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REPUBLIC OF THE PHILIPPINES )  
First Regular Session )**

Proposed Amendment by  
Substitution Pursuant to Section  
82 of the Rules of the Senate

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**SENATE**

**S.B. No. 1979**

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

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

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

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

1           Sec. 1. *Short Title.* – This Act shall be known as the "*Prevention of Adolescent*  
2 *Pregnancy Act of 2025.*"

3           Sec. 2. *Declaration of Policy.* – It is the policy of the State to:

- 4           a)     Treat the prevention of teenage pregnancies as a national priority;
- 5           b)     Recognize the vital role of the youth in nation-building and shall promote  
6 and protect their physical, moral, spiritual, intellectual, and social well-being. It shall  
7 inculcate nationalism in the youth and encourage their involvement in public and civic  
8 affairs.
- 9           c)     Recognize the role of women in nation-building and ensure the fundamental  
10 equality of women and men before the law;
- 11          d)     Protect and promote the right to health of the people, instill health  
12 consciousness among them and ensure corresponding interventions that could  
13 respond to the socioeconomic, health, and emotional needs of adolescents and youth,  
14 especially young women. To this end, adolescent pregnancy shall be approached as a  
15 health issue;

1 e) Provide scientific, accurate, and comprehensive information to adolescents to  
2 help them prevent early and unintended pregnancies and their life-long consequences;

3 f) Give priority to education to accelerate social progress, and promote total human  
4 liberation and development. Pursuant thereto, the State shall encourage adolescent  
5 mothers and fathers to continue and finish their education in order to equip them for  
6 a better life; increase their human potential; help prevent early marriages, high-risk  
7 child-bearing, and repeated pregnancy; and to reduce associated mortality and  
8 morbidity through comprehensive social protection interventions; and

9 g) Recognize and promote the rights, duties, and responsibilities of parents,  
10 teachers, and other persons legally responsible for the growth of adolescents to  
11 provide direction and guidance in a manner consistent with adolescents' ability to  
12 make responsible decisions and to take responsibility for their actions.

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

15 a) *Adolescents* – refers to the population aged 10 to 19 years;

16 b) *Adolescent Sexual and Reproductive Health (ASRH) Care* – refers to the access  
17 to a full range of methods, techniques, and services that contribute to the sexual and  
18 reproductive health and well-being of young people by preventing and solving  
19 reproductive health-related problems as defined in R.A. 10354 or the Responsible  
20 Parenthood and Reproductive Health Act of 2012;

21 c) *Comprehensive Sexuality Education (CSE)* – refers to age-appropriate, culturally  
22 relevant program to teaching about sexuality and relationships by providing  
23 scientifically accurate, realistic, non-judgmental information;

24 d) *Indigenous Cultural Communities/Indigenous Peoples* — refer to a group of  
25 people or homogenous societies identified by self-ascription and ascription by others,  
26 who have continuously lived as organized community on communally bounded and  
27 defined territory, and who have, under claims of ownership since time immemorial,  
28 occupied, possessed and utilized such territories, sharing common bonds of language,  
29 customs, traditions and other distinctive cultural traits, or who have, through  
30 resistance to political, social and cultural inroads of colonization, non-indigenous  
31 religions and cultures, became historically differentiated from the majority of Filipinos.  
32 ICCs/IPs shall likewise include peoples who are regarded as indigenous on account of

1 their descent from the populations which inhabited the country, at the time of  
2 conquest or colonization, or at the time of inroads of non-indigenous religions and  
3 cultures, or the establishment of present state boundaries, who retain some or all of  
4 their own social, economic, cultural and political institutions, but who may have been  
5 displaced from their traditional domains or who may have resettled outside their  
6 ancestral domains;

7 e) *Local Youth Development Council (LYDC)* – refers to the local body to be created  
8 based on Republic Act No. 10742 (SK Reform Law) which is composed of  
9 representatives of youth and youth-serving organizations in the provincial, city, and  
10 municipal and barangay level with the primary function of assisting in the planning  
11 and execution of projects and programs of the Sangguniang Kabataan, and the  
12 Federations in all levels;

13 f) *Local Council for the Protection of Children (LCPC)* – refers to the council  
14 organized at the provincial, city, municipal, and barangay levels that serves as the  
15 umbrella organization for all children’s concerns;

16 g) *Public-Private Partnership (PPP)* – is a cooperative arrangement between one  
17 or more public and private sectors, typically of a long-term nature, for various  
18 development programs or projects;

19 h) *Sexual and Reproductive Health* – refers to sexual and reproductive health as  
20 defined in Republic Act No. 10354;

21 i) *Sexual Abuse* – refers to actual or threatened physical intrusion of a sexual  
22 nature, whether by force or under unequal or coercive conditions.

23 j) *Sexual exploitation* – refers to any actual or attempted abuse of position of  
24 vulnerability, differential power or trust, for sexual purposes, including, but not  
25 limited to, profiting monetarily, socially, or politically from the  
26 sexual exploitation of another;

27 k) *Social Protection* – constitutes policies and programs that seek to reduce  
28 poverty and vulnerability to risks and enhance the social status and rights of  
29 the marginalized by promoting and protecting livelihood and employment,  
30 protecting against hazards and sudden loss of income, and improving people's  
31 capacity to manage risks.

1            *Sec. 4. Development of the National Program of Action and Investment Plan*  
2            *for the Prevention of Adolescent Pregnancy.* – The DepEd, DOH, and DSWD, in  
3            consultation with other members of the National Implementation Team (NIT) of the  
4            Responsible Parenthood and Reproductive Health (RPRH) Law, the National  
5            Commission on Indigenous Populations (NCIP), National Commission on Muslim  
6            Filipinos (NCMF), and other relevant national and local agencies, non-government  
7            organizations, civil society organizations, including women and children’s  
8            organizations, parent-teachers-community associations, and adolescent and young  
9            people’s organizations shall develop an evidence-based National Program on the  
10           Prevention of Adolescent Pregnancy (NPPTP). It shall be funded at all levels and  
11           become a priority program of the Philippine Population Management Program of the  
12           Population Commission (POPCOM).

13           The NPPTP shall be based on the inter-agency program of action involving all  
14           relevant government agencies, eligible for multiyear funding and inter-agency  
15           obligational authority to ensure the allocation for the key strategies in all concerned  
16           government agencies. The NPPTP shall be formulated with clear and prescriptive  
17           guidance for better implementation at the local level.

18           In developing the NPPTP, consultations shall be conducted with adolescents  
19           from specific at-risk populations, including children and adolescents from indigenous  
20           cultural communities, those in situations of armed conflict and humanitarian  
21           situations, children with disabilities, and children living in geographically isolated and  
22           disadvantaged areas.

23           *Sec. 5. Local Delivery Network for Adolescent Health and Development.* – The  
24           LCPD, LYPD, in cooperation with different government and non-government  
25           organizations, institutions, and facilities, shall include the delivery of information and  
26           services for Adolescent Health and Development. The LCPD shall provide accessible  
27           and quality health services that are responsive and sensitive to the particular needs of  
28           the adolescent.

29           *Sec. 6. Age and Development-Appropriate Comprehensive Sexuality Education*  
30           *(CSE).* – The program for reproductive health education provided in Republic Act No.  
31           10354, as well as orders and rules implementing the same, shall include  
32           comprehensive, age- and developmentally-appropriate information affecting the

1 reproductive health and sexuality of adolescents and shall incorporate the objectives,  
2 initiatives, and programs set forth in this Act. The provisions of Republic Act No. 9710  
3 or the Magna Carta of Women and implementing rules or issuances related thereto  
4 shall likewise be included.

5 The CSE shall address adolescent pregnancy as a health issue, emphasizing  
6 adverse health outcomes on the adolescent mother and the infant, particularly the toll  
7 caused on the body of young mothers, higher risk of eclampsia, endometritis,  
8 hemorrhage and systemic infections; infant mortality and poor nutrition. CSE shall  
9 likewise discuss the impact of early pregnancies and childbirth on the mental health  
10 of young parents as well as its adverse social and economic outcomes, including  
11 intergenerational poverty associated with early and unintended pregnancies.

12 The CSE shall be scientific, culturally sensitive, community-led, consultative,  
13 and inclusive. It shall likewise be provided to out of school adolescents, members of  
14 indigenous communities, and children in emergency situations.

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

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

25 Professional preparation and training for students in teacher-education  
26 institutions in the country shall integrate CSE standards and concepts.

27 Nothing in this Act shall be construed to diminish parental authority or academic  
28 and religious freedom.

29 *Sec. 7. Access to Sexual and Reproductive Health (SRH) Information and*  
30 *Services.* – Adolescents shall be allowed to access SRH information and services,  
31 provided that access by adolescents below the age of sixteen shall require the consent  
32 of their parents or guardian. Absent a parent or guardian, consent may be alternatively

1 obtained from a licensed social worker or doctor, or in the case of indigenous cultural  
2 communities, a trained healthcare representative designated by their respective  
3 indigenous peoples mandatory representative (IMPR). In all cases, counseling shall be  
4 carried out to ensure optimal health outcomes and effective protections against  
5 possible sexual abuse and exploitation.

6 For this purpose, all health service providers in all health facilities including  
7 school clinics and school-linked health centers shall be trained on providing  
8 adolescent-friendly and responsive SRH information and services: *Provided*, That all  
9 health facilities shall be enhanced to become an adolescent-friendly facility by ensuring  
10 confidentiality, availability of services and exclusive schedule for adolescents, non-  
11 judgmental and responsive health service providers.

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

18 Linkages and referral systems shall be established in educational institutions in  
19 order to bridge gaps in between CSE and access to SRH services for in-school  
20 adolescents.

21 A wider spectrum of SRH services shall be made available to the pregnant  
22 adolescents and their unborn child, spanning the pre-natal until the post-natal stages  
23 of pregnancy and their respective health care requirements. For in-school pregnant  
24 adolescents, consultations with the school nurse and guidance counselor shall be  
25 encouraged.

26 Provision of sexual and reproductive health services to adolescents shall be  
27 based on the principles of non-discrimination and confidentiality, the rights of  
28 adolescents, and their ability to make responsible decision and take responsibility for  
29 their actions.

30 *Sec. 8. Social Protection for Adolescent Mothers and/or Parents.* – A  
31 comprehensive social protection service shall be provided by LGUs to adolescents who  
32 are currently pregnant or have given birth and to their partners, in order to prevent

- 1 repeat pregnancies and to ensure their well-being while assuming the responsibilities  
2 of being young parents. Such services shall include the following:
- 3 a) Maternal health services including pre-natal and post-natal check-ups and  
4 facility-based delivery;
  - 5 b) Post-natal family planning counseling and services for both adolescent parents;
  - 6 c) Home-based or online, in-school, or tech-vocational education for adolescent  
7 parents;
  - 8 d) Personal PhilHealth coverage, making mandatory enrollment and membership  
9 of indigent adolescent -parents;
  - 10 e) Enrolment to social insurance like the Social Security Services;
  - 11 f) Training, skills development, and support to livelihood programs for the  
12 household of the adolescent parents especially for the indigents;
  - 13 g) Continuing CSE for adolescent parents;
  - 14 h) Workshops on couples counseling, parenting, and positive discipline for the  
15 parents;
  - 16 i) Psycho-social support and mental health services for adolescent parents; and  
17 j) In the case of solo adolescent parents, preferential access to benefits under the  
18 Expanded Solo Parent Welfare Act.

19 Discriminatory and exclusionary practices that harm and discourage the  
20 education of adolescent parents shall be prohibited. All efforts shall be taken by school  
21 administrations to ensure and encourage the continuation of education of all  
22 adolescent parents, especially girls.

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

27 *Sec. 9. Protective Services in Cases of Sexual Violence.* – Strengthened  
28 comprehensive social protection mechanisms for adolescents, especially for girls, shall  
29 be provided. Expectant and current mothers whose pregnancies were the result of  
30 sexual abuse or exploitation shall be given access and support to legal, medical, and  
31 psycho-social services. The DOH, in coordination with the DSWD shall reinforce the  
32 capacities of health facilities in providing comprehensive post-trauma care for

1 adolescents in cases of sexual abuse, sexual exploitation, or sexual harassment:  
2 *Provided*, That post-trauma care includes but is not limited to services such as  
3 purposive family planning and counselling.

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

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

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

20 *Sec. 10. Care and Management for First Time Parents.* – All pregnant  
21 adolescents, especially among the poor and hard-to-reach groups shall have access  
22 to skilled care throughout their pregnancy, delivery, and post-natal periods. SRH  
23 providers shall strive to provide as many adolescent mothers with their birth plans that  
24 details their intended place of childbirth delivery, availability of transport to these  
25 health care institutions, and respective costs. Special attention shall be given to  
26 younger pregnant mothers during obstetric care.

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

32 Educational institutions shall be encouraged to develop and establish support



1 mechanisms that will encourage the return of adolescent mothers and parents, such  
2 as in school day-care and breastfeeding stations. Existing daycare facilities shall give  
3 preferential treatment to the children of adolescent parents.

4       Sec. 11. *Male Involvement in the Prevention of Adolescent Pregnancy; Shared*  
5 *Parenthood.* – The DepEd, in coordination with the DOH, shall develop programs that  
6 will promote male involvement in the prevention of adolescent pregnancies while  
7 capacitating them for parenthood in the event of such pregnancies. These programs  
8 shall include topics such as, but not limited to: responsible fatherhood, couples  
9 counseling, shared care work, and co-parenting strategies.

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

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

18       Sec. 13. *Raising Public Awareness on Preventing Adolescent Pregnancy and*  
19 *Conduct of Nationwide Communication Campaign.* – To raise public consciousness on  
20 adolescent pregnancy and generate support from various stakeholders, February shall  
21 be designated as the *National Adolescent Pregnancy Prevention Month*, which shall be  
22 observed nationwide. Schools and other stakeholders shall hold activities with the  
23 objective of raising awareness and generating critical actions to address the increasing  
24 prevalence of adolescent pregnancy.

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

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

1 information and material to do the same.

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

9 *Sec. 14. Residential Care Facilities for Disadvantaged Women.* – The existing  
10 residential care facilities of the Department of Social Welfare and Development for  
11 disadvantaged women shall be capacitated to accommodate the needs of adolescent  
12 mothers and their infants.

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

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

18 *Sec. 15. Integration of Programs for the Prevention of Adolescent Pregnancy.* –  
19 The NIT shall institute programs focused on Adolescent Pregnancy Prevention, taking  
20 into consideration the specific mandates of agencies comprising the team.

21 Strategies and programs which aim to prevent incidence of adolescent  
22 pregnancies shall be integrated in the SK and the LCPC programs at the local and  
23 community level, with the SKs using 10% of their SK funds. In the absence of the  
24 SK, the Task Force on Youth Development (TFYD) under R.A. 10656 or An Act  
25 Postponing the Synchronized Barangay and SK Elections, shall undertake the  
26 responsibility of integrating adolescent pregnancy prevention programs in the  
27 barangay youth council's activities.

28 The SK/TFYD and the LCPC shall likewise implement programs and activities  
29 that aim to develop the potential and skills of adolescents to make them more  
30 productive members of the society. The topics of the said programs and activities are  
31 inclusive of but are not limited to: leadership trainings and life skills seminars that  
32 can be done by the adolescents and their families together. The SK/TFYD and the

1 LCPC shall encourage youth participation in these activities as means of diverting the  
2 focus and potential of adolescents into more meaningful and productive endeavors.

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

6 Sec. 16. *Creation of a National Information System on the Prevention of*  
7 *Adolescent Pregnancy.* – The DOH, the DepEd, and the DSWD, in consultation with  
8 NIT, shall endeavor to create a system that will comprehensively assess and  
9 effectively monitor and evaluate the status, success, and efficacy of the National  
10 Program of Action for the Prevention of Adolescent Pregnancy and the NPPTP.

11 The existing Young Adult Fertility and Sexuality Study shall be renamed  
12 Adolescent Health and Development Survey and be carried out every four years to  
13 conduct surveys and collect age- and gender-disaggregated data. The Philippine  
14 Statistics Authority (PSA) shall conduct a dedicated study with the sole focus of  
15 collecting ASRH data and information from 10 to 14 year olds, subject to the  
16 compliance of accepted ethical research standards. Research and data collected from  
17 the assessment and evaluation shall be stored in a public database.

18 Sec. 17. *Prevention of Adolescent Pregnancy Indicators in the Seal of Good*  
19 *Local Governance.* – The DILG shall incorporate Prevention of Adolescent Pregnancy  
20 indicators into the Seal of Good Local Governance (SGLG) assessment criteria under  
21 the social protection and sensitivity program, health compliance and responsiveness,  
22 and programs for sustainable education, as provided under Section 7(c), (d), and (e)  
23 of Republic Act No. 11292, or “The Seal of Good Local Governance Act of 2019”, to  
24 promote and recognize LGUs’ commitment to preventing adolescent pregnancy. The  
25 DILG, in consultation with the NIT-RPRH, shall develop the indicators and formulate  
26 incentives and programs to support LGUs.

27 Sec. 18. *Appropriations.* – All concerned government agencies shall include in  
28 their annual budget, the necessary funds for strategies and activities within their  
29 mandates that contribute to the implementation of this Act. Agencies and LGUs may  
30 also utilize their Gender and Development (GAD) budget in implementing programs  
31 and activities to carry out the objectives of this Act.

1           Sec. 19. *Implementing Rules and Regulations.* – Within 120 days upon the  
2 effectivity of this Act, the DOH, DSWD, and the DepEd, shall form a technical working  
3 group to formulate the Implementing Rules and Regulations of this Act, in consultation  
4 with other members of the NIT. The IRR shall ensure the unified and cohesive  
5 implementation of this Act by all concerned agencies.

6           Sec. 20. *Annual Report.* – No later than April 30<sup>th</sup> of every year, a joint  
7 consolidated report shall be submitted by the implementing agencies to the President  
8 of the Philippines and the Congress. The report shall provide a definitive and  
9 comprehensive assessment of the implementation of its programs and those of other  
10 government agencies in relation to the implementation of this Act and recommend  
11 priorities for executive and legislative actions. The report shall be printed and  
12 distributed to all national agencies, the LGUs, NGOs and private sector organizations  
13 involved in said programs.

14           Sec. 21. *Separability Clause.* – If any part, section, or provisions of this Act is  
15 held invalid or unconstitutional, other provisions not affected thereby shall remain in  
16 full force and effect.

17           Sec. 22. *Repealing Clause.* – All other statutes, executive orders, and  
18 administrative issuances or rules and regulations contrary to or inconsistent with the  
19 provisions of this Act are hereby repealed, amended or modified accordingly.

20           Nothing in this law amends or repeals Articles 256 and 259 of the Revised Penal  
21 Code.

22           Sec. 23. *Effectivity Clause.* – This Act shall take effect fifteen (15) days after its  
23 publication in the *Official Gazette* or a newspaper of general circulation.

24           Approved,