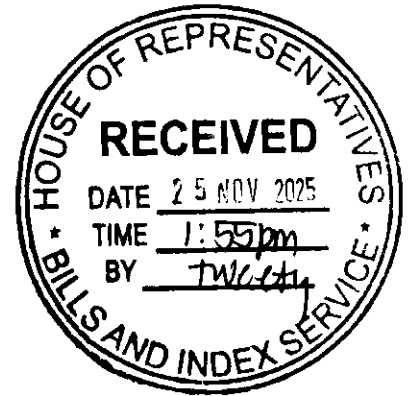


Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City, Metro Manila

TWENTIETH CONGRESS
First Regular Session

HOUSE BILL NO. **6356**



Introduced by Representative LEILA M. DE LIMA

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

EXPLANATORY NOTE

The Philippines is one of the countries with the highest teenage pregnancy rates in Asia. In Southeast Asia, the Philippines ranks second, with over 500 girls aged 15 to 19 becoming mothers daily.¹ According to the Philippine Statistics Authority (PSA), the number of girls aged 10 to 14 years old giving birth rose to 3,433 in 2023 from 2,113 in 2020.² In 2023, 17 women under 20 years old had given birth five or more times.³

Many studies identify the limited access to Comprehensive Sexual Education (CSE) as one of the primary causes of the alarming rise in cases of adolescent pregnancies in the country. Despite being mandated in the existing K-12 curriculum, the nationwide implementation of CSE has remained inconsistent and unequal, especially in rural areas and faith-based schools.⁴

This bill seeks to mandate the implementation of a standardized Comprehensive Adolescent Reproductive Health Education (CARHE) Program in all

¹ Dela Pena, K. (31 January 2023). Numbers fall but PH teen pregnancies persist, mirror economic, learning gaps. *Philippine Daily Inquirer*. Retrieved from <https://asianews.network/numbers-fall-but-ph-teen-pregnancies-persist-mirror-economic-learning-gaps/>.

² Save the Children. (12 June 2025). Philippines – Spike of 58% in child pregnancies should be a 'wake up call' for better education and health services. Retrieved from <https://www.savethechildren.net/news/philippines-spike-58-child-pregnancies-should-be-wake-up-call-better-education-and-health>.

³ Aning, J. (17 January 2025). Population body notes 'alarming trend' in teen pregnancies. *Philippine Daily Inquirer*. Retrieved from <https://plus.inquirer.net/news/population-body-notes-alarming-trend-in-teen-pregnancies/>.

⁴ Espinosa, A. (8 February 2025). A critical step towards addressing adolescent pregnancy in Philippines. *Philstar*. Retrieved from <https://www.philstar.com/news-commentary/2025/02/08/2420164/critical-step-towards-addressing-adolescent-pregnancy-philippines>.

public and private education institutions, which shall be integrated into the school curriculum, as guided by the Department of Education (DEPED). Under this bill, CARHE delivery shall not be dependent upon the discretion of the school administration or on its teachers.

The coverage of the CARHE shall include adolescent reproductive health, informed consent, disease prevention, hygiene, health and nutrition, healthy lifestyles and health seeking-behaviors and practices, gender-sensitivity, gender equality and equity, teen dating, gender-based violence, sexual abuse and exploitation, peer pressure, digital citizenship and issues, among others.

As the environment, context, technology, and access to media and information of Filipino adolescents expand and evolve, so too should the laws protecting them. In particular, this bill seeks to ensure that Filipino adolescents are equipped with the proper knowledge, skills, and values to make informed and responsible choices about their sexual and social relationships.

A similar measure was filed by Senator Risa Hontiveros in the 19th Congress, but the measure failed to gain adequate support in the Senate due to strong opposition from certain sectors in society. Upon reviewing the contentious provisions, this representation has chosen to adopt more specific and socially acceptable wordings for the contentious provisions to ensure proper understanding of the bill's purpose without watering down the bill's intent. In particular, this bill uses "Comprehensive Adolescent Reproductive Health Education (CARHE) Program" in lieu of "Comprehensive Sexual Education (CSE) Program" to allay the fears of certain sectors on the explicit use of the term "sexual," to emphasize that reproductive health remains the primary focus of the education program, and to ensure that the curriculum remains age-appropriate.

Additionally, this bill also adopts the new provision of the substitute Senate bill under the 19th Congress that does away with the mention of "international standards" to guide the integration into the school curriculum of the CARHE Program. By doing so, this representation ensures that the CARHE Program proposed by this bill shall be age- and development-appropriate and culturally-sensitive.

In the 20th Congress, similar bills have been filed by Representatives Francisco Paolo Ortega, Renee Louise Co, Cielo Krisel Lagman, Percival Cendaña, Jose Manuel Diokno, Dadah Ismula, and Kaka Bag-ao, and Senator Risa Hontiveros.

Early approval of this measure is earnestly sought.


LEILA M. DE LIMA

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

1 SECTION. 1. *Short title.* – This Act shall be known as the “Prevention of
2 Adolescent Pregnancy Act of 2025.”

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

- 5
6 a) Recognize, promote, and strengthen the role of adolescents and young
7 people in the overall human and socio-economic development of the
8 country not only in the future but also in the present;
- 9 b) Recognize and promote the responsibility of the State to create and
10 sustain an enabling environment for adolescents to enable them to
11 achieve their development aspirations and potentials as well as mobilize
12 them to positively contribute to the development of the nation;
- 13 c) Pursue sustainable and genuine human development that values the
14 dignity of the total human person and affords full protection to people's
15 rights, especially of adolescent girls and boys and their families;
- 16 d) Promote and protect the human rights of all individuals including
17 adolescents, particularly in their exercise of their rights to sexual and
18 reproductive health, equality and equity before the law, the right to
19 development, the right to education, freedom of expression, the right to
20 participate in decision-making, and the right to choose and make
21 responsible decisions for themselves;

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

SEC. 3. *Definition of Terms.* – For purposes of this Act, the following terms shall be defined as follows:

- a) *Adolescents* - refers to the population aged 10 to 19 years.
- b) *Adolescent Sexual and Reproductive Health (ASRH) Care* - refers to the access to a full range of methods, techniques, and services that contribute to the sexual and reproductive health and well-being of young people by preventing and solving reproductive health-related problems.
- c) *Adolescent Sexuality* - refers to the reproductive system, gender identity, values or beliefs, emotions, relationships, and sexual behaviors of young people as social beings.
- d) *Adolescent Pregnancy Prevention Council* - hereafter referred to as the Council, is an inter-agency and inter-sectoral council that shall be formed through this Act and serve as its implementing and oversight body.
- e) *Comprehensive Adolescent Reproductive Health Education (CARHE)* - refers to the process of acquiring complete, medically-accurate, relevant, age- and development-appropriate, and culturally-sensitive information and skills on all matters relating to the reproductive system, its functions and processes, human sexuality, and forming attitudes and

1 beliefs about sex, sexual identity, interpersonal relationships, affection,
2 intimacy, and gender roles. It has the purpose of developing the skills of
3 young people for them to make informed decisions such as the capacity
4 to distinguish between facts and myths on sex and sexuality, and
5 critically evaluate and discuss the moral, religious, social, and cultural
6 dimensions of related sensitive issues such as contraception and
7 abortion, and decide to prevent risky behaviors that can undermine the
8 realization of their aspirations and potentials.

- 9
- 10 f) *Gender-based violence* - refers to harmful acts directed at an individual
11 or a group of individuals based on their gender. It is rooted in gender
12 inequality, the abuse of power, and harmful norms. It includes but is not
13 limited to: physical, verbal, sexual, psychological, and socioeconomic
14 violence.
- 15
- 16 g) *Integrated Information and Service Delivery Network for Adolescent*
17 *Health Development (IISDN)* - refers to the network of facilities,
18 institutions, and providers within the region, province, district, city,
19 municipality, and barangay-wide health and social system offering
20 information, training, and core packages of health and social care
21 services in an integrated and coordinated manner.
- 22
- 23 h) *Indigenous Cultural Communities/Indigenous Peoples* - refer to a group
24 of people or homogenous societies identified by self-ascription and
25 ascription by others, who have continuously lived as organized
26 community on communally bounded and defined territory, and who
27 have, under claims of ownership since time immemorial, occupied,
28 possessed, and utilized such territories, sharing common bonds of
29 language, customs, traditions, and other distinctive cultural traits, or who
30 have, through resistance to political, social, and cultural inroads of
31 colonization, non-indigenous religions and cultures, became historically
32 differentiated from the majority of Filipinos. ICCs/IPs shall likewise
33 include peoples who are regarded as indigenous on account of their
34 descent from the populations which inhabited the country, at the time of
35 conquest or colonization, or at the time of inroads of non-indigenous
36 religions and cultures, or the establishment of present state boundaries,
37 who retain some or all of their own social, economic, cultural, and
38 political institutions, but who may have been displaced from their
39 traditional domains or who may have resettled outside their ancestral
40 domains.
- 41
- 42 i) *Local Youth Development Council (LYDC)* - refers to the local body to
43 be created based on Republic Act No. 10742 or the "Sangguniang
44 Kabataan Reform Act of 2015" which is composed of representatives of

youth and youth-serving organizations in the provincial, city, and municipal, and barangay level with the primary function of assisting in the planning and execution of projects and programs of the Sangguniang Kabataan, and the Pederasyons in all levels.

- j) *Local Council for the Protection of Children* - refers to the council organized at the provincial, city, municipal, and barangay levels that serves as the umbrella organization for all children's concerns.
- k) *Normal Schools or Teachers Colleges* - refer to the learning institutions training or educating teachers.
- l) *Public-Private Partnership (PPP)* - is a cooperative arrangement between one or more public and private sectors, typically of a long-term nature, for various development programs or projects.
- m) *Positive masculinity* - refers to men and boys becoming gender-sensitive and enabling them to support, promote, and respect women's and girl's sexual and reproductive health and rights.
- n) *Philippine Accreditation System for Basic Education (PASBE)* - refers to the accreditation process that looks into the operations of the public and private elementary and secondary schools if they meet the quality standards as established by stakeholders of basic education.
- o) *Quad media* - refer to the four types of media used by society, specifically: print media which includes newspapers and magazines; broadcast media which includes television and radio; internet media which includes social media, online forums, and podcasts, among others; and out of home media which includes advertising media.
- p) *Sexual and Reproductive Health* - refers to 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 to its functions and processes.
- q) *Risky Behaviors* - refer to practices and actions that are potentially detrimental to a person's health, protection, exposure to abuse or exploitation, or general well-being, or increase the probability of their mortality or morbidity.
- r) *Sexual Abuse* - refers to actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions.

- 1 s) *Sexual exploitation* - refers to any actual or attempted abuse of position
2 of vulnerability, differential power, or trust, for sexual purposes,
3 including, but not limited to, profiting monetarily, socially, or politically
4 from the sexual exploitation of another.
5
6 t) *Social Protection* - constitutes policies and programs that seek to reduce
7 poverty and vulnerability to risks and enhance the social status and
8 rights of the marginalized by promoting and protecting livelihood and
9 employment, protecting against hazards and sudden loss of income, and
10 improving people's capacity to manage risks.
11
12 u) *Task Force on Youth Development (TFYD)* - refers to the local body to
13 be created based on Implementing Rules and Regulations of Republic
14 Act No. 10656 or the "Act to Postpone the October 2016 Sangguniang
15 Kabataan Elections," whose members will remain in office until such time
16 that SK officials have been duly elected and qualified. They are
17 mandated to formulate a Youth Development Plan and ensure that the
18 plan's programs and projects are implemented in the barangay and that
19 the SK funds are used solely for youth development.
20

21 **SEC. 4. *Development of the National Program of Action and Investment Plan***
22 ***for the Prevention of Adolescent Pregnancy.*** – The Council, in collaboration with other
23 relevant national agencies, non-government organizations, civil society organizations
24 (CSO), including women and children's organizations and adolescent and young
25 people's organizations, shall develop an evidence-based National Program on the
26 Prevention of Adolescent Pregnancy (NPPAP). It shall be funded at all levels and
27 become a priority program of the Philippine Population Management Program of the
28 Population Commission (POPCOM), spearheaded and coordinated by the Adolescent
29 Pregnancy Prevention Council, created under Sec. 23 of this Act.
30

31 The NPPAP shall be based on the inter-agency program of action involving all
32 relevant government agencies and be considered as a program that is eligible for
33 multiyear funding and inter-agency obligational authority to ensure the allocation for
34 the key strategies in all concerned government agencies. The NPPAP shall be
35 formulated with clear and prescriptive guidance for better implementation at the local
36 level.
37

38 In order to ensure the full participation of the stakeholders at all levels of
39 decision making, consultations with children, adolescents, and youth-oriented groups
40 shall be held with the Council's youth representatives. The Council must also hold
41 consultations with adolescents from specific at-risk populations, including children and
42 adolescents from indigenous cultural communities, those in situations of armed conflict
43 and humanitarian situations, LGBTQIA children, children with disabilities, and children
44 living in geographically isolated and disadvantaged areas (GIDA). The results of the

1 stakeholders' consultation that will be presented by the youth representatives shall be
2 integrated into the formulation, implementation, operation, measurement, and
3 evaluation of the NPPAP. If necessary, additional consultations with the stakeholders
4 shall be conducted at various levels of the program to guarantee that the NPPAP
5 remain youth-focused and -oriented.

6
7 Government agencies like the National Commission on Indigenous Peoples
8 (NCIP) and the National Commission on Muslim Filipinos (NCMF), while not part of
9 the Council, shall be included in the development of the NPPAP in order to ensure that
10 it will be inclusive and culturally-appropriate.

11
12 *SEC. 5. Organization and Mobilization of Regional and Local Integrated*
13 *Information and Service Delivery Network for Adolescent Health and Development*
14 *(IISDN for AHD). – All chartered cities and municipalities shall organize and*
15 *operationalize an IISDN for AHD consisting of different government and non-*
16 *government organizations, institutions, and facilities providing information and*
17 *services to adolescents within their locality. In cases of cities and municipalities with*
18 *existing IISDNs, they shall now harmonize new and existing efforts and programs for*
19 *AHD. The IISDN may be organized by district in each city, municipality, or barangay.*
20 *An effective collaborative and referral system among the members of the IISDN shall*
21 *be established and implemented within a catchment area.*

22
23 The IISDN for AHD will provide health services that are sensitive to the
24 particular needs and human rights of all adolescents, paying attention to the following
25 characteristics:

- 26
27 a) *Availability* - Primary health care should include inclusive, culturally- and
28 gender-sensitive services responsive to the needs of adolescents and
29 young girls, with special attention given to sexual and reproductive
30 health and mental health;
31 b) *Accessibility* - Health facilities, goods, and services should be known and
32 easily accessible (economically, physically, and socially) to all
33 adolescents, without discrimination and without the need for parental
34 consent. Confidentiality should be guaranteed and maintained at all
35 times;
36 c) *Acceptability* - All health facilities, goods, and services should respect
37 cultural values, be gender sensitive, be respectful of medical ethics, and
38 be acceptable to both adolescents and the communities in which they
39 live: *Provided*, that in all cases the best interest of the child shall prevail.
40 d) *Quality* - Health services and goods should be scientifically and
41 medically appropriate, which requires personnel trained to care for
42 adolescents, adequate facilities, and scientifically accepted methods.

1 The IISDN shall perform the following tasks and functions:

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

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

31
32 *SEC. 6. Age and Development-Appropriate Comprehensive Adolescent*
33 *Reproductive Health Education.* – The Department of Education (DEPED), with
34 assistance from the Council and in collaboration with other relevant agencies, shall
35 develop and promote educational standards, modules, and materials to promote
36 comprehensive adolescent reproductive health education (CARHE) in schools,
37 communities, and other youth institutions. The CARHE shall be a compulsory part of
38 education, integrated at all levels with the end goal of normalizing discussions about
39 adolescent sexuality and reproductive health and to remove stigma at all levels. The
40 Council shall ensure that the CARHE is medically accurate, culturally sensitive, rights
41 based, and inclusive and non-discriminatory towards LGBTQIA adolescents.

42
43 The CARHE shall include age- and development-appropriate topics such as,
44 but not limited to: human sexuality, informed consent, adolescent reproductive health,
45 effective contraceptive use, disease prevention, HIV/AIDS and the more common

1 sexually transmitted infections (STIs), hygiene, health and nutrition, healthy lifestyles
2 and health seeking-behaviors and practices, gender-sensitivity, gender equality and
3 equity, teen dating, gender-based violence, sexual abuse and exploitation, peer
4 pressure, women's and children's rights, digital citizenship and issues like
5 pornography, among others. The purpose of which is to equip them with the
6 knowledge, skills, and values to make informed and responsible choices about their
7 sexual and social relationships.

8
9 The CARHE shall be standardized and implemented in all public and private
10 basic education institutions. CARHE delivery shall not be dependent upon the
11 discretion of the school administration or on its teachers. It shall be integrated in the
12 school curriculum, guided by DEPED. In order to ensure proper compliance, the
13 provision and delivery of CARHE in public and private basic education institutions shall
14 be listed as one of the criteria and an accreditation requirement of DEPED's Philippine
15 Accreditation System for Basic Education (PASBE). Schools refusing to implement
16 CARHE shall have their accreditation reviewed by the PASBE board.

17
18 The Council, in consultation with DEPED, shall undertake annual reviews to
19 determine the effectiveness of the curriculum and to make revisions as necessary to
20 enhance implementation of the program. In addition, the Council shall formulate a
21 guide for CARHE delivery for schools.

22
23 *SEC. 7. CARHE for Out-of-School Adolescents and those with Special*
24 *Concerns.* – The Council led by the DILG, the local IISDN, and the LGUs shall
25 collaborate to intensify and institutionalize interactive learning methodologies for
26 CARHE among out-of-school adolescents in the communities and workplaces:
27 *Provided,* that the needs of indigenous adolescents in emergency situations and
28 children with special concerns shall be considered in the design and promotion of
29 reproductive health education among adolescents.

30
31 Delivery of CARHE in non-formal education settings shall be ensured by
32 DEPED through their Alternative Learning System (ALS). Community youth leaders,
33 through the SK, TFYD, LYDC, or LCPC shall invest in a concentrated effort in reaching
34 these groups and encourage peer to peer education. CARHE delivery to children with
35 special concerns including children and adolescents from indigenous cultural
36 communities, those in situations of armed conflict and humanitarian situations,
37 LGBTQIA children, children with disabilities, and children living in geographically
38 isolated and disadvantaged areas (GIDA) shall be ensured by the IISDN. Volunteer
39 groups and interested CSOs and NGOs shall be recognized for supplemental support
40 to the local IISDNs. The local IISDN and LGUs shall also utilize their Barangay Health
41 Workers (BHWs) and enlist their help in delivering CARHE to out-of-school
42 adolescents and those with special concerns. DEPED and the NCMF, along with other
43 relevant government agencies, shall be tasked to integrate a CARHE syllabus that is
44 culturally sensitive into the existing Madrasah curriculum.

1 SEC. 8. *CARHE for Parents and Guardians with Adolescent Children.* – A
2 community-based program for education and awareness of parents and guardians
3 about adolescent sexuality and bodily autonomy shall be developed and implemented
4 with the main objective of capacitating them to effectively guide, counsel, and provide
5 support to their adolescent children in concerns and decisions related to their sexual
6 and reproductive health. The CARHE specifically designed for parents and guardians
7 should include discussions on how to address the familial and societal norms that
8 encourages risk behaviors and perpetuates ignorance of adolescent sexual and
9 reproductive health and rights. Furthermore, this parent- and guardian-oriented
10 CARHE shall capacitate and encourage them to continue their sexual education with
11 their children and wards in their households.

12
13 The module for this CARHE program shall be developed by the Council. The
14 topics shall include but not be limited to: children's rights, positive discipline,
15 responsible parenthood, violence against women and children, gender-based
16 violence, sexual abuse and exploitation, dealing with bullying, and the possible stigma
17 of being an adolescent parent.

18
19 CARHE shall be integrated into the Family Development Sessions (FDS) of the
20 DSWD, Parental Effectiveness Services Programs, and PTA meetings, but other
21 avenues should also be pursued. The Local Social Welfare Development Officers
22 (LSWDOs) shall endeavor to reach out to parent organizations in schools and
23 communities to promote such programs.

24
25 SEC. 9. *Training of Teachers, Guidance Counselors, and School Supervisors*
26 *on CARHE.* – The Council, through the responsible agencies, shall ensure that all
27 teachers, guidance counselors, instructors, and other school officials entrusted with
28 the duty to educate adolescents on CARHE shall be properly trained on adolescent
29 health and development, women's and children's rights, and gender equality and
30 sensitivity to effectively educate and guide adolescents in dealing with their sexuality-
31 related concerns. The training activities shall include the legal and human rights
32 instruments applicable to the sexual and reproductive health of adolescents, especially
33 in cases of unintended pregnancies as a result of sexual violence. The training shall
34 be in collaboration with the Council for technical assistance. Funding for the training
35 shall be allotted in the concerned government agencies' annual allocation to be
36 approved by Congress. Schools shall institute policies to support adolescent parents
37 in ensuring that they stay in school and complete their education.

38
39 The CHED shall ensure that CARHE standards are integrated in the curriculum
40 and across specializations in the professional preparation and training for would-be
41 teachers in normal schools or teacher education institutions in the country.

42
43 SEC. 10. *Promoting CARHE using the Quad Media.* – The Council shall
44 optimize media and online platforms to reach adolescents with accurate information

1 and messages on adolescent sexual and reproductive health (ASRH) rights and
2 concerns. A web portal for the NPPAP shall be developed and promoted by the council
3 to harmonize and link various websites and online services for ASRH including the
4 networked operationalization of IISDN for AHD. Private broadcast networks shall be
5 encouraged and given access to relevant information and material to do the same.

6
7 SEC. 11. *Participation of the Private Sector in the Promotion of CARHE.* – The
8 government may enter into partnerships with the private sector in the promotion of
9 CARHE. An incentive mechanism for the private sector shall be developed and
10 implemented by concerned agencies to recognize private participation in promoting
11 CARHEs and adolescent youth health-seeking behaviors, positive attitudes towards
12 sex, sexual relations and sexuality, etc.

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

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

34
35 For this purpose, all health service providers in health facilities including school
36 clinics and school-linked health centers shall be trained on providing adolescent-
37 friendly and responsive SRH information and services: *Provided,* that all health
38 facilities shall be enhanced to become an adolescent-friendly facility by ensuring
39 confidentiality, exclusive schedule for adolescents, availability of services for
40 adolescents, non-judgmental and gender-responsive health service providers.

41
42 The Council shall ensure that ASRH training are integrated in the pre-service
43 curriculum training of Barangay Health Workers (BHWs), front-line health care
44 providers, and social workers. The said training shall include topics such as, but not

1 limited to: informed consent, adolescent sexual and reproductive health, children's
2 rights, effective contraception use, disease prevention, HIV/AIDS and the more
3 common STIs, hygiene, healthy lifestyles, and prevention of gender and sexual
4 violence.

5
6 Linkages and referral systems shall be established in educational institutions in
7 order to bridge gaps in between CARHE and access to SRH services for in-school
8 adolescents. For out-of-school youth and other groups, a community peer educator
9 could be chosen to advocate accessing SRH services and distribution of commodities.

10
11 In cases of pregnant adolescents, a wider spectrum of SRH services shall be
12 made available to them and their unborn child spanning the pre-natal until the post-
13 natal stages of pregnancy and its respective health care requirements. For in-school
14 pregnant adolescents, consultations with the school nurse and guidance counselor
15 shall be encouraged.

16
17 Provision of sexual and reproductive health services to adolescents shall be
18 based on the principles of non-discrimination and confidentiality, the rights of
19 adolescents, their evolving capacities, and as a life-saving intervention.

20
21 *SEC. 13. Social Protection for Adolescent Mothers and/or Parents.* – A
22 comprehensive social protection service shall be provided by their respective LGUs to
23 adolescents who are currently pregnant or have given birth and to their partners, in
24 order to prevent repeat pregnancies and to ensure their well-being while assuming the
25 responsibilities of being young parents. Such services shall include the following:

- 26
27 a) Maternal health services including pre-natal and post-natal check-ups
28 and facility-based delivery;
29 b) Post-natal family planning counseling and services for both adolescent
30 parents;
31 c) Home-based or online, in-school, or tech-vocational education for
32 adolescent parents;
33 d) Personal PhilHealth coverage, making mandatory enrollment and
34 membership of indigent adolescent parents;
35 e) Enrollment to social insurance like the Social Security Services;
36 f) Training, skills development, and support to livelihood programs for the
37 household of the adolescent parents especially for the indigents;
38 g) Continuing CARHE for adolescent parents;
39 h) Workshops on couples' counseling, parenting, and positive discipline for
40 the parents;
41 i) Psycho-social support and mental health services for adolescent
42 parents; and
43 j) In the case of solo adolescent parents, preferential access to benefits
44 under the Expanded Solo Parent Welfare Act.

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

6
7 Adolescent mothers shall be entitled to maternity leave benefit, and their
8 partners to paternity leave, if applicable. Termination, forced resignation, suspension,
9 diminution of benefits, and other discriminatory acts in the workplace against pregnant
10 girls and adolescent parents shall be prohibited.

11
12 SEC. 14. *Protective Services in Cases of Sexual Violence.* – Strengthened
13 comprehensive social protection mechanisms for adolescents, especially for girls,
14 shall be provided. Expectant and current mothers whose pregnancies were the result
15 of sexual abuse or exploitation shall be given access and support to legal, medical,
16 and psycho-social services. Furthermore, the Council shall reinforce the capacities of
17 health facilities in providing comprehensive post-trauma care for adolescents in cases
18 of gender-based violence, sexual abuse, sexual exploitation, or sexual harassment:
19 *Provided*, that post-trauma care includes but is not limited to services such as
20 purposive family planning and counselling.

21
22 Health service providers, particularly the Barangay Health Workers (BHWs),
23 other primary health care providers, and local population officers, shall be given
24 confidentiality and safeguarding guidelines and tools for spotting and referring cases
25 of gender-based violence, sexual abuse, and exploitation of adolescents. Where the
26 adolescent involved is below 16 years old, a mandatory reporting mechanism shall be
27 instituted by the BHWs or other healthcare workers and the LSWDOs together with
28 the PNP's Women and Children Protection Desks consistent with Republic Act No.
29 9262 or the "Anti-Violence Against Women and Their Children Act of 2004." Where
30 there is no functional referral pathway in existence, a referral pathway shall be created
31 by the Council to ensure that identified sexual abuse and exploitation survivors are
32 assisted and properly handled.

33
34 SEC. 15. *Protective Services in Cases of Humanitarian, Conflict, Pandemics,*
35 *or National Emergency Situations.* – The local IISDN shall be bolstered in the events
36 of humanitarian and conflict crises or national emergency situations. The local IISDN
37 shall ensure swift and efficient delivery of SRH services to vulnerable adolescents and
38 young pregnant girls. Increased vigilance shall be practiced in cases of gender-based
39 violence and sexual abuse and exploitation in these situations. All incidence of the
40 aforementioned situations shall be immediately addressed by the local IISDN through
41 appropriate channels.

42
43 Special attention shall be given to young mothers who are at the late stages of
44 pregnancy in case of premature labor. In order to ensure the delivery of SRH

1 information and services to adolescents and adolescent expectant parents, Local
2 Development Councils shall incorporate adolescent SRH-specific content and
3 safeguards in their local Disaster Risk Reduction and Management Plans and their
4 Comprehensive Emergency Program for Children.

5
6 SEC. 16. *Care and Management for First Time Parents.* – All pregnant
7 adolescents, especially among the poor and hard-to-reach groups, shall have access
8 to skilled care throughout their pregnancy, delivery, and post-natal periods. SRH
9 providers shall strive to provide as many adolescent mothers with their birth plans that
10 details their intended place of childbirth delivery, availability of transport to these health
11 care institutions, and respective costs. Special attention shall be given to younger
12 pregnant mothers during obstetric care.

13
14 Workshops, classes, and seminars for first time parents shall be provided with
15 pre- and post-natal education. These classes shall include topics such as, but not
16 limited to: breastfeeding, infant feeding and care, positive discipline, responsible
17 parenthood, mental health wellness, and safe sex practices. The classes shall be
18 made available free of charge and at times most convenient for the adolescent
19 parents.

20
21 Educational institutions shall be encouraged to develop and establish support
22 mechanisms that will encourage the return of adolescent mothers and parents, such
23 as in-school day-care and breastfeeding stations. Existing daycare facilities shall give
24 preferential treatment to the children of adolescent parents.

25
26 SEC. 17. *Encouraging Male Involvement and Shared Parenthood.* – The
27 Council shall develop programs that will promote male involvement in the prevention
28 of early and unintended pregnancies. These programs shall include topics such as,
29 but not limited to: responsible fatherhood, couples' counseling, avoiding gender-based
30 violence, shared care work, positive masculinity, and co-parenting strategies. These
31 programs shall emphasize the roles and responsibilities of being a father and promote
32 their active involvement.

33
34 These programs shall also serve as an avenue to encourage the uptake of SRH
35 services and information of boys and young men.

36
37 SEC. 18. *Foster Care or Adoption.* – The DSWD, with the National Authority on
38 Child Care (NACC), shall provide assistance to adolescent mothers who may decide
39 to put their child to foster care or adoption. The consent of the mother and one parent
40 or guardian of the mother shall be needed for the validity of the foster care or adoption,
41 consistent with the provisions of Republic Act No. 11642 or the "Domestic
42 Administrative Adoption and Alternative Child Care Act."

1 Social workers and guidance counselors shall provide support and guidance to
2 the adolescent mothers and their guardians in order for them to make an informed
3 choice on the possible, legal and non-legal, consequences of their action.
4

5 SEC. 19. *Designing February of Every Year as the Month for Raising Public*
6 *Awareness on Preventing Adolescent Pregnancy and Conduct of Nationwide*
7 *Communication Campaign.* – To raise public consciousness on the issues on
8 adolescent pregnancy and generate support from various stakeholders, the entire
9 month of February shall be designated as Month for Public Awareness on Preventing
10 Adolescent Pregnancy which shall be observed nationwide. Schools and other
11 stakeholders shall hold activities with the objective of raising awareness and generate
12 critical actions to address the issues of increasing adolescent pregnancy.
13

14 Further, the Council, in collaboration with relevant agencies, Local
15 Development Councils, CSOs, and the private sector shall develop, launch, and
16 sustain a nationwide campaign for the prevention of adolescent pregnancy.
17

18 SEC. 20. *Residential Care Facilities for Disadvantaged Women.* – The existing
19 residential care facilities for disadvantaged women of the Department of Social
20 Welfare and Development (DSWD) shall be capacitated to accommodate the needs
21 of adolescent mothers and their infants. The management of the said facilities shall
22 coordinate with their respective locality's IISDN to provide ASRH information and
23 services to their residents.
24

25 In order to effectively serve their pregnant adolescent residents, these centers
26 shall employ the following personnel: a case worker, an on-call obstetrician-
27 gynecologist, full-time midwife or nurse, and a psychologist.
28

29 If there is an identified demand and need for a residential care facility to be built
30 and established, the local IISDN shall prioritize the city or municipality with the highest
31 rate of adolescent pregnancy.
32

33 SEC. 21. *Integration of Local Program for the Prevention of Adolescent*
34 *Pregnancy in SK Programs and LCPC.* – Strategies and programs which aim to
35 prevent incidence of adolescent pregnancies shall be integrated in the SK and the
36 LCPC programs at the local and community level, with the SKs using 10% of their SK
37 funds. In the absence of the SK, the Task Force on Youth Development (TFYD) shall
38 undertake the responsibility of integrating adolescent pregnancy prevention programs
39 in the barangay youth council's activities. The Council shall issue guidelines to ensure
40 the implementation of this provision.
41

42 The SK/TFYD and the LCPC shall likewise implement programs and activities
43 that aim to develop the potentials and skills of adolescents to make them more
44 productive members of the society. The topics of the said programs and activities are

1 inclusive of but are not limited to: leadership trainings and life skills seminars that can
2 be done together by the adolescents and their families. The SK/TFYD and the LCPC
3 shall encourage youth participation in these activities as means of diverting the focus
4 and potentials of adolescents into more meaningful and productive endeavors.

5
6 The SK/TFYD and the LCPC shall enlist the support of the local barangay
7 council and the barangay health center to be able to provide a more complete array of
8 services, activities, and programs.

9
10 SEC. 22. *Creation of a National Information System on the Prevention of*
11 *Adolescent Pregnancy.* – The Council shall endeavor to create a system that will
12 comprehensively assess and effectively monitor and evaluate the status, success, and
13 efficacy of the National Program of Action for the Prevention of Adolescent Pregnancy
14 and the NPPAP.

15
16 The existing Young Adult Fertility and Sexuality Study shall be renamed
17 Adolescent Health and Development Survey and be carried out every four years to
18 conduct surveys and collect age- and gender-disaggregated data. Its topics shall cover
19 a wider range of topics and indicators extending beyond adolescent sexuality and
20 reproductive health. Its coverage shall include topics such as, but not limited to:
21 education, adolescent health, and labor. The Philippine Statistics Authority (PSA) shall
22 conduct a dedicated study with the sole focus of collecting ASRH data and information
23 from 10 to 14 year olds, subject to the compliance of globally accepted ethical research
24 standards.

25
26 Research and data collected from the assessment and evaluation shall be
27 stored in a public database.

28
29 SEC. 23. *Implementation Structure.* – An Adolescent Pregnancy Prevention
30 Council to be integrated as a sub-committee of the National Implementation Team of
31 the Responsible Parenthood and Reproductive Health (RPRH) Law shall be
32 established to be composed of the following:

- 33
34 a) The DOH Secretary as the Chairperson;
35 b) The POPCOM Board of Commissioners Chair as Co-Chairperson;
36 c) Senior officials (at least Undersecretary level) of the National Youth
37 Commission (NYC), DEPED, DSWD, DILG, CHED, TESDA, and the
38 Council for the Welfare of Children (CWC) as ex-officio members;
39 d) Five members appointed by the Chairperson who are persons with
40 knowledge, expertise, accomplishment, and with no less than five-year
41 experience in the fields of public health, adolescent rights and social
42 protection, education, psychology, and social welfare: *Provided*, that one
43 qualified member is appointed in each field: *Provided, further*, that
44 majority of these appointed members are female;

- e) Two representatives of children and youth appointed by the Council Chairperson from various nationally represented youth organizations, provided that one is male and one is female;
- f) The Chairpersons of the League of Provinces, League of Cities, and League of Municipalities; and
- g) The POPCOM shall serve as the secretariat of the Council.

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

- a) To propose legislative and administrative policies on the prevention of adolescent pregnancy;
- b) To develop operational guidelines for government agencies, LGUs, and private organizations in the development and implementation of comprehensive strategies and programs for prevention of adolescent pregnancy, including gender-based violence, sexual abuse, and sexual exploitation;
- c) To monitor implementation of the provisions of the law;
- d) To coordinate with various government councils and technical working groups with the end in view of converging and harmonizing various efforts and programs aimed at preventing adolescent pregnancies;
- e) To conduct research and generate evidence on the drivers of adolescent pregnancy to inform programs and policies;
- f) To provide relevant agencies and private organizations with recommendations and solutions to challenges and gaps in the course of implementing the program; and
- g) To exercise oversight in the program delivery and implementation.

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

- a) The DOH shall:
 - i. Ensure the availability and provision of ASRH information, services, and commodities in all public and private health facilities;
 - ii. Ensure the training of health service providers in providing adolescent-friendly and responsive health services; and
 - iii. Support and provide technical assistance in the capacity-building of existing IISDNs and establishment of new IISDNs at the local level.

1 b) The Commission on Population shall:

- 2 i. Develop, in coordination with the relevant agencies, the NPPAP
3 as part of the national population program;
4 ii. Implement a program for the training of parents and guardians in
5 effectively guiding adolescents on ASRH issues;
6 iii. Set up the National Information System on the Prevention of
7 Adolescent Pregnancy that shall be used for plan and program
8 development and monitoring and evaluation of indicators at all
9 levels;
10 iv. Take the lead in the nationwide and community-based campaign
11 for the prevention of adolescent pregnancy, including the
12 development and maintenance of the web portal for relevant
13 online information and services; and
14 v. Serve as the secretariat of the Council.

15
16 c) The DEPED and CHED shall:

- 17 i. Ensure the development and promotion of CARHE standards and
18 its corresponding learning modules for teachers and students;
19 ii. Ensure the comprehensive training of all teachers, guidance
20 counselors, and school administrators on CARHE;
21 iii. Lead the delivery and implementation of CARHE in all public and
22 private basic education and higher educational institutions, as
23 well as in non-formal educational settings;
24 iv. Ensure the incorporation of CARHE in the module of future
25 educators;
26 v. Guarantee quality assurance of educational institutions in terms
27 of CARHE delivery compliance through the PASBE accreditation;
28 vi. Ensure the proper implementation and delivery of CARHE in all
29 schools and administer the PASBE review if or when deemed
30 necessary; and
31 vii. Strengthen existing programs and develop and implement flexible
32 learning options that will encourage the continuing education of
33 adolescent parents, especially mothers.

34
35 d) The DSWD shall:

- 36 i. Take the lead in providing social protection for adolescent
37 parents, especially in cases of gender-based violence, sexual
38 abuse, and sexual exploitation;
39 ii. Ensure the provision of social protection for adolescents and their
40 infants in humanitarian and/or emergency situations;
41 iii. Equip their existing Distressed Centers for Disadvantaged
42 Women with increased capacity to accommodate more residents;
43 and

- 1 iv. Promote CARHE for adolescents with special needs and in
2 difficult circumstances.

3
4 e) The NYC shall:

- 5 i. Ensure the Integration of ASRH and CARHE promotion in the
6 SK/TFYD and LYDC programs and projects;
7 ii. Capacitate the SK/TFYD and LYDC in the implementation of this
8 Act at the local level;
9 iii. Create and organize, together with DEPED, DILG, DOH, the
10 Leagues of Cities and Municipalities, and concerned NGOs and
11 CSOs, programs that will promote peer education at the local
12 level; and
13 iv. Conduct workshops, classes, and seminars for first-time parents,
14 in partnership with DOH, DSWD, and other concerned Council
15 members and relevant agencies.

16
17 f) The DILG shall:

- 18 i. Ensure the compliance of LGUs in the implementation of this Act
19 by including the implementation of ASRH programs as a
20 qualifying requirement of the Seal of Good Local Governance;
21 and
22 ii. Assist the local IISDNs through their League of Provinces,
23 League of Cities, League of Municipalities, and League of
24 Barangays.

25
26 g) The TESDA shall:

- 27 i. Provide social protection to adolescent parents by providing skills
28 education; and
29 ii. Encourage enrollment in tech-vocational courses for adolescent
30 parents who are not fully equipped to return to in-school
31 education.

32
33 h) The CWC shall:

- 34 i. Integrate in its development and strategic frameworks issues and
35 concerns from children-specific to adolescent pregnancy and
36 ensure the adoption of such frameworks by the LGUs and other
37 stakeholders;
38 ii. Vigorously advocate for the awareness and prevention of
39 adolescent pregnancy; and
40 iii. Develop, adopt, and implement, in a manner consistent with
41 adolescents' evolving capacities, legislation, policies, and
42 programs that will promote children and adolescent health and
43 development.

- 1 i) The League of Provinces, League of Cities, and League of Municipalities
2 shall:
3 i. Help ensure the proper Implementation of this Act in LGUs by
4 monitoring the LGUs in their jurisdiction;
5 ii. Encourage Local Chief Executives in adopting and implementing
6 this Act in their LGUs; and
7 iii. Provide additional support to the local IISDNs.
8

9 At the local level, the City or Municipal Health Office shall organize and lead the
10 coordination of their local IISDNs and become its point person. With assistance from
11 the City or Municipal Population Office, the local SK/TFYD, LYDC, LCPC, and the
12 Council, they shall adapt the NPPAP to their localities and be responsible for its
13 implementation, monitoring, and evaluation. The LGUs shall enlist the participation of
14 children, adolescents, and youth-oriented groups as well as CSOs and NGOs as much
15 as possible. Specific strategies shall be designed to reach marginalized and
16 vulnerable adolescent sub-sectors.
17

18 SEC. 24. *Annual Allocations.* – All concerned government agencies including
19 the LGUs shall include in their annual budget the necessary funds for strategies and
20 activities within their mandates that are contributory to the implementation of this Act.
21 Agencies and LGUs may also utilize their Gender and Development (GAD) budget in
22 implementing programs and activities to carry out this Act.
23

24 SEC. 25. *Implementing Rules and Regulations.* – Within 120 days upon the
25 effectivity of this Act, the Council shall be organized to formulate the Implementing
26 Rules and Regulations of this Act.
27

28 SEC. 26. *Reporting Requirements.* – Before the end of April each year, the
29 Council shall submit to the President of the Philippines and the Congress an annual
30 consolidated report, which shall provide a definitive and comprehensive assessment
31 on the implementation of its programs and those of other government agencies in
32 relation to the implementation of this Act and recommend priorities for executive and
33 legislative actions. The report shall be printed and distributed to all national agencies,
34 LGUs, NGOs, and private sector organizations involved in said programs.
35

36 SEC. 27. *Separability Clause.* - If any provision of this Act is declared invalid or
37 unconstitutional, the provisions not affected thereby shall continue to be in full force
38 and effect.
39

40 SEC. 28. *Repealing Clause.* - All laws, executive orders, presidential decrees,
41 presidential proclamations, letters of instruction, rules and regulations, or parts thereof
42 inconsistent with the provisions of this Act are hereby repealed, modified, or amended
43 accordingly.
44

1 SEC. 29. *Effectivity.* - This Act shall take effect fifteen (15) days following its
2 publication in the Official Gazette or in two (2) newspapers of general circulation in the
3 Philippines.

Approved,