

#GirlsNotMoms:

Eliminating Teenage Pregnancy in the Philippines

The Philippines' population will reach 108.8 million in 2020, according to the Philippine Statistics Authority (PSA) estimate.¹ More than 53 million are below 25 years of age, including 10.3 million adolescent girls (10-19 years old). Countries with a “demographic window of opportunity” and large shares of young people, such as the Philippines, have an opportunity to accelerate development if strategic investments are made. This is a phenomenon known as the “demographic dividend” which is discussed in Chapter 13 of the Philippines Development Plan 2017-2022.²

This is exactly how countries like Japan achieved economic growth – by reaping a demographic dividend by investing in health, education, and employability of young people.³ Looking back in the 1970s, the Philippines, Thailand, and Republic of Korea (South Korea) shared almost a similar population – South Korea 32 million, Thailand 37 million, and the Philippines 36 million.⁴ 50 years later in 2020, South Korea's population has increased by 59% to 51 million, Thailand by 189% to 70 million, and the Philippines by 304% to 109 million. The ranking of GNI per capita of these countries is the opposite to the population growth, with South Korea the highest at 30,600 USD, Thailand at 6,610 USD and the Philippines at 3,830 USD, according to the World Bank.⁵

A Threat to the Economic Growth of the Country

One of the most pressing issues that the Filipino youth are facing today is teenage pregnancy. A UNFPA-commissioned study in 2016 revealed that those adolescents in the Philippines who have begun childbearing before the age of 18 are less likely to complete secondary education compared to the adolescents who have not begun childbearing.⁶ The non-completion of secondary education impacts employment opportunities in the future and total life earnings of families. The net estimated effect of early childbearing due to lost opportunities and foregone earnings can be as high as 33 Billion pesos annual losses for the country.⁷

In the Nairobi Summit in November 2019 that marked the 25th anniversary of the landmark International Conference on Population and Development (ICPD), the Government of the Philippines expressed a strong pledge to recommit the country to the 1994 ICPD Programme of Action that promotes sexual and reproductive health (SRH), reproductive rights, gender equality, and empowerment of adolescents and youth.⁸ Without ensuring full and equal access to sexual reproductive health and reproductive rights for all Filipinos including the adolescent and youth, young Filipinos will not be able to fulfill their full potential and the country will risk missing a demographic dividend.

KEY POINTS

- The Philippines has one of the highest teenage pregnancy rates among the ASEAN member states.
- More than 500 adolescents are becoming pregnant and giving birth every day.
- Childbearing in adolescence carries increased risks for poor health outcomes for both mother and child, and lower educational attainment and employability, causing economic losses to the country.
- Comprehensive sexuality education alongside better access to services for the adolescent is the key to ending teenage pregnancy.

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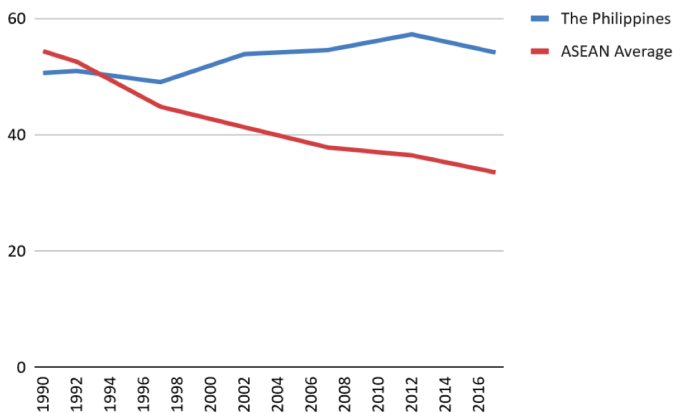
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Teenage Pregnancy in the Philippines

The teenage pregnancy rate in the Philippines was 10% in 2008, down to 9% in 2017.⁹ Live births by teenage mothers (aged 10-19) in 2016 totalled 203,085, which slightly decreased to 196,478 in 2017 and 183,000 in 2018.¹⁰ Still, the Philippines has one of the highest adolescent birth rates among the ASEAN Member States. Recent World Bank data shows that 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 [cf. Lao PDR (76), Cambodia (57), Indonesia (48) and Thailand (43)].¹¹ This entails that more than 500 Filipino adolescent girls are getting pregnant and giving birth every day. UNFPA echoes the sense of urgency demonstrated by NEDA and POPCOM, which recently described the still alarmingly high teenage pregnancy rate in the country as a “national emergency”.¹²

Figure 1. Adolescent Birth Rate

per 1,000 live birth in women aged 15-19 years old



Adopted from the World Bank data. Retrieved from: <http://data.worldbank.org/indicator/SP.ADO.TFRT>

It is also crucial to note that out of live births within the 15-19 age group, which comprised 11.4% of all live births, only 3% is fathered by men of the same age group (PSA-CRSV, 2017).¹³ This data suggests that teenage pregnancies among girls among the 15-19 years old may be a result of coercion and unequal power relations between girls and older men. The 2015 Baseline Study on Violence Against Children also reinforced this and further highlighted that verbal insistence and emotional blackmail are the usual forms of sexual coercion in dating relationships.¹⁴

Poorer Health Outcomes Related to Teenage Pregnancies

Childbearing in adolescence carries increased risks for poor health outcomes for both mother and child; and the younger the adolescent, the greater the risks.¹⁵ Pregnancy during adolescence is associated with a higher risk of health problems like anemia, sexually transmitted infections (STIs), postpartum hemorrhage, and poor mental health outcomes such as depression, and even suicide.¹⁶ Adolescents who become pregnant at an early age have associated risk factors such as having greater age differences with their partners, which may put them at greater risk of domestic violence, as well as acquiring HIV and other STIs.¹⁷

Vulnerabilities of Filipino Adolescents

Closely-spaced pregnancies. Adolescents in the Philippines are also at risk for multiple and frequent pregnancies. The following factors contribute to shorter birth intervals and multiple pregnancies in adolescence: 1) lower educational attainment and economic status; 2) poor access to contraception exacerbated by legal barriers to access modern contraception; 3) challenges in the implementation of comprehensive sexuality education (see below); and 4) limited service delivery points providing adolescent and youth-friendly sexuality and reproductive health services.¹⁸

Contributory risk behaviors. Adolescent mothers are more exposed to domestic violence. Global data shows women who experience intimate partner violence have a 16% greater chance of having a low birth-weight baby, and are more than twice as likely to experience depression – all factors that can negatively impact the child’s development.¹⁹

Barriers to Accessing Comprehensive Care

Discordance in legal provisions (legal age for consent for services such as contraception is older than the age of consent to have sex) puts developmentally capable, sexually active young people who often do not want to disclose sexual activity to parents at risk by requiring them to obtain parental consent to access SRH services.²⁰



Socio-cultural norms reinforcing stigma and discrimination, as well as lack of availability, affordability, and accessibility of adolescent-friendly health services also pose greater health risks for youth and adolescents, by preventing these young people from accessing comprehensive and quality health services they need.^{21,22}

Comprehensive Sexuality Education

The 2012 RPRH Act includes a provision that mandates the Department of Education to implement age and development-appropriate Comprehensive Sexuality Education (CSE) in formal and non-formal education settings.²³ The long delay in the adoption and integration of CSE in the K-12 Curriculum is a significant missed opportunity to provide young people with non-judgmental and scientifically accurate and age-appropriate SRH information that would curb the knowledge gap and provide life skills needed to make informed decisions related to risk behaviors with consequences to their health.²⁴

Recommendations

All levels of the government have the responsibility to ensure that adolescent and youth populations enjoy the highest attainable standard of health and access to quality health services including SRH. Adolescents and youth deserve to enjoy the full extent of their rights and the ‘triple dividend’ of improving their health now, their lives in the future, and the next generation by investing in their health. There are examples of countries within Asia and the Pacific, which are enacting laws and policies that among others, seek to recognize the evolving capacities of youth, facilitate access to sexuality and reproductive health information and services, protect against discrimination and stigma, and recognize privacy rights.²⁵

Increasing adolescent and youth resilience and protection. Contrary to popular belief, there is no evidence that shows sexuality education programs lead to early sexual debut or increased sexual activity.^{26,27} CSE is the cornerstone of improving the SRH of young people. In order to make healthy, responsible decisions, young people need accurate information about puberty, reproduction, relationships, sexuality, the consequences of unsafe sex, and how to avoid HIV, STIs, and unintended pregnancy.²⁸ They also need the skills and confidence to be able to deal with peer pressure and negotiate safe and consensual relationships. CSE programs that address the above situations have been proven not only to have a positive impact on knowledge and attitudes, but also to contribute to safer sexual practices (such as delaying sexual debut, reducing the number of partners, and increasing condom and contraceptive use). Moreover, CSE can also reduce the negative consequences of unsafe sex.²⁹

Managing fertility rates, improving education and employment opportunities of young people to reap the demographic dividend. In many countries, postponement of the first birth has contributed greatly to overall fertility reduction.³⁰ In order not to miss the the current “demographic window of opportunity,” it is imperative for the Philippines to institute better health reforms to manage the total fertility, alongside reforms to improve employment opportunities for young people. More effective and scaled-up community mobilization interventions will be required to discourage early marriage and teenage pregnancy.

Enhancing social protection mechanisms. More public investment needs to be made to mitigate teenage pregnancy, in addition to prevention. Those adolescents who have already become parents need to be provided with access to quality social welfare services (e.g. postpartum family planning support for teenage parents to space pregnancy and delay the next birth) and case management interventions, particularly when any one of the young parents is assessed to be himself or herself a child in need of special protection. To adequately address the SRH needs of adolescents, health care must be affordable and accessible to all young people.

Improving access to adolescent and youth-friendly services, including contraceptives. Adolescent and youth-friendly services provide privacy in a welcoming and respectful environment. These services can be provided in facilities by those trained to appropriately respond to the needs of the adolescent and youth in a non-discriminatory, helping and confidential manner.

Section 7 of the 2012 RPRH Act states that minors in the Philippines require written parental consent to access family planning services including contraceptives. The only exception is for minors who have already given birth or experienced a miscarriage. Age of consent laws to access sexual and reproductive health services can discourage adolescents to fully exercise their sexual and reproductive rights.³¹

UNFPA promotes universal access to sexual and reproductive health and rights which includes access to health information and services for adolescents to help facilitate informed choices.³² With or without parental consent, adolescents should be able to access appropriate RH services and information, ensuring that

it is informed, confidential, and private.³³ This is further emphasized in the Convention on the Rights of the Child General Comments 20, which underscores the evolving capacity of the child to make decisions on matters relating to their education, health, sexuality, family life, and judicial and administrative proceedings” (para. 23).³⁴ The Convention emphasizes that all adolescents have the right to have access to confidential medical counselling and advice without the consent of a parent or guardian, irrespective of age, if they so wish (para. 39).³⁵

Strengthening parental skills for adolescents and youth.

Parents and families also play an important role as health educators and are an important influence on young people’s attitudes and behaviors, as well as on their overall health and well-being. Even when adolescents and youth want to discuss sexuality and reproductive health issues with their parents, they tend to be unable to provide necessary information in an effective manner due to socio-cultural taboos and their own lack of knowledge, and therefore the parents need to be supported as well.³⁶ Studies have suggested that adolescent girls’ connectedness to parents, particularly their mothers, and a family environment that supports gender equality contribute to delayed first sex among girls.

Figure 2. Recommendations to Reduce Teenage Pregnancy



Strengthening inter-agency coordination and collaboration, both horizontally and vertically. No single agency can design and deliver on adolescents' unique health and development needs across all settings. A comprehensive Adolescent Health and Development Program (AHDP) with strong inter-agency coordination and collaboration is needed wherein each agency involved clearly understands its own role and assumes accountability for achieving the results assigned under the program. In light of the introduction of Universal Health Care too, it will be critical to ensure that enhanced provision of information and services for adolescents and youth as directed by national laws and policies are adequately implemented in Local Government Units with sufficient allocation of budget and human resources. Surveys like the Young Adult Fertility and Sexuality Survey (YAFSS) provide valuable data which informs the creation and implementation of relevant adolescent SRH services and programs. Continuing this survey at regular intervals will inform better planning and monitoring, and thereby improve service delivery for adolescents and youth .

Robust data and statistics, and more updated evidence to inform policies and programs for adolescents. Sound policy formulation, effective implementation, monitoring and coordination hinge on the availability of quality data. More regular undertaking of the above-mentioned Young Adult Fertility and Sexuality Survey (to be renamed as Adolescent Health and Development Survey) is crucial, as discussed earlier.

Maximizing use of media and communications for health promotion. Today's young people are growing in a rapidly changing society. Urbanization and globalization have increased access to internet, social media and new information technologies that become platforms for interaction and knowledge sharing especially among young people. As UNFPA's 2017 report indicated, as children grow older, their internet usage increases.³⁷ This provides an opportunity to implement programs directed at young people to harness the potential of these online platforms as avenues to promote positive self-image, responsible sexuality and help-seeking behavior.

Ultimately, UNFPA promotes the rights and well-being of all adolescents. UNFPA supports the government in introducing legislation and interventions that recognize the rights of adolescents to take increasing responsibility for decisions affecting their lives and express views on all matters of concern to them. All laws, policies, and programs that aim to prevent teen pregnancy should not in any way, either directly or indirectly, disadvantage, stigmatize, or penalize adolescents for factual consensual and non-exploitative sexual activity.

CALL TO ACTION

The United Nations Population Fund welcomes the promulgation of national laws and policies for the prevention and mitigation of teenage pregnancies, as it likewise ensures alignment of national programs with the Global Strategy for Women's, Children's and Adolescents' Health which seeks to end preventable deaths, ensure **health** and **well-being** and expand **enabling environments**.

Furthermore, the enactment of national policies on teenage pregnancy will contribute to the attainment of: the Sustainable Development Goals, Ambisyon Natin 2040, Philippine Development Plan, Philippine Health Agenda, Philippine Youth Development Plan, National Plan of Action for Children and the Philippine Plan of Action to End Violence Against Children.

UNFPA supports the core commitments of the 2019 Declaration on Addressing the Education, Health and Development Issues of Early Pregnancy in the Philippines during the *Kapit Kamay Teen Summit* organized by DepEd, DOH, and NEDA in August 2019.³⁸

A whole-of-government approach is required to actualise the commitments of *Kapit Kamay* to ensure that all young Filipinos and Filipinas are empowered to make informed and responsible decisions.



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