

■ PROGRAM ON ALTERNATIVE DEVELOPMENT

# When the Young's Problem is an Old Problem:

## Problem Dimensions and Policy Options to Curb Adolescent Pregnancy in the Philippines

*Athena Charanne R. Presto and Eunice B. Santiago*



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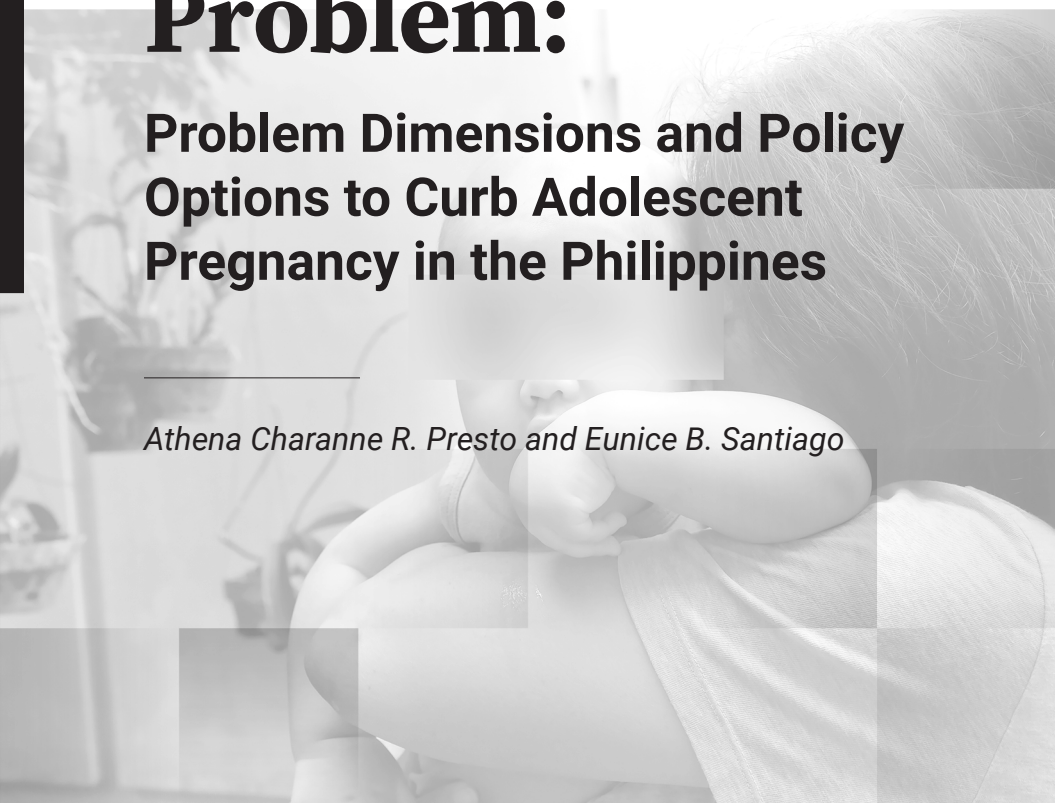
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*Athena Charanne R. Presto<sup>1</sup> and Eunice B. Santiago<sup>2</sup>*

### Executive Summary

Adolescent pregnancy is a longstanding and multi-dimensional problem engendering negative socioeconomic and humanitarian impacts in the Philippines. In 2020, 10.3 percent of live births in the country were by mothers age 19 and below, rising from 7.13 percent in 2000. Most alarmingly, in 2020, the PSA recorded that girls aged 14 and below accounted for 2,113 live births in the country, marking an 11.0 percent increase from the 1,903 cases reported in 2016.

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  - 2 Eunice Santiago ([esantiago1@up.edu.ph](mailto:esantiago1@up.edu.ph)) is a graduate of Bachelor of Arts in Sociology at the University of the Philippines Diliman, and a Senior Project Assistant at UP CIDS, Program on Alternative Development.

Despite continuing government efforts, the problem of adolescent pregnancy is threatening the country's demographic window of opportunity, as well as the well-being and rights-enjoyment of adolescents and their babies.

Given this, this study presents multiple dimensions of analyses of adolescent pregnancy and accompanying healthcare reforms in the Philippines. It also highlights the contrast between the promise of decentralized healthcare and on-ground health outcomes for complex issues such as adolescent pregnancy. It discusses the economic and humanitarian impacts of adolescent pregnancy in the Philippines and the complexity of social policy design therein. Policy options as an alternative are presented, considering four problem dimensions (substantive, behavioral, operational, and political) vis-à-vis the rules of the game: incomplete information, information asymmetry, high transaction costs, and low credible commitment.

The decentralized nature of public healthcare in the Philippines mandates that local governments to deliver healthcare services, despite inadequate capacities at the local government level. However, the previous government approach to adolescent pregnancy has been top-heavy. Furthermore, the stigma surrounding reproductive health makes data gathering and implementation of policy interventions difficult. In response to these challenges, the Philippines has moved towards capacitating local government units to deliver services that comply with national standards, and to collaborate with national government agencies and civil society organizations. Two new policies are relevant in pursuing this strategy: (1) the 2019 Universal Health Care (UHC) Law, which enhances the decision-making power of local governments over healthcare service delivery, and (2) the Mandanas-Garcia Ruling, rolled out in 2022, which provides more financial autonomy to local governments over healthcare.

This case covers a number of policy areas such as (1) reproductive health, (2) universal healthcare, (3) gender equality, (4) administrative decentralization, (5) fiscal decentralization, (6) local governance, (7) a whole-of-society approach, (8) policy implementation, (9) program delivery, and (10) policy evaluation.

## I. Introduction

The Philippines has a longstanding wicked problem of adolescent pregnancy, defined as pregnancies among girls aged 10 to 19 years.<sup>3</sup> The latest data of the Philippine Statistics Authority (2021) revealed that adolescent pregnancies constituted 10.0 percent of the total birth rate (136,302 out of 1,364,739).<sup>4</sup> Although lower than the 2016 figure of 203,085, adolescent births consistently made up about one-tenth of all live births in the country for four consecutive years (2016–20).<sup>5</sup> Most alarmingly, in 2020, the PSA recorded that girls under the age of 15 accounted for 2,113 live births in the country, marking an 11.0 percent increase from the 1,903 cases reported in 2016. These disturbing statistics manifest not only in numbers but in the everyday lives of Filipinos. According to a survey conducted by Social Weather Stations (SWS), the foremost public opinion polling in the Philippines, adolescent pregnancy in 2021 is perceived to be the “most important problem of women today.”

This case study focuses on the economic and humanitarian dimensions of adolescent pregnancy in the Philippines and the complexity of policy design therein. Policy options, as an alternative, are presented considering four problem dimensions (substantive, behavioral, operational, and political) vis-à-vis the rules of the game: incomplete information, information asymmetry, high transaction costs, and low credible commitment.

## II. Background

Adolescent pregnancy in the Philippines threatens the socioeconomic development of the country. Understanding why this problem persists and the challenges it poses, which impede the design of amenable solutions, is of

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3 United Nations Population Fund (UNFPA Philippines), *#GirlsNotMoms: Eliminating Teenage Pregnancy in the Philippines*, (UNFPA Policy Brief, January 2020), [https://philippines.unfpa.org/sites/default/files/pub-pdf/UNFPA\\_Policy\\_Brief\\_Teenage\\_Pregnancy\\_%282020-01-24%29.pdf](https://philippines.unfpa.org/sites/default/files/pub-pdf/UNFPA_Policy_Brief_Teenage_Pregnancy_%282020-01-24%29.pdf)

4 Philippine Statistics Authority, “Registered Live Births in the Philippines, 2021,” 24 February 2023, <https://psa.gov.ph/statistics/vital-statistics/node/1684041483>

5 Philippine Statistics Authority, “Adolescent Pregnancy in the Philippines: 2016–2020,” 8 December 2022, <https://psa.gov.ph/content/adolescent-pregnancy-philippines-2016-2020>



immediate concern. The observed negative impacts of adolescent pregnancy can be broadly categorized into economic and humanitarian, both being mutually reinforcing. On one hand, economic impacts are related to the country's demographic window of opportunity and the socioeconomic consequences borne by adolescents themselves. On the other hand, humanitarian impacts are related to the achievement of Sustainable Development Goals (SDGs) and the fulfillment of the adolescents' human rights.

### **Economic Impacts: Missed Opportunities for Demographic Dividend and Impoverished Girls' Socioeconomic Mobility**

The Philippines is poised to enter its demographic window of opportunity. The country's status as a low-middle income country with a young population makes for a huge labor force less burdened by social protection costs for the elderly and children. In 2021, PSA recorded 75.57 million Filipinos aged 15 years and over,<sup>6</sup> constituting about 69 percent of the population, with the median age of 25.3 years (as of 2020).<sup>7</sup> This can help spur economic growth when the necessary conditions such as quality education, equitable employment opportunities, and robust infrastructure, among others, are in place to harness the demographic dividend.

However, adolescent pregnancy threatens the potential gains from the demographic dividend. For one, national investment in education does not necessarily translate to a skilled labor force when students drop out of school. In the Philippines, the high dropout rate among students is also one of the consequences of young pregnancy. In 2017 alone, 61.9 percent of school dropouts among girls cited "marriage or family matters" as a reason for leaving school—a euphemism for adolescent pregnancy.<sup>8</sup> Due to the unmet labor force potential of

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6 Philippine Statistics Authority, "Employment Situation in July 2021," 25 April 2022, <https://psa.gov.ph/content/employment-situation-july-2021>

7 Philippine Statistics Authority, "Age and Sex Distribution in the Philippine Population (2020 Census of Population and Housing)," 12 August 2022, <https://psa.gov.ph/content/age-and-sex-distribution-philippine-population-2020-census-population-and-housing>

8 Delon Porcalla and Sheila Crisostomo, "DepEd: High Dropout Rate Due to Teenage Pregnancy," Philstar, 5 September 2019, <https://www.philstar.com/headlines/2019/09/05/1949246/dep-ed-high-dropout-rate-due-teenage-pregnancy>

the youth, it has been estimated that adolescent pregnancy costs the country ₱33 billion every year.<sup>9</sup>

While adolescent pregnancy threatens national economic growth and affects various stakeholders, it is pregnant adolescent girls who bear the heaviest brunt of the problem. They drop out of school more frequently and tend to remain at home to take care of their babies.<sup>10</sup> This phenomenon adds to Filipino women's low labor force participation rate, standing at 46 percent compared to the global average of 52.9 percent.<sup>11</sup> The economic impacts of adolescent pregnancy are seen not only in terms of national statistics but also in the personal circumstances of pregnant girls and young families. The primary systemic causes of adolescent pregnancy are low socioeconomic status, limited income opportunities, and lack of access to education.<sup>12</sup> This entails that, on an individual level, impoverished, less educated girls who are more vulnerable to adolescent pregnancy are further pushed to the socioeconomic margins because of their pregnancy.

## Humanitarian Impacts: SDGs and Adolescent Rights Entitlement

Early pregnancy restricts the rights entitlement of adolescents. The Philippines is a signatory to various international instruments ensuring adolescents' human rights, including the Universal Declaration of Human Rights, the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), the Convention on the Rights of the Child (CRC), and the Sustainable Development Goals (SDG). However, despite these paper commitments to international

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- 9 UNFPA Philippines, *#GirlsNotMoms.*; Demographic Research and Development Foundation, Inc. and University of the Philippines Population Institute, *The 2013 Young Adult Fertility and Sexuality Study in the Philippines* (Quezon City: Demographic Research and Development Foundation, Inc. and University of the Philippines Population Institute, 2016), <https://region9.cpd.gov.ph/wp-content/uploads/2023/05/YAFS4-Book.pdf>
- 10 Veronica Gregorio, "The Only Exception: Teenage Pregnancy in the Philippines," *Review of Women's Studies* 28 (2018): 1–28.
- 11 "Female Labor Force Participation," The World Bank, Gender Data Portal, Accessed 6 March 2024, <https://genderdata.worldbank.org/data-stories/flfp-data-story;Philippines>," The World Bank, Gender Data Portal, <https://genderdata.worldbank.org/countries/philippines/>
- 12 UNFPA Philippines, *#GirlsNotMoms.*

instruments, the Philippines' 2020 report to CEDAW acknowledged the country's still unmet needs for contraceptives.<sup>13</sup>

Adolescent pregnancy is closely related to the achievement of SDG 3 (Good Health and Well-Being) and SDG 5 (Gender Equality). Support for adolescent sexual and reproductive health (SRH) is necessary given the likely dangerous health outcomes for both the mother and the child. The newborn is highly susceptible to experience neonatal deformities, stunting, low birth weight, and premature birth.<sup>14</sup> Meanwhile, the young mother may suffer from depression, postpartum hemorrhage, preeclampsia, anemia, infections, and a higher incidence of sexually transmitted diseases.<sup>15</sup> Even worse, complications from adolescent pregnancy are tagged as one of the leading causes of death among girls aged 19 and below.<sup>16</sup>

SDG 5 figures crucially into the discussion because adolescent pregnancy is the most underreported result of sexual violence.<sup>17</sup> The fact that only three percent of the live births among girls age 19 and below are fathered by males within the same age group highlights how power imbalances within relationships can result in forced sexual relationships. This issue is particularly crucial in partnerships involving older men and young women or girls, which may seem common and seemingly ordinary.<sup>18</sup> Therefore, the gender and health aspects of adolescent

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13 United Nations (Philippines), "9th Periodic Report Submitted by the Philippines Under Article 18 of the Convention, Due in 2020 : Convention on the Elimination of All Forms of Discrimination against Women," DigitalLibrary.un.org, 4 October 2021, <https://digitallibrary.un.org/record/3950485?ln=en>

14 UNFPA Philippines, #GirlsNotMoms.

15 National Nutrition Council, "Negative Impacts of Teenage Pregnancy in the Philippines," 21 March 2021, <https://nnc.gov.ph/regional-offices/mindanao/region-ix-zamboanga-peninsula/4931-negative-impacts-of-teenage-pregnancy-in-the-philippines>

16 World Health Organization, "Adolescent Pregnancy," 2 June 2023, <https://www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy>

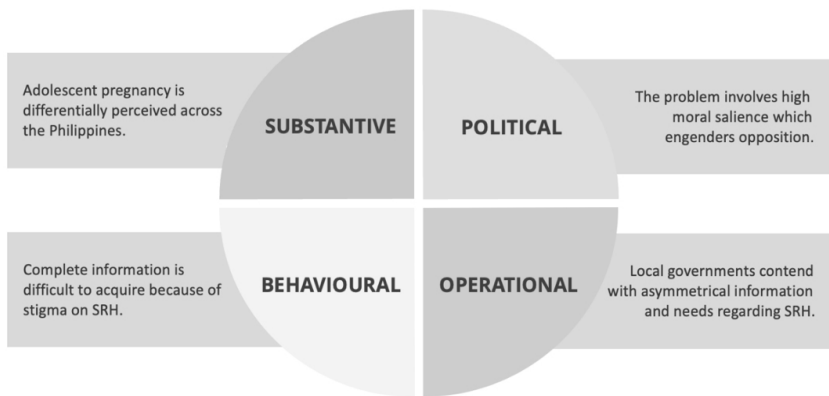
17 World Vision International, "The Violent Truth about Teenage Pregnancy: What Children Say," September 2019, <https://reliefweb.int/sites/reliefweb.int/files/resources/W950-0001-007.pdf>

18 Christine Marie Habito, Alison Morgan, and Cathy Vaughan, "Early Union, 'Disgrasya,' and Prior Adversity and Disadvantage: Pathways to Adolescent Pregnancy among Filipino Youth," *Reproductive Health* 18, no. 107 (May 2021): 9, <https://doi.org/10.1186/s12978-021-01163-2>

pregnancy cannot be tackled without regard for each other. However, policy and institutional support in the Philippines are lacking in this aspect. The Anti-Violence Against Women and Their Children Act of 2004 (Republic Act [RA] No. 9262) and the Magna Carta of Women (RA No. 9710), seen as two of the most comprehensive gender laws in the country, do not even mention early pregnancy as a possible cause of sex and gender-based violence.

### III. Problem

Four dimensions of adolescent pregnancy in the Philippines complicate sound policy design in response (see Figure 1). These dimensions are better understood using the concepts of incomplete information, information asymmetry, transaction costs, and credible commitment (mapped in Exhibit 1). These are not mutually exclusive, but rather blur the divide, merging the problem of adolescent pregnancy more a bit more complex than the sum of all four dimensions. The four dimensions are presented below.



- Figure 1. The four problem dimensions of adolescent pregnancy and adolescent SRH in the Philippines

## Substantive Dimension

The substantive dimension refers to the core issues or challenges that the policies on adolescent pregnancy aim to tackle. A critical rule of the game in addressing adolescent SRH is that policymakers needed to balance the often-conflicting positions of advocacy groups and government agencies regarding the root cause of adolescent pregnancy. These varied positions either affirmed or disputed the idea that the problem is caused by low education and low socioeconomic status. For instance, the Population Commission (POPCOM) saw “moral decadence” as the cause of young pregnancy.<sup>19</sup> Meanwhile, the Philippine Legislators Committee on Population and Development (PLCPD) said that the root cause of adolescent pregnancy is rape, broadly defined as nonconsensual sex.<sup>20</sup>

Balancing conflicting positions on the root cause of adolescent pregnancy is complicated because existing measures do not paint a perfect information landscape that decision-makers can refer to. For example, counting the rate of live births per age group may have excluded cases of adolescent pregnancy that did not result in childbirth. Nor was tracking reported pregnancies a perfect measure. Since girls are stigmatized when they get pregnant, they would rather keep their condition a secret.<sup>21</sup> While studies like the Young Adult Fertility and Sexuality (YAFS) Survey have provided valuable insights into the youth's sexual preferences and behaviors, the data became outdated due to the irregularity of these surveys. The YAFS study, for one, took nine years to update (from 2013 to 2022). The fact that it took nearly a decade to conduct another YAFS survey underscores the policy challenge of outdated data, which cannot adequately guide programs on adolescent pregnancy.

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19 Sheila Crisostomo, “PopCom Blames Moral Decadence for Teen Pregnancies,” Philstar, 10 November 2019, <https://www.philstar.com/headlines/2019/11/10/1967478/popcom-blames-moral-decadence-teen-pregnancies>

20 Gabriel Pabico Lalu, “Sexual Abuse: The Darker Side of Teenage Pregnancies,” Philippine Daily Inquirer, 14 February 2020, <https://newsinfo.inquirer.net/1228935/fwd-the-darker-side-of-teenage-pregnancies-some-of-incidents-stem-from-abuse-rape>

21 Kerina Tull, *Consequences for Adolescents When They Become Pregnant, and Become Mothers*, Knowledge, Evidence, and Learning for Development (K4D) Help Desk Report, Save the Children's Resource Centre, 30 September 2020, [https://resourcecentre.savethechildren.net/pdf/882\\_consequences\\_for\\_adolescents\\_when\\_they\\_become\\_pregnant\\_and\\_become\\_mothers.pdf/](https://resourcecentre.savethechildren.net/pdf/882_consequences_for_adolescents_when_they_become_pregnant_and_become_mothers.pdf/)

Outdated and incomplete information begets asymmetrical information, especially in an archipelagic country like the Philippines. Some data may be unequally applicable to the whole country considering the varying cultures and religions, as well as the gravity of the problem, in different localities. For example, in the Mindanao region in the southern Philippines, the adolescent pregnancy rates are higher because girls are married off younger<sup>22</sup> as opposed to the rest of the Philippines. This is a practice that some commentators attribute to unequal access to sex education.

Designing a policy for a problem that is differentially perceived and felt by various institutions entails high transaction costs. These costs rise according to the differences across the country. Nevertheless, credible commitment towards trustworthy, reliable, and sustainable policy actions remains crucial, given that the enactment of national policies on adolescent pregnancy also contributes to many of the country's development goals.<sup>23</sup>

## Political Dimension

The political dimension refers to the influence of political factors, dynamics, and considerations in the development, implementation, and outcomes of adolescent SRH policies. In the Philippines, among the rules of the game is to avoid antagonizing the Catholic Church, especially on policies of high moral salience. Policymakers, particularly politicians who rely on the Church's endorsement during elections, specifically employ this rule.<sup>24</sup> The conservative religious norms in the Philippines<sup>25</sup> and the lack of separation of Church and State in the country

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22 Jigger Jerusalem, "Teen Pregnancy in NorMin among Highest in PH," Philippine News Agency, 26 November 2019, <https://www.pna.gov.ph/articles/1087133>; Jeffrey Maitem, "Philippine Muslim Leaders Urge Repeal of New Law Criminalizing Child Marriage," Benar News, 7 January 2022, <https://www.benarnews.org/english/news/philippine/child-marriage-01072022135850.html>

23 UNFPA Philippines, *#GirlsNotMoms*.

24 Joe Torres, "Church Groups Endorse Candidates for Philippine Elections," Union of Catholic Asian News, 28 March 2019, <https://www.ucanews.com/news/church-groups-endorse-candidates-for-philippine-elections/84838>

25 Jonathan Tseung-Hao Chow, "Religion, Politics and Sex: Contesting Catholic Teaching and Transnational Reproductive Health Norms in the Contemporary Philippines" (PhD diss., University of California Berkeley, 2011), 115–98, Escholarship.org, <https://escholarship.org/uc/item/125971gn#main>

also mean that politicians can only depend on a few nonreligious coalitions for political support for adolescent SRH.

In 2012, the Responsible Parenthood and Reproductive Health Act (RPRH Law, RA 10354) was passed after 13 years of languishing in Congress.<sup>26</sup> It was only through the credible commitment rallied by former President Benigno Aquino (administrative term 2010–16) that RPRH became a law. However, massive opposition from religious groups that challenged the law before the Supreme Court stalled its implementation. Denouncing the law for allegedly violating the right to life and the right to religion, religious groups were able to influence the Supreme Court to release a temporary restraining order (TRO) over the RPRH Law.<sup>27</sup> The TRO only ended in 2017 under the term of former President Rodrigo Duterte (administrative term 2016–22). However, two additional provisions came with it: first, to prohibit health workers from providing sex education to minors without their parents' consent; and second, to allow healthcare workers to refuse care for adolescent patients on religious grounds.

Negotiations among policymakers and religious groups have resulted in high transaction costs for policies on adolescent pregnancy. In a country with an active civil society,<sup>28</sup> transaction costs become even higher for issues with high moral salience. This creates a dynamic and challenging environment for policymakers who must navigate through diverse perspectives, manage intense advocacy efforts, and address ethical considerations. This moral salience also manifests in individual behavior outside the halls of the Court and the Church, as discussed below.

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26 Gideon Lasco, "Inside the Philippines' Long Journey towards Reproductive Health," *The Conversation*, 9 May 2017, <https://theconversation.com/inside-the-philippines-long-journey-towards-reproductive-health-72737>

27 JC Punongbayan, "[Analysis] Whatever Happened to the Reproductive Health Law?" *Rappler*, 18 October 2018, <https://www.rappler.com/voices/thought-leaders/214581-analysis-whatever-happened-to-reproductive-health-law-philippines/>

28 Asian Development Bank, "Civil Society Beliefs: Philippines," 2013, <https://www.adb.org/sites/default/files/publication/30174/csb-phi.pdf>

## Behavioral Dimension

The behavioral dimension refers to people's attitudes and responses to policies. Attitudes toward adolescent pregnancy have a notable impact on the rules of the game. Pregnancy is commonly regarded as a private issue best left to the realm of the family, making the topic taboo in everyday discussions. This is apparent in the YAFS5 (2021) survey, where only 20 percent of the youth in NCR aged 15 to 24 reported ever discussing sex at home. Meanwhile, a significant portion of the population prefers to discuss questions about sex with their peers.<sup>29</sup> This complicates data collection on family conversations, hindering policymaking insights into issues like adolescent pregnancy. Additionally, in the 2013 YAFS4 study, one in five adolescents believed that it is "very important/important" that women remain virgins until marriage. This response, therefore, did not align with the increasing adolescent pregnancy rate in the country.

The challenge of obtaining comprehensive information on adolescent pregnancy is also attributable to the stigma surrounding the topic. This stigma is further reinforced when state institutions affirm the so-called privacy of family matters. The rule of the game was to uphold, rather than deconstruct, the divide between the so-called private affair of pregnancy and the public issue that is both economic and humanitarian in nature. The Philippine Constitution and the Family Code (Executive Order [EO] No. 209, s. 1987), for example, affirmed the family's status as the first and foremost institution in the country. The State's powerlessness to interfere with the private affairs of family life was thereby evoked when the Supreme Court issued a temporary restraining order (TRO) on the RPRH Law. This 2017 TRO took away five years of implementation that could have benefited the country.

There was little to no credible commitment among Philippine institutions to the behavioral dimension of adolescent pregnancy. This was unsurprising, given that perceptions are difficult to influence or change, especially when powerful state actors themselves also exhibit same conservative perceptions. Transaction

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29 University of the Philippines Population Institute, "Zoom In, Zoom Out: Filipino Youth in Focus" (PowerPoint slides, Population Institute, College of Social Sciences and Philosophy, University of the Philippines, 14 October 2022), 55, [https://www.uppi.upd.edu.ph/sites/default/files/pdf/YAFS5\\_National%20Dissemination\\_Slides\\_FINAL.pdf](https://www.uppi.upd.edu.ph/sites/default/files/pdf/YAFS5_National%20Dissemination_Slides_FINAL.pdf)



costs were high, both in ensuring that respondents were open enough to talk for research and policymaking purposes, as well as in maintaining checks and balances against the religious and moral biases of concerned government agencies.

## Operational Dimension

The operational dimension looks at issues, challenges, and opportunities in terms of adolescent SRH policy implementation. Digging deeper, the Philippines devolved its healthcare services in 1991 following RA No. 7160, also known as the 1991 Local Government Code (LGC). At that time, this form of decentralization was considered the most radical in Asia.<sup>30</sup> Decentralization entrusted responsibility to the Department of Health (DOH), the country's health ministry, only in terms of setting and enforcing the national health agenda. Policies designed at the national level are executed at the local level where resource allocation is finalized.<sup>31</sup>

The devolution of reproductive health services was spelled out in more detail with the passage of the RPRH Law in 2012. Under this law, local government units (LGUs) are mandated to develop their own facilities, service delivery networks, supply chains, resource allocation, and human resources<sup>32</sup> to provide reproductive healthcare, as well as to promote responsible parenting and comprehensive sexuality education.<sup>33</sup> LGUs are also mandated to coordinate with DOH. DOH will provide financial and technical assistance for ensuring supplies, assessing

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30 Harvy Joy Liwanag and Kaspar Wyss, "What Conditions Enable Decentralization to Improve the Health System? Qualitative Analysis of Perspectives on Decision Space After 25 Years of Devolution in the Philippines," *PLOS ONE* 13, no. 11 (November 2018): 3, <https://doi.org/10.1371/journal.pone.0206809>

31 Vanessa T. Siy Van, Jhanna Uy, Joy Bagas, and Valerie Gilbert Ulep. "Trends in National-Level Governance and Implementation of the Philippines' Responsible Parenthood and Reproductive Health Law from 2014 to 2020," *Global Health: Science and Practice* 9, no. 3 (2021): 548–64, <https://doi.org/10.9745/ghsp-d-21-00184>

32 Michael R. M. Abrigo, Jerome Patrick Cruz, and Zhandra C. Tam, *Process Evaluation of the Responsible Parenthood and Reproductive Health Act (RA 10354): Local Service Delivery Component*, (Discussion Paper Series No. 2021-10, Quezon City: Philippine Institute for Development Studies, 2021), 11, <https://pidswebs.pids.gov.ph/CDN/PUBLICATIONS/pidsdps2110.pdf>

33 Mary Pauline V. Saquing and Norliza M. Nordan, *Process Evaluation of Selected Programs of the Department of Health (DOH): RPRH Education and Communication* (Discussion Paper Series No. 2021-12, Quezon City: Philippine Institute for Development Studies, 2021), 4, <https://pidswebs.pids.gov.ph/CDN/PUBLICATIONS/pidsdps2112.pdf>

the professional competency of healthcare workers, enhancing service delivery networks, and developing guidelines and standards for RPRH and adolescent SRH services.<sup>34</sup>

The touted benefits for decentralizing the healthcare sector in the Philippines were mainly: democratizing healthcare through enhanced community participation<sup>35</sup> and collaborative decision-making;<sup>36</sup> increasing local government accountability;<sup>37</sup> adapting to local contexts that necessitate different services;<sup>38</sup> empowering local leaders to make immediate and appropriate decisions on healthcare services in their locality;<sup>39</sup> and promoting experimentation and innovation.<sup>40</sup> Meanwhile, challenges on the ground include: elite capture of conversations and services about stigmatized topics such as reproductive health, where socially conservative actors have influenced policymaking and funding;<sup>41</sup> the politicization of services;<sup>42</sup> inconsistent monitoring and evaluation;<sup>43</sup> increase

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34 Abrigo et al., *Process Evaluation*, 8.

35 Siy Van et al., “Trends,” 560; Warren Dodd, Amy Kipp, Bethany Nicholson, Lincoln Leehang Lau, Matthew Little, John Walley, and Xiaolin Wei. “Governance of Community Health Worker Programs in a Decentralized Health System: A Qualitative Study in the Philippines.” *BMC Health Services Research* 21, no. 1 (2021), <https://doi.org/10.1186/s12913-021-06452-x>

36 Dodd et al., “Governance”; Liwanag and Wyss, “What Conditions,” 10.

37 Rama Lakshminarayanan. “Decentralisation and Its Implications for Reproductive Health: The Philippines Experience.” *Reproductive Health Matters* 11, no. 21 (2003): 96–107, [https://doi.org/10.1016/s0968-8080\(03\)02168-2](https://doi.org/10.1016/s0968-8080(03)02168-2)

38 Dodd et al., “Governance”; Liwanag and Wyss, “What Conditions.”

39 Liwanag and Wyss.

40 Lakshminarayanan, “Decentralization.”

41 Liwanag and Wyss, “What Conditions.”

42 Dodd et al., “Governance”; Liwanag and Wyss.

43 Katherine Alexandra Matus and Romulo Nieva, “Policy Brief Implementation Lessons for Adolescent Sexual and Reproductive Health Governance Initiatives in Puerto Princesa City”, Zuellig Family Foundation, 2018. [https://zuelligfoundation.org/wp-content/uploads/2019/02/ZFF-Policy-Brief-October-REV8\\_02062019.pdf](https://zuelligfoundation.org/wp-content/uploads/2019/02/ZFF-Policy-Brief-October-REV8_02062019.pdf); Dodd et al., “Governance.”

in inequalities between local governments;<sup>44</sup> failure to enhance community participation<sup>45</sup> and local government commitment;<sup>46</sup> maintenance of funds in the national level;<sup>47</sup> and corruption among local politicians.<sup>48</sup>

Specifically, the decentralization of healthcare was hardly effective in addressing adolescent pregnancy because of two reasons. First, the RPRH Law did not mandate the creation of ordinances upholding adolescent SRH at the local level, thereby disempowering LGUs to have nuanced strategies to tackle adolescent pregnancy. Second, there was no fixed fiscal funding for SRH services in the country, thereby disadvantaging impoverished LGUs experiencing higher cases of adolescent pregnancy. Instead, adolescent SRH services relied on pooled and discretionary funding from various national government agencies (NGAs) without a robust monitoring and evaluation mechanism. This was an unsustainable and impractical way to move forward with the policy design.

In a decentralized Philippine healthcare sector, credible commitment becomes more crucial while transaction costs rise. Credible commitment and transaction costs have a circular relationship in this regard. Limited funding and administrative constraints on adolescent SRH services generate low credible commitment. Conversely, low credible commitment further increases transaction costs.

The Philippines has been lackluster in credible commitment so far. Despite former President Duterte declaring adolescent pregnancy prevention as a “national social emergency”<sup>49</sup> in 2021, no corresponding funding has been allocated to enact this declaration. For instance, the publicly available budget report of DOH

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44 Dodd et al.; Atienza, “The Politics.”

45 Liwanag and Wyss, “What Conditions.”

46 Lakshminarayanan, “Decentralization.”

47 Liwanag and Wyss, “What Conditions.”

48 Liwanag and Wyss.

49 Alexis Romero, “Duterte EO Declares Teenage Pregnancy Prevention a National Priority,” Philstar, 29 June 2021, <https://www.philstar.com/headlines/2021/06/29/2108991/duterte-eo-declares-teenage-pregnancy-prevention-national-priority>

showed that the 2020 budget for SRH was 29 percent lower than that of 2019.<sup>50</sup> Furthermore, another latest budget report of DOH for 2023 revealed that the institution only allocated ₱863 million for SRH from their proposed ₱301 billion budget. Despite a ₱50 million increase from the 2021 budget of ₱585 million, when divided among three million Filipino women of reproductive age, each would only receive ₱287 annually.<sup>51</sup>

Although the RPRH Law did not require the enactment of corresponding local ordinances and fixed fiscal funding, the areas that were mandated have also seen operational barriers to implementation. The RPRH Law states that the Department of Education (DepEd) shall implement age-appropriate comprehensive sex education (CSE) in both formal and nonformal educational settings. However, parental consent is required before information could be provided to a minor. Given the high stigma on the topic, this provision further discourages adolescents from seeking SRH services. To aggravate this problem, the *4th Annual RPRH Report* of the DOH, reflecting data in 2017, revealed that only 35.8 percent of those aged 15 to 19 have access to family planning information<sup>52</sup>—an alarming number that may even be graver when those aged 10 to 14 are factored in. Additionally, the *2021 Annual Report* highlighted that the unmet need for family planning is consistently highest among women aged 15

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50 Department of Health and Commission on Population and Development, *7th Annual Report on the Implementation of the Responsible Parenthood and Reproductive Health Act of 2012 (2020)*, (Manila: Department of Health - Philippines, September 2020), <https://doh.gov.ph/data-publications/7th-annual-report-on-the-implementation-of-the-responsible-parenthood-and-reproductive-health-act-of-2012-2020/>

51 Llanesca T. Panti, “DOH: 3 Million Women Each Allocated ₱287 for Reproductive Health,” GMA News Online, 12 September 2022, <https://www.gmanetwork.com/news/topstories/nation/844571/doh-3-million-women-each-allocated-p287-for-reproductive-health/story/>

52 Department of Health, *4th Annual RPRH Report on the Implementation of Republic Act No. 10354 or the Responsible Parenthood and Reproductive Health (RPRH) Act of 2012*, (Manila: Department of Health - Philippines, 2017), <https://doh.gov.ph/wp-content/uploads/2023/09/4th-Annual-Report-on-the-Implementation-of-Responsible-Parenting-and-Reproductive-Health-Act-of-2012-2017.pdf>

to 19 compared to any other age group.<sup>53</sup> The lack of accessible government SRH services, coupled with the provision to require parental consent, has worsened the problem of imperfect information on both target groups and policymakers.

Since the government could not adequately meet the needs and scan the behavior of adolescents, policymakers were unable to design a policy that addressed the pressing SRH needs of adolescents. Local governments also utilized asymmetrical information systems because they had different experiences and needs surrounding adolescent pregnancy.

## IV. Policy Options

Adolescent pregnancy may be the young's problem, but it is an old problem in the Philippines. The rules of the game have primarily been defined by the decentralized nature of the Philippine healthcare sector and the stigma surrounding the problem. As an alternative, the government can consider three policy options to address the problem of adolescent pregnancy.

### **Option 1: Encourage interagency and multisectoral partnerships among government and civil society organizations (CSOs) at the local and national levels.**

The RPRH Law recognizes that an interagency and multisectoral approach is needed to tackle the problem of adolescent pregnancy. Mobilizing collaboration between CSOs, national government agencies, LGUs, and multilateral donors can amplify service delivery through a wider network and increased resources. The government has previously heavily relied on international donors for SRH funds. Through Option 1, funds can be mobilized more efficiently, given the breadth of actors that can be tapped for such purposes.

The strength of Option 1 lies in its whole-of-society approach. Positive policy outcomes rest with the whole society. Additionally, solutions are conceptualized

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53 Department of Health and Commission on Population and Development, *Annual Report 2021: Responsible Parenthood and Reproductive Health Act of 2012*, (Manila: Department of Health - Philippines, 2021), <https://doh.gov.ph/wp-content/uploads/2023/09/2021-RPRH-Annual-Report.pdf>

and conducted in novel ways between society and government. On one hand, bringing in civil society would help address the behavioral dimensions of adolescent pregnancy by mainstreaming awareness regarding the issue. On the other hand, the substantive dimensions of adolescent pregnancy would also be addressed through constant collaboration and interaction among civil society groups and government agencies. These actions can possibly yield a unified understanding of the causes of the problem and the needed responses. Differing perspectives on adolescent pregnancy, and thus different opinions on how to proceed with the policy design, can be harmonized by providing platforms for sharing diverse opinions and perspectives, alongside a consolidated response framework for each perspective that employs scientific and data-driven knowledge on adolescent SRH.

However, dependence on support from nongovernment actors makes the policy option unsustainable and erratic. To illustrate, despite the number of CSO-organized fora and events, the demand for and supply of adolescent SRH services have not significantly improved, as these were only one-off events with unclear efforts for sustainability.<sup>54</sup> An aggravating factor is the absence of an agency tasked to oversee projects on adolescent SRH, which is crucial in managing inter-agency collaboration. With no single agency acting as an overseer, organizations and groups within the service delivery network tend to operate in siloes.

Option 1 may be effective in providing a whole-of-society approach, but risks still abound. In the short term, there can be a delay in civil society response when civil society groups have differing perspectives on adolescent pregnancy. In the medium term, outlining a clear division of labor among different collaborators would be a challenge. Lastly, in the long term, the partners may operate in siloes and may engender an unsustainable partnership arrangement.

Table 1 highlights the political, logistical, administrative, and operational risks that need to be considered under Option 1. The impact is the effect of the risk on the overall conduct of the stated option, whereas probability is the likelihood of the risk occurring. Classifications are tagged based on the impact and probability of the risk. Countermeasures that can be incorporated within the policy option

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54 Siy Van et al., "Trends."

in response to the risk are also provided. The same table is outlined for the other two policy options below.

| Description   | Type           | Impact and Probability (0–5) | Classification | Countermeasures   |
|---|----------------|------------------------------|----------------|---|
| Different civil society groups may have differing perspectives on adolescent pregnancy, and thus different opinions on how to proceed with the policy design. | Political      | I = 3<br>P = 3               | Moderate       | Provide platforms for sharing diverse opinions and perspectives, alongside a consolidated response framework for each perspective bearing in mind scientific and data-driven knowledge on adolescent SRH. |
| Responses from possible partner organizations and government units might be delayed.  | Logistical     | I = 5<br>P = 4               | High           | Prioritize contacting organizations that have visibility on the topic while continuing engagement between organizations and units that may be moderately interested in the partnership.                   |
| The working culture between and among partners is different.  | Administrative | I = 4<br>P = 2               | Moderate       | Provide a standard operating procedure and relevant manual of implementation for policy interventions.  |
| There is a doubling of tasks and responsibilities, or a gap of tasks and responsibilities among LGUs, NGAs, and CSOs.   | Operational    | I = 5<br>P = 4               | High           | Ensure clear responsibility of each organization and maintain constructive engagement between partners.   |
| Collaboration may be unsustainable and erratic.   | Operational    | I = 5<br>P = 1               | High           | Include a sustainability plan in the partnership proposals for the organizations that will be the foundation of the partnership moving forward.   |
| The partners may operate in siloes, both administratively and financially.  | Operational    | I = 5<br>P = 3               | High           | Set up an overseeing committee and set a regular schedule for updates and meetings through a shared platform.   |

■ Table 1. Risks associated with Option 1, their type, impact, probability, classification, and necessary countermeasures.

short-term
  medium-term
  long-term

While establishing an overseeing committee and setting a regular schedule for updates and meetings on a shared platform might reduce siloed operations, Option 1 may still fall short, given that government agencies may not take a leading role in the collaboration. Therefore, forwarding the government's health agenda amid a confluence of actors would be difficult. Option 2 is relevant in this regard.

## **Option 2: Strengthen NGAs' role as consolidators and directors of SRH services**

The Philippines' response to adolescent pregnancy has mainly been top-heavy where NGAs directed actions on the ground.<sup>55</sup> In this case, various NGAs, such as the DOH, POPCOM, DepEd, and Department of Social Work and Development (DSWD), have been put to task. Funding for SRH has been pooled from the resources of these aforementioned NGAs as stipulated in the implementing rules and regulations (IRR) of the RPRH Law. Therefore, since these agencies have been in charge of service delivery, the government can leverage their experience and strengthen their capacities to collaborate with LGUs and CSOs.

Option 2 is beneficial if the government wants to achieve economies of scale. National-level procurement for needed materials would entail lower costs when done in bulk. However, this is not ideal given the different manifestations of adolescent pregnancy in various local contexts. Additionally, top-down approach to adolescent pregnancy is also unsuitable given that national directives do not fit the local contexts.<sup>56</sup>

Another downside of Option 2 is that, under a decentralized setup, local governments may become over-reliant on NGAs to provide adolescent SRH service delivery tools. Moreover, the current decentralized setup does not yet have adequate systems in place to enhance the capacities of local government units to

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55 Valerie Gilbert T. Ulep et al., *Assessment of National-Level Governance of the Philippines' Responsible Parenthood and Reproductive Health Law: Trends and Ways Forward*, (Discussion Paper Series No. 2021-09, Quezon City: Philippine Institute of Development Studies, February 2021), <https://pidswebs.pids.gov.ph/CDN/PUBLICATIONS/pidsdps2109.pdf>

56 Ulep et al., *An Assessment*.



engage both national-level agencies and NGOs without relying too much on what the national-level agencies can provide.<sup>57</sup>

Local governments with low financial capacity, as opposed to city governments with higher revenues, have continued to bank more heavily on the national government to finance reproductive health services.<sup>58</sup> In this sense, local governments with unequal capacities also competed<sup>59</sup> for resources coming from the national level without strong horizontal coordination among local governments.<sup>60</sup> Stable funding funneled from NGAs to LGUs is also a concern. The previous reliance of the local governments on pooled NGA discretionary funding for reproductive health was unsustainable. In 2021, for example, the budget for contraceptives was reduced by ₱73 million—consisting of ₱50 million from POPCOM, ₱20 million from DSWD, and ₱3 million from NCIP.<sup>61</sup>

The short-term risk under Option 2 is mainly that local governments with low revenue-generating capacity may be disadvantaged in competing with other local governments for nationally provided resources, especially when these resources get politicized. In the medium term, there may be a lack of continuity as local government elections are done more frequently than national-level elections. This situation would entail additional administrative and transactional costs in orienting new local executives, especially in cases where the incumbent and the incoming executives are not politically aligned. Finally, in the long term, local governments may become over-reliant on NGAs to provide for adolescent SRH service delivery tools.

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57 Siy Van et al., “Trends.”

58 Abrigo et al., *Process Evaluation*; Liwanag and Wyss, “What Conditions.”

59 Uma Kelekar, “Do Local Government Units (LGUs) Interact Fiscally While Providing Public Health Services in the Philippines?,” *World Medical & Health Policy* 4 no. 2 (2012): 1–33, <https://doi.org/10.1515/1948-4682.1233>

60 Uma Kelekar and G. Gilberto Llanto, “Evidence of Horizontal and Vertical Interactions in Health Care Spending in the Philippines,” *Health Policy and Planning* 30, no. 7 (September 2015): 853–862, <https://doi.org/10.1093/heapol/czu086>

61 Cai U. Ordinario, “₱73-M Pooled Fund to Address Teen Pregnancy Scrapped by Lawmakers,” *BusinessMirror*, 22 September 2021, <https://businessmirror.com.ph/2021/09/22/%E2%82%A773-m-pooled-fund-to-address-teen-pregnancy-scrapped-by-lawmakers/>

| Description  | Type           | Impact and Probability (0-5) | Classification | Countermeasures   |
|--|----------------|------------------------------|----------------|---|
| Local governments with lower capacities to compete against other local governments will be provided with fewer resources.  | Administrative | I = 4<br>P = 4               | Moderate       | Means-testing can be conducted on local government units to identify the appropriate share of resources.                            |
| The share of resources may get politicized, especially in cases where local executives are not politically allied with the national administration   | Political      | I = 5<br>P = 3               | High           | Institute accountability and transparency mechanisms for the allocation of fiscal and administrative support for local governments. |
| Political continuity is lacking as local governments (where elections are conducted every three years) and national governments (where elections are conducted every six years) do not follow the same electoral period. | Administrative | I = 5<br>P = 2               | High           | Establish a sustainable planning framework so that policies and partnerships are insulated in the long term.                        |
| There is a doubling of tasks and responsibilities or a gap of tasks and responsibilities between NGAs and LGUs.  | Operational    | I = 5<br>P = 4               | High           | Ensure clear responsibility of each organization and maintain constructive engagement between LGUs and NGAs.                        |
| Local governments may become over-reliant on NGAs to provide for adolescent SRH service delivery tools.  | Operational    | I = 5<br>P = 1               | High           | Include a sustainability plan in the provision of adolescent SRH services from NGAs to LGUs.  |
| There is a possibility of recentralization as local governments look to national government agencies to provide administrative and fiscal support.   | Operational    | I = 5<br>P = 3               | High           | Provide a standard operating procedure and manual of engagement between local governments and national government agencies.         |

- Table 2. Risks associated with Option 2, their type, impact, probability, classification, and necessary countermeasures.

 short-term

 medium-term

 long-term

With lack of reliability from funds coming from the NGAs and issues on overreliance of LGUs on NGAs, the last option would be to direct focus on LGUs.

### **Option 3: Capacitate LGUs to deliver services compliant with national standards and to partner with NGAs and CSOs.**

Local governments play a central role in delivering reproductive healthcare in a decentralized Philippines. By delegating LGUs as main implementers of SRH programs, the problem of unclear guidelines and financing of SRH can be better addressed.<sup>62</sup> While both LGUs and NGAs may lack resources to deliver adolescent SRH,<sup>63</sup> LGUs have more access to administrative personnel, making them better implementers of SRH programs.<sup>64</sup>

The strength of Option 3 is twofold. First, it allows for a targeted response from a government institution with a more on-ground presence. Second, adolescent SRH funds become easier to ensure as opposed to the discretionary budgeting by NGAs. Nevertheless, Option 3 is prone to a disjointed approach and will necessitate more credible commitment across Philippine LGUs. Without any express and mandatory directive under the RH Law to create local ordinances upholding adolescent SRH,<sup>65</sup> LGUs have no incentive to execute proactive policies for adolescent SRH. They are likely to continue reliance on siloed approaches coming from NGAs.

Another strong argument for Option 3 is that LGUs can tap local CSOs and government organizations for quick provision of contraceptives and SRH information. For one, the LGUs can also use the Sangguniang Kabataan<sup>66</sup> (SK) Law that mandates the creation of adolescent councils in every barangay.<sup>67</sup> LGUs

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62 Ulep et al., *An Assessment*.

63 Saquing and Nordan, *A Process Evaluation*.

64 Ulep et al., *An Assessment*.

65 Abrigo et al., "Process Evaluation."

66 *Sangguniang Kabataan* literally means "youth council." Youth councils are elected per barangay.

67 *Barangays* are the smallest units of government in the Philippines.

can provide training for members of adolescent councils, local social welfare and development officers, healthcare workers, and volunteers who can be sources of SRH information.

Furthermore, LGUs are more proximal to local actors who can be partners if a whole-of-society approach can be pursued. This specifically includes teachers and parents who can be partners in mainstreaming comprehensive sexuality education. Partnerships with gender advocates and CSOs are useful in ensuring that training for local actors is unentangled from religious belief, or that religious values do not influence training for local service providers. Local actors can also be consulted on strategic locations to dispense free contraceptives targeting vulnerable populations. Finally, there are more opportunities to forward comprehensive sexuality education in the local level, especially when teachers and parents are among the intended participants.<sup>68</sup>

Under Option 3, the short-term risk includes resistance from population and delays in fund disbursement. In the medium term, there may be weak collaboration between LGU partners and various stakeholders. Finally, in the long term, there may be delayed reporting of events from LGUs, thereby suspending learnings for other LGUs, as well as hesitation among LGUs to report policy learnings to preserve their political image.

| Description  | Type       | Impact and Probability (0–5) | Classification | Countermeasures   |
|--|------------|------------------------------|----------------|---|
| There is resistance from the population who feel that state resources may be better utilized for other purposes. | Political  | I = 3<br>P = 2               | Moderate       | Constantly issue LGU updates regarding the impacts of adolescent pregnancy using LGU, NGA, or CSO data.   |
| Disbursement of targeted transfer or assistance is delayed.  | Logistical | I = 5<br>P = 4               | High           | Constantly monitor against red tape, especially on the local level, and maintain continuous process updates and communication with disbursement agencies. |

68 Saquing and Nordan, *A Process Evaluation*.

| Description  | Type        | Impact and Probability (0-5) | Classification | Countermeasures  |
|--|-------------|------------------------------|----------------|--|
| Parents and teachers resist in receiving comprehensive sexuality education.            | Political   | I = 4<br>P = 3               | Moderate       | Provide individual and institutional incentives for parents and teachers.              |
| Collaboration among LGUs, NGAs, and CSOs is weak.                                      | Operational | I = 5<br>P = 4               | High           | Ensure clear responsibility of each organization and maintain constructive engagement. |
| There are different understandings of what policy learning and policy challenges mean. | Operational | I = 3<br>P = 1               | Low            | Include in a shared platform a universal definition of learnings and challenges.       |
| Reporting of events from LGUs is delayed, thereby delaying learnings for other LGUs .  | Operational | I = 3<br>P = 3               | Moderate       | Set up a regular schedule for updates on a shared platform.                            |
| LGUs might be hesitant to report policy challenges.                                    | Political   | I = 5<br>P = 4               | High           | Tap relevant NGAs to issue directives making the reporting mandatory.                  |

short-term
  medium-term
  long-term

- Table 3. Risks associated with Option 3, their type, impact, probability, classification, and necessary countermeasures.

## V. Resolution

In response to the complex nature of adolescent pregnancy, the Philippine government has implemented a combination of options, albeit suboptimal. Among all the three abovementioned options, the third option has the most potential. Some advancement towards the achievement of Policy Option 3 is already observed in the Philippines.

Capacitating LGUs to engage with organizations outside their own locality complemented their capacity to mobilize on-ground support for adolescent SRH. The DOH itself acknowledged that LGUs serve as the main implementers of

reproductive health programs.<sup>69</sup> Nonetheless, the DOH's Responsible Parenthood and Reproductive Health (RPRH) reports also recognized resistance among local governments to administratively implement the national-level reproductive health agenda. The 3rd RPRH report,<sup>70</sup> for one, mentioned the "conflicting political stances" among LGUs as a main challenge in delivering reproductive health services, especially in cases where the national-local divide in service delivery was blurred. Furthermore, the 7th Annual Report<sup>71</sup> indicated that there was a decreasing trend in LGUs declaring reproductive health as their priority. For instance, controversy arose when Metro Manila banned the use of modern forms of contraceptives and family planning methods during the administration of former Manila Mayor Lito Atienza. Amidst the controversy, Manila City has continued to assert that the policy is still within the limits of the local government's powers in a devolved setup.<sup>72</sup> This sheds light on the downside of giving LGUs executive power over contentious topics, such as reproductive health, without adequate monitoring and accountability mechanisms for local executives.<sup>73</sup>

While the RPRH Reports released by the DOH demonstrated that the agency indeed has initiated capacity-building initiatives for LGUs to increase self-reliance, the outcomes of these capacity-building initiatives are not included in the reports. The lack of data on the disaggregated spending of LGUs on adolescent SRH service provision indicates that LGUs need to be capacitated for better monitoring and

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69 Department of Health, *The First Annual Consolidated Report on the Implementation of the Responsible Parenthood and Reproductive Health Act of 2012 (R.A. 10354)*, (Manila: Department of Health - Philippines, 2014), <https://doh.gov.ph/wp-content/uploads/2023/09/1st-Annual-Report-on-the-Implementation-of-Responsible-Parenting-and-Reproductive-Health-Act-of-2012-2014.pdf>

70 Department of Health and Commission on Population, *3rd Annual Report on the Implementation of the Responsible Parenthood and Reproductive Health Act of 2012*, (Manila: Department of Health - Philippines, 2017), <https://doh.gov.ph/wp-content/uploads/2023/09/3rd-Annual-Report-on-the-Implementation-of-Responsible-Parenting-and-Reproductive-Health-Act-of-2012-2016.pdf>

71 Department of Health, and Commission on Population, *7th Annual Report*.

72 Romeo B. Lee, Lourdes P. Nacionales, and Luis Pedroso, "The influence of local policy on contraceptive provision and use in three locales in the Philippines," *Reproductive Health Matters* 17, no. 34 (2009): 99–107. [https://doi.org/10.1016/s0968-8080\(09\)34472-9](https://doi.org/10.1016/s0968-8080(09)34472-9)

73 Ulep et al., *An Assessment*.

evaluation.<sup>74</sup> The need to include a sustainable capacity-building mechanism is exhibited in the *2nd RPRH Report*,<sup>75</sup> where only 74 percent of LGUs performed quality assessment on the reproductive services in their locality. The *4th RPRH Report*<sup>76</sup> also showed that only 817 out of 1,634 LGUs had the mechanism to track unmet needs for family planning. In the same report, only 992 out of 1,634 (60.71 percent) LGUs have trained personnel to deliver family planning services—all indicate gaps in service delivery.

Amidst the gaps in LGU commitment to reproductive health in general and adolescent SRH in particular, Option 3 (capacitating LGUs) is given two new and important developments in service delivery: the Universal Health Care (UHC) Law in 2019 (RA No. 11223) and the *Mandanas-Garcia Ruling* in 2022.<sup>77</sup>

### The Mandanas-Garcia Ruling and UHC Law

The *Mandanas-Garcia Ruling* and the UHC Law materialized only under the administration of former President Rodrigo Duterte. The UHC Law mandates the DOH and Philippine Health Insurance Corporation (PhilHealth) to support LGUs in financing capital investments and population-based health services. The UHC Law also requires the creation of a Special Health Fund (SHF) that LGUs can opt to use for local health services. However, the COVID-19 pandemic has stalled the implementation of the *Mandanas-Garcia Ruling* and the UHC Law. Therefore, the two funding sources are not woven into the RPRH Law and other current initiatives on adolescent SRH.

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74 Abrigo et al., “Process Evaluation”; Matus and Nieva, “Implementation Lessons.”

75 Department of Health, *The 2nd Consolidated Report on the Implementation of the Responsible Parenthood and Reproductive Health Act of 2012 (R.A. No. 10354)*, (Manila: Department of Health - Philippines, 2015), <https://doh.gov.ph/wp-content/uploads/2023/09/2nd-Annual-Report-on-the-Implementation-of-Responsible-Parenting-and-Reproductive-Health-Act-of-2012-2015.pdf>

76 Department of Health, *4th Annual RPRH Report*.

77 To read about the ruling, see *Mandanas v. Garcia*, 835 Phil. 97, 3 July 2018, <https://elibrary.judiciary.gov.ph/thebookshelf/showdocs/1/64325>

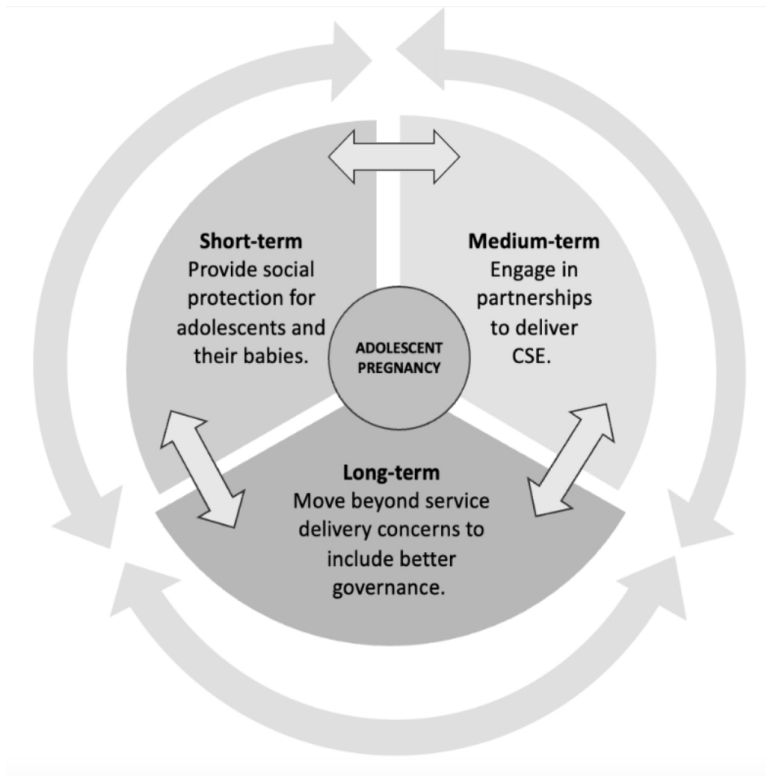
Complementing the SHF is the increased LGU internal revenue allotment (IRA) assured by the Mandanas-Garcia Ruling. Starting in 2022, LGUs' IRAs are projected to increase by 27.61 percent compared to the average 40 percent of national internal revenue given by BIR.<sup>78</sup> This is a timely domestic resource mobilization for enhanced local SRH services. The Mandanas-Garcia Ruling, therefore, not only recognizes but also upholds the necessity for LGUs to make contextual fiscal decisions that may be more effective than a top-heavy, one-size-fits-all template. With more funding for LGUs, a policy roadmap with clear short-term, medium-term, and long-term goals can now be glimpsed (see Figure 2).

In the short term, the government can ensure the availability of SRH information and contraceptives, as well as cushion the socioeconomic impacts and health threats of adolescent pregnancy. In the medium term, designing comprehensive sex education materials that are compliant with national and international standards can be achieved, alongside their delivery to a multisectoral audience, including parents and teachers. Finally, in the long term, a governance and service delivery framework founded on LGU collaboration can be set up. In this framework, LGUs share information on policy learnings, including best practices and challenges. These initiatives in the short, medium, and long term are part of a policy package that needs to be implemented simultaneously.

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78 John Glen S. Sarol, "DILG Says Complete Devolution under Mandanas-Garcia Ruling to be Completed in 2024," University of the Philippines Los Baños, 12 February 2022, <https://uplb.edu.ph/all-news/dilg-says-complete-devolution-under-mandanas-garcia-ruling-to-be-completed-in-2024/>





■ Figure 2. Policy package pursuant to Option 3.

The UHC Law and the Mandanas-Garcia ruling, despite being stalled by the COVID-19 pandemic, represent recent developments that have begun in a positive direction. Plans have been made to address and enhance the implementation of the Mandanas-Garcia Ruling post-pandemic, and movements are underway to establish a “coordinating council”<sup>79</sup> for the UHC Law. Nevertheless, substantial work remains to be done. Beyond capacitating local government units fiscally and administratively to provide adolescent SRH services, accountability, and transparency mechanisms need to be firmly in place. This is especially crucial given the influence of the Church over policies tackling stigmatized issues such as adolescent pregnancy.

79 Ma. Teresa Montemayor, “PBBM Approves Coordinating Council for UHC Law,” Philippine News Agency, 24 October 2023, <https://www.pna.gov.ph/articles/1212393>

## VI. Epilogue

Addressing adolescent pregnancy in the Philippines has been complicated by the substantive, behavioral, political, and operational problem dimensions. Local governments in the Philippines are not yet capable enough to provide service delivery under a decentralized setup. While capacitating strategies have been put in place for LGUs, these strategies are still considered unsustainable because they are not woven into the decentralized structure of the healthcare system per se.

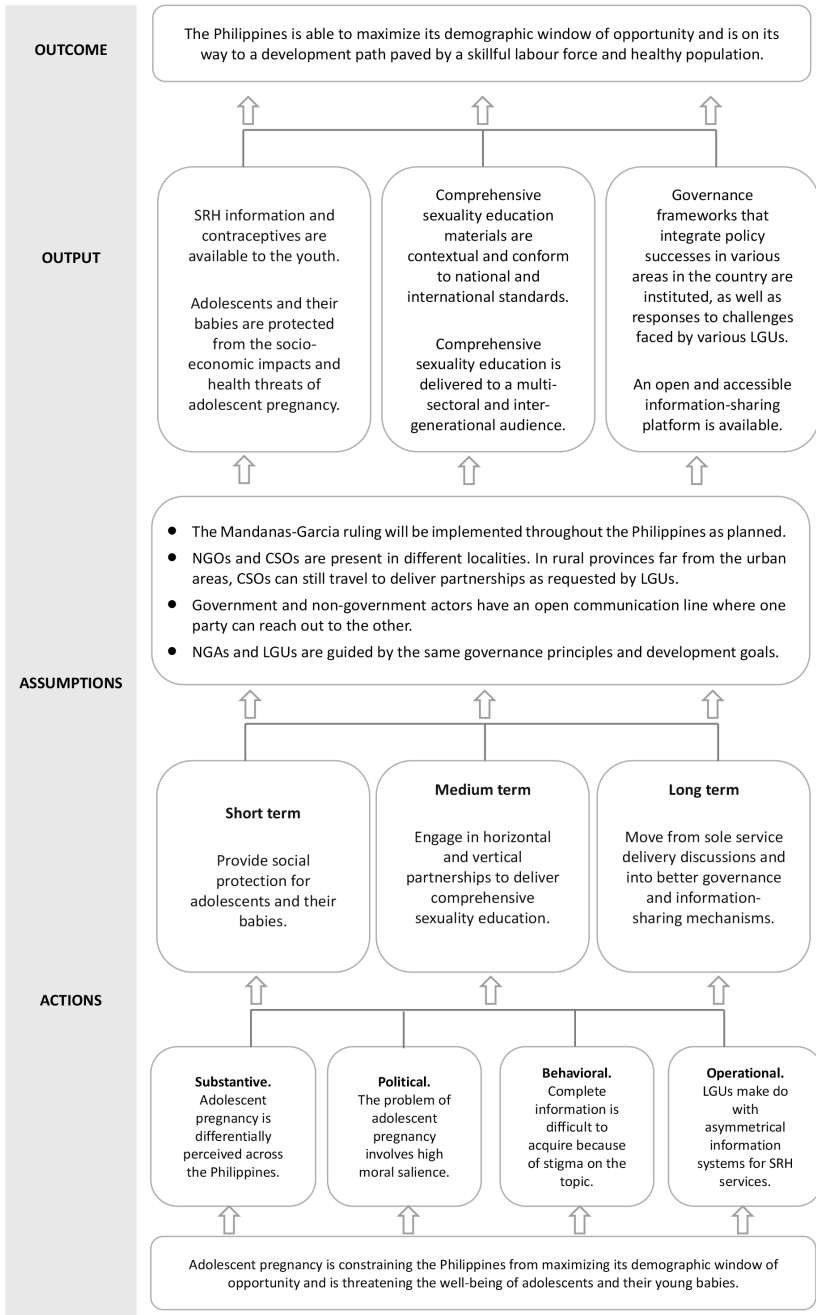
Nevertheless, the policy challenges outlined in this case study do not imply the impossibility of solving the problem. With sufficient and sustainable policy design, implementation practices, and monitoring and evaluation mechanisms, the Philippines can maximize its demographic window of opportunity and be on its way to a development path paved by a skillful labor force and healthy population. The following big questions still face policymakers as they move forward: How will decentralization be used to leverage efficient service delivery of SRH at the local level? In a post-pandemic world, what kinds of amendments and adjustments are needed for the UHC Law and the Mandanas-Garcia ruling? How can LGUs respond adequately to national standards and engage unilaterally with each other despite their different contexts? How will religious institutions be engaged to manage opposition on scientifically proven and data-driven interventions on highly stigmatized issues?

The adage goes, “It takes a village to raise a child.” Similarly, it takes a whole-of-society approach to tackle adolescent pregnancy, where government and non-government actors work together to assure the success of a policy, especially on an issue with high moral salience.

## Exhibit

| Concept Dimension  | Incomplete Information/<br>Information Asymmetry  | Transaction Costs   | Credible Commitment   |
|--------------------|---|---|---|
| <b>Substantive</b> | <p>Existing measures and studies surrounding adolescent pregnancy do not paint a perfect information landscape.</p> <p>Different social groups view the problem differently depending on the information that they have. Some data may not be equally applicable to the whole Philippine archipelago due to cultural and geographical differences.</p>                                    | <p>Designing a policy for a problem differentially perceived and felt by various institutions across the country will entail high transaction costs.</p>  | <p>Credible commitment is crucial given that the enactment of national policies on adolescent pregnancy will also contribute to many of the country's development goals.</p>                                |
| <b>Political</b>   | <p>Information on the number and extent of groups supporting and denouncing a particular social policy would be necessary.</p> <p>The religious sector and policymakers may have different interpretations of the moral implications of policies on adolescent pregnancy. This difference depends on the information that they use and their biases.</p>                                  | <p>Negotiations among policymakers and religious groups result in high transaction costs, especially because adolescent pregnancy involves high moral salience and the Philippines has an active civil society.</p>                 | <p>Credible commitment is hampered by politicians' accommodation of religious sentiments.</p>   |
| <b>Behavioral</b>  | <p>Information on what happens inside the family is difficult to acquire, even for policymaking purposes, because of the stigma surrounding the topic.</p> <p>The necessary policy approach to adolescent pregnancy will be differently advocated by various groups and institutions. The difference lies in whether the problem is perceived as a private trouble or a public issue.</p> | <p>Transaction costs reflect the need to ensure that target groups are open enough to talk about the topic, as well as to maintain checks and balances against the religious and moral biases of concerned government agencies.</p> | <p>There is little to no credible commitment among Philippine institutions on the behavioral dimension of adolescent pregnancy. This may be due to high transaction costs that are political in nature.</p> |
| <b>Operational</b> | <p>The lack of SRH service and the provision to require parents' consent restrict policymakers and adolescents from getting complete information about adolescent pregnancy.</p> <p>Local governments will utilize asymmetrical information systems because they have different experiences and needs surrounding adolescent pregnancy.</p>   | <p>Transaction costs are high given the decentralized healthcare sector in the country.</p>   | <p>The limited funding and administrative constraints on adolescent SRH services generate low credible commitment.</p>  |

■ Exhibit 1. Four dimensions of adolescent pregnancy. Table prepared by the authors.



■ Exhibit 2. A theory of change to address adolescent pregnancy in the Philippines, prepared by the authors.

## Annex 1: List of acronyms

| Acronym    | Full Title   |
|------------|--|
| CEDAW      | Convention on the Elimination of Discrimination Against Women  |
| CRC        | Convention on the Rights of the Child                          |
| CSE        | Comprehensive sexuality education                              |
| CSO        | Civil Society Organization                                     |
| DepEd      | Department of Education  |
| DOH        | Department of Health   |
| DSWD       | Department of Social Welfare and Development                   |
| ESCAP      | Economic and Social Commission for Asia and the Pacific        |
| IRA        | Internal Revenue Allotment                                     |
| IRR        | Implementing Rules and Regulations                             |
| LGC        | Local Government Code  |
| LGU        | Local Government Unit  |
| NGA        | National Government Agency                                     |
| NNC        | National Nutritional Council                                   |
| PhilHealth | Philippine Health Insurance Corporation                        |
| PSA        | Philippine Statistics Authority                                |
| POPCOM     | Population Commission  |
| RPRH Law   | Responsible Parenthood and Reproductive Health Law Act of 2012 |
| SDG        | Sustainable Development Goals                                  |
| SHF        | Special Health Fund  |
| SRH        | Sexual and Reproductive Health                                 |
| TRO        | Temporary Restraining Order                                    |
| UHC Law    | Universal Healthcare Law                                       |
| UNFPA      | United Nations Population Fund                                 |
| WHO        | World Health Organization                                      |
| YAFS       | Young Adult Fertility and Sexuality Survey                     |

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