implementation of this law;
- (f) Provide relevant agencies and private organizations with recommendations and solutions to challenges and gaps in the course of implementing the program; and
- (g) Engage the private sector and the citizenry to ensure active partnership in looking for solutions to address the problems of adolescent pregnancy.

The Council shall create a Regional, Provincial, City, and Municipal counterparts to ensure localization and proper implementation of its programs. Specific strategies shall be designed to reach marginalized and vulnerable adolescent sub-sectors.

SEC. 28. Roles and Responsibilities of Concerned Agencies. At the national level, the following agencies shall have the following duties and functions:

- (a) The POPCOM shall:
 1. Develop, and coordinate with relevant agencies, the NPPAP as part of the National Population Management Program;
 2. Take the lead in the nationwide and community-based campaign for the prevention of adolescent pregnancy, including the development and maintenance of the web portal for relevant online information and services;
 3. Provide the public with evidence-based strategies to reduce or eliminate adolescent pregnancy, and improve adolescent reproductive health;
 4. Implement a program for the training of parents and guardians in effectively guiding adolescents on ASRH issues;
 5. Set up a National Information System on the prevention of adolescent pregnancy that shall be used for planning and programming, monitoring and evaluation of indicators at all levels;

6. Create an enabling environment for adolescents to make informed choices on their sexual and reproductive health best suited to their personal needs;
7. Spearhead efforts to harmonize information within the network. The POPCOM may invest in the platform or information portal that would allow linking the data between members of the network;
8. Serve as an overall coordinator for the nationwide and community-based campaign for the prevention of adolescent pregnancy, including the development and maintenance of a web portal for relevant online information and services;
9. Establish and promote a helpline for adolescent health and development; and
10. Serve as the secretariat of the Council.

(b) The DOH shall:

1. Ensure the availability and provision of ASRH information, services, and commodities in all public and private health facilities;
2. Ensure the training of health service providers in providing adolescent-friendly and responsive health services;
3. Support and provide technical assistance in the capacity building of existing ISDNs and establishment of new ISDNs at the local level;
4. Establish Adolescent Mom Clinics in all hospitals to provide adolescent mothers with access to post-natal services and counseling as well as reproductive commodities to avoid successive pregnancies; and
5. Coordinate with the POPCOM on the establishment of a Monitoring and Evaluation System to ensure the responsiveness, accurate coverage, and full implementation of this Act.

(c) The CWC shall:

1. Integrate into its development and strategic frameworks issues and concerns from children-specific to adolescent pregnancy and ensure the adoption of such frameworks by the LGUs and other stakeholders;
2. Vigorously advocate for the awareness and prevention of adolescent pregnancy;
3. Develop, adopt, and implement in a manner consistent with adolescents' evolving capacities, proposed legislation, policies, and programs that will promote child and adolescent health and development; and
4. Serve as the secretariat of the Council.

(d) The PCW shall:

1. Implement all programs, plans, and strategies in addressing adolescent pregnancy, promote adolescent girls' and mothers' rights and welfare, gender equity and equality;
2. Assist the Council in ensuring that adolescent girls' and mothers' rights and welfare are prioritized as provided for under this Act; and
3. Strongly encourage the integration of education programs to prevent adolescent pregnancy in the mainstreaming work of the gender and development focal points in government agencies.

(e) The DepEd and CHED shall:

1. Ensure the development and promotion of CASE standards and its corresponding learning modules for teachers and students;
2. Ensure the comprehensive training of all teachers in CASE;
3. Lead the delivery and implementation of CASE in all public and private primary, secondary, and tertiary educational institutions as well as in non-formal educational settings;
4. Ensure the incorporation of CASE in the modules of future educators;
5. Guarantee quality assurance of educational institutions in terms of CASE delivery compliance through the Philippine Accreditation System for Basic Education (PASBE);
6. Ensure the proper implementation and delivery of CASE in all schools⁴ and administer the PASBE review; and
7. Promote the establishment of school-based adolescent centers.

(n) The TESDA shall:

1. Provide skills and training and livelihood support to adolescent parents; and
2. Encourage enrollment in tech-vocational courses for adolescent parents who are not fully equipped to return to in-school education.

(f) The DSWD shall:

1. Take the lead in providing social protection for adolescent parents, especially in cases of sexual violence, abuse, and exploitation;

2. Ensure the provision of social protection for adolescents in humanitarian and/or emergency situations;
3. Equip the existing Distressed Centers for Disadvantaged Women with increased capacity to accommodate more residents, particularly adolescent girls;
4. Incorporate ASRH and adolescent pregnancy prevention modules for both parents and adolescents in existing family development sessions and youth development sessions under the *Pantawid Pamilyang Pilipino* program with modules for adolescents emphasizing peer-to-peer discussions;
5. Promote CASE for adolescents with special needs and in difficult circumstances; and
6. Ensure the integration of social protection services in adolescent centers.

(g) The NYC shall:

1. Ensure the integration of ASRH and CASE promotion in the SK or Task Force on Youth Development (TFYD) and LYDC programs and projects;
2. Capacitate the SK or TFYD and LYDC in the implementation of this Act at the local level; and
3. Conduct workshops, classes, and seminars for first-time parents in partnership with POPCOM, DOH, DSWD, CWC, and other concerned Council members and relevant agencies.

(h) The DILG shall:

1. Ensure the compliance of concerned Local Councils in the implementation of this Act by including the implementation of ASRH programs as a qualifying requirement of the Seal of Good Local Governance; and
2. Assist the local ISDNs through their League of Provinces, League of Cities, League of Municipalities, and League of Barangays.

(i) The LGUs shall:

1. Ensure the development of local strategies for the prevention of adolescent pregnancy in their localities;
2. Ensure the promotion of CASE in schools and communities;
3. Mobilize the SK for key strategies in the prevention of adolescent pregnancy in their localities;

4. Facilitate the organization and mobilization of ISDN for AHD;
5. Ensure the availability and provision of appropriate health and social services for adolescents;
6. Set up a database on adolescent pregnancy for programming and planning;
7. Implement a program for the training of parents and guardians in effectively guiding adolescents on ASRH issues;
8. Enlist the participation of children, adolescents, and youth-oriented groups as well as CSOs and NGOs as much as possible; and
9. Allocate funds necessary for strategies in preventing adolescent pregnancy.

(j) The SK and LYDC shall:

1. Mobilize the Katipunan ng mga Kabataan in every barangay for key strategies in the prevention of adolescent pregnancy and their involvement in risky behaviors that are facilitative of engagement in sexual activities;
2. Facilitate the organization and mobilization of ISDN for AHD in their localities;
3. Integrate the ASRH, CASE and local programs to prevent incidence of adolescent pregnancies in the SK and LYDC programs, projects and activities;
4. Promote the CASE using social media and other digital or online communication platforms in their localities;
5. Enlist the support of the local barangay council and barangay health center to be able to provide a more complete array of services, activities and programs for the youth;
6. Develop, launch, and sustain a campaign for the prevention of adolescent pregnancy in their localities;
7. Set-up a database on adolescent pregnancy in their localities for programming and planning;
8. Organize and mobilize youth volunteers, in collaboration with barangay officials and peace officers, to monitor compliance of computer shops and business establishments selling and distributing videos and printed materials and in restricting minors from accessing pornographic materials and obscene shows.
9. Conduct workshops, classes and seminars for adolescents and first-time parents on ASRH issues, in partnership with POPCOM, DOH, DSWD, CWC, and other concerned Council members and relevant agencies;

10. Assist the LGUs in the management, operation and maintenance of the local adolescent centers;
 11. Promote adolescent male involvement in the prevention of early and unintended pregnancies; and
 12. Allocate funds necessary for strategies in preventing adolescent pregnancy.
- (k) The Movie and Television Review and Classification Board (MTRCB) shall:
1. Review existing guidelines to ensure that no movie and television programs portray, depict, promote, and encourage unsafe sexual activities among adolescents as a normative behavior in society; and
 2. Develop an incentive scheme for adolescent-friendly television programs shall likewise be developed and implemented to encourage movie and television networks to produce materials and programs that promote responsible sexuality among adolescents.
- (l) The PIA shall:
1. Take the lead in promoting ARH and in advocating for adolescent pregnancy prevention in media;
 2. Provide regular reports on the trend and incidence rates of adolescent pregnancies in the country and provide the public with information on resources and health practices for ASRH, among others, in collaboration with relevant Council member agencies; and
 3. Encourage and mobilize private broadcast networks with news channels or news programs for the national campaign as part of their corporate social responsibility initiatives.
- (m) The CSOs shall partner with the national and local government units in the implementation of the provisions of this Act.

SEC. 29. Designating February of Every Year as the Month for Raising Public Awareness on Preventing Adolescent Pregnancy and Conduct of Nationwide Communication Campaign. – To raise public consciousness on the issues of adolescent pregnancy and generate support from various stakeholders, the entire month of February shall be designated as the *Month for Public Awareness on*

Adolescent Pregnancy Prevention which shall be observed nationwide. Schools and other stakeholders shall hold activities with the objective of raising awareness and generating critical actions to address the issues of increasing adolescent pregnancy.

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

SEC. 30. *Joint Congressional Oversight Committee*- There is hereby created a Joint Congressional Oversight Committee to monitor the implementation of this Act and to review the Implementing Rules and Regulations promulgated. The Committee shall be composed of five (5) Senators and five (5) Representatives, with at least 1 member from each house to come from the minority, to be appointed by the Senate President and Speaker of the House of Representatives, respectively. The Oversight Committee shall be co-chaired by the Chairpersons of the Senate Committee on Women, Children, Family Relations, and Gender Equality, the Senate Committee on Youth, the House Committee on Youth and Sports Development, and the House Committee on Population and Family Relations.

SEC. 32. *Timeline for Adoption, Monitoring, and Evaluation of this Act*. The networks and services included in this Act shall be established within one (1) year upon effectivity of this Act. Periodic monitoring and evaluation of coverage and delivery of reproductive health services for pregnant adolescents shall also be conducted every three (3) years.

SEC. 33. *Reportorial Requirements*. – Before the end of April each year, the POPCOM shall submit to the President of the Philippines and Congress an annual consolidated accomplishment report, which shall provide a definitive and comprehensive assessment of the implementation of its programs and those of other government agencies in relation to the implementation of this Act and recommend priorities for executive and legislative action. The report shall be printed and distributed to all national agencies, LGUs, NGOs, and private sector organizations involved in said programs.

SEC. 34. *Implementing Rules and Regulations.* Within sixty (60) days upon the effectivity of this Act, the Council members shall convene to appoint the representatives as identified in Section 26 (d), and (e), such appointments shall require the concurrence of a simple majority of the government agencies represented in the same Council. Subsequent appointments to the Council shall require a simple majority of all members.

Immediately upon the appointment of the representatives in Section 26 (d) and (e), regardless of whether the seats in the Council have been filled, the members of the Council shall be organized to formulate the rules and regulations for the effective implementation of the provision of this Act, along with at least three (3) CSOs.

SEC. 35. *Separability Clause.* - If any part or provision of this Act is held invalid or unconstitutional, the other provisions not affected thereby shall remain in full force and effect.

SEC. 36. *Repealing Clause.* - All laws, executive orders, issuances, decrees, rules, and regulations inconsistent with or contrary to the provisions of this Act are deemed amended, modified, or repealed accordingly.

SEC. 37. *Effectivity.* - This Act shall take effect fifteen (15) days after its publication in the *Official Gazette* or in a newspaper of general circulation.

Approved,