

# Reducing and Preventing Adolescent Childbearing in the Philippines: A Policy Paper

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## Abstract

The Philippines is being robbed of a hopeful future. The very people whom we could entrust the future are changing their life course due to their early pregnancy. With more than 500 Filipino teens getting pregnant every day, the Philippines ranks third in adolescent pregnancy rate and is the only nation in the ASEAN region that has the increasing rate. It is vital that a policy for the reduction and ultimate prevention of pregnancy among the adolescents must be formulated. The author proposes a strategy that specifically focuses in developing, implementing, and evaluating strategies for the prevention of adolescent pregnancy in the Philippines.

**Keywords:** teenage pregnancy, policy paper, Philippines, Filipino teens

## 1. Introduction

*“Ang kabataan ang pag-asa ng Inang bayan.”*  
(Truly, the Youth is the Fair Hope of Our Motherland)” — Dr. Jose Rizal.

The Philippines is being robbed of a hopeful future. A disturbing phenomenon among its youth, the people called to be future of the nation, is happening. Many are changing their life course owed to their early pregnancy. According to the 2014 data, one out of ten Filipina aged 15 to19 is a mother and one out of four 19 year-old youths is pregnant or already a mother (Castro, 2014; Ronda, 2014). Over the last decade, adolescent pregnancy in the country went up by 70% while the number of births among those below 15 years old doubled (Balena, 2014; United Nations Population Fund [UNFPA], 2011). More than that, the number of repeat teenage pregnancy has escalated. Fifteen percent of babies born to adolescent mothers are a result of repeat pregnancy. The adolescent mothers have also a shorter birth interval of 19 months as compared to the older mothers of 27 months (Ronda, 2014). Globally, nearly 16 million girls between ages 15 and 19 give birth annually, almost all of them (95%) in developing countries, such as the Philippines (World Health Organization [WHO], 2003). Among the nations comprising the ASEAN region, the Philippines ranks third in adolescent pregnancy rate and is the only nation in the region that has the increasing rate (Balena, 2014; National Youth Commission, n.d.).

The untimely pregnancy of the youth has devastating personal and social consequences. Among the developing countries, pregnancy and childbirth complications are the leading causes of death of young women aged 15 to19 (WHO, 2012b). These youth experience the highest risk of death among infant and children (World Bank, 2011). It is reported that the stillbirths and newborn deaths in the first week and first month of life of infants born to adolescent mothers, are 50% higher than among those born to mothers aged 20-29 years (WHO, 2012a). Further, these young mothers are more likely to have preterm births and low birth weights. These conditions can increase the incidence of infant deaths or could have long-term impact on the infants' development and health (WHO, 2012b; WHO 2012a).

The magnitude of the national consequence is similarly immense. The adverse effects may include the increase of unemployment, population growth and lack of training in responsible parenthood. Most of the adolescents who have given birth are unable to continue their education. Aside from holding back their personal development, the school dropout and consequent lower educational attainment adversely affect the employment prospects of these young mothers. It leads into the difficulty of finding reliable and stable source of income and therefore contributes to the nation's economic problem (WHO, 2012a; World Bank, 2011). Moreover, the early pregnancy means a higher fertility rate for the youth and subsequent contribution in the national population growth rate. Of the 1.75 million live births in 2009, almost 200, 000 were given by teenage mothers (Teenage pregnancy in PHL highest among 6 major ASEAN economies—UNFPA, 2014; PIA). Finally, these kids-who-have-kids may have lack the parental skills necessary to train the next generation to become responsible Filipinos. This shows great concern by the government and the society.

## 2. Policy Alternatives

Adolescent childbirth is a preventable endemic issue. As a societal concern, multisectoral involvement is necessary for the reduction and prevention of untimely pregnancy among the youth. However, it is surprising to note that no known existing national policy/law *specifically* addresses the problem of teenage pregnancy.

### 2.1 Policy Alternative 1: Maintain the status quo

Almost a decade ago, the Department of Education and United Nations Population Fund (UNFPA) introduced sex education programme among the primary schools in the country.

Nevertheless, this programme outraged the religious sector (*i.e.*, Roman Catholic church). Also the Senate Bill 2675 which is supposed to be known as the “Teen Pregnancy Prevention, Responsibility, and Opportunity Act of 2007” of Senator Miriam Santiago aims to institute projects to provide education on preventing teen pregnancies. Unfortunately, it did not pass into a law (House of Representatives, 2007).

Recently, the Republic Act (RA) No. 10354, “The Responsible Parenthood and Reproductive Health Act of 2012” or popularly known as the “Reproductive Health Law,” has been passed into a law in spite of certain controversies (House of Representatives, 2012). Two sections of the law have to do with pregnancy. Section 14 specifies the implementation of age- and development-appropriate reproductive health education with the bulk of responsibility given to the Department of Education (Dep Ed). Another section states the access of minors to family planning services (*i.e.*, Section 7). It has the condition of a written consent from parents except for those teens who had already given birth or experienced miscarriage.

The Department of Health has issued other policies pertaining to adolescent needs. It issued the Implementing Rules and Regulation on R.A. No. 10354 (Department of Health., 2013a) and the National Policy and Strategic Framework on Adolescent Health and Development (Department of Health, 2013b). It delegated the majority of work to the DepEd, but specific strategies have not been specifically laid out and implemented. In addition, if programs are developed under these agencies, the execution could be maimed since their budgets are limited as appropriated by the national government.

### *2.2 Policy Alternative 2: Organization of a National Commission on Teen Pregnancy Prevention*

A policy of prescribing measures for the reduction and prevention of teenage pregnancy in the Philippines, providing for the creation of a national commission of teen pregnancy prevention, appropriating funds thereof and for other purposes are alternative strategies. This commission shall be called the National Commission on Teen Pregnancy Prevention. The Commission should be represented by various sectors and be appropriated with necessary funding. The various sectors that will compose the Commission are representatives from the youth, parents, teachers, researchers, health professionals, community personnel, DOH, DepEd, TESDA, various NGOs, private sector, and others that could positively contribute to developing strategies in reducing teen pregnancy. The strategy should include:

1. The development and implementation of evidence-based sexuality education curriculum in classroom, community, those at risk groups such as NEETs (youths not in education, employment or training), and those in supported housing (e.g., Home for Girls [HFG], Regional Rehabilitation Center for Youth [RRCY]); hence grants should be given to deserving research studies aiming towards an effective curriculum.
  - a. Should incorporate Virginity Pledge card or Purity ring/bracelet that promises to abstain from sex until marriage;
  - b. Should assign nurses to every public school and community. In UK, young people reported that having well informed professionals that understand the needs of young people does make a difference (Cahoon, 2011). Nurses are qualified human resources for they are knowledgeable on anatomy, physiology, child development, and psychiatry, which are necessary in sexuality education. They are trained in health education both collectively and individually. Aside from school nurses, trained two sexual health nurses could be assigned in various communities to provide information, advice and contraceptive services to vulnerable young people referred on from other services, such as youth offending teams and social services.
2. The implementation of a national campaign to reach young people and parents through utilization and regulation of social media. A clear and consistent communication to young people and parents is essential. It is significant that the social media should be considered as a way of reaching out to teenagers. The campaign should include:
  - a. proclaiming a specific month of the year as the National Teen Pregnancy Prevention Month or assign a specific week as the Teen Pregnancy Prevention Week;
  - b. providing grants for webpage, multimedia presentations (e.g., short videos, podcasts), TV advertisements, or software applications or apps, text messaging, Facebook page, widgets, e-cards, and infographic for information dissemination regarding the effects and prevention of early and untimely pregnancy and childbirth; and
  - c. providing a text messaging service, operated by trained professionals, that enables young people to send texts (free of charge) on all matters regarding sex and relationships.

### **3. Conclusion and Recommendation**

The existing laws and policies that disseminate the responsibility among various governmental agencies may not prove to be effective with the Filipino culture of pointing fingers of “who should be responsible with what”. It is

imperative that a budgeted *specific* group of well-educated and committed people will be accountable in developing, implementing, and evaluating strategies for the prevention of adolescent pregnancy in the Philippines. If the government is serious in minimizing this complex epidemic issue an effective strategy should be issued and instigated. It is by reducing and subsequently preventing unplanned pregnancy among the Filipino youths the future is better hope for the next generation of Filipinos! As our national hero said, “Ang kabataan ang pag-asa ng Inang bayan”

This description of the policy brief was developed by Maria Carmela L. Domocmat and based on the analysis of samples and forms from a number of research studies, international reports, and guidelines.

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