BRIEFER ON TEENAGE PREGNANCY
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ABOUT THE COVER: Emelyn Pelarios consults with a nurse from the local government of Cagwait about family planning. The health service provision activity in Cagwait, Surigao del Sur is part of the Global Affairs Canada-funded SHE project implemented by Oxfam Pilipinas through Sibog Katawhan Alang sa Paglambo (SIKAP).

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Oxfam is an international confederation of 21 organizations networked together in more than 90 countries, as part of a global movement for change, to build a future free from the injustice of poverty.

Oxfam has been working in the Philippines for over 30 years to address poverty’s underlying causes through its various programs on economic justice, conflict transformation, gender justice, and humanitarian response.
Teenage pregnancy was declared a national social emergency by the Philippine government in 2019 and is a compelling advocacy issue in the field of sexual and reproductive health and rights.

This Briefer on Teenage Pregnancy serves as a succinct reference material and guide for Civil Society Organizations (CSOs), Women’s Rights Organizations (WROs), government agencies, service providers, and other stakeholders in understanding the teenage pregnancy situation in the Philippines and the factors contributing to teenage pregnancy.

The Briefer can be used in advocating for the prevention and reduction of teenage pregnancy cases in the country. It contains strategies and approaches that promote open, healthy, and respectful discussions on positive sexuality, gender, relationships, bodily rights, autonomy, and decision-making, all of which are important considerations guiding Filipino adolescents.

It is produced as part of the Sexual Health and Empowerment (SHE) project, which seeks to empower women and girls to secure their sexual reproductive health and rights (SRHR) in six disadvantaged and conflict affected regions of the Philippines. SHE works to improve knowledge and awareness of SRHR, including the prevention of gender-based violence (GBV), particularly among women and girls.

SHE is a partnership of 12 organizations working in Region V (Bicol), Region VIII (Eastern Visayas), Region IX (Zamboanga Peninsula), Region X (Northern Mindanao), Region XIII (Caraga) and the Bangsamoro Autonomous Region of Muslim Mindanao (BARMM). SHE endeavours to strengthen health systems and community structures to deliver rights-based comprehensive SRH information and services and improve the effectiveness and capacity of WROs and women’s movements to advance SRHR and prevent GBV.

SHE believes that Filipino adolescents, who are transitioning from childhood to adulthood, have the right to exercise their SRHR, towards the attainment of their full potential and enjoyment of good quality life, free from harm, abuse, discrimination, and stigma.
1. TEENAGE PREGNANCY: A NATIONAL SOCIAL EMERGENCY

Reflective of the national situation, the six regions in the Philippines where the Sexual Health and Empowerment (SHE) project is being implemented have experienced high rates of teenage pregnancy, involving young women aged 10-19 years old during the period from 2018 to 2020, as shared by the Rural Health Units in the 21 municipalities covered by SHE.

Data on teenage pregnancy and motherhood involving women aged 15-19 who have begun childbearing showed that in 2017, five out of the six SHE regions surpassed rates in the National Capital Region, where 5.6% of 15- to 19-year-old girls have already begun childbearing.¹

Teenage Pregnancy Rates in SHE areas are as follows:

- **4.4%** Region V (Bicol)
- **6.9%** Region VIII (Eastern Visayas)
- **7.5%** Region IX (Zamboanga Peninsula)
- **14.7%** Region X (Northern Mindanao)
- **8.2%** Region XIII (Caraga)
- **8.5%** BARMM Bangsamoro Autonomous Region in Muslim Mindanao

In terms of birth interval (months preceding birth) among mothers aged 15 to 19, it was found that 29% of teenage mothers had given birth within 7-17 months of their preceding birth, 28.9% within 18-23 months and 27% within 24-35 months.²

Among mothers aged 20-24, 15% had given birth within 7-17 months of the preceding birth, 19% within 18-23 months, and 28.7% within 24-35 months.³

Not only do the above figures indicate that many young women and girls are childbearing early, but they also show that young mothers are very likely to have rapid repeat pregnancies.⁴

¹ Philippines 2017 National Demographic Health Study Key Findings, Philippine Statistics Authority
² Philippines 2017 National Demographic and Health Study Key Findings, Fertility Table 5.11, Philippine Statistics Authority
³ Philippines 2017 National Demographic and Health Survey Key Findings, Philippine Statistics Authority
⁴ Philippines 2017 National Demographic and Health Survey Key Findings, Philippine Statistics Authority
The Philippines has one of the highest adolescent birth rates among Association of Southeast Asian Nations (ASEAN) member-states. According to the World Bank, the Philippines has "47 births annually per 1,000 women aged 15-19, higher than the average adolescent birth rates of 44 globally and 33.5 in the ASEAN region." [5]

In 2021, the Philippine government declared teenage pregnancy as a national social emergency, with "more than 500 Filipino adolescent girls getting pregnant and giving birth every day," as echoed by the National Economic and Development Authority (NEDA) and the Commission on Population and Development (POPCOM). [6]

SHE seeks to empower women and girls to secure their Sexual and Reproductive Health and Rights (SRHR) in six disadvantaged and conflict-affected regions in the country. By improving knowledge and awareness of SRHR, women and girls can claim their right to receive correct and comprehensive information and services that would help them make informed decisions about their bodies, relationships and sexuality that are free from discrimination, stigma, coercion and abuse.

The SHE project believes that teenage pregnancy is a major concern requiring a multi-stakeholder, inclusive and rights-based approach. Rather than blaming and shaming young people for untimely pregnancy, efforts must focus on the structures that are failing them, including the health and educational systems, and support for young people in meaningfully exercising their rights.

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[6] Philippines 2017 National Demographic and Health Study Key Findings, Philippine Statistics Authority
The following facts and figures, generated from national studies, provide an SRHR landscape of Filipino adolescents:

- Among girls aged 15 to 19 years, only 13.4% have a correct knowledge of the fertile period.  
- Seven out of 10 first premarital sex activities are unprotected.
- Among sexually active unmarried women, withdrawal (14%) is the most common method used, followed by the pill (11%).
- There is a narrowing gap in the prevalence of premarital sexual activity between young men and women, whereby young women are having more premarital sex than before.
- Among 15- to 19-year-old girls, the unmet need for family planning in the six participating regions of SHE is higher compared to the National Capital Region at 6.7%. Region V - 13.5%; Region VIII - 10.5%; Region IX - 17.0%; Region X - 12.3%; Region XIII - 12.4%; and BARMM - 10.4%.
- Among girls aged 15 to 19, 94.7% did not discuss family planning with a field worker or at a health facility.
- Pregnancies among 10- to 14-year-old girls increased by 63%, from 1,381 in 2011 to 2,250 in 2018.
- Of live births among adolescents, only 3% were fathered by men of the same age group which suggests that for a vast majority of adolescent pregnancies, there could be coercion and unequal power relations between girls and older men.
- Of 15- to 19-year-old girls, 70.9% agreed that a minor should seek written permission from his/her parent if he/she wants to use a contraceptive method.

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1. Philippines 2017 National Demographic and Health Survey Key Findings, Philippine Statistics Authority
2. 2013 Young Adult Fertility and Sexuality Study, University of the Philippines Population Institute and Demographic Research Development Foundation
3. Philippines 2017 National Demographic Health Survey Key Findings, Family Planning, Figure 7.1, Philippine Statistics Authority
4. 2013 Young Adult Fertility and Sexuality Study, University of the Philippines Population Institute and Demographic Research and Development Foundation
5. Philippines 2017 National Demographic and Health Survey Key Findings, Philippine Statistics Authority
6. Philippines 2017 National Demographic and Health Survey Key Findings, Philippine Statistics Authority
7. Philippines 2017 National Demographic and Health Survey Key Findings, Philippine Statistics Authority
10. Philippines 2017 National Demographic and Health Survey Key Findings, Philippine Statistics Authority
RA 10354 – RESPONSIBLE PARENTHOOD AND REPRODUCTIVE HEALTH ACT OF 2012

The RA 10354 or Responsible Parenthood and Reproductive Health Act of 2012, more popularly known as the RPRH Law, contains specific provisions which SHE partners can use as a basis for its teen pregnancy prevention and reduction programming. The following provisions can be used in discussions and activities with local government units (LGUs) and health service providers in Rural Health Units (RHUs) to raise awareness on their roles and responsibilities as duty bearers.

SECTION 7: ACCESS TO FAMILY PLANNING

“No person shall be denied information and access to family planning services, whether natural or artificial: Provided, that minors will not be allowed access to modern methods of family planning without written consent from their parents or guardian/s except when the minor is already a parent or has had a miscarriage.”

SECTION 13: MOBILE HEALTH CARE SERVICE

“The national or the local government may provide each provincial, city, municipal and district hospital with a Mobile Health Care Service (MHCS) in the form of a van or other means of transportation appropriate to its terrain, taking into consideration the health care needs of each LGU.”

SECTION 17: ‘PRO BONO SERVICES FOR INDIGENT WOMEN’

“Pro Bono Services Indigent Women calls upon the private and nongovernment reproductive healthcare service providers including, but not limited to, gynecologists and obstetricians, to provide at least forty-eight (48) hours annually of reproductive health services, ranging from providing information and education to rendering medical services, free of charge to indigent and low-income patients as identified through the NHTS-PR and other government measures of identifying marginalization, especially to pregnant adolescents. The forty-eight (48) hours annual pro bono services shall be included as a prerequisite in the accreditation under the PhilHealth.”

SECTION 20: PUBLIC AWARENESS

“The DOH and the LGUs shall initiate and sustain a heightened nationwide multimedia campaign to raise the level of public awareness on the protection and promotion of reproductive health and rights including, but not limited to, maternal health and nutrition, family planning and responsible parenthood information and services, adolescent and youth reproductive health, guidance and counselling and other elements of reproductive health care under Section 4(q).”

Although the RPRH law restricts access to family planning methods among adolescents, it does not prohibit the sharing of broader evidence-based SRH information and counselling among adolescents.
EXECUTIVE ORDER 141
ON TEENAGE PREGNANCY

On June 25, 2021, President Rodrigo Duterte issued EO 141 calling for a ‘whole-of-government’ approach to address the root causes of teenage pregnancy. Section 1 states: “The State shall mobilize existing coordination and legal mechanisms related to the prevention of adolescent pregnancies and to strengthen the adolescents’ capacity to make autonomous and informed decisions about their reproductive and sexual health by ensuring access to Comprehensive Sexuality Education (CSE) and reproductive health and rights services.”

EO 141 empowers the regional and field offices of relevant government agencies to strengthen their coordinative mechanisms with the LGUs, civil society organizations and other stakeholders.

EO 141 mandates government agencies to perform the following roles and responsibilities:

- The Sangguniang Kabataan (SK) shall support adolescent mothers and this shall be reflected in the Local Youth Development Plan and the Annual Investment Program of their respective localities.

- The National Youth Commission (NYC) shall establish a forum for continuing dialogue between the government and the youth sector.

- The Commission on Population and Development (POPCOM) shall educate leaders, parents and other community-members about evidence-based strategies to reduce, if not eliminate, adolescent pregnancy and improve adolescent reproductive health. POPCOM shall also consolidate government plans and strategies into a comprehensive action plan for the prevention of adolescent pregnancy.

- The Department of Budget and Management (DBM) shall ensure that the National Expenditure Program will include initiatives for the prevention of adolescent pregnancy.

REPUBLIC ACT 11596 - PROHIBITING THE PRACTICE OF CHILD MARRIAGE AND IMPOSING PENALTIES

On December 10, 2021, RA 11596, also known as An Act Prohibiting the Practice of Child Marriage and Imposing Penalties, was passed into law, aiming at changing harmful norms which lead to child, early and forced marriage (CEFM) among adolescent boys and girls. The law is a big step towards upholding children’s and adolescents’ rights.

REPUBLIC ACT 11166 - PHILIPPINE HIV AND AIDS POLICY ACT OF 2018

While the RPRH law restricts access to family planning methods by minors except to those who are already parents, have had miscarriages, or have parental or guardian consent, the HIV and AIDS Policy Act of 2018 allows for voluntary HIV testing and counselling for minors without parental or guardian consent.

SECTION 29: HIV TESTING shall be made available under the following circumstances:

a. If the person is aged 15 to 18, consent to voluntary HIV testing shall be obtained from the child without the need of consent from a parent or guardian.

b. Any young person aged below 15 who is pregnant or engaged in high-risk sexual behaviour shall be eligible for HIV testing and counselling, with the assistance of a licensed social worker or health worker. Consent to voluntary HIV testing shall be obtained from the child without the need of consent from a parent or guardian.
SHE partners are implementing a range of actions to help reduce teenage pregnancy among girls and boys, young women and men, including the management of rapid repeat pregnancy among young mothers and fathers in their communities.

As preventive measures, SHE partners are undertaking the following approaches:

**PROMOTE POSITIVE AND SENSITIVE DISCUSSIONS OF SEXUALITY**

Young people are often introduced to topics of sexuality through conversations that focus on risks and crises such as teenage pregnancy. These approaches can intimidate young people or instil fear and shame, leading to embarrassment, stigma and a reluctance to seek advice or more information. Instead, SHE partners can begin discussing sexuality in a positive and sensitive way and as a natural and normal part of human development. SHE partners can discuss sexuality in the context of the following: a) adolescent health and development; b) self-esteem and self-awareness; c) relationships with partners; d) agency and empowerment, pleasure and consent; e) gender, sexual orientation and gender identity and expression (SOGIE); f) life skills; and g) productivity and employability.

Adolescents should be encouraged to have healthy conversations about their bodies, sex and sexuality without fear, shame or stigma. Safe spaces can be created within households, schools, communities, public and private spaces where privacy and confidentiality of adolescents are observed and respected.

A positive, non-judgmental and rights-based approach to sexuality that emphasizes consent and respect can enrich many aspects of social, physical, and mental well-being.

**ENABLE ADOLESCENT GIRLS AND BOYS, YOUNG WOMEN AND MEN TO MAKE RESPONSIBLE, CONSENSUAL AND FULFILLING LIFESTYLE DECISIONS THROUGH ACCESS TO COMPREHENSIVE SRHR INFORMATION AND SERVICES**

Under the RPRH law, the Department of Education is mandated to develop an “age and development appropriate reproductive health education curriculum” to be taught by adequately trained teachers in formal and non-formal educational systems, integrated in relevant subjects such as

4. FROM PREVENTION TO MANAGEMENT
Music, Arts, Physical Education, Health (MAPEH); Science; Edukasyon Sa Pagpapakatatao (ESP) or Values; Araling Panglipunan and Personality Development, to be taught in public schools and may be adopted by private schools.

CSE shall be given to learners in all public and private elementary, junior and senior high schools, learning centres for Special Education (SPED), Alternative Learning Systems (ALS) schools, laboratory schools of state and local universities and colleges, Indigenous Learning System schools and Madrasah Education Program schools.

SHE partners can complement the CSE provided by the government through the conduct of group sessions among adolescents led by trained peer educators. The sessions are safe spaces for open, respectful and deeper conversations on positive sexuality, SRHR, body rights, consent, relationships and gender to name a few.

SHE can also help young learners link up with adolescent-friendly and respectful, inclusive and sensitive health service providers stationed in adolescent centres, managed by the LGUs/RHUs for SRHR-related counselling and consultations.

“Nothing about us, without us”: SHE partners shall uphold this key SHE principle by creating opportunities where adolescent girls and boys can exercise their leadership, voice their issues and concerns, and share their lived realities.

SRHR challenges are ever fluid and evolving and it is the youth themselves who best understand their own situation.

SHE partners shall involve adolescents during strategic planning, budgeting of activities, monitoring and assessing implementation of activities and plans, community outreach, special events and celebrations and online campaigns.
In managing existing pregnancies, SHE partners are doing the following:

**PROVIDING SUPPORT SERVICES FOR PREGNANT YOUNG WOMEN AND ADOLESCENTS**

SHE partners actively connect pregnant adolescents and their partners with trained health service providers in RHUs for SRHR counselling and medical services such as antenatal care, facility-based delivery, counselling on exclusive breastfeeding, postnatal care and family planning.

SHE partners coordinate with the RHUs for the schedule of “Usapan” (dialogue) sessions where pregnant adolescents and their partners can receive complete and correct information about modern family planning (FP) methods including actual services and commodities at the point of care.

An “Usapan” session is designed to promote FP and maternal health care (MCH) by providing information that is emotionally appealing and with an opportunity for one-on-one counselling to discuss doubts and misconceptions about various FP methods, thereby facilitating a decision to take up a method that would meet their needs.

The “Usapan” series has four variants: *Usapang Pwede Pa* (promoting/facilitating a choice and use of spacing method), *Usapang Kuntento Na* (promoting/facilitating a choice and use of long acting/permanent method), *Usapang Maginoo* (promoting/facilitating male involvement in FP and MCH), and *Usapang Buntis* (promoting and facilitating essential behaviours for ensuring a healthy pregnancy, safe delivery and family planning).

Pregnant adolescents are highly encouraged to attend *Usapang Buntis* to ensure the observance of antenatal care, facility-based delivery, postpartum care and FP, thus avoiding rapid repeat pregnancy.

**LOBBying WITH LGUs**

To reach and serve women and girls, men and boys in geographically isolated and disadvantaged areas (GIDA), SHE partners urge their respective LGUs to implement **Mobile Health Care Service**. Under the RPRH Law, the LGU is required to allocate a **van or other means of transportation appropriate to its terrain**, taking into consideration the health care needs of its constituents.

SHE can also lobby for the allocation of funds and other resources from the Gender and Development (GAD) budget for education on teenage pregnancy prevention, including opportunities for skills training and income-generating activities for young parents.
5. SHE MANDATES AND POLICY POSITION ON TEENAGE PREGNANCY

SHE recognizes that SRH rights are human rights and that these are enshrined in different international covenants of which the Philippines is a signatory. These include the International Covenant on Civil and Political Rights (ICCPR), the International Covenant on Economic, Social and Cultural Rights (ICESCR), the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), and the Convention on the Rights of the Child (CRC).

SRHR are human rights that include the right to:

- life, liberty and security
- health, reproductive health and family planning
- decide the number and spacing of one’s children
- consent to marriage and to equality in marriage
- privacy
- equality and to be free from discrimination
- modify traditions and customs that violate women’s rights
- not to be subjected to torture
- to be free from violence against women
- education and information
- enjoy scientific progress and to consent to experimentation

SHE recognizes that young women and men are rights holders of SRHR. SHE upholds the following principles: i) evolving capacities of the child, ii) best interest of the child, and iii) mature minor doctrine. Such principles enable young people to participate meaningfully in decision-making processes that affect their lives.
WHAT IS SHE DOING TO ADDRESS TEENAGE PREGNANCY?

• SHE conducts interactive sessions on positive sexuality, SRHR, relationships, bodily integrity and autonomy, gender and SOGIE among girls and boys in schools and communities, led by trained peer educators.

• SHE produces age- and development-appropriate, gender-sensitive IEC materials (e.g., posters, brochures, infographics) on teen pregnancy.

• SHE conducts awareness raising sessions among girls and boys, parents, traditional and religious leaders and other influencers using SRHR 101 videos and other relevant learning materials produced by Oxfam, government, and development partners.

• SHE advocates the LGU-led passage of local ordinances on teenage pregnancy prevention and reduction, including the allocation of funds from the Gender and Development budget for programs and services to reduce teenage pregnancy and support young parents.

• SHE advocates the LGU passage of local ordinances for the establishment of adolescent-friendly and respectful centers in RHUs and GIDA communities.

• SHE coordinates and liaises with trained adolescent-friendly and respectful health service providers deployed in RHUs and barangay health stations for the provision of information, counselling and medical services on SRHR and teen pregnancy.

• SHE utilizes social media channels (e.g., Tiktok, FB, Twitter, Instagram) for online information dissemination, interactive workshops, events and campaigns on SRHR, sexual health, teen pregnancy and GBV prevention.
WAYS FORWARD

• SHE supports the “whole-of-government” approach in addressing the root causes of teenage pregnancy in the country. SHE shall coordinate and partner with the Sangguniang Kabataan (barangay youth council) for social protection programs and services that will cater to adolescent mothers in the communities. SHE partners can also reach out to the Human Development and Poverty Reduction Cabinet Cluster, consisting of the Department of Health, the Department of Social Welfare and Development, and the Philippine Commission on Women, which is assisting the Sangguniang Kabataan in this regard.

• SHE shall coordinate and actively participate in youth dialogues to be organized and conducted by the National Youth Commission.

• Along with local chief executives of SHE-covered municipalities, SHE shall advocate the full implementation of specific provisions of the RPRH law that pertain to: i) access to FP among minors who are already parents or have experienced a miscarriage, without need for consent from a parent/guardian; ii) mobile health care services to reach GIDA communities; iii) pro bono services for indigent women including pregnant adolescents; and iv) public awareness of adolescent and youth SRHR.

• SHE shall coordinate with regional coordinators of the Johns Hopkins Program for International Education in Gynecology and Obstetrics (JHPIEGO) for access to local data on teenage pregnancy, preferably age disaggregated, which can be used in program planning, IEC development and community outreach activities.

• SHE shall endeavour to popularize RA 11596, otherwise known as An Act Prohibiting the Practice of Child Marriage and Imposing Penalties to promote greater understanding and appreciation of the law among women, men, girls and boys, communities, influencers, traditional and religious leaders and other stakeholders.