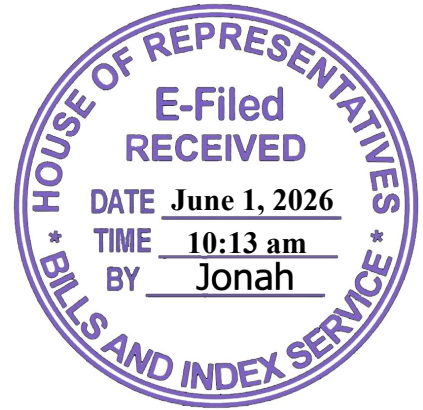


Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City
TWENTIETH CONGRESS
First Regular Session



HOUSE BILL NO. 9566

Introduced by **REP. BERNADETTE "DETTE" G. ESCUDERO**

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

EXPLANATORY NOTE

Adolescent pregnancy remains a persistent and urgent public health and social development challenge in the Philippines. Despite efforts by the government and civil society, the country continues to record thousands of births among girls aged 10 to 19 each year, underscoring the need for stronger, coordinated, and evidence-based policy interventions.

Data from the Philippine Statistics Authority (PSA) and the National Demographic and Health Survey (NDHS) show that in 2018 alone, 183,967 adolescents aged 10 to 19 gave birth, followed by 180,916 in 2019, 136,302 in 2021, and 150,138 in 2022. These figures illustrate that adolescent pregnancy remains a persistent national concern that demands sustained policy attention.

More alarming is the rising number of pregnancies among very young adolescents aged 10 to 14 years old. Recorded births in this age group increased from 2,411 in 2019, 2,113 in 2020, and 2,320 in 2021, to 3,135 in 2022, 3,343 in 2023, and 3,612 in 2024.¹ According to the Commission on Population and Development (CPD), an average of twenty-four (24) babies are born to teenage mothers every hour in the Philippines, highlighting the magnitude of the issue². Even more concerning, 95.1 percent of babies born to adolescent mothers below fifteen years old are born out of wedlock, exposing

¹ Casucian, J. A. C. (2026, February 14). *CPD, PSA flag rise in pregnancies among girls aged 10–14*. GMA News Online.

² Rita, J. (2019, October 23). *Law addressing adolescent pregnancy sought as rate keeps rising*. GMA News Online.

these young mothers and their children to increased social stigma, poverty, and limited access to opportunities³.

Adolescent pregnancy carries profound and long-term consequences. Young mothers face higher risks of maternal complications, while their infants are more likely to experience poor health outcomes. According to Save the Children Philippines, educational disruption is also a significant consequence with 71.4 percent of teenage pregnancies involving adolescents who have no formal education or who are out of school. Early pregnancy often forces young girls to abandon their education, limiting their employment opportunities and perpetuating intergenerational cycles of poverty and inequality. Beyond the social impact, adolescent pregnancy imposes an estimated P33 billion economic burden annually. Addressing adolescent pregnancy is therefore not only a public health priority but also a critical investment in the country's human capital and sustainable development.

This proposed measure is firmly grounded in the 1987 Constitution, which mandates the State to protect and promote the right to health of the people (Art. XIII, Sec. 11), recognize the vital role of the youth in nation-building (Art. II, Sec. 13), ensure the fundamental equality of women and men (Art. II, Sec. 14), and strengthen the Filipino family as the foundation of the nation (Art. XV). At the same time, the bill supports the country's commitments under the United Nations Sustainable Development Goals, particularly SDG 3, SDG 4, and SDG 5, while advancing the long-term national vision of Ambisyon Natin 2040 and the priorities of the Philippine Development Plan in strengthening human capital and youth development.

No child should be forced to become a parent before they are ready. Addressing adolescent pregnancy requires decisive and sustained national action. This measure provides a comprehensive and forward-looking framework that empowers adolescents, strengthens families, and supports communities in safeguarding the future of the nation's youth.

For these reasons, the immediate passage of this bill is earnestly sought.



HON. BERNADETTE "DETTE" G. ESCUDERO

Representative
1st District, Sorsogon

³ Alhambra, A. M. V. (2021, December). *What we owe our teens: Addressing adolescent pregnancy in the Philippines* [Policy brief].

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HOUSE BILL NO. 9566

Introduced by **REP. BERNADETTE “DETTE” G. ESCUDERO**

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

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 Preventing Risks and
2 Offering Care for Teen Empowerment and Childbearing Teens Act or the PROTECT Teens
3 Act.

4
5 **SEC. 2. Declaration of Policy** - It is the policy of the State to:

- 6 a. Prevent adolescent pregnancy as a national and local development priority and
7 ensure that every province, city, municipality, and barangay adopts responsive,
8 community-based measures to address its root causes and consequences;
9 b. Recognize the role of women and girls in nation-building and ensure the
10 fundamental equality of women and men, while adopting gender-responsive
11 measures that protect adolescents, especially young women, from
12 discrimination, abuse, coercion, and conditions that increase their vulnerability
13 to early pregnancy;
14 c. Recognize the vital role of the youth in nation-building and promote and protect
15 their physical, moral, spiritual, intellectual, emotional, and social well-being
16 through programs that enable them to grow in safe, healthy, and supportive
17 homes, schools, and communities;
18 d. Protect and promote the right to health of the people, instill health
19 consciousness among them and ensure corresponding interventions that could
20 respond to the socioeconomic, health, and emotional needs of adolescents and

- 1 youth, especially young women. To this end, adolescent pregnancy shall be
2 approached as a health issue;
- 3 e. Ensure that adolescents are provided with science-based, accurate, age-
4 appropriate, and culturally sensitive information that will equip them to make
5 informed and responsible decisions, prevent early and unintended pregnancies,
6 and understand their long-term consequences on health, education, and future
7 opportunities; and
- 8 f. Strengthen the role of families, schools, local government units, and
9 communities in providing adolescents with guidance, protection, and support,
10 and in creating an environment that promotes responsible decision-making,
11 dignity, and respect for self and others.
- 12

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

- 15 a) Adolescents - refers to the population aged 10 to 19 years;
- 16 b) Adolescent Human Sexuality and Reproductive Health (AHSRH) Care - refers
17 to the access to a full range of methods, techniques, and services that
18 contribute to the sexual and reproductive health and well-being of young
19 people by preventing and solving reproductive health-related problems as
20 defined in R.A. 10354 or the Responsible Parenthood and Reproductive Health
21 Act of 2012;
- 22 c) Responsible Parenthood and Youth Development Council– herein referred to
23 as the Council, is an inter-agency and inter-sectoral council that shall be formed
24 through this Act and serve as its implementing body;
- 25 d) Comprehensive Human Sexuality Education (CHSE) - refers to an age- and
26 development-appropriate, values-based, culturally sensitive, and rights-aware
27 educational process that equips adolescents with accurate and relevant
28 information on human sexuality, relationships, personal dignity, family life,
29 responsible parenthood, personal safety, and the prevention of early and
30 unintended pregnancy, in a manner consistent with Filipino values, the evolving
31 capacities of adolescents, and the rights and duties of parents and guardians
32 in providing guidance to children;
- 33 e) Information and Service Delivery Network for Adolescent Health Development
34 (ISDN) – refer to the network of facilities, institutions and providers within the
35 province, district, municipality, citywide health and social system offering
36 information, training, and core packages of health and social care services in
37 an integrated and coordinated manner;
- 38 f) Indigenous Cultural Communities/Indigenous Peoples - refer to a group of
39 people or homogenous societies identified by self-ascription and ascription by

1 others, who have continuously lived as organized community on communally
2 bounded and defined territory, and who have, under claims of ownership since
3 time immemorial, occupied, possessed and utilized such territories, sharing
4 common bonds of language, customs, traditions and other distinctive cultural
5 traits, or who have, through resistance to political, social and cultural inroads
6 of colonization, non-indigenous religions and cultures, became historically
7 differentiated from the majority of Filipinos. ICCS/IPs shall likewise include
8 peoples who are regarded as indigenous on account of their descent from the
9 populations which inhabited the country, at the time of conquest or
10 colonization, or at the time of inroads of non-indigenous religions and cultures,
11 or the establishment of present state boundaries, who retain some or all of
12 their own social, economic, cultural and political institutions, but who may have
13 been displaced from their traditional domains or who may have resettled
14 outside their ancestral domains;

- 15 g) Local Youth Development Council (LYDC) - refers to the local body to be
16 created based on Republic Act No. 10742 (SK Reform Law) which is composed
17 of representatives of youth and youth-serving organizations in the provincial,
18 city, and municipal and barangay level with the primary function of assisting in
19 the planning and execution of projects and programs of the Sangguniang
20 Kabataan, and the Federations in all levels;
- 21 h) Local Council for the Protection of Children (LCPC) - refers to the council
22 organized at the provincial, city, municipal, and barangay levels that serves as
23 the umbrella organization for all children's concerns;
- 24 i) Public-Private Partnership (PPP) is a cooperative arrangement between one or
25 more public and private sectors, typically of a long-term nature, for various
26 development programs or projects;
- 27 j) Reproductive Health – refers to the state of complete physical, mental, and
28 social well-being, and not merely the absence of disease or infirmity in all
29 matters relating to the reproductive system and to its functions and processes;
- 30 k) Sexual and Reproductive Health - refers to sexual and reproductive health as
31 defined in Republic Act No. 10354;
- 32 l) Sexual Abuse - refers to actual or threatened physical intrusion of a sexual
33 nature, whether by force or under unequal or coercive conditions.
- 34 m) Sexual exploitation refers to any actual or attempted abuse of position of
35 vulnerability, differential power or trust, for sexual purposes, including, but not
36 limited to, profiting monetarily, socially, or politically from the sexual
37 exploitation of another;
- 38 n) Social Protection constitutes policies and programs that seek to reduce poverty
39 and vulnerability to risks and enhance the social status and rights of the

1 marginalized by promoting and protecting livelihood and employment,
2 protecting against hazards and sudden loss of income, and improving people's
3 capacity to manage risks.

- 4 o) Task Force on Youth Development (TFYD) refers to the local body to be created
5 based on Implementing Rules and Regulations of RA 010632 (An Act to
6 Postpone the October 2013 SK Elections) whose members will remain in office
7 until such time that SK officials have been duly elected and qualified. They are
8 mandated to formulate a Youth Development Plan and ensure that the plans
9 programs and projects are implemented in the barangay and that the SK funds
10 are used solely for youth development;
11

12 **SEC. 4. National Program of Action and Investment Plan.** — The DepEd,
13 DOH, and DSWD, in coordination with the Commission on Population and Development
14 (CPD), the members of the National Implementation Team under Republic Act No. 10354,
15 the NCIP, the NCMF, relevant national government agencies, local government units, civil
16 society organizations, and adolescent and youth organizations, shall formulate and
17 periodically update an evidence-based National Program of Action and Investment Plan
18 for the Prevention of Adolescent Pregnancy.

19 The Program shall adopt a whole-of-government, whole-of-society, and
20 community-based approach, and shall provide for nationally coordinated but locally
21 implemented strategies on prevention, health education, adolescent-friendly services,
22 child protection, social protection, reintegration, and support for adolescent parents. It
23 shall ensure the integration of such strategies into regional and local development plans
24 and provide for dedicated funding support at all levels of government. The Program shall
25 be integrated into the Philippine Population and Development Program and other relevant
26 national and local plans, and shall be treated as a priority inter-agency program.
27

28 **SEC. 5. Local Delivery Network for Adolescent Health and Development.-**
29 City or Municipal Health Officers, in cooperation with different government and non-
30 government organizations, institutions, and facilities, shall include the delivery of
31 information and services for Adolescent Health and Development. They shall provide
32 accessible and quality health services that are responsive to the particular needs of
33 adolescents.
34

35 **SEC. 6. Age and Development-Appropriate Comprehensive Human**
36 **Sexuality Education (CHSE).** The reproductive health education program provided
37 under Republic Act No. 10354, and its implementing rules and regulations, shall include
38 age- and development-appropriate, values-based, culturally sensitive, and rights-aware
39 instruction on matters affecting the health, well-being, dignity, and responsible

1 development of adolescents, including human sexuality, responsible parenthood, respect
2 for self and others, family life, personal safety, and the prevention of early and unintended
3 pregnancy.

4 Such instruction shall be designed and implemented in a manner consistent with
5 Filipino values, the role of parents in the moral formation of their children, and the
6 evolving capacities of adolescents, and shall incorporate the relevant objectives,
7 initiatives, and programs provided in this Act.

8 The provisions of Republic Act No. 9710, otherwise known as the Magna Carta of
9 Women, and other applicable laws, rules, and issuances on the protection of women,
10 children, and adolescents, shall likewise be integrated into such program, whenever
11 applicable.

12
13 A community-based and school-based program for education and awareness of
14 parents and guardians shall be developed and implemented with the main objective of
15 capacitating them to effectively guide, counsel, and provide support to their adolescent
16 children in the household on concerns and decisions related to their sexual and
17 reproductive health, while addressing familial and societal norms that perpetuate lack of
18 awareness on adolescent sexual and reproductive health and rights.

19
20 CHSE shall be integrated into the existing programs of the DSWD, DepEd, DOH,
21 and shall be discussed in PTA meetings and other avenues. The Local Social Welfare
22 Development Officers (LSWDOs) shall endeavor to reach out to parent organizations in
23 schools and communities to promote such programs.

24
25 Nothing in this Act shall be construed to diminish parental authority or academic
26 and religious freedom.

27
28 **SEC. 7. Access to Adolescent Human Sexuality and Reproductive Health**
29 **(AHSRH) Information and Services.**- Adolescents shall be allowed to access AHSRH
30 information and services, provided that access by adolescents below the age of sixteen
31 shall require the consent of their parents or guardian. Absent a parent or guardian,
32 consent may be alternatively be obtained from a licensed social worker or doctor, or in
33 the case of indigenous cultural communities, a trained healthcare representative
34 designated by their respective indigenous peoples mandatory representative (IMPR). In
35 all cases, counseling shall be carried out to ensure optimal health outcomes and effective
36 protections against possible sexual abuse and exploitation.

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

1
2 The DOH shall ensure that AHSRH training is integrated in the capacity building of
3 Barangay Health Workers (BHWs) under R.A. 10354 and in the training of front-line health
4 care providers and social workers. The said training shall include topics such as, but not
5 limited to: informed consent, adolescent sexual and reproductive health, children's rights
6 disease prevention, HIV/AIDS and the more common STIs, hygiene, healthy lifestyles,
7 and prevention of gender and sexual violence.
8

9 Linkages and referral systems shall be established in educational institutions in
10 order to bridge gaps in between CHSE and access to AHSRH services for in-school
11 adolescents. A wider spectrum of AHSRH services shall be made available to the pregnant
12 adolescents and their unborn child, spanning the pre-natal until the post-natal stages of
13 pregnancy and their respective health care requirements. For in-school pregnant
14 adolescents, consultations with the school nurse and guidance counselor shall be
15 encouraged.
16

17 The 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, and their ability to make responsible decisions and take responsibility for
20 their actions.
21

22 **SEC. 8. Parent and Guardian Education on Family Life, Responsible**
23 **Parenthood, and Adolescent Development.** - The State shall promote and support
24 a community-based program for the education and awareness of parents and guardians
25 of adolescents, with the end in view of strengthening their capacity to guide, counsel,
26 and support their children and wards in matters affecting adolescent development,
27 personal well-being, family life, responsible decision-making, and health.

28 Such program shall provide parents and guardians with age- and development-
29 appropriate, values-based, and culturally sensitive guidance on how to communicate with
30 adolescents in a manner that promotes dignity, responsibility, self-respect, respect for
31 others, and sound judgment. It shall likewise address the influence of familial, peer,
32 community, and social norms that may expose adolescents to risky behavior,
33 misinformation, violence, bullying, stigma, or other circumstances prejudicial to their
34 healthy development.

35 The program shall further seek to encourage and equip parents and guardians to
36 continue such guidance within the home and to foster a supportive family environment
37 where adolescents may seek advice, protection, and responsible direction.

38 The module for this program shall be developed by the Council, in coordination
39 with the Department of Social Welfare and Development (DSWD), the Department of
40 Education (DepEd), the Department of Health (DOH), and local government units, and
41 shall include, among others, positive discipline, responsible parenthood, family
42 communication, violence against women and their children, prevention of bullying, and
43 guidance for families of pregnant adolescents and adolescent parents.

1 Such program may be conducted through existing community and school-based
2 platforms, including Family Development Sessions (FDS), Parent-Teacher Association
3 (PTA) meetings, barangay-based family programs, and other appropriate avenues. The
4 City or Municipal Social Welfare and Development Office shall take the lead in the local
5 implementation of this Section and shall endeavor to reach parents, guardians, and family
6 organizations in schools and communities to promote participation in such programs.
7

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

20 As a result of the training, schools shall institute policies to support adolescent mothers
21 in ensuring that they stay in school and complete their education.
22

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

27 **SEC. 10. Promoting the CHSE using the Social Media and other Digital or**
28 **Online Communication Platforms.** - The Council shall optimize social media and other
29 online platforms to reach adolescent netizens with accurate information and messages
30 on adolescent human sexuality and reproductive health (AHSRH) concerns. A web portal
31 for the NPPTP shall be developed and promoted by the Council to harmonize and link
32 various government websites and online services for AHSRH including the networked
33 operationalization of ISDN.
34

35 **SEC. 11. Participation of the Private Sector in the Promotion of CHSE.** -
36 The government may enter into a public-private partnership agreement in mobilizing
37 private communication networks and companies in promoting CHSE through text or short
38 message service (SMS) or media messages. An incentive mechanism for
39 telecommunication companies shall be developed and implemented by concerned
40 agencies to recognize private participation in promoting CHSEs and adolescent youth
41 health-seeking behavior, positive attitude towards sex, sexual relations and sexuality, etc.
42
43 The Movie and Television Review and Classification Board (MTRCB) shall review their
44 existing guidelines to ensure that no movie and television programs portray, depict,

1 promote, and encourage unsafe sexual activities among adolescents as a normative
2 behavior into society. An incentive scheme for adolescent-friendly television programs
3 shall likewise be developed and implemented to encourage movie and television networks
4 to produce materials and programs that promote responsible sexuality among
5 adolescents.

6
7 Other private companies may be engaged to partner with the government agencies in
8 designing and implementing innovative programs to prevent adolescent pregnancy.
9

10 **SEC. 12. Social Protection for Adolescent Mothers and/or Parents.** - A
11 comprehensive social protection service shall be provided by LGUS to adolescents who
12 are currently pregnant or have given birth and to their partners, in order to prevent repeat
13 pregnancies and to ensure their well-being while assuming the responsibilities of being
14 young parents. Such services shall include the following:

- 15
16 a) Maternal health services including pre-natal and post-natal check-ups and
17 facility-based delivery;
18 b) Post-natal family planning counseling and services for both adolescent parents;
19 c) Home-based or online, in-school, or tech-vocational education for adolescent
20 parents
21 d) Personal PhilHealth coverage, making mandatory enrollment and membership
22 of indigent adolescent -parents;
23 e) Enrolment to social insurance like the Social Security Services;
24 f) Training, skills development, and support to livelihood programs for the
25 household of the adolescent parents especially for the indigents;
26 g) Continuing CHSE for adolescent parents;
27 h) Workshops on couples counseling, parenting, and positive discipline for the
28 parents;
29 i) Psycho-social support and mental health services for adolescent parents; and
30 j) In the case of solo adolescent parents, preferential access to benefits under the
31 Expanded Solo Parent-Welfare Act.
32

33 Discriminatory and exclusionary practices that harm and discourage the education of
34 adolescent parents shall be prohibited. All efforts shall be taken by school administrations
35 to ensure and encourage the continuation of education of all adolescent parents,
36 especially girls.
37

38 Adolescent mothers shall be entitled to maternity leave benefit, and their partners to
39 paternity leave, if applicable. Termination, forced resignation, suspension, diminution of
40 benefits, and other discriminatory acts in the workplace against non-minor pregnant girls
41 and adolescent parents shall be prohibited.
42

43 **SEC. 13. Protective Services in Cases of Sexual Violence** - Strengthened
44 comprehensive social protection mechanisms for adolescents, especially for girls, shall be

provided. Expectant and current mothers whose pregnancies were the result of sexual abuse or exploitation shall be given access and support to legal, medical, and psycho-social services. The DOH, in coordination with the DSWD shall reinforce the capacities of health facilities in providing comprehensive post-trauma care for adolescents in cases of sexual abuse, sexual exploitation, or sexual harassment: Provided, That post-trauma care includes but is not limited to services such as purposive family planning and counselling.

Health service providers and relevant officers shall be given confidentiality and safeguarding guidelines and tools for spotting and referring cases of sexual abuse and exploitation of adolescents. Where the adolescent involved is below 16 years old, a mandatory reporting mechanism shall be instituted by the BHWS or other healthcare workers and the LSWDOS together with the PNP's Women and Children Protection Desks consistent with Republic Act No. 9262 or the Anti-Violence Against Women and Their Children Act of 2004.

The DOH and DSWD shall ensure swift and efficient delivery of AHSRH services to vulnerable adolescents and young pregnant girls. Increased vigilance shall be practiced in cases of and sexual abuse and exploitation in these situations.

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

SEC. 14. Care and Management for First Time Parents. - All pregnant adolescents, especially among the poor and hard-to-reach groups shall have access to skilled care throughout their pregnancy, delivery, and post-natal periods. AHSRH providers shall strive to provide as many adolescent mothers with their birth plans that details their intended place of childbirth delivery, availability of transport to these health care institutions, and respective costs. Special attention shall be given to younger pregnant mothers during obstetric care.

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

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

1 **SEC. 15. Male Involvement in the Prevention of Adolescent Pregnancy**
2 **and Shared Parenthood.** - The DepEd, in coordination with the DOH, shall develop
3 programs that will promote male involvement in the prevention of adolescent pregnancies
4 while capacitating them for parenthood in the event of such pregnancies. These programs
5 shall include topics such as, but not limited to: responsible fatherhood, couples
6 counseling, shared care work, and co-parenting strategies.

7
8
9 **SEC. 16. Foster Care or Adoption.** - The DSWD, with the National Authority on
10 Childcare, shall provide assistance to adolescent mothers who may decide to put their
11 child into foster care or adoption. The consent of the adolescent mother and her parent
12 or guardian shall be required, consistent with the provisions of Republic Act No. 11642 or
13 the Domestic Administrative Adoption and Alternative Child Care Act.

14
15 Social workers and guidance counselors shall provide support and guidance to adolescent
16 mothers and their guardians to enable them to make well-informed decisions regarding
17 the potential consequences of their actions.

18
19 **SEC. 17. Raising Public Awareness on Preventing Adolescent Pregnancy**
20 **and Conduct of Nationwide Communication Campaign.** - To raise public
21 consciousness on adolescent pregnancy and generate support from various stakeholders,
22 February shall be designated as the National Adolescent Pregnancy Prevention Month,
23 which shall be observed nationwide. Schools and other stakeholders shall hold activities
24 with the objective of raising awareness and generating critical actions to address the
25 increasing prevalence of adolescent pregnancy.

26 The DOH, DepEd, DSWD and other relevant agencies, LGUs, CSOs, and the private sector
27 shall develop, launch, and sustain a nationwide campaign for the prevention of adolescent
28 pregnancy.

29 The agencies tasked with the implementation of CHSE shall optimize media and online
30 platforms to reach adolescents with accurate and accessible information and messages
31 on AHSRH rights and concerns. A web portal for the NPPTP shall be developed to
32 harmonize and link various websites and online services for AHSRH. Private broadcast
33 networks shall be encouraged and given access to relevant information and material to
34 do the same.

35
36 The Movie and Television Review and Classification Board (MTRCB) shall review their
37 existing guidelines to ensure that no television programs promote and encourage unsafe
38 sexual activities among adolescents. Within one year from the effectivity of this Act, the
39 Kapisanan ng mga Brodkaster ng Pilipinas, in coordination with the National Council for
40 Children's Television and other relevant government agencies, shall formulate its own
41 guidelines to ensure that unsafe adolescent sexual activity is not promoted or encouraged
42 in broadcast media.

SEC. 18. Residential Care Facilities for Disadvantaged Women. The existing residential care facilities of the Department of Social Welfare and Development for disadvantaged women shall be capacitated to accommodate the needs of adolescent mothers and their infants.

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

The city or municipality with the highest rate of adolescent pregnancy shall be prioritized in the establishment of residential care facilities.

SEC. 19. Integration of Programs for the Prevention of Adolescent Pregnancy. - The NIT shall institute programs focused on Adolescent Pregnancy Prevention, taking into consideration the specific mandates of agencies comprising the team.

Strategies and programs which aim to prevent incidence of adolescent pregnancies shall be integrated in the SK and the LCPC programs at the local and community level, with the SKs using 10% of their SK funds.

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

The SK and the LCPC shall enlist the support of the local barangay council and the barangay health center in providing a more complete array of services, activities, and programs.

SEC. 20. Creation of a National Monitoring, Research, and Information System on Adolescent Health and Development.- The Department of Health (DOH), Department of Education (DepEd), and Department of Social Welfare and Development (DSWD), in coordination with the Commission on Population and Development (CPD) and in consultation with the National Implementation Team (NIT) under Republic Act No. 10354, the Philippine Statistics Authority (PSA), and other relevant agencies, shall establish and maintain a National Monitoring, Research, and Information System on Adolescent Health and Development. Such system shall ensure the systematic collection, integration, analysis, and dissemination of data necessary to monitor, evaluate, and improve the implementation and outcomes of the National Program of Action and Investment Plan for the Prevention of Adolescent Pregnancy, and other related policies and programs affecting adolescents and youth.

For this purpose, the system shall:

(a) Generate and maintain reliable, age- and sex-disaggregated data on adolescent health, development, education, and well-being, including indicators related to early and unintended pregnancy, school participation, access to services, and repeat pregnancy;

(b) Support evidence-based planning, policy formulation, and program implementation at the national and local levels;

(c) Ensure data sharing and interoperability among concerned agencies, subject to existing laws on data privacy, confidentiality, and child protection;

(d) Integrate and harmonize existing data systems and studies conducted by national government agencies and local government units; and

(e) Provide for a results-based monitoring and evaluation framework, including periodic reporting and public dissemination of key findings. The Philippine Statistics Authority (PSA), in coordination with concerned agencies, shall conduct periodic national surveys on adolescent health and development, including the enhancement or expansion of existing studies, to generate comprehensive and updated data. Where necessary, the PSA may conduct targeted and age-appropriate studies, including data collection involving younger adolescents, in accordance with accepted ethical research standards and applicable laws on the protection of minors.

SEC. 21. Implementation Structure. - An Adolescent Pregnancy Prevention Council to be integrated as a sub-committee of the National Implementation Team of the Responsible Parenthood and Reproductive Health (RPRH) Law Shall be established to be composed of the following:

(a) The DOH Secretary as the Chairperson;

(b) The POPCOM Board of Commissioner Chair as Co-Chairperson'

(c) Senior officials (at least Undersecretary level) of the NYC, DepEd, DSWD, DILG, CHED, and TESDA as ex-officio members;

(d) Five (5) members appointed by the Chairperson who are persons with knowledge, expertise, accomplishment, and with no less than five-year experience in the fields of public health, adolescent rights and social protection, education, psychology, social welfare: Provided, That one qualified member is appointed in each field: Provided, further, That majority of these appointed members are female;

(e) Two (2) 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; and,

(f) The Chairpersons of the League of Cities and League of Municipalities.

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.

1
2 The Council shall have the powers and duties as follows:

3 (a) The proposed legislative and administrative policies on the prevention of
4 adolescent pregnancy;

5 (b) To develop operational guidelines for government agencies and private
6 organizations in the development and implementation of comprehensive strategies
7 and programs for prevention of adolescent pregnancy, including sexual violence;

8 (c) To monitor implementation of the provision of the law;

9 (d) To coordinate with various government councils and technical working groups
10 with the end in view of converging and harmonizing various efforts and programs
11 aimed to prevent adolescent pregnancies;

12 (e) To conduct research and generate evidence on the drivers of adolescent
13 pregnancy to inform programs and policies; and,

14 (f) To provide relevant agencies and private organizations with recommendations
15 and solutions to the challenges and gaps in the course of implementing the
16 program.

17
18 At the national level, the Council agency members shall have the following duties and
19 functions in accordance to their mandates and in relation to the implementation of this
20 Act:

21
22 (a) The DOH shall:

23 i. ensure the availability and provision of AHSRH information, services, and
24 commodities in all public and private health
25 facilities;

26 ii. ensure the training of health service providers in providing adolescent-
27 friendly and responsive health services; and,

28 iii. support and provide technical assistance in the capacity building of
29 existing ISDNs and establishment of new ISDNs at the local level.

30
31 (b) The Commission of Population shall:

32
33 i. develop, in coordination with the relevant agencies, the NPPTP as part of
34 the national population program;

35 ii. implement a program for the training of parents and guardians
36 ineffectively guiding adolescents on AHSRH issues;

37 iii. set-up the National Information System on the Prevention of Adolescent
38 Pregnancy that shall be used for the plan and program development

39 and monitoring and evaluation of indicators at all levels;

40 iv. take the lead in the nationwide and community-based campaign for the
41 prevention of adolescent pregnancy, including the development and
42 maintenance of the web portal for relevant online information and services;

43 and,

44 v. serve as the secretariat of the Council.

1
2 (c) The DepEd and CHED shall:
3

- 4 i. ensure the development and promotion of CHSE standards and its
5 corresponding learning modules for teachers and students
6 ii. ensure the comprehensive training of all teachers, guidance counselors,
7 and school administrators on CHSE;
8 iii. lead the delivery and implementation of CHSE in all public and private
9 basic education and tertiary educational institutions, as well as in non-
10 formal educational settings;
11 v. ensure the incorporation of CHSE in the module of future educators;
12 vi. guarantee quality assurance of educational institutions in terms of CHSE
13 delivery compliance through the PASBE accreditation; ensure the proper
14 implementation and delivery of CHSE in all schools and administer the
15 PASBE review if or when deemed necessary;
16 vii. strengthen existing programs and develop and implement flexible
17 learning options that will encourage the continuing education of adolescent
18 parents, especially mothers.
19

20 (d) The DSWD shall:

- 21 i. take the lead in providing social protection for adolescent parents,
22 especially in cases of sexual violence, abuse, and exploitation;
23 ii. ensure the provision of social protection for a adolescents in humanitarian
24 and/or emergency situations;
25 iii. equip their existing Distressed Centers for Disadvantaged Women with
26 increased capacity to accommodate more residents; and, promote CHSE for
27 adolescents with special needs and in difficult circumstances.
28

29 (e) The NYC shall:

- 30 i. ensure the integration of AHSRH and CHSE promotion in the SK or TFYD
31 and LYDC programs and projects;
32 ii. capacitate the SK or TFYD and PYDC in the implementation of this Act at
33 the local level;
34 iii. create and organize, together with DepEd, DILG, DOH, the League of
35 Cities and Municipalities, and concerned NGOs and CSOs, programs that will
36 promote peer education at the local level; and,
37 iv. conduct workshops, classes, and seminars for first time parents, in
38 partnership with DOH, DSWD, and other concerned Council members and
39 relevant agencies.
40

41 (f) The DILG shall:

- 42 i. ensure the compliance of LGUs in the implementation of this Act by
43 including the implementation of AHSRH programs as a qualifying
44 requirement for the Seal of Good Local Governance; and,

1 ii. assist the local ISDNs through their League of Provinces, League of Cities,
2 League of Municipalities, and League of Barangays.

3
4 (g) The TESDA shall:

5 i. provide social protection to adolescent parents by providing skills training
6 and livelihood support; and, ii. encourage enrollment in technical-vocational
7 courses for adolescent parents who are not fully equipped to return to in-
8 school education.

9
10 (h) The CWC shall:

11
12 i. integrate in its development and strategic frameworks issues and concerns
13 from children-specific to teen pregnancy and ensure the adoption of such
14 frameworks by the LGUS and other stakeholders;
15 ii. vigorously advocate for the awareness and prevention of teen pregnancy;
16 and,
17 iii. develop, adopt, and implement, in a manner consistent with adolescents'
18 evolving capacities, legislation, policies, and programs that will promote
19 children and adolescent health and development.

20
21 (i) The League of Cities and League of Municipalities shall:

22
23 i. help ensure the proper implementation of this Act in LGUS by monitoring
24 the LGUS in their jurisdiction;
25 ii. encourage local chief executives in adopting and implementing this Act
26 in their LGUs; and,
27 iii. provide additional support to the local ISDNs.

28
29 At the local level, the City or Municipal Health Office shall organize and lead
30 the coordination of local ISDNs and become its point person. With
31 assistance from the City or Municipal Population Office, the local
32 SK/TFYD/LYDC, and the Council, shall adapt the NPPTP to their localities
33 and be responsible for its implementation, monitoring, and evaluation. The
34 LGUS shall enlist the participation of children, adolescents, and youth-
35 oriented groups as well as CSOs and NGOs as much as possible. Specific
36 strategies shall be designed to reach marginalized and vulnerable
37 adolescent sub-sectors.

38
39
40 **SEC 22. Integration of Adolescent Health and Responsible Parenthood**
41 **Indicators in the Seal of Good Local Governance-** The Department of the Interior
42 and Local Government (DILG) shall integrate adolescent health, responsible parenthood,
43 and adolescent pregnancy prevention indicators, as may be appropriate, into the
44 assessment criteria of the Seal of Good Local Governance (SGLG) under the governance

1 areas of social protection and sensitivity, health compliance and responsiveness, and
2 sustainable education, consistent with Republic Act No. 11292, otherwise known as the
3 "Seal of Good Local Governance Act of 2019."
4

5 Such indicators shall be designed to promote, measure, and recognize the
6 commitment of local government units to the protection of adolescents, the prevention
7 of early and unintended pregnancy, the support for adolescent parents, and the
8 strengthening of community-based and family-oriented interventions.
9

10 For this purpose, the DILG, in consultation with the National Implementation Team
11 under Republic Act No. 10354, the Department of Health, the Department of Education,
12 the Department of Social Welfare and Development, the Commission on Population and
13 Development, and other relevant agencies, shall develop the appropriate indicators,
14 means of verification, and performance standards, and may formulate corresponding
15 incentives, technical assistance, and capacity-building measures to support LGUs in
16 complying with this Act.
17

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

24 **SEC. 24. Annual Report.** - No later than April 30 of every year, a joint
25 consolidated report shall be submitted by the implementing agencies to the President of
26 the Philippines and the Congress. The report shall provide a definitive and comprehensive
27 assessment of the implementation of its programs and those of other government
28 agencies in relation to the implementation of this Act and recommend priorities for
29 executive and legislative actions. The report shall be printed and distributed to all national
30 agencies, the LGUs, NGOs and private sector organizations involved in said programs.
31

32 **SEC. 25. Separability Clause.** - If any part, section, or provisions of this Act is
33 held invalid or unconstitutional, other provisions not affected thereby shall remain in full
34 force and effect.
35

36 **SEC. 26. Repealing Clause.** All other statutes, executive orders, and
37 administrative issuances or rules and regulations contrary to or inconsistent with the
38 provisions of this Act are hereby repealed, amended or modified accordingly. Nothing in
39 this law amends or repeals Articles 256 and 259 of the Revised Penal Code
40

41 **SEC. 27. Effectivity Clause.** – This Act shall take effect fifteen (15) days after
42 its publication in the Official Gazette or a newspaper of general circulation.

Approved,