

A PRIMER ON

Adolescent Pregnancy in the Philippines

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SECTION I

Adolescent and Adolescent Pregnancy Situation in the Philippines

QUESTION 1:

Who are the adolescents?

The United Nations defines adolescents as those belonging to the age group of 10- 19 years (World Health Organization, 2014). It is considered the stage of transition from childhood to adulthood, in which an individual undergoes a physical, sexual and psychological transformation. UNICEF divided the adolescent stage into two (2) categories:

- **EARLY ADOLESCENCE (10 YEARS OLD TO 14 YEARS OLD)**

In this stage, the physical changes begin with a growth spurt and secondary sexual characteristics. Menarche, which is the first menstruation among girls, is also expected to start in this period. The sudden physical and physiological changes can either cause anxiety among adolescence or a source of pride, as for some, it symbolizes the ingress to adulthood.



Although external changes become apparent, neurological and psychological differences are not too noticeable yet.

- **LATE ADOLESCENCE (15 YEARS OLD TO 19 YEARS OLD)**

The majority of the body transformation has occurred at this point, although continuously developing. Then, rapid brain development and reorganization happen, making up for psychological and social transformation. The reflective and analytical capacity of adolescents improve; of which they begin to form an opinion on social matters. They also become curious about their identity, including sexual orientation and gender identity.

Adolescence is also when peers play a vital role in shaping social behaviors by joining social circles and developing interests in social activities. Unfortunately, adolescence is the entry point for high-risk behaviors such as smoking and drinking, drug use, and unsafe sexual activity. Adolescence is a critical period that builds on childhood development and accelerated physical and psychosocial progress, shaping what individuals will become as adults.

QUESTION 2:

What is adolescent sexual and reproductive health and rights (SRHR)?

In 1994, different countries gathered for the International Conference on Population and Development. This hallmark conference defined reproductive health as “a state of complete



physical, mental and social well-being and...not merely the absence of disease or infirmity, in all matters relating to the reproductive system and its functions and processes.” It also recognized SRHR as an intrinsic right of every human being, regardless of gender, sexual orientation, race, religious affiliation and age. In the context of adolescents, it means supporting their transition to adulthood, specifically in their journey to discover self-identity, sexuality and individual potentials, without experiencing stigma and discrimination. It implies empowering the adolescents to know and exercise their rights, make informed decisions and participate in nation-building activities. It is about providing choices and expanding opportunities for their development.

As duty-bearers, the state shall develop policies and create programs that guarantee access to the right information in the form of age- and development-appropriate, culturally sensitive comprehensive sexuality education and essential health services provided in a non-discriminatory and friendly manner.

QUESTION 3:

What is the demographic profile of Filipino adolescents?

In the 2010 census, one out of five of the estimated 100 million Filipinos fell under the adolescent age group of 10 to 19 years old. This adolescent population estimate has decreased slightly and was projected to decline even further in the succeeding years.



REGARDING EDUCATION, the net enrolment rate among Filipino children was 96% for primary school and 83% for secondary school in 2019, which have been improving over the years.



While we see improvement in the uptake of children in school, around 10% eventually drop out and become Out-of-School Children and Youth or OSCY (Philippine Statistics Authority, 2017a). While the occurrence of OSCY is significantly lower for the 6 to 15 age group, the proportion considerably increases among ages 16 to 24 years old or the period when students transition to Senior High School and college.



IN TERMS OF EMPLOYMENT, the official minimum age in the Philippines is fifteen years old. In early 2020, the youth labor force participation rate (ages 15-24) is 37.4%, which increased from 35.9% in 2019.

Because of the lockdown restrictions due to COVID-19 in 2020, the figures are expected to decrease drastically. The education and employment sectors' performance is mixed, which can be improved further if we fulfill adolescents' sexual and reproductive health needs.

QUESTION 4:

What is the state of health of Filipino adolescents?

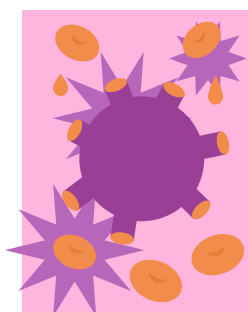
As adolescents transition to adulthood, they become susceptible to different health risks and behaviors, adding complexity to the physical and psychosocial transformation. These are some of the health challenges faced by Filipino adolescents:



- **ALCOHOL, TOBACCO, AND ILLEGAL SUBSTANCES USE**
Adolescence is the period when individuals usually begin to smoke, drink or use illicit substances. Multiple surveys provide understanding about the health risks of adolescents and young people.



The studies show that 15% of adolescents are current smokers, and 2.6% have ever tried to use drugs. 18.2% of school children 13-15 years old have experienced being severely drunk at least one drinking alcohol once or more days during the past 30 days (Department of Health, 2015). At the same time, 8.1% of adolescents 15-19 years old have ever passed out drunk.



- **HIV AND AIDS**

As of March 2020, the Department of Health reported that of the 77,625 total cases of HIV in the country since 1984, 28% or 22,326 are among the age group of 15–24 years old (DOH, 2020). Sexual contact among males having sex with males (MSMs) remained the predominant mode of transmission, accounting for more than 90% of the cases.



- **MENTAL HEALTH**

Parents and experts are alarmed by the increasing number of children with mental health problems in the Philippines. A study conducted by the DOH and WHO (2007) accounted that 16% of children have mental disorders. Besides, the latest Global School-based Student Health Survey found that 16.8% of students aged 13 to 17 attempted suicide during the past year (World Health Organization, 2019). The increase in mental health disorders among adolescents has been surmised to be associated with the rise of social media, especially depressive state and suicide.



QUESTION 5:

What are the socioeconomic predictors of adolescent pregnancy in the Philippines?

The 2017 National Demographic and Health Survey (NDHS) provides insights into adolescent mothers' situation in the country. It shows that 9% of women 15-19 years old have begun childbearing (Philippine Statistics Authority, 2017b).

It also offers information on the inequitable burden of adolescent pregnancy. Girls from low-income families are five (5) times more likely to be pregnant than girls from wealthy families. In contrast, girls from rural areas begin childbearing earlier than their urban counterparts, accounting for 10% and 7% of the population, respectively. The geographic disparity also exists, where teen pregnancy is substantially more prevalent in Mindanao areas and geographically isolated and disadvantaged areas (GIDAs). The highest cases of teen pregnancy have been documented in Region 11 (Davao Region) with an astounding 18%, followed by Region 12 (SOCCSKSARGEN) and Region 10 (Northern Mindanao), both with 15%. The proportion of teenagers who have begun childbearing exponentially increases with age. Only 1% of teenagers have begun childbearing at the age of 15, while 22% for age 19. It demonstrates that this four-year age gap demonstrates a significant difference in the sexual behavior of teen girls.

Understanding teen pregnancy predictors is essential to channel our attention and resources to the right strategies to attend to the adolescents' needs.



SECTION II

Health and Development Impacts of Adolescent Pregnancy

QUESTION 6:

What are the consequences of pregnancy to an adolescent?



Childbearing during the adolescence period poses health and socioeconomic consequences for young women. Since young women's bodies are not prepared for childbearing, some pregnancy complications occur more frequently in adolescents than their older counterparts. Studies show that adolescents are more likely to have hypertension, anemia, and hemorrhage. They are also at high risk for sexually transmitted infections and mental health issues. Because most of this pregnancy is unplanned, they are likely to seek an abortion, which is mainly unsafe and strictly prohibited in the Philippines.



Adolescence is a period for schooling. Teenagers who bear a child during the school years often leave before they can complete their education. This situation is especially the case for those who become pregnant during the high school years. One out of 10 females ages 15-19 years old drops out of school because of “marriage/family matters.” Behind the ambiguous reason is unintended pregnancy, resulting in young women to be substantially less likely to complete high school and experience an educational deficit (Philippine Statistical Authority, 2017a). It is important to note that most of the childbearing young women are commonly from low-income families. Dropping out of school reduces their opportunities to find jobs later on.

Instead of young women focusing on fulfilling their dreams and building their potentials, the occurrence of lack of economic opportunities and possible pregnancy complications submerge families further into the poverty quicksand, making them difficult to get out later on in life.

QUESTION 7:

What is the impact of early unintended pregnancies on the family?

Studies in the US show that close to 80% of teen mothers continue to live with their family one year after giving birth (Stammers, 2002). Thus, when a teen girl becomes pregnant, it is sensible to imagine that the new addition to the family affects the overall family dynamics.



The impacts of adolescent pregnancy and parenting on the family structure can be summarized by the following:

- 1) alteration of intergenerational structure, adding a new family member creates different generational layers in the family;
- 2) effects on residential and household patterns and composition, by accommodating the baby in the family habits and lifestyle;
- 3) eliciting family support for the baby from other family members, especially the mother of the teen.

The different impacts of adolescent childbearing and parenting demonstrate how families positively and negatively adjust to this new situation. It is interesting to note that families with an existing adolescent mother are more likely for their younger siblings to follow suit, suggesting that teen pregnancy is a byproduct of family relationships (East, 1999). Adolescents who live in a two-parent family are more likely to delay sexual intercourse than those who live in other family arrangements. Family relationships and structures should be thought-out when designing adolescent pregnancy interventions.

QUESTION 8:

What is demographic dividend, and why is addressing adolescent pregnancy essential to its achievement?

The demographic dividend is defined as the acceleration of economic development resulting from changes in a country's population structure (United Nations Population Fund, 2018).



Countries that underwent demographic dividend experienced a reduction of fertility rate and an upsurge in the working-age population, which translates to a lower dependency ratio. With more workforce and fewer dependents within an economy, a country enters a window of opportunity for faster economic growth. Nations can fully maximize the opportunities from demographic dividend if the right social and economic conditions are created relative to health, education, governance, and economy.

Historically, our neighboring economic giants such as South Korea, Singapore, Hong Kong and Taiwan were poor when entering the second half of the 19th century. These countries extensively invested in human capital such as education, health care, employment, and family planning, which significantly lowered their total fertility rate, eventually benefitting from the demographic dividend in the 1980s.

According to the National Economic and Development Authority (2018), the Philippines is expected to reap the demographic dividend between 2025 and 2070. However, we may need to wait until 2050 to benefit or miss the opportunity window at all if the total fertility rate remains high. The countries advancing towards demographic transition generally had a useful and sustained modern family planning program accessible to those who need it.

Contrary to our existing policies in the Philippines, which restrict adolescents from accessing family planning and receiving critical information, the implementation of sexuality education is still underway. It leaves our adolescents vulnerable to sexual risks, which may reduce their potentialities to contribute to economic growth at the earliest window, possible if there are no social protection mechanisms.



Preventing adolescent pregnancy must be a core strategy to achieving demographic dividend, which keeps young women and their partners on the path towards developing their capabilities to deliver a positive contribution to economic development. Moreover, widening the economic prospect for young parents may bring them on track towards a more prosperous future.

QUESTION 9:

How does stigma affect young mothers?

Stigma and discrimination towards teen parents are rampant globally. A global comparison shows that at least two out of five young mothers felt stigmatized (Weed & Nicholson, 2015). It is important to emphasize that health care providers are common perpetrators of stigma and discrimination, rather than from relatives or friends who become a support system to them. Stigma is expressed in different ways, from facial expressions to actual verbal abuse and harsh treatment. This negative judgment towards teen pregnancy can be attributed to religious views, by which pre-marital sex activity and being an unwed mother is considered immoral. Conservative groups perceive teen mothers to be irresponsible and ill-prepared for childrearing.

Studies show negative consequences of both perceived and enacted stigma to young mothers, such as vulnerability, the experience of negative attitudes, exclusion, and isolation (Somerville, 2013). In this period where they build their self-identity, these are an unimaginable impediment to their self-confidence.

More importantly, stigma and discrimination among teenage parents, especially the mothers, drive them away from the sphere of health. It prevents young mothers from giving their



trust to health providers that treat them undesirably. It hinders the delivery and uptake of adequate care, exacerbating the challenges faced by young mothers instead of supporting them.

QUESTION 10:

How does the Reproductive Health Law address adolescent pregnancy issues?

The Republic Act No. 10354 or the Responsible Parenthood and Reproductive Health Act of 2012, also known as the Reproductive Health Law or RH Law, guarantees “universal” access to sexual and reproductive health information and services (Government of the Philippines, 2012). The RH Law is a landmark legislation, which languished in Congress for 11 years. It is the only legislation that recognizes and upholds every Filipino’s reproductive health and rights, including adolescents, among the emphasized groups.

The law states that the government should provide these services to the adolescents: “adolescent reproductive health education, adolescent and youth reproductive health guidance and counseling and education and counseling on sexuality and reproductive health.” The law also stipulates that those below 18 years old are not allowed to access modern family planning methods without written consent from their parents or guardian.

Practically, the law favors educating adolescents on reproductive and sexuality but restricts access to family planning services, which becomes problematic as we strive to prevent teenage pregnancy. Moreover, it contradicts the fundamental principles of SRHR being universal and inclusive.



QUESTION 11:

Why is gender equality important in addressing adolescent pregnancy?



In developing policies and programs to address adolescent pregnancy, it is important to know how this issue is connected with gender perceptions and gender equality. First, let us define what gender equality is and how gender inequalities exist. Gender equality is about celebrating the similarities and the differences between men and women and their roles by seeing women and men being full and equal partners in the home, community and society (UNICEF, 2017). Gender inequality, on the other hand, exists when these differences create disparities in conditions, treatment and opportunities.

Our socially constructed belief regarding how men and women should act influences how we treat adolescents and the social messages inculcated into their psyche. For example, common perceptions about young women include preserving their virginity and discouraging them from sexual activity. In contrast, young men are encouraged to do the opposite of valuing sexual virility and promiscuity.

The impact of gender perceptions shapes contraceptive decisions and behavior (Hanson, McMahon and Kenyon, 2014). For example, adolescent women are encouraged to adhere to traditional norms of sexual abstinence and limit their knowledge and behavior on sexuality. Many girls report that their first sexual intercourse was unplanned, without using any form of contraceptives. In their



desire to prevent male partners from seeking other partners, young women also risk having sex without contraceptives.

Gender inequalities also result in violence. A survey for adolescents and young people shows that 16 percent of women age 15-19 have experienced any form of physical violence at least once in their life, and at least one out of twenty (20) are survivors of sexual violence. In addition, 15 percent of age 15 to 49 years old reported that they were first married before 18. While forcing a child to marry is in itself a violation of their human rights, studies show that child brides are more exposed to sexual and physical abuse.

It is imperative to understand how deeply entrenched gender inequalities play a role in this growing adolescent pregnancy to better understand and respond to adolescents' needs.



SECTION III

Policy Recommendations to Improve Adolescent Pregnancy Situation

QUESTION 12:

Why is addressing adolescent pregnancy important in achieving the SDGs?

The Sustainable Development Goals (SDGs) are the blueprint for attaining a better and more sustainable future for all. It was adopted by all United Nations Member States, including the Philippines, in 2015 as a universal call to action to end poverty, inequality, climate change, environmental degradation, peace and justice by 2030 (United Nations, 2015).

Reducing adolescent pregnancy is a health indicator in the SDGs. Goal 3 aspires to “ensure healthy lives and promote well-being,” wherein universal access to sexual and reproductive health, as its critical component. It explicitly identifies as measures of success the adolescent birth rate, which tracks the occurrence of teen pregnancy and the access to modern methods of contraceptives (including adolescents 15 to 19 years old), which ensures all those who need family planning can have it.



While adolescent pregnancy is explicitly under the health goal, addressing teenage pregnancy impacts other SDGs. Informed reproductive health decisions are a component of SDG 5 on gender equality, ensuring our teens to make intelligent decisions about their bodies. This indicator complements other gender-related targets, such as ending all forms of discrimination against women and girls and sexual exploitation. Regarding SDG 4 on education, adolescent pregnancy is the primary reason for leaving school, threatening the aspiration of achieving universal access to education.

It is essential to view and tackle adolescent pregnancy from a systems viewpoint, which involves examining the issue with its social and economic determinants to develop comprehensive and integrated solutions to address it.

QUESTION 13:

Why should the government fully implement comprehensive sexuality education?

Adolescence is a period of curiosity, where individuals indulge in asking questions about their body, family and society. It is also the time when they engage in risky behaviors, posing health risks. Therefore, this age group needs to receive appropriate information to make informed decisions about their life choices. Lack of access to evidence-based, age-appropriate sexuality and reproductive health education may leave children and young people vulnerable to harmful sexual behaviors, unintended pregnancy, and sexual exploitation (UNESCO, 2018).

When delivered correctly, comprehensive sexuality education (CSE) responds to this demand. It provides information about sexuality, relationships, human rights, and gender equality,



among others (Secor-Turner, Randall, Christensen, Jacobson & Melendez, 2017). CSE empowers adolescents to navigate their world by knowing the issues around gender-based violence, gender inequality, early and unintended pregnancies, HIV and other sexually transmitted infections (STIs), including ways to prevent and manage them. A study shows the effectiveness of comprehensive sexuality education programs in delaying sexual activity, decreasing risky sexual behavior compared to education that focuses only on abstaining from sexual activity.

In the Philippines, the Department of Education (DepEd) issued the Department Order No. 31, s. 2018 or the Policy Guidelines on the Implementation of the Comprehensive Sexuality Education, which aims to institutionalize and standardize CSE in the Philippines. The curriculum has been finalized, and the rollout has started in different parts of the country to date.

QUESTION 14:

Why do adolescents need access to a full range of contraceptives?

The 2017 NDHS recorded that 18 percent of women aged 25-49 engaged in sexual intercourse before 18. This proportion of young women's first sexual experience slightly decreased if compared to the 1993 data at 20 percent. It clearly shows that adolescents engage in sexual activities even before reaching adulthood or marriage, justifying the need to access family planning services (Philippine Statistics Authority, 2017). Unfortunately, there are different views on how to tackle unintended pregnancy issues among adolescents, influenced by religious and cultural beliefs. On the one hand, conservative groups promote abstinence-only until marriage. In contrast, others believe in providing teens with comprehensive



information on the full range of family planning services to choose what suits them best. The Society for Adolescent Medicine (2006) in the United States characterizes abstinence-only messages as scientifically and ethically flawed and not based on sound science. They emphasize that it is intrinsically “ethically problematic” to force an option and withhold information needed to make informed choices.

Different studies demonstrate the effectiveness of providing access to a full range of family planning services, including modern contraceptives, to improve youth reproductive health outcomes. Countries with low uptake of modern contraceptives among adolescent women contribute significantly to high teenage pregnancies and other important health outcomes such as maternal morbidity and mortality and neonatal and under-five child mortality (Nsanya, Atchison and Bottomley, et al., 2019).

That’s why it is important to address the barriers in existing laws that prevent Filipino adolescents from accessing a full range of family planning services, including modern contraceptives.



QUESTION 15:

Why does the government need to invest in adolescent-friendly health services?

Adolescents are a diverse group. Preferences, viewpoints, and expectations are understandably different for different groups. Interestingly, regardless of affiliation, adolescents commonly want to be treated with respect and receive services tailored to their needs and comfort. Adolescent friendly health facilities (AFHF) represent this approach of providing health services that are respectful and confidential (World Health Organization, 2020). In addition, the health services must be accessible, acceptable and appropriate for their age.

In the context of adolescent pregnancy, AFHS should offer a wide range of reproductive health services such as family planning, prenatal care, childbirth, post-natal care, and parenting counseling. They are not be discriminated against when receiving the services. These health services are also available at their most convenient time, while information is understandable to their age.

To attract adolescents to access essential health services, the Department of Health accredits facilities imbining the adolescent-friendly principles. In 2019, DOH accredited 704 adolescent-friendly health facilities across the country:

LEVEL I (BASIC HOSPITALS) - 617

LEVEL II (DISTRICT OR CITY HOSPITALS) - 52

LEVEL III (HIGH-LEVEL SPECIALTY HOSPITALS) - 35

The DOH strives to increase the number of accredited facilities in the coming years.



QUESTION 16:

How can social protection be more responsive to adolescents and adolescent parents?

Women face specific risks in different stages of their lives that are inherently biological, such as the risks associated with pregnancy and aging, while experiencing socially-entrenched gender norms that lead to inequalities. Because of these risks, girls are less likely to develop their capabilities and manage and mitigate life challenges fully.

Social protection is defined as a set of policies and programs to reduce poverty and vulnerabilities, enhancing the population's capacity to mitigate risks and hazards interruption/loss of income (Asian Development Bank, 2003). A well-designed social protection program can minimize the impact of threats and vulnerabilities across the life-course. These policies can act as buffers against shocks, minimizing negative coping strategies. In teen parents' case, providing social protection may prevent them from leaving schools, being forced to enter the labor force, and sell assets to sustain daily needs.

Moreover, comprehensive social protection systems consider gender and age inequalities. When social protection fails to consider these conditions, it widens further the risks and inequalities experienced by adolescents (UNICEF, 2019). Countries from different parts of the world adopt a wide range of social protection programs, yet the most popular program includes conditional cash grants to households.

The Pantawid Pamilyang Pilipino Program (4Ps) is our country's most extensive social protection program, anchored on human development principles. 4Ps provides conditional cash grants to



improve health, nutrition, and education. One of the conditions to receive the grant is for pregnant mothers, regardless of age, to undergo health checkups, and trained health professionals assist in their childbirth. Mothers also accept cash transfers when they regularly attend family development sessions, including parenting and positive sexuality lessons.

While interventions to address adolescent pregnancy are integrated into the 4Ps, it would be best to ease up with some expenses for starting adolescent mothers/parents, who may not have the capacity to provide for their families. For instance, in Australia, there are government subsidies that teen parents may access, such as child care and parenting subsidies.

QUESTION 17:

What can stakeholders do to address adolescent pregnancy?

Considering the magnitude of issues surrounding adolescent pregnancy in areas of health, nutrition, education and employment, it requires attention from different sectors and stakeholders. Stakeholders should understand that meaningful youth collaboration should be at the center of policies and programs focusing on adolescents and young people. Young people should be active collaborators in every stage of policy and program development. Without significant inputs from them, policies and programs may become unresponsive and immaterial.

For community and government leaders, pursue higher investments in youth and adolescent development. Develop programs that will enable access to essential sexual and reproductive health services. Continue the dialogue and



engagement with young people. Only through meaningful engagement will we be able to understand their needs.

Student leaders can advocate for policies with the school administrator to create a safer environment for teen mothers. They may also partner with non-government organizations in sharing age-appropriate sexuality education. They may continue amplifying young people's voices by advocating for policies and laws that will create a more enabling policy environment for young mothers.

In Congress, there is a pending Adolescent Pregnancy Prevention Bill that aims to address the growing concern around adolescent pregnancy. We should work together for its eventual passage.

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