PEOPLE COUNT

PLCPD POLICY BRIEF December 2021

What We Owe Our Teens

Addressing adolescent pregnancy in the Philippines

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Key Points

- The high rate of adolescent pregnancy in the Philippines and increasing number of babies born to younger mothers come at high social, economic, and development costs.
- The current legal framework to prevent adolescent pregnancy is characterized by adolescent's limited access to reproductive health services, weak implementation of comprehensive sexuality education, and declining budget for the Reproductive Health Law.
- Fulfilling what we owe our teens–upholding their right to sexual and reproductive health (SRH)–necessitates strengthening coordination between duty-bearers and increasing budget allocation, implementing comprehensive sexuality education and providing access to SRH, creating social protection mechanisms, and involving and listening to the adolescents themselves.

Introduction

The alarming rate of adolescent pregnancy in the Philippines is now considered an 'urgent national priority.'[1] While the rate of adolescent birth rate is declining worldwide, it remained the same in ASEAN region, with the Philippines having 55 births per 1,000 women ages 15-19 years old.[2] Majority of Filipinos regarded adolescent pregnancy as the most important problem of Filipino women today.[3] In 2019, Filipino adolescents ages 10-19 gave birth to 496 babies every day.[4] The trend in adolescent pregnancy has been high since 2011, but the number of babies born to mothers ages 10-14 is disturbingly increasing. The Commission on Population and Development (POPCOM) projects that the country might be seeing more than 133,000 families with minors as household heads by the end of the year.[5] Despite data showing that births from women aged 20 and below decreased from December 2020 to February 2021 during the community quarantine,[6] it is still imperative for the government to ensure that the increasing rate of adolescent pregnancy, especially among the younger ones, will not continue.

The early childbearing that comes with adolescent pregnancy comes at a steep cost. National Economic and Development Authority (NEDA) estimated that 24 to 42 billion pesos is lost in a lifetime of earnings of women that may also lead to intergenerational transfer of poverty, with women missing the opportunity of economic gains.[7] And with 20% of Filipinos belonging to the 10-19 age group,[8] the huge share of young population is a demographic window of opportunity to accelerate economic development of the country if given the proper investment.

Filipino teens have the right to health, including access to information and reproductive health services. When the Philippines reaffirmed its commitment to the International Conference on Population and Development (ICPD) in 2019, it recognized that fulfilling the rights of girls and women to SRH is indispensable to attaining development. It has pledged to create a national policy on the prevention of adolescent pregnancy, to fully implement the Responsible Parenthood and Reproductive Health (RPRH) Law or Republic Act (RA) 10354, specifically the comprehensive sexuality education, and to increase budget for reproductive health intervention by 8% annually.[9]

The Face of Teenage Moms and Dads

How young are they?

The age of adolescents engaging in sexual activity are becoming younger through the years, dubbed as the "younging" trend in the onset of sexual intercourse. Results of the Young Adult Fertility and Sexuality Study in 2013 (YAFS4) show an increasing proportion of the youth who began sexual activity before 18—from 13% in 1994 to 25% in 2013 (Fig. 1).[10] Almost five in 10 (46.1%) adolescents voluntarily engage in their first sexual intercourse but more than a quarter (28.7%) did not plan it.[11] Unfortunately, there are even some of them (4.4%) who are forced to have sex.[12]

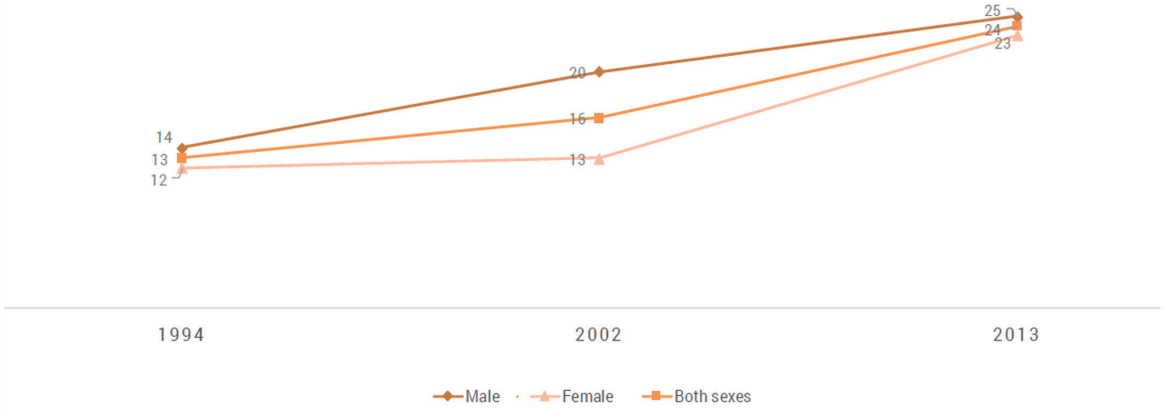

Figure 1. Percent of youth age 15-24 who had sex before age 18 by sex: 1994, 2002, 2013 [13]

The "younging" trend is also true in adolescents' childbearing characterized by high birth rates and repeat pregnancies. The 2017 National Demographic and Health Survey (NDHS) showed that 1 in 10 (8.6%) adolescent girls aged 15-19 years old have already begun childbearing.[14] Despite the slight decrease from 2018 wherein a total of 183,967 live births (504 babies every day) were delivered by Filipino teens, a staggering 180,916 babies were still born to the same age group in 2019.[15] Alarmingly, adolescent mothers below 15 years old doubled from 2008 with 1,116 live births to 2,411 in 2019 (Fig. 2).[16] Repeat pregnancies is becoming common with more than 25,000 adolescents 15-19 years old at their second pregnancy in 2019 (Fig. 3).[17] However, babies born to adolescent mothers (183,967) is four times more than those born to adolescent fathers (50,194) in 2018.[18] This suggests that babies of adolescent mothers are sired by older fathers – a situation characterized by unequal power relations that could have other consequences aside from unintended pregnancy, such as risks of sexual and gender-based violence bearers.

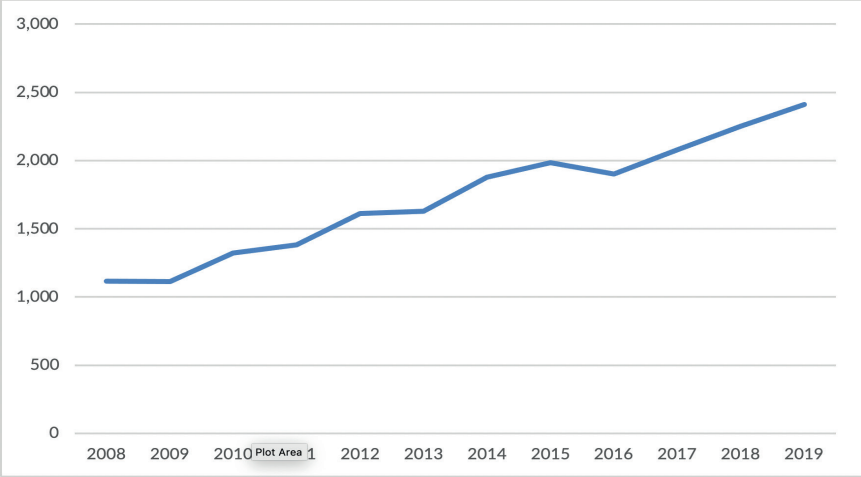

Figure 2. Number of registered live births by adolescent mothers under 15 years old, 2008-2019 [19]

Age group of mothers	Number of living children			
	1	2	3	4
Under 15	2,391	20	-	-
15-19	151,171	25,386	1,846	82

Figure 3. Number of living children of adolescent mothers, 2019 [20]

Are they knowledgeable on reproductive health?

Lack of knowledge about contraceptives is one of the reasons for youth's unprotected first sexual experience. Only a small percentage of the youth used protection during first sexual encounter (24% of males and 14% of females) (Fig. 4) with a substantial number admitting that they are unaware of the need to use one if they want to prevent pregnancy (10% of males and 14% of females) or sexually transmitted infections.[21] Use of condom in sexual initiation increases along with the education and socioeconomic status of adolescents. To illustrate, only one in 20 youth with the least education and lowest economic status used condom compared to one in five among college educated and richest youth.[22]

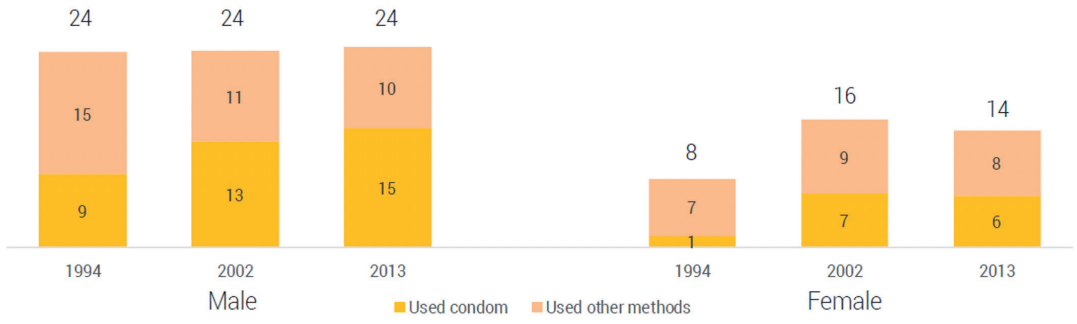

Figure 4. Percent of youth who used any form of protection during first sex by sex: 1994, 2002, 2013 [23]

Aside from the youth's lack of knowledge on contraceptives, they generally lack knowledge about human reproduction and access to sources of information. For instance, only 12% of males and two in 10 females (18%) knew the time when a woman is most likely to get pregnant if she has sexual relations.[24] This lack of knowledge may be due to limited sources of information available to them. Almost half of the youth (45.7% of males and 43.4% of females) in 2013 reported that they have no material sources of information on sex, and this figure has been increasing from 1994 (from 7% to 40% of males and 5% to 43% of females). Among the available sources, the Internet as source of information has become more frequent over time and is becoming the go-to source of the younger youth (15-19).[25]

Where are they and what are their socio-economic characteristics?

Adolescent girls residing in both urban and rural areas are equally at risk of early childbearing. Less than a decade ago, more adolescents in urban areas began childbearing (14.9%) compared to those in rural (13.2%).[26] But in 2017, more adolescents in rural areas (10.1%) have started childbearing.[27] In cases of boys, more adolescent boys in urban areas have someone pregnant (3.7%) than those in rural areas (2%).[28] The highest proportion of adolescent mothers in the same year are in the southern part of the country—Davao Region (18%), Northern Mindanao (15%), and SOCCSKSARGEN (15%) (Fig. 5). [29]

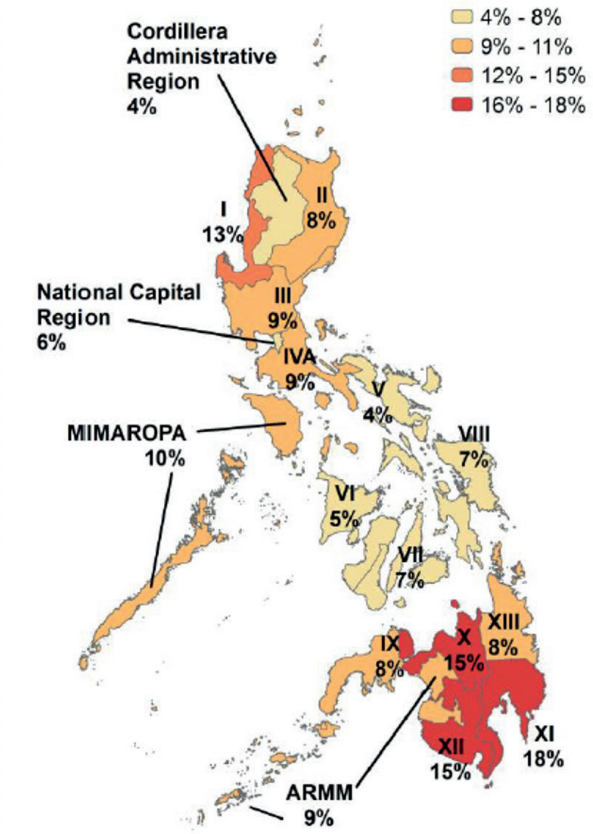

Figure 4. Percent of youth who used any form of protection during first sex by sex: 1994, 2002, 2013 [30]

Girls with lower educational attainment and economic status recorded higher incidence of childbearing. Three in 10 adolescents who only have elementary education have already begun childbearing and 15% of the girls at lower economic status experience the same.[31] This data is consistent with YAFS4's findings where girls at lower economic status have the highest incidence of those who started childbearing (18.5%).[32] No pattern has been observed in the educational attainment of the boys but interestingly, the highest proportion of young fathers is common among those with highest socioeconomic status.

What are they going through?

Early pregnancy puts adolescent girls to higher risks of education disruption and intimate partner violence. Six in 10 out-of-school girls (57%) identified marriage or family matters, which could include early pregnancy, as one of their reasons for leaving school.[33] With adolescent mothers' low educational attainment, their employment prospects are diminished. UNFPA estimated that around P33-B are lost annually on the potential life income of an adolescent mother.[34] But apart from this, adolescents are also at higher risk of intimate partner violence. More than 2 in 10 (26.1%) girls 15-19 years old reported that they have experienced physical, sexual, or emotional violence from their partner.[35]

Adolescent parents also suffer from discrimination, exclusion, and stigma. Social norms in the Philippines is critical of out-of-wedlock pregnancies, especially among adolescents. Adolescent mothers often face rejection from their family, friends, and community. Similarly, adolescent fathers "were shocked of the radical changes in their lives."[36] Continuing school and hanging out with friends became challenging as they must devote their time and energy in providing the needs of their children and partner.[37]

Responding to adolescent pregnancy

Too young to use condom

Younger adolescents are deemed not 'old enough' to access contraceptives. Despite the alarming level of adolescent pregnancy in the country, it has been a struggle for adolescents to access contraceptives. The RPRH Law explicitly states that minors are not allowed to access modern contraceptives without the consent of their parents or guardian. The 2014 Supreme Court decision further weakens the possibility of minors accessing these services when it declared unconstitutional the provision in Section 7 of the RPRH Law which initially allowed minor parents or those who have had miscarriage to access contraceptives without parental consent. This action has serious consequences to adolescent parents in spacing their children and postponing repeat pregnancies. A recent win in the issue of consent and accessing SRH services is attained with the passage of the Philippine HIV and AIDS Policy Act (RA 11166) in 2018 that allows 15 to 17 years old to undergo HIV testing without parental consent. With its recognition of the evolving capacities of children, it also allows the same for adolescents below 15 who are pregnant or engaging in high-risk behavior. Considering that the evolving capacities of adolescents is recognized by a law that allowed better access to HIV testing for minors, it is high time to consider why this principle is not being applied to give equal access to other SRH services, particularly contraceptives, to the adolescents.

Start teaching them young

Providing age-appropriate information to adolescents is equally important as giving access to SRH services. While Section 14 of the RPRH Law aimed for provision of age- and development-appropriate RH education through the comprehensive sexuality education (CSE), the Department of Education (DepEd) is yet to fully implement this provision. DepEd already developed and issued policies and guidelines on CSE but delays on its implementation is glaring.[38] An assessment of current CSE reminded DepEd that CSE has to be integrated in the curriculum guides of teachers and in all subject areas, not just in one subject.[39] The issuance of Executive Order (EO) 141 in 2021 is an opportunity to strengthen implementation of interventions to provide information to adolescents, including CSE and the use of media and online platforms, to promote health and raise awareness on adolescents' reproductive rights. A direct step taken by several government agencies is the creation of a referral pathway from school-based interventions to adolescent-friendly health services through the CSE-ARH (adolescent reproductive health) convergence.[40]

Investing in our teens

Financing for the implementation of RPRH Law, and consequently of providing SRH services including information and education to the adolescents, is heavily influenced by the budget allotted by the government. In 2020, the Department of Health (DOH) and POPCOM allocated a combined budget of 18.88 billion pesos for the implementation of RPRH Law. However, this budget is 29% lower than the 2019 budget. According to the 2020 Annual Report of RPRH Law implementation, this decrease is due to the decline in the budget for the DOH's Health Facility Enhancement Program.[41] But there was also a 37% decline from the 2018 budget (P41.84 billion) to 2019 budget (P26.32 billion).

The current form of budgeting for the RPRH Law implementation may have put it at a disadvantage. At present, the main source of the fund for RPRH comes from the DOH (98%). But according to an assessment of national-level governance of RPRH implementation, Department of Budget and Management's (DBM) short-term or annual-based budgeting process (which prioritizes economic gains) may miss RPRH's focus on long-term social investment.[42] Since the budget is also more focused on family planning and health (maternal, neonatal, and childhood), investments in 'systems' to fully implement RPRH is more limited—such as information technology and education which are crucial to curb adolescent pregnancy.[43]

In the 2022 proposed General Appropriations Act, P73 million was scrapped from the proposed budget to address adolescent pregnancy, P50 million of which was supposed to be allocated for POPCOM.[44] Similarly, DepEd still does not have a dedicated fund allocated for the implementation of the CSE in 2022. The application of the 2018 Supreme Court's Mandanas Ruling in the coming year may have an impact on the continuity of the funding and implementation of RH programs, especially with the expected increase of internal revenue allotment of local government units (LGUs).

What We Owe Our Teens

Strengthening coordination of duty-bearers and increasing budget allocation

All government efforts to address adolescent pregnancy has to be an inter-agency effort and must be inclusive and reflective of the needs of adolescents as the key affected population. There is a need to strengthen coordination vertically (from the national and local level) and horizontally (e.g., at the level of executive agencies such as DOH, POPCOM, DepEd, Department of Social Welfare and Development, National Youth Commission, etc.).[45] Apart from coordination between the government agencies, participation of other duty-bearers, such as civil society organizations and donor agencies, is also necessary as they also provide capacity support and financing. The establishment a dedicated implementation structure, such as the proposed Teenage Pregnancy Prevention Council (Senate Bill 1334 and House Bill 6528), can streamline implementation and harmonize budget allocation.

Financing for the implementation of a national plan to prevent adolescent pregnancy should be guaranteed and based on evidence. Including the national plan to prevent adolescent pregnancy in the priority list of DBM protects it from political interference in its inclusion in the national budget (General Appropriations Act), budget for RPRH Law, and Gender and Development (GAD) budget. At the local level, the expected increase in internal revenue allotment of LGUs with the Mandanas Ruling can fund the creation of Local Teen Centers for Adolescent Health and Development and its local implementation in line with the national plan. Other budget sources can also be tapped such as the local GAD budget and Sangguniang Kabataan fund (e.g., House Bill 6528 proposes for the funding of the Centers through 10% of the SK fund).

Implementing CSE and providing SRH services to adolescents

Findings of several research in the country repeatedly illustrated the twin need for education and SRH services of adolescents. The conditions to fully implement the mandated CSE in the RPRH Law is not yet met, including the capacities of teachers in the educational system. Recognizing that reproduction is a responsibility of females as much as males, highlighting and promoting male involvement in the CSE is not only gender-sensitive but is also cognizant of the reality that most males have no material sources of reproductive health information.

Apart from utilizing the formal educational system, information can also be provided through alternative channels such as digital and online platforms to reach more adolescents as stipulated in EO 141. But to reach adolescents in geographically isolated areas, coordination between LGUs, CSOs, and community is imperative to provide them with necessary information on their reproductive health. Creation of an information and

service delivery network for adolescent health (ISDN) which is a coordinated network and referral system of different government and non-government actors and service providers (as proposed by several bills) is a strategy that can be executed.

The need for parental consent has posed a hindrance in adolescents' access to SRH services, a gap in the legislation that should be addressed to provide adolescents who are already engaging in sexual activity access to family planning services. Allowing them to access contraceptives coupled with education and information means upholding their right to have an informed choice when to have a child, especially for repeat pregnancies, and recognizes their evolving capacities. This should be paired with counseling from equipped practitioners (i.e., free from stigma and discrimination, medically-correct, and confidential) and allowing the adolescents to have a deeper understanding of consent in sexual relations.

Creating social protection mechanisms

A holistic approach to adolescent pregnancy involves not only prevention but also guarantees protection. Teenage moms and dads should be provided with a fighting chance to safeguard their own and their children's future. Here are some social protection mechanisms that can be explored. First, while already provided for in RPRH Law and First 1000 Days Law (RA 11148), actual implementation of providing maternal health services at all stages of pregnancy should be delivered to adolescents. Second, the economic cost of having a child is burdensome to unemployed or underemployed adolescents. Training, skills development, and support to their livelihood, especially for minor-headed household must be included in the national plan. Third, provision of continuing Adolescent Reproductive Health Curriculum as part of CSE and psychosocial support. Teenage moms and dads have to be continuously provided with information to space their children and strategies to positively raise their children. Fourth, working adolescents should be entitled to maternal and paternal leave and must be protected from discriminatory acts in their workplace.

Listening to the youth

There should be nothing about the adolescents without them—in terms of programs, policies, and activities. Several channels are now available to consult adolescents on their lived experiences, their needs, and recommendations. At the institutional level, they should be represented in any implementation structure, such as the proposed Teenage Pregnancy Prevention Council. Consultations with child- and youth-led groups should be conducted to inform the crafting, implementation, and assessment of any national or local plan to prevent adolescent pregnancy. This does not only guarantee that the plans are responsive to the realities of the youth but would also widen the spaces for them to exercise their right to participate, especially in issues concerning them.

With the social norm among Filipino families wherein children's opinions and views on matters deemed as "for adults only" are unheard, or worse dismissed, it is difficult for adolescents to gather age-appropriate and development-sensitive information inside their homes. Community-based programs to increase awareness of parents on adolescent reproductive health with effective communication strategies will be beneficial for them to effectively guide their adolescent children while recognizing their evolving capacities.

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