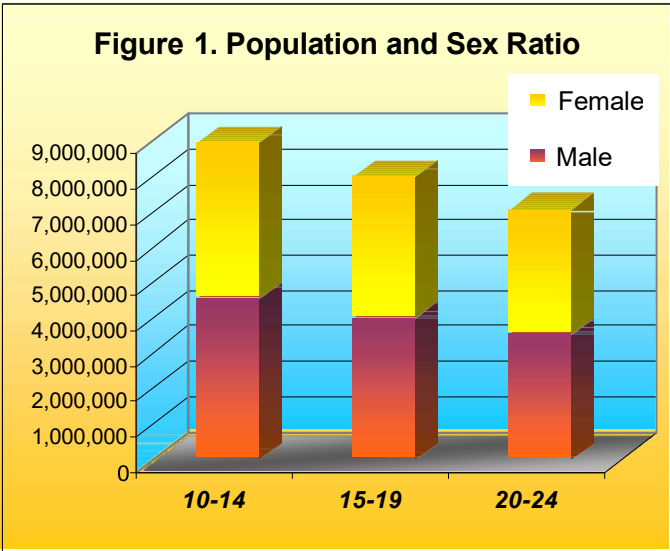


CHAPTER III: Status of adolescents’ reproductive health

3.1 Demographic characteristics

The Philippines has a total population of 76.5 million (National Statistics Office (NSO) 2000). Its average annual growth rate is 2.36%, making it one of the fastest growing populations in the Western Pacific Region. Of this population, 23% is between the ages of 10 and 19 and 20% are between 15 and 24. The high fertility rate in the past has created a young age structure with the median age at 21 years. As pointed out by Xenos and Raymundo (1999), the Philippines is in the midst of a “youth bulge,” a transitory but important demographic expansion.

Adolescents aged 15 to 19 years old are more likely to live in urban areas than those ages 10 to 14 years, and this trend is more pronounced among girls than among boys (NSO 2002). As to their educational attainment, 75% of 15 to 24 year-olds reached at least the high school level in 1994. This number increased to 85% in 2002 (Raymundo 2002). A survey conducted by the Social Weather Station (SWS) and the National Youth Commission (NYC) in 1997 indicated that six out of 10 Filipino youth reached or finished high school or vocational training. According to the same survey, 24% had some college education and 16% had at most elementary education.



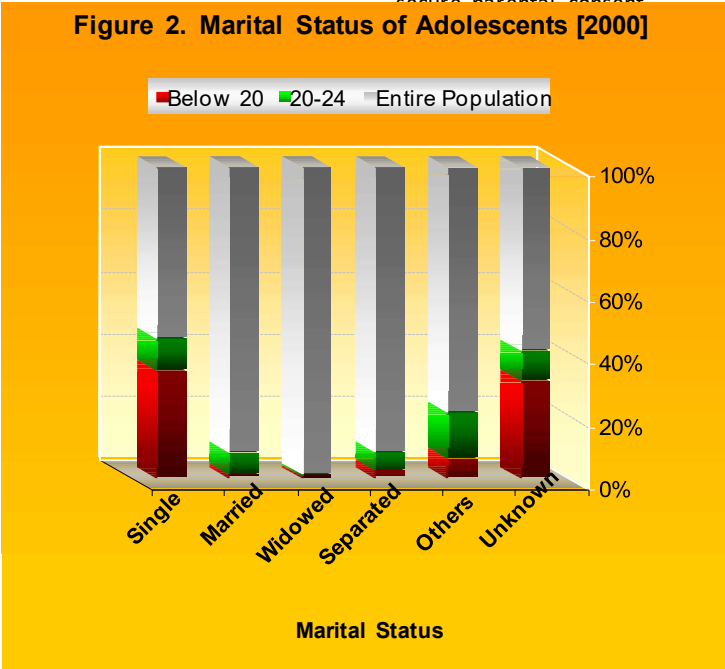
It was noted that young females have consistently shown better educational attainment than young males (NYC 1998).

The YAFS II (1994) reported that 32% of the elementary-educated females were already mothers. By contrast, only 13% of college-educated females aged 15 to 24 were mothers (NSO and Macro International 1994; cited in Varga 2003). The YAFS II pointed out that more than one- quarter of all women began childbearing by age 20 (Balk and Raymundo in Cabigon 1999).

More than half of the female population

belongs to the reproductive age group. Out of the 38 million females in the Philippines, the total population of women of childbearing ages (15 to 49 years) is 19.4 million or 51.04%. National data also show that more than one third or 36% of young women conceive before marriage (State of the Philippine Population Report 2000, POPCOM).

According to the Family Code or Related Provisions of Executive Order 209, men and women can marry when they reach the age of 18; however, even when parties between 18 and 21 years old can legally marry, they still need to secure parental consent



(Pangalangan 1995). The average marrying age is 23.9 for males and 21.6 for females (Perez et.al. 1995). The SWS-NYC survey revealed that about six out of 10 Filipino youth are single and about one third are married. A small proportion, 2%, claimed that they were living with a partner (Sandoval 2000).

Based on a 1998 NYC report, about 12 million youth were either employed or actively looking for employment (POPCOM 2002). In 1995, 60% of

males aged 20 to 24 were in the labor force and 40% of young females were working. While data show that more men were employed, “these figures represent an 18% decline among males between 1970 and 1995 and 33% increase among the females” (Xenos and Raymundo 1999).

3.2 Growth and development

3.2.1 Nutrition

Based on the 2000 study of the Food and Nutrition Research Institute, Department of Science and Technology (FNRI-DOST), 33 out of every 100 adolescents among the 11 to 19 age group were underweight and 24 were underweight for their height (*Talkpoint, 15 June 2002*).

Because of poverty and malnutrition, the Philippines ranks fifteenth on the list of countries that have high rates of stunted children, which is considered to be three out of 10 children (UNICEF as cited in *Talkpoint, 15 June 2002*). “Both male and female adolescents have high iron requirements because of developing muscle mass during adolescent growth and, in females, iron loss during menstruation (*Talkpoint, 15 June 2002*).”

3.2.2 Menarche

Menarche refers to the onset of menstruation, which signifies a girl’s transition to another stage of the life cycle. It carries with it greater responsibility. It signals the female body’s reproductive capacity and predisposes the individual to be sexually receptive (Perez n.d.). Data from YAFS II (1994) revealed a slight decline in the number of young women who menstruated before age 13, compared to the number recorded in 1982. The mean age of menarche in the Philippines, however, has not changed much (13.32 in 1994 to 13.44 in 1995) (Diaz in Ogena 1999). In 1994, about 70% of young Filipino women between ages 13 and 19 became physiologically mature for reproduction (Ogena 1999).

Reduced age of menarche appears related to early sexual activity. The age of menarche estimated from YAFS I (1982) was 13.3, which was two and a half years less than the estimate in 1948 (16.2 years). This change has been attributed to improvements in food technology. One study suggests that the earlier the onset of menarche, the younger a woman may be at the age of marriage and the age of first pregnancy (Liboro n.d.).

3.2.3 Fertility

The total fertility rate (TFR) in the Philippines gradually declined from 5.97 in 1970 to 3.73 in 1996. Despite this reduction in TFR, young adult mothers' particular contribution to the TFR has increased from about 27% in 1980 to 30% in 1996. Moreover, statistics show that young women below 20 years old accounted for 36.3% of the total births in the country in 1989 and 35.1% in 1992 (Diaz in Ogena 1999).

3.2.4 Sexual experiences

Homosexuality. Many people in Philippine society still find it difficult to accept male and female homosexuals. Homosexuality in adolescence has been classified under "identity disorder" (Ladrigo-Ignacio in Ogena 1999). Even with negative connotations, homosexual activity continues among Filipino youth.

Data from the YAFS II (1994) showed that 5.1% of the male and 1.8% of the female respondents reported being involved in homosexual activity. However, actual homosexual activity was still low compared to homosexual attraction (Padilla in Ogena 1999). More females than males admitted to same-sex attraction (13.6% of single females and 10.8% of married females compared to 6.2% of single males and 5.5% of married males).

A 1997 SWS-NYC survey reinforced this observation. Based on the results, 5.7% of youth aged 15 to 30 or an estimated 1.2 million people claimed to have experienced homosexual relations, with more males involved in homosexual relations than females (Sandoval 2000). Rural areas had higher levels of homosexuality than urban areas. In less urbanized areas, 10.3% experienced homosexual attraction and 5% were involved in actual homosexual sex. By contrast, only 9.7% experienced same-sex attraction and 2.5% engaged in homosexual sex in urban areas (Ogena 1999). YAFS III (2002) reported that 5% of sexually active boys had sex with boys and less than 1% of females had sex with other females.

Based on these studies, it can be surmised that since the mid-1990s,

young male adolescents have had a higher rate of homosexual activities than young female adolescents.

Sexual debut. As early as 1981, studies indicated that adolescents were experiencing their sexual or coital debut at a younger age. A 1981 study among female senior college students revealed that almost all of the girls lost their virginity before age 21(Rimando in Perez n.d.).

The YAFS I (1982) found that the median age of first premarital sex (PMS) was about 18 years for young women and 21 years for her male partner. Nine of every 10 girls had their first PMS with their boyfriends or fiancés, suggesting that PMS is likely to occur for the first time within committed relationships that may eventually lead to marriage. Among females, about 21% said they had serious relationships or intimate relationships, while 38.6% of males said the same (Xenos, Raymundo and Berja in Cabigon 1999). A popular venue for the first sexual encounter was the respondent's home or his/her partner's home (Ogena 1999).

Similar results were found by the YAFS II (1994). The average age of sexual debut of boys and girls was 18. As with the previous findings, the home was where most females had their initial sex

encounter with their boyfriends. However, unlike the previous survey, the YAFS II (1994) observed that the first sexual encounter of most male respondents took place in motels with persons they had no romantic attachment to.

The majority of those who had PMS said the first sexual encounter was a spontaneous event. Among the respondents, 55% said that it was something they did not plan, but they went along with it while 43% said that it was something that they wanted to happen at that time (YAFS III 2002).

Sexual debut among adolescents, therefore, takes place between the ages of 18 to 21. Females have sex with boyfriends or fiancés, while males are more inclined to have sex with someone they are not romantically involved with. The sexual encounter often happens in homes, although a segment of the young male population opts for motels. Also, sexual debuts are mostly spontaneous or unplanned events.

Premarital and early sex. Based on a number of studies, the number of young adults engaging in PMS has steadily increased. YAFS I (1982) reported that about 12% of young female adults had engaged in premarital sex. YAFS II (1994) noted that the

number of adolescents aged 15 to 24, including males, who had PMS was 18% or 2.2 million. YAFS II also noted that the “premarital sexual experience among Filipino youth indicates that generally once one gets initiated to PMS, a ‘repeat’ either with the same partner or with another is more likely.”

The SWS-NYC survey found in 1996 that 13% (2.7 million youths aged 15 to 30) of Filipino youths have engaged in PMS. In 1997, the number rose to 17% (3.6 million youths aged 15 to 30) (Sandoval 2000:3). Based on the 1996 survey, about 1.5 million of the 15 to 24 age group had PMS. The estimate in 1997 was 2.3 million. In 2001, POPCOM, in its State of the Philippine Population Report 2000, also reported that about 1.8 million Filipino males and 670 000 females aged 15 to 24 were sexually active.

The YAFS II (1994) found that while 18% of 15 to 24 year-olds in 1994 had experienced PMS, the corresponding figure for 2002 was 23%. This increase indicated that engaging in sex before marriage is becoming more common among young Filipinos.

It was also observed that marital status is significantly associated with PMS. “The percentage of those reporting

premarital sex experience is 12.4% among single youth compared to a higher 23.9% among ever-married youth, indicating that somehow, PMS experience initiates or accelerates the process of marriage” (Xenos, Raymundo and Lusterio in Sandoval 2000).

There is evidence that the PMS among the youth increases with age. A study conducted by McCann-Erickson in 2000 found that: 5% of 13 to 15 year-olds had PMS; 18% of 16 to 18 year-olds had PMS; and 33% of 19 to 21 year-olds had PMS. The results of the SWS-NYC survey in 1996 and

Table 6. Premarital sex (PMS) among youth, YAFS III, 2002

Age Group	% of PMS Prevalence
15-19	12
20-24	40
25-27	47

1997 were similar (Sandoval 2000). The YAFS III (2002) findings indicated that 12% of 15 to 19 year olds were sexually active, 40% of 20 to 24 year olds were sexually active, and 47% of 25 to 27 year olds were.

A gender differential is also noticeable. More males (25%) are engaging in PMS than females (11%) (McCann-Erickson 2000). Before the YAFS III (2002), 22% of the boys and 8% of the girls

had had sex at age 18 while 45% of the boys and 18% of the girls had had sex at age 21 (Cabigon 1999). In 2002, the YAFS III showed that young men consistently had more PMS (35%) than women did (19%). However, the 2002 finding showed that the women's level of PMS was catching up with that of the men's. In 1994, young men's PMS prevalence was 25% while that of young women was 11%.

It is more likely that urban adolescents will engage in PMS than their rural counterparts will. The likelihood in urban areas was 23.1% and in rural areas it was 10.7% (Sandoval 2000). In 2000, Mindanao had the highest rate of PMS (24%), followed by the National Capital Region (NCR) (21%), Visayas (18%) and Luzon (14%). Another survey reported that the incidence of sexual intercourse in Metro Manila decreased from 32% in 1992 to only 21% in 2000 (McCann-Erickson 2000). Findings of the YAFS III (2002), on the other hand, revealed that young adults from the NCR and Eastern Visayas posted the highest percentage of PMS experience (35%). Less PMS activity was found among young people from the regions of Western Mindanao (19%), Cagayan Valley (16%), and Autonomous Region of Muslim Mindanao (ARMM) (12%).

Those belonging to Class C or middle

class social status showed the highest rate of PMS (30%), followed by class AB or upper class (25%) and Class D or lower class (17%). Adolescents with higher education tended to engage in PMS more or report actual experience (McCann-Erickson 2000; Sandoval 2000).

In sum, various studies have showed an increase in the number of youths engaging in PMS. The percentage of sexually active young adults increases with age. Males are more likely to engage in PMS. Also, those living in urban areas report higher levels of PMS compared to those in rural areas. Data also indicated that PMS initiates or accelerates the process of marriage. A look at social status and educational attainment showed that Class C had the highest rate of PMS and those with more education tended to report higher levels of PMS.

Despite the data, the perception is that "Filipino young adults are quite conservative in terms of prevalence and the timing of their first sex act compared to Western standards," when compared to the PMS prevalence data for unmarried Americans (Ogena 1999). In fact, a UPPI press statement on this subject stated that "the premarital sex behaviour of young Filipinos can still be considered conservative when

compared to the levels found in developed countries and some other countries in the Asian region” (Raymundo 2002).

Experience with multiple sex partners. “While the majority of sexually active young Filipinos stick to one sexual partner, data show that an estimated 34% have multiple sex partners. This represents about 1.6 million of the country’s 15 to 27 year- old population. More than half of males engaging in PMS reported having more than one partner. The comparative levels for females was only 9%” (YAFS III 2002).

Dating as venue for sexual activity. Studies conducted in the late 1960s and 1970s showed that dating was becoming a venue for sexually-related activities. For instance, “a much earlier study by Abanes (1969) on the dating habits of boys in two big Manila universities reported that sexual intimacies form part of the males’ expectation from dating.” This showed that adolescents engaged in sexual activities other than intercourse (Perez n.d.).

Another study in 1977 revealed that “common forms of intimacies such as kissing, necking or petting are expected in dates, which make modern day dating among the young a source of sexual

gratification.” In this study, of the 2117 dating adolescents from nine major ethnic groups, the majority stated that dating was not just a socializing experience, but rather an erotic one. Nearly one-third had oral, breast, and genital stimulation, most often done in movie houses. And in a study of 5350 adolescent students from nine ethnic groups, about 5% of dating females and 17% of dating males admitted having gone as far as sexual intercourse with their dates (CYRC (1977) as cited in Perez n.d.).

Similarly, YAFS II (1994) findings suggested that 9.7% of respondents engaged in sexual intimacies and 2.9% “go all the way” on their first date. And “as dating became a more regular activity among the youth, intimacies heightened. This resulted in an increase in the corresponding proportions of the youth engaging in petting and sexual intercourse, 16.3% and 8.1%, respectively” (De Guzman in Ogena 1999). McCann-Erickson (2000) found that the average age for a youth to go on a one-on-one date was 15.7 for males and 16.4 for females.

3.2.5 Marriage

Although one out of five Filipinos is married by age 19, the rate of teen marriage appears to have declined slightly from a decade earlier (Balk and

Raymundo in Cabigon 1999). The Alan Guttmacher Institute (AGI 2000) reported that based on the 1998 National Demographic Survey (NDS) more than one in four young women entered their first marriage before age 20. Over half of less-educated women do so. Poorer and rural women also marry at younger ages (Balk and Raymundo in Ogena 1999). Close to half of young women in the Eastern Visayas, Central Mindanao and ARMM also marry before age 20. Most married youths say that they began their unions either by living-in or by eloping, both of which are considered a premarital period (Cabigon 1999).

Data show that “contemporary Filipino youth are marrying later than their earlier counterparts” (De Guzman in Ogena 1999). The number of years spent as a single person has increased from 24.8 years in 1980 to 26.6 years in 1995 among males. Among females, it has also increased from 22.4 to 24.1 during the same period. Males have married later than females by an average of 2.5 years. This gap is attributed to the differences in gender roles and expectations associated with marriage (Ogena 1999).

One researcher observed that “today, fewer women marry in their teens compared to a generation ago, whether

they reside in the rural or urban areas or in any of the major islands of the country. Among the less educated ones, however, there is no difference between present and older generations” (Cabigon 1999). While less-educated women marry earlier and have more children by age 25, better-educated women marry later but tend to catch up in terms of number of children with shorter birth intervals” (State of the Philippine Population Report 2000, POPCOM).

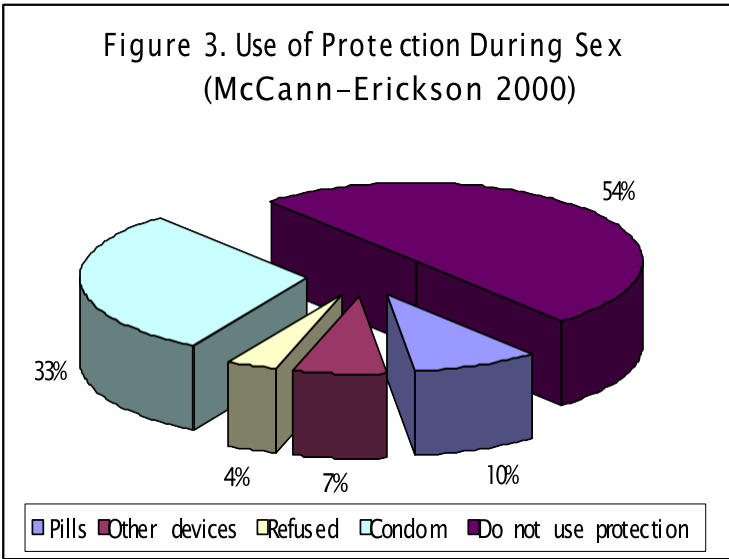
3.2.6 Contraceptive use

Contraceptive use is low among sexually active adolescents. In the 1993 McCann- Erickson study, only 49% of the youth use protection when having sex. Condoms are used most often (29%), followed by the pill (11%), and then other devices (4%). In 1994, YAFS II revealed that of the 2.5 million Filipinos aged 15 to 24 who engage in PMS, 74% or about 1.8 million do not use any method to prevent pregnancy, and majority of this number, 1.67 million, are unwilling and unprepared to become parents.

The 1998 NDS also shows that contraceptive use, especially of modern methods, is low among Philippine teenagers regardless of their residence, education and region (AGI in Cabigon 1999). About two out of five sexually active adolescent women have an unmet

need for contraception regardless of their residence, education or region (Cabigon 1999). followed by pills (10%) and others (7%). About 4% refused to use any contraceptive method.

According to the State of the Philippine Population Report 2000, “many adolescents engage in premarital sex without adequate knowledge of means of avoiding pregnancy and STI.” The report cited that among sexually active adolescents, 74% do not use any form of contraception. Also, 78% of sexually active male adolescents have never used a condom (POPCOM 2001). Contraceptive use has changed little recently, as seen in the findings of the YAFS III (2002) study. The study confirmed previous observations that most sexually active young people are not aware of safe sex practices. Only 19% of the respondents used any contraception to protect themselves against the risk of pregnancy or STI the first time they had sex. Contraceptive use is higher among boys than among girls. Young boys are more inclined to use a contraceptive method during their first encounter than subsequent ones. Girls are likely to be unprotected the first time, but are more careful in succeeding sexual contacts. As indicated in the



YAFS III (2002) results, 62% of women reported that they did not use any contraception during their first sexual experience, while 25% of the males reported the same.

Notably, non-use of contraceptives was highest among the younger ages (15 to 19) at 24%. Among the 25 to 27 year olds, only 14% reported using any type of contraception during their first premarital sex experience. This may be because the majority of first sexual experiences were spontaneous but succeeding sexual episodes were also unprotected. As shown in the YAFS III (2002), the majority of the most recent sex episodes for women (70%) and men (68%) were not protected. Only about a third of young adults who had never married and had PMS used contraception during their sexual initiation. This was higher than the contraceptive use practice of all categories of youths who are in union (e.g. 12% among currently married and 11% among those in living-in). In terms of methods commonly used, 40% relied on withdrawal, 26% used condoms, and 13% used pills (YAFS III 2002).

In sum, contraceptive use is low among the Filipino youth. It is common for PMS experiences to be unprotected. Condoms, pills and withdrawal are the most commonly used contraceptive

methods. Young women are likely to be unprotected the first time they have sex, but are more likely to use contraception in succeeding sexual experiences; the reverse is true among males. Non-use of contraceptives was found to be highest among younger ages.

3.2.7 Early pregnancy

In terms of teenage pregnancies, Dr. Aurora Perez, Associate Professor at the UP Population Institute, stated that “a most dramatic change in contemporary Philippine social conditions is the earlier initiation of sexual activity which without guiding knowledge can in turn lead to accidental or unplanned or even unwanted teenage pregnancies” (Perez n.d.). Twenty percent of births to married women in 1973, for instance, were premaritally conceived (Zablan in Perez n.d.). In 1977, 39% of births to respondents of a KAP survey in Metro Manila were to women aged 15 to 24, and over half (54.6%) of illegitimate births were to women in the same age group (Mataragnon in Perez n.d.).

In 1985, data from the Philippine Health Statistics show that 8.6% of total live births (1 437 154) were to younger Filipino women. Many of these births (6.7%) were to women aged 15 to 19 (Perez n.d.). Between 1984 and 1988, 80% of young mothers belonged

to the 17 to 18-year-old age bracket. Of this, 60% were single and 40% married (Liboro n.d.).

The YAFS II (1994) found that more than one-quarter of all women had begun childbearing by age 20 (Balk and Raymundo in Cabigon 1999). The 1998 NDS reported that 20% of females were married by age 19 and nearly 60% were married by age 24. National data also showed that more than one third or 36% of young women conceived before marriage (POPCOM 2000).

There is a clear relationship between education and pregnancy. In a study conducted by the AGI (2000), findings showed that two out of every 10 young women gave birth before age 20. Among less-educated women, that number increased to four out of 10. Less-educated women were more likely to become pregnant during their teen years than their better-educated counterparts (Cabigon 1999). Out-of-school youth, estimated to be 5.5 million and mostly concentrated in urban areas, faced a higher risk of teenage pregnancy (State of the Philippine Population Report 2000).

Rural women start childbearing at younger ages than urban women do (Balk and Raymundo in Cabigon 1999;

POPCOM 2000). Compared with their urban counterparts, rural teenagers are twice as likely to become pregnant (11% versus 5%). Also, less-urbanized regions of ARMM, Western Mindanao and Eastern Visayas have the highest percentage of teenage mothers, while Metro Manila has the lowest (POPCOM 2000).

Early pregnancy is disturbing because of the health problems associated with it. "One of the major reasons why girls aged 15 to 19 die isn't drugs, alcohol, or drunk driving, but complications related to pregnancy. Filipino teenage mothers account for 20% of all maternal deaths in the country and 17% of fetal deaths are attributed to teenage mothers" (Tripon 2000).

The adolescent female reproductive system may not be fully developed and able to withstand birthing, which may result in a rupture and other health complications. Another problem associated with early pregnancy is having a breech birth, which is twice as frequent among teenagers as among the general population (Liboro n.d.). Also, four months postpartum, half of all 15 to

24 year old mothers resume menstruation, making them at risk of becoming pregnant again (Balk and Raymundo in Ogena 1999).

3.2.8 Abortion

Abortion is illegal in the Philippines, but that does not stop it or discussions about it. In fact, the incidence of abortion is increasing. It is estimated that about 400 000 abortions are performed every year (TUCP 2003). In a study of hospital cases of abortion complications, 36% involve young women (15 to 24 years old). Moreover, 17% of women in the reproductive ages of 15 to 44 in Metro Manila have had at least one abortion. Metro Manila currently has the highest abortion rate and ratio in the country. Complications from abortion are one of the leading causes of admission to government hospitals (Philippine Population Research for Policy Initiatives, Series 2001).

3.2.9 STI, Reproductive Tract Infections (RTI), HIV/AIDS

According to the Health Action Information Network (HAIN) in its HIV/AIDS Philippine Country Profile 2002, the Philippines has a relatively low prevalence rate of STI and less than 1% of adults are infected with HIV. Compared to other countries, such as Zimbabwe, which has an adult infection rate of 33.7%, the Philippines has a low rate. HAIN added that the HIV/AIDS epidemic in the Philippines has been described by public health experts as

‘low and slow,’ with estimates of 13 000 infected Filipinos. As of December 2002, the cumulative number of reported HIV cases was 1796. Of these infections, 1210 were asymptomatic and 586 were AIDS cases. Data from the National HIV Sentinel Surveillance (NHSS) showed that 85% of reported infections were acquired through sexual contact and the highest HIV infection rates were found in people aged 20 to 49 years old. Also, the HIV/AIDS registry shows that most cases of HIV infection among females happened at a younger age compared to males. About 47% of infected females are between 20 to 29 years of age and about 38% of infections in males occurred between 30 to 39 years.

Five groups in the country have been identified as most susceptible to HIV: women, young adults, men who have sex with men, sex workers and overseas Filipino workers (HAIN 2002). A 1999 study on STI/RTI found that the prevalence rates of gonorrhea and chlamydia are higher among younger people. Young people are also at risk of serious complications from STI. Infection rates among the youth, especially among young men, indicate high-risk sexual behaviour and poor reproductive and sexual health awareness (HAIN 2002).

3.2.10 Related issues

Prostitution/commercial

sex. Among Filipino youth, 4.6% (estimated one million) have paid for sex and 3.1% (0.7 million) had been paid for sex. Those living in urban areas reported higher levels of paying for sex (6.6% versus 2.6%) than those in rural areas. Being paid for sex, however, does not vary significantly according to urban or rural residence (SWS-NYC 1997). Paying for sex tended to be higher in NCR than elsewhere. However, relatively few NCR residents reported being paid for sex. More males reported paying for sex and being paid for sex than females, indicating that males are more involved in commercial sex than females are. Those with lower education reported higher incidence of being paid for sex than those with higher education (Sandoval 2000).

Similarly, the findings of YAFS III (2002) found that among sexually active males, 20% have paid for sex and 12% have accepted payment for sex. Also, among the sexually active, more boys are involved in commercial sex practices. Among the girls, 1% reported having paid or been paid for a sexual favor.

It is of concern that 60% of 78% of sexually active male adolescents who had never used a condom also admitted to

having commercial sex (POPCOM 2000). Among those with commercial sex experiences, 30.6% had used a condom and only one-third of the males and a much smaller proportion of females (5.3%) reported using a condom (YAFS III 2002).

Experience with abuse and

violence. About 10% of the females who had PMS said that their first sexual experience happened without their consent (Ogena 1999). In the YAFS III (2002) data, 2% of those who had PMS said that their first sexual experience happened against their will. The YAFS II (1994) asked only young women about this, but the YAFS III (2002) covered both young men and women. About 4% of young women with sexual experience were forced into it the first time, while 1% of sexually active young men had a similar experience.

The Women's Crisis Center's document "Feminist Action Research on the Impact of Violence Against Women (VAW) on Women's Health (1995-1998)" reported that six out of 10 women said they were abused by their partners during their boyfriend-girlfriend relationship. This suggested that even in "not-so-permanent" relationships, women are vulnerable to abuse. The same research also revealed that 60% of rape survivors were forced

into early marriages or live-in arrangements with their assailants.

The 1997 SWS-NYC survey revealed that 6.8% or 1.4 million Filipino youth have had sex against their will or had been raped, while 3.0% or 0.6 million reported forcing somebody to have sex with them. Being raped and raping someone do not vary significantly according urban or rural residence. However, relatively fewer NCR residents reported experiences of being raped compared to those living farther from the nation's capital (Sandoval 2000).

A higher incidence of rape was observed in lower economic classes. The incidence of rape was 3.4% among 15 to 16 year olds and increased to 7.7% to 8.9% in the 22 to 30 age group. Those with less education reported a higher incidence of being raped and raping someone than those with more education. More males reported having raped someone (Sandoval 2000) than females did.

Substance use. A nationwide, school-based 2000 Philippine Global Youth Survey (PGYTS) showed that 42.8% of 11 630 high school student (sophomores to seniors) respondents tried smoking, 21.6% were current smokers, and 26.5% were likely to start smoking next year. Thirty percent of

adolescents, ages 13 to 15, in urban areas smoked and 40% of boys and 18% of girls were frequent smokers.

The YAFS III (2002) found similar practices, but the survey focused more on increasing risk behaviours among females. Results showed that smoking, drinking and drug use experimentation were on the rise among young Filipinas. While males engaged more in all three behaviours, analysis showed that the gender gap observed in 1994 is slowly narrowing. A bigger increase in the number of those who tried smoking, drinking and doing illegal drugs was found among young women (from 17% in 1994 to 30% in 2002). Also, the increase in drinking among young people has been mostly among females (65% versus 10% in males). The proportion of drug use among young females tripled from 1% in 1994 to 3% in 2002.

Meanwhile, 20% of males have tried using drugs, almost doubling the 1994 figure. Nearly half or 46% of the country's 15 to 24 year old population have tried smoking, representing an 8% increase from the 1994 level (38%). The nationwide survey also revealed that there was a significant increase in the youth's consumption of alcoholic beverages and use of illegal drugs. "In 1994, a little over half of Filipinos

ages 15 to 24 admitted to have tried drinking alcohol. This increased to 70% in 2002. Drug use among adolescents and young adults almost doubled from 6% who admitted using any form of illegal drugs in 1994 to 11% in 2002” (YAFS III 2002).

Smoking and doing illegal drugs appear to be temporary behaviours, but drinking is not. Of those who have tried smoking, four out of 10 continued the habit while one out of four who experimented with illegal drugs was addicted. Sixty percent of those who tried drinking alcohol still drink, whether on a regular or irregular basis. Youth drinking is attributed to aggressive marketing, advertising strategies and promotion of drinking as a social activity (YAFS III 2002).

The YAFS III (2002) also found that young females appeared to exhibit better judgment and did not continuously engage in risky behaviours. About 80% of females who smoked a cigarette never picked up the habit. Among males, 58% of those who tried smoking retained the habit. Only 40% of females who tried drinking alcoholic beverages were current drinkers, compared with 76% of males.

Alcohol (90%), jealousy (83.3%) and drug abuse (23.3%) were cited by

battered women as factors that aggravated or triggered abusive behaviour (Women’s Crisis Center (WCC) 1995-1998). Substance abuse can be a factor in committing violence or showing violent behaviour. In addition, illegal drugs have been identified, along with peer pressure and mass media, as factors that contribute to the youth’s relaxed attitude toward sex, which can lead to unwanted pregnancy (Kaufman 2003). The average age to start drinking alcoholic beverages was 15.7 among males and 16.2 for females. For smoking, the average age was 15.7 for males and 16.1 for females (McCann-Erickson 2000).

In sum, the rate of substance abuse among adolescents is rising. With regard to smoking, drinking and use of drugs, the gender gap is narrowing as more Filipinas experiment with risky behaviours. Smoking and doing drugs appear temporary, but not drinking. Females appear to exhibit better judgment by not continuously engaging in risky behaviours.

3.3 Knowledge

Youth who are in school know more about RH than out-of-school youth do. The YAFS II (1994) shows that in-school youth also know more about sex and are more realistic in discussing

it. Sex is more prevalent among girls than boys. Out-of-school youth, especially females, are having more sex and more RH problems (Raymundo et al. 1999).

With regard to sex education, focus group discussions (FGDs) conducted in Davao between 2000 and 2001 by Development People's Foundation Inc. (DPF) indicated that participants learned about sex from their peers or by viewing X-rated films on television. Some also learned about it from their parents who discussed sex while children were around. Mass media is still considered the most common source of information about sex (Diaz n.d.; Benares 2001; Badayos 2001). Media includes television, movies, magazines, advertisements, books, and radio. Less common sources are teachers, churches, and family.

3.3.1 Body changes

Studies conducted in Baguio, Southern Leyte, Apayao, Kalinga and Ifugao on adolescents' awareness of body changes during puberty found that young females notice acutely the onset of menstruation, development of breasts and widening of hips. Meanwhile, the most noticeable body changes among young males include the lowering of the voice, growth of Adam's apple, growth of hair (face and pubis) and firming of

the muscles (Cruz and Diaz 2001; Cabigon and Zablan 2001; Diaz n.d.; Zablan 1999).

The 1997 baseline survey in Cordillera Autonomous Region (CAR) noted that at least three-quarters of female adolescents and half of male adolescents were aware of changes in their bodies while growing up. When an IEC programme was implemented in 1997-2000, there was an increased awareness among both females and males about body changes (Zablan 1999).

3.3.2 Pregnancy and fertility

The 2000 Family Planning Survey conducted by the National Statistics Office showed that 20% of women aged 15 to 49 did not know when they are fertile during their monthly cycle. Only 14% of all women and 26% of those who used the calendar or rhythm method gave the correct answer, which is the middle of a woman's cycle. One-fifth of all women, though, believed that there is no particular time when women are at greater risk of getting pregnant.

Studies conducted in Davao, Baguio, and Southern Leyte showed that an average of 40% of adolescents believe that a woman can get pregnant with her first or only sexual intercourse. The majority

of them also agreed that a woman cannot get pregnant without having menstruated (Cruz and Diaz 2001; Cabigon and Zablan 2001; Benares 2001)

When shown a statement that read “a woman should wait at least two years before getting pregnant again,” 28.5% of adolescents agreed. More than 60% agreed that “one cannot become pregnant if contraceptives were used” (Cruz and Diaz 2001; Cabigon and Zablan 2001).

Two studies conducted in Baguio among high school students and barangay youth showed that there was a low level of awareness about when pregnancy is most likely to occur (Cruz and Diaz 2001). Only one respondent out of 729 got the right answer. Fifty-four percent of the students admitted that they did not know when pregnancy was most likely to occur. About 18% to 50% of adolescents believed that one is more likely to get pregnant seven to 10 days after menstruation. About 14% believed that seven to 10 days before menstruation is a high-risk period.

The 1999 UPPI study *The Impact of the Cordillera Administrative Region IEC Program on the RH Knowledge, Attitudes and Behavior of Single*

Adolescents supported these findings. In 1997 more adolescent girls (37.8%) than boys (30.8%) knew when ovulation was most likely to occur. By 2000, though, knowledge among adolescent boys increased to 37.1% and that of adolescents girls increased to 40.9%. This increase was attributed to an IEC programme that was conducted in the area over a three-year period. The results suggest that the programme was more successful in increasing awareness of ovulation among adolescent boys than among adolescent girls, but their awareness levels are still considered low.

3.3.3 Contraception and family planning

In the 1998 NDS survey of adolescents, 94.4% of 15 to 19 year-old girls who were never married had heard of a modern contraceptive method, but only 0.1% had used a modern method. The modern contraceptive methods of contraception include the oral contraceptive pill, intrauterine device (IUD), injections, diaphragm, spermicide foam or jelly, condom, female sterilization, male sterilization and implants (Population Council 2002). Of the married group, 96% of females aged 15 to 29 had heard of a modern contraceptive method, but only 19.3% had used one. On the other hand, men, married and single, did not indicate

any knowledge of or practice of contraception.

According to the NSO's 2002 Family Planning Survey, periodic abstinence and the calendar or rhythm methods were the most popular traditional methods and were used by almost 10% of married women aged 15 to 49. The same survey found that 99% of married women aged 15 to 49 had heard of at least one method of family planning. Nine out of 10 married women knew about the pill, IUD, condom and female sterilization, while about 8 out of 10 had heard of injectables, male sterilization, rhythm and withdrawal. Knowledge of injectables increased from 54% in 1993 to 89% in 1998.

According to the YAFS III (2002), 92% of all males have heard of condoms. The proportion is higher among sexually active males (98%) than among sexually inactive males (90%). Among sexually active men, there are no age differences in condom knowledge. However, among the sexually inactive men, 15 to 19 year olds are much less likely to know of condoms than 20 to 24 year olds. Single men who are sexually active are more likely to know about condoms than married men are. Those with greater education, regular media exposure, and exposure

to urban living are more likely to know about condoms, regardless of their sexual activity status.

The YAFS II (1994) data also indicated that most Filipino adolescents (84%) have heard of at least one family planning method. Yet, only 4% are knowledgeable about family planning. Their information sources include teachers, doctors, and the media (Raymundo et. al. 1996). It also found that over 90% of adolescents aged 15 to 24 believed that the government should provide FP services, and some 80% to 90% think it proper for these services to be offered to youth.

The survey also showed that some youth do not understand how to use particular contraceptive methods. For instance, 27% think that the pill is taken orally, either before or after sexual intercourse, and 17% think that tubal ligation is an object inserted into the female before intercourse (Raymundo et. al. 1996).

The pill is the most popular contraceptive method in Baguio, La Carlota, and La Castellana. The different studies conducted in the said areas revealed that about 41% to 86% of the adolescents surveyed said they had heard of this method. The condom was the next best known method (41% to 81%). Sterilization

procedures, the IUD, injectables, withdrawal, rhythm and ligation were the least known methods (Ogena 1999; Cruz and Diaz 2001; Diaz n.d.; Benares 2001). A small number of high school students believed that hysterectomy and castration were contraceptive methods (Cruz and Diaz 2001).

Seven out of 10 adolescent girls and four to six out of 10 adolescent boys in CAR reported that they knew about the pill, condoms and IUD. Four to five out of 10 adolescent girls and three to four out of 10 adolescent boys reported that they knew about injectables, female and male sterilization, the calendar or rhythm method, withdrawal and breastfeeding (Zablan 1999).

The NSO's 2000 survey found that 67% of women had recently heard about family planning on the radio and 71% had seen something about it on television. Less than half had read about family planning in a newspaper or magazine (44%), poster (44%), leaflet or brochure (34%). No data segregation on the age of the respondents has been done for the survey's results. Therefore, sources of knowledge on family planning for adolescents cannot be determined.

A survey conducted in four high schools in Baguio City showed that the most

common sources of information on contraceptives were doctors, nurses, seminars, and the media. Books, magazines, teachers, classroom discussions, parents and boyfriends or girlfriends were less common sources (Cruz and Diaz 2001; Diaz n.d.). Also, 69% of the adolescent girls who learned about FP methods in school reported that 51.4% received this information while they were in their first and third years in high school. Of the 48.6% of adolescent boys who had learned about FP in school, 42.3% reported that they received this information when they were in the first and fourth years (Zablan 1999). But information [Editor's note: that the students received] appears to have been inadequate. Most adolescents who were exposed to population education said that the subject was integrated in their regular school subjects rather than being taught as a single subject. Eight out of 10 adolescent girls and five out of 10 boys learned about the female and male reproductive system, FP methods and STI.

3.3.4 STI/HIV/AIDS

According to the YAFS II (1994), awareness of AIDS is high. Ninety-five percent (95%) of all Filipino youth stated that they had heard of AIDS. The majority (65%) could identify at least one STI. AIDS was the most

commonly identified, named by 58% of the respondents, followed by gonorrhea (37%).

The YAFS 2002 found that there is a misconception that AIDS can be cured. This survey found that 23% of young people believe it is curable. Moreover, 60% think that they cannot contract AIDS. As to the modes of transmission, the most frequent response (66%) was that it is transmitted by having sex with a prostitute. Nearly a third of the respondents stated that AIDS may be transmitted by having multiple sexual partners. Only 15% identified sex with a partner of the same sex as a transmission route. More than 20% identified blood transfusions as a non-sexual transmission route. However, 12% could not identify a single correct mode of transmission (Raymundo and Xenos 1999).

Findings from the YAFS II (1994) indicated that about 10% of the 15 year olds and 6% of the 16 year olds were not aware of AIDS. Less than 4% of those over the age of 19 were not aware of AIDS. Adolescents living in rural areas were less likely to be aware of AIDS than their urban counterparts. Those with an elementary education were less likely to be aware of AIDS than those with a high school or a college education. Further, those with

no regular exposure to media (television, radio, or newspapers) were less likely to be aware of AIDS.

Knowledge about risk behaviours for contracting HIV/AIDS differed between males and females. More females than males indicated that commercial sex workers and their partners were especially vulnerable to HIV infection. There was a widely-held perception that HIV/AIDS is a problem for certain marginalized groups, such as homosexuals and intravenous drug users (Brown and Xenos 1994, cited in HAIN 2003). Also, people with multiple sexual partners and homosexuals were recognized by two out of five respondents as high risk populations. Other at-risk groups were overseas workers, drug users and people who receive blood transfusions.

Awareness of AIDS and STI was generally high in Baguio (IPHC 2001; Cruz and Diaz 2001; Diaz n.d.). An average of 72% of adolescents had heard of STI and HIV/AIDS. Adolescents gave the following common definitions: a disease transmitted through sexual intercourse; a disease one can get by having sex with someone with a STI or by having multiple sexual partners. The most common examples cited were HIV/AIDS, gonorrhea, and syphilis. Most

adolescents from Baguio and Davao did not believe that taking antibiotics before having sex would prevent STI. They were also aware that one cannot get AIDS by using public toilets.

Regarding the transmission of HIV/ AIDS, youth participants in FGDs conducted in Cebu believed that one should not share needles and syringes or urinate in areas used by infected persons. If someone has AIDS, one should not go near him nor share his food (Ramon Aboitiz Foundation 1995).

The majority of the FGD participants also knew that AIDS is incurable and that it cannot be acquired through contact with the belongings of an infected person. Most of them were aware that AIDS cannot be acquired through mosquito bites. Some said that AIDS is manifested as sores in the mouth, and that its modes of transmission included homosexuals, monkeys, flies, food, and dogs (Cabigon

and Zablan 2001; Cruz and Diaz 2001; Ramon Aboitiz Foundation 1995).

In Tacloban, 42% of young adults correctly answered that a cure does not exist for HIV/AIDS. In Cotabato, which generally had very high knowledge scores on HIV, only half of young adults aged 16 to 20 answered that mosquitoes cannot transmit HIV/ AIDS. In Iloilo, which also had generally high knowledge levels about HIV/ AIDS, only about 46% of young adults knew that a person with HIV can still look healthy (Tan and Tomas 1996).

A study by Protacio-Marcelino conducted in 2001 (cited in HAIN 2003) found that child sex workers did not have correct information about HIV/ AIDS. The word “AIDS” evoked strong negative feelings among the children and they were afraid of contracting it. They seemed to demonstrate a general awareness of STI and HIV/AIDS and knew that they were vulnerable.

Table 7. Knowledge of the modes of transmission for HIV/AIDS (%)

Adolescents think that AIDS can be transmitted through:

MODES OF TRANSMISSION	BAGUIO		DAVAO		S. LEYTE	
	12-15y/o	n=639	10-24y/o	n=576	13-17y/o	n=364
Use of condom can spread AIDS.	10.8	49			51	
One can acquire AIDS by using public toilets.	31.3	39			38	
AIDS can be spread through mosquito bites.	35.72	51			40	
Taking antibiotics prior to sexual act can prevent STI/HIV/AIDS.	27.22	51			n/a	

However, misconceptions and inaccurate information were still prevalent. Some young sex workers remarked that STI could be treated by a mixture of detergent soap, soft drinks and coconut juice or by taking antibiotics as a prophylactic.

Young sex workers continued to rely on advice from friends and peers for information on how to determine if a customer is “clean”, the signs and symptoms of diseases and how to treat and prevent STI (HAIN 2003).

Adolescents commonly obtained information about STI from school (68%) and the media, such as television or movies (64%), magazines (48%), and radio (36%). Books (39%) were also a main source of information. Friends (28%) and family members (8% to 21%) also provided information to youth (Cruz and Diaz 2001; Cabigon and Zablan 2001). Knowledge scores were low if the main source of information was friends. The highest scores occurred if the main source was school lectures and health workers. In Bontoc, young adult females who relied primarily on friends had an average correct score of 3.9 out of 15 for HIV facts (Tan and Tomas 1996).

Based on the available research, awareness of male and female body

changes during puberty was generally high, but adolescents' knowledge of pregnancy and ovulation period was relatively low. The best known contraceptive methods were the pill and condoms. In general, knowledge of STI and HIV/AIDS, and awareness on the modes of transmission was high. The common source of information regarding sex, contraception and STI was the media, especially television.

3.4 Attitudes

Adolescents generally disapprove of PMS. The majority of them also disapprove of homosexual relations and abortion. Males are more open to having PMS, but place great importance on marrying a virgin (89.82%).

A number of studies, as will be mentioned in the following section, tried to examine the attitudes of adolescents towards PMS, marriage, virginity and abortion.

3.4.1 Premarital sex

Most adolescents disagree with having sex prior to marriage. Studies have shown that 60% disagreed even if the couple already had marriage plans. Moreover, 70% disapproved of sex if there were not an emotional relationship between the parties (Cabigon and Zablan 2001; Benares 2001; Cruz and Diaz 2001; IPHC 2001; Badayos 2002).

FGDs conducted in Southern Leyte indicated that adolescents believed one can have sex if he or she has finished school or has a job (Cabigon and Zablan 2001). Marriage was still viewed as the proper venue for sex (Diaz n.d.).

Adolescents considered age as a primary factor for engaging in sexual activity. Females were found to be considering marriage at a younger age than males. (Benares 2001) The mean age was between 20 and 22 years old for engaging in sex and 22 and 24 years old for marriage. In an FGD held in Davao, participants felt that people should be at least 21 years old to engage in sex. This belief was due to concerns about pregnancy and possible physical, social and emotional problems that can result from PMS (DPF 2001).

In Iloilo, adolescent girls aged 15 to 24 said that if they engaged in physical intimacies, then they would have a bad image and become “losyang” (wasted). Parents also said that PMS was shameful. Adolescents were not seen as mature enough or financially able to cope with the consequences of PMS (Badayos 2002).

A baseline survey conducted among young adults aged 11 to 25 in Southern Mindanao (Region 11) found that the following sexual behaviour was

considered permissible: holding hands (66.3%); kissing on the lips (38.8%); fondling of one’s self (25.7%); kissing with the tongue (22.2%); and necking or petting (15.2%). Male and female intercourse was considered permissible only by 13.4%. However, data showed that they were more sexually active than their attitudes would suggest. This was true for all behaviours except “fondling of one’s self,” which only 22% admitted to (Conaco et. al. 2003). In Davao, adolescents preferred to be subtle. Kissing was considered natural during dating, yet both parties were expected to practice control and set limitations (DPF 2001).

3.4.2 Marriage

Most young men consider their earning capability before getting married. Often they wait until they finish high school, get a job and save some money. It generally takes several years before young men are confident enough to start their own families (De Guzman 1996). Live-in arrangements are sometimes seen as an acceptable alternative because weddings are expensive (UPPI 2002).

In an FGD conducted by DPF (2001), the young men did not want to have the responsibility of being a parent. Male adolescents looked for simplicity, responsibility and good character in choosing a partner. Young women did

not mention physical looks as a top priority, while males did not mention intelligence as important for their choice of partner (DPF 2001). An ideal family was seen as one which was unified, had a good reputation, was financially stable and had happy, responsible family members. The preferred number of children was three (Benares 2001). The earliest preferred age for marriage was 18 and the latest was 45.

In the YAFS I (1982), youths perceived unwed mothers as acceptable, in general, to society (69.89%), neighbors (62.33%), girl friends (78.35%) and family (69.66%). Comparable data in the YAFS II (1994) are 78.6%, 75.4%, 87.6% and 84.1% respectively. There was a marked increase in the acceptance of unmarried mothers during the period from 1982 to 1994 (Ogena 1999). Still, most adolescents felt that the right age for childbearing was 25 years. They also felt that this was the age when males were ready for familial responsibility (Benares 2001).

The majority of adolescents (80%) disapproved of extramarital affairs. Many adolescents found it unacceptable for women to have extramarital affairs (Zablan 1999; Diaz n.d.; Cruz and Diaz 2001). The majority of respondents also disapproved of homosexual relations. Over

70% surveyed thought that having sex with a person of the same sex was not acceptable. Despite this, 43.2% agreed to the statement that attraction to the same sex was acceptable, while 59.9% believed that homosexuals could be good company and 53.4% thought it was alright to be close friends with them (Cruz and Diaz 2001).

3.4.3 Virginity

Seven out of 10 adolescents surveyed say that virginity was an important consideration in one's choice of a spouse. Almost 50% said it was unacceptable for a woman not to be a virgin before marriage, but the number decreased to 42.6% when a man was concerned (Diaz n.d.). There is a double standard. The average Filipino male expects to marry a virgin but also wants to "devirginize" a girl when given the chance (Perez n.d.; DPF 2001; Zablan 1999).

3.4.4 Abortion

Only a few adolescent girls (6.6%) and boys (4.6%) unconditionally approved of abortion (Zablan 1999). However, four out of 10 adolescent girls approved of abortion when the life of the mother was in danger. About 10% approved if the child were deformed or if the pregnancy resulted from incest or rape.

Only a few (5% or less) approved of abortion for reasons of the couple's economic stability and marital status of the woman or of the child's father (Zablan 1999). A 2003 study (HAIN) also found that adolescents said abortion was acceptable if the pregnancy endangered the mother's life (58.8% (acceptable) versus 33.3% (not acceptable)). In another study conducted in Baguio, 78% of students said that abortion was considered wrong regardless of circumstances (Cruz and Diaz 2001).

Cabigon (1999) found similar results. The approval rate for induced abortion was very low (4%) due to strong social beliefs, e.g. abortion as taboo and illegal. Young adult men held more liberal attitudes towards induced abortion than women did. The approval rate was lower among single men and religious women.

3.5 Sexual practices

Although adolescents generally do not approve of PMS, findings of the YAFS III (2002) showed that 23% have had PMS compared to 18% in 1994. This indicates that PMS is becoming more common. In actual figures, 4.9 million young adults aged 15 to 27 years old have engaged in PMS (YAFS III (2002)).

It is also worth noting that while many

young people expressed an openness to using contraception, the practice is still low. According to McCann-Erickson (1993), only 49% of the youth use protection, with condoms being the most commonly used contraceptive. Another study in 2002 (YAFS III) showed that the practice of using contraceptive remains low. Only 19% of the respondents practiced safe sex or used contraception to protect themselves from STI and unintended pregnancy (YAFS III).

3.6 Adolescents' concerns and needs

The findings of the YAFS II (1994) suggested that adolescents needed a school curriculum that integrated sex and health education and was more attentive to their concerns. It also showed the need for a carefully designed programme of counseling and service delivery with a clear set of principles and guidelines.

There was also a need for services to prevent the unwanted consequences of sexual activity, such as early marriages, STI and early pregnancies. There was also concern about service providers, especially in terms of their technical capabilities and attitudes or biases. Most adolescents who had experienced RH problems did not seek medical attention

(Raymundo and Xenos 1999). Service providers, however, said that RH information and education was an important service for both parents and adolescents.

It is important to recognize that Filipino adolescents are also very concerned about their economic conditions. Parents and service providers attested that economic concern remained at the top of every adolescent’s priority list. Moreover, youth aged 15 to 30

considered having a good marriage and family life (98%) as very important in their lives. Being able to find a steady job and having a good education were also priorities for 98% (SWC-NYC 1996).

Many studies, especially at the local level, tried to examine the concerns and needs of adolescents as perceived by them, their parents and service providers. Important findings are discussed below.

Table 8. Results of studies on adolescents’ needs

Areas	Adolescents	Parents	Service Providers
Negros Occidental and	<ul style="list-style-type: none">• improvement of living conditions• economic circumstances• access to education	<ul style="list-style-type: none">• continuing education programme that will provide counseling and strengthen positive values	
Davao	<ul style="list-style-type: none">• parents should have the capacity to educate their children on sex• parents should be more gentle on their approach towards their children	<ul style="list-style-type: none">• orientation on sex education and RH for parents• discussion of gender-based violence	
S. Leyte	<ul style="list-style-type: none">• financial and emotional parental support and guidance• catechism in schools, information and counseling		<ul style="list-style-type: none">• improvement of PTA to educate parents on how to educate their children• sex education
Iloilo	<ul style="list-style-type: none">• ARH programmes/services should include contraceptive provision, counseling, sex education, IEC programmes, youth activities	<ul style="list-style-type: none">• sex education and IEC programmes	<ul style="list-style-type: none">• government support for youth welfare

3.6.1 Perceptions of adolescents

CONCERNS OF ADOLESCENTS
STI
Substance abuse
Living conditions
Malnutrition
Lack of access to education
Poverty
Lack of jobs
Rape
Incest
Sexual harassment
Teenage pregnancy
Early marriage
Abortion
Juvenile delinquency

smoking, malnutrition and alcoholism), lack of access to education, and economic circumstances (poverty and lack of jobs).

These findings may be attributed to a lack of education or awareness about RH. In FGDs with 92 adolescent boys and girls in Davao (DPF 2000-2001), adolescents said that their parents lacked the capacity to teach them about sex. Parents did not explain the disadvantages of sex or discuss television shows or videos that had sex in them. More than half of the participants said that parents should be gentler in their approach towards their children. Instead of reprimanding their children, they should advise them, they said. Teens said that when parents notice their children drifting away, they should take the initiative to reach out to them and talk with them (DPF 2001; Benares 2001).

The 2000 McCann-Erickson study of youth aged 13 to 21 years found that their concern about STI had increased from 48% in 1992 to 56% in 2000. Those surveyed from classes AB (upper class) and D (lower class) were usually not the ones concerned about contracting STI.

A study by Benares (2001) tried to determine the RH concerns and problems of adolescents aged 12 to 24 in La Carlota City and Municipality of La Castellana in Negros Occidental. A review of the adolescents’ responses, however, showed that instead of identifying RH concerns, their answers were related to factors affecting their reproductive health. They were mainly concerned with their living conditions (drugs or substance abuse, heavy

CONCERNS OF ADOLESCENTS (continued)
Patronage of pornographic materials
Youth criminality
Multiple partners
Bad peer influence
Lack of parental guidance
Male aggressiveness
Bisexuality
Homosexuality

In Southern Leyte, adolescents aged 13 to 18 who participated in a FGD stated the following needs: money; empowerment; parental guidance; sports facilities and equipment; sports activities; health facilities and services for adolescents; and catechism in public schools. When adolescent boys were asked what their problems were, they said drug abuse, vices (smoking and drinking) and malnutrition (Cabigon and Zablan 2001).

Key informant interviews and FGDs conducted in Iloilo found that adolescent respondents between the ages of 15 and 24 believed that ARH programmes and services should include providing contraceptives, counseling, sex education, IEC programmes, and alternative youth activities such as sports or livelihood trainings. Meanwhile, other stakeholders (parents, health providers, religious leaders) mentioned the same needs except for counseling, and did not agree on the provision of contraceptives (Badayos 2002).

In Cabigon's and Zablan's 2001 study, adolescents' need for information and counseling include reproductive health, self-confidence or personality development, personal relationships, and the interaction of all three needs, or decision-making capabilities in

matters of marriage and reproductive health. The RH needs mentioned were: avoiding pregnancy (89%); coping with unplanned pregnancy (78.5%); avoiding STI/HIV/AIDS (88.7%); and coping with STI/HIV/AIDS (79.1%).

Adolescents expressed the needs: to develop their self-esteem (92.6%); to say "no" to sex (87.1%); identify and avoid risky situations (91.8%); recognize sexual and reproductive health consequences (80.8%); and prepare for married life (86.3%).

They also said they wanted more information about: strengthening their moral or religious foundation (93.4%); handling boyfriend or girlfriend relationships (82.6%); improving relationships with parents (91.8%); and coping with courtship problems (82.6%). Lastly, they expressed concern about the following: prevention of early marriage (85.9%); prevention of abortion (85.7%); ability to handle illicit drugs (73.9%); avoiding reproductive tract infections (RTI) (85.2%); and coping with RTI (79.9%).

Adolescents were also concerned about rape. Of the 639 high school student respondents in Baguio, 356 believed that rape was a serious and widespread problem. Almost as many students (350) said that drug addiction was also a serious problem. Students said that

other social problems included teenage pregnancy, early marriage, abortion, STI, buying pornographic materials and juvenile delinquency (Cruz and Diaz 2001).

About half of the 364 adolescents in the baseline survey that was conducted in Southern Leyte indicated the need for financial and emotional support from their parents; 30% were concerned about drug addiction; and 18% about youth criminality. They felt that a lack of parental guidance and support and bad peer influence could lead to drug abuse and criminality. When asked what should be done to remedy these problems, they indicated the need for wholesome youth activities and involvement of the youth in civic affairs. Key informants also mentioned drug abuse and youth vandalism as serious problems.

In the same survey, many respondents cited the need for more financial support (72%) and greater parental emotional support (63%). Drug addiction (43%) and youth criminality (18%) were also identified as problems. Their other concerns included: multiple partners among young males (25%) and females (24%); sex demanded as proof of love (23%); abortion (23%); rape (22%); STI (22%); PMS (20%); “easy to get” females (20%); sexual harassment

(20%); and incest (19%). Lesser concerns included homosexuality (16%), bisexuality (14%), and male aggressiveness (17%) (Cabigon and Zablan 2001).

In summary, adolescents’ concerns were the following: poor living conditions; lack of education; financial and parental support; drug addiction; sexual behaviour and practices; and rape. Their primary reproductive health needs were for more information, counseling, health facilities/services, parental guidance, emotional support, youth activities and youth involvement in the community.

3.6.2 Perceptions of parents

ADOLESCENTS' CONCERNS BY PARENTS
Gender-based violence
Poverty
Drug abuse
Teenage pregnancy
HIV/AIDS
Natural calamities
Early marriage
Alcoholism
Lack of employment

In the FGDs conducted by DPF (2001), adolescents in Davao City said mothers were influential in teaching their children about sex. They did not comment on the fathers’ responsibility. Respondents recommended an orientation to sex education and RH for parents. It was

pointed out that parents should be given the opportunity to participate in RH and sex education through non-formal community classes and sessions by government agencies. It was also recommended that family welfare agencies review and revise their programmes, services, strategies and approaches for parents and parents-to-be.

The issue of gender-based violence arose frequently during interviews conducted in Cebu and Davao. It seemed that it is sometimes considered socially acceptable to engage in various forms of coercion within marriage and violent reactions of husbands or fathers are not uncommon (Zosa-Feranil 2003).

When parents in La Carlota City and the Municipality of Castellana in Negros Occidental were asked about adolescents' concerns, they identified almost the same issues as the adolescents did (Benares 2001). In addition, the study identified other perceived threats to youth, such as: poverty (51%); insecure future in terms of careers (25%); drug abuse (15%); getting pregnant before marriage (9%); vehicular accidents (5%); diseases such as HIV/AIDS (3%); natural calamities (3%) and early marriage (3%).

Parents thought that the major problems

affecting youth were heavy drinking or alcoholism (30%), drug addiction or substance abuse (30%), and poverty and lack of employment opportunities (24% each). To avoid such threats, specifically those related to RH, parents were asked what precautionary measures they considered helpful. The parents said: avoiding high-risk activities, such as fast driving, substance abuse and similar vices; being more health conscious; and adopting safe sexual behaviour. They also preferred a continuing education programme that would provide counseling and strengthen values (Benares 2001; DPF 2001).

The parents' perception of their own role appeared to be mixed. Interviews conducted in Cebu and Davao indicated that there was a disagreement among them concerning the extent to which they want to be involved and how much information they wished their children to have regarding RH. Some were worried that it would lead to sexual promiscuity. While most parents felt that RH education was necessary for their children's well-being, they did not want to be the ones to impart such information. (However, in Cebu, mothers believed that they would be the most reliable source on matters such as sex. Some mothers even consider their nagging about these topics as actual

information. Fathers and other elder male family members may assist young men in obtaining sexual experience (Zosa-Feranil 2003)). From the parents' perspective, adolescents' concerns and needs include adequate financial support, sex education, gender-based violence, parents' education on ARH, and inculcation of positive values.

3.6.3 Perception of service providers

ADOLESCENTS' CONCERNS BY SERVICE PROVIDERS	
Drug addiction	Pregnancy
Lack of government support for the promotion of youth welfare	Malnutrition Sexual abuse Induced abortion STI
Lack of community initiatives to organize the youth for civic and religious activities	Low level of awareness about sexuality issues

Drug addiction was the consistent problem identified by all stakeholder groups e.g. parents, service providers, and clients interviewed in Iloilo (Badayos 2002). It was seen as either a cause or result of other issues such as gang problems, sexual promiscuity and family problems. The service providers observed that nothing significant has been done to address these issues at the community level. Poverty was also mentioned during interviews as one of the major underlying problems facing

adolescents. Providers also cited the lack of government support for the promotion of youth welfare (e.g. lack of sports facilities and social activities) and the lack of community initiatives to organize civic and religious activities for youth (Cabigon and Zablan 2001).

In the study by Benares (2001), service providers identified pregnancy and childbirth, sexual relations, sexual malnutrition and sexual abuse, induced abortion and STI as problems for adolescents. Respondents were aware that they play a major role in helping adolescents through difficult years. Aside from attending to the physical aspect, a number of health providers said they also provided counseling to some adolescents in need of moral support. Despite this assistance, youth also needed help from others. Thus while 25% of providers said that they could help adolescents by providing counseling, others suggested a two- pronged strategy of education and livelihood opportunities which they believed government and private sectors could provide.

General health problems of adolescents, according to service providers in Southern Leyte, included: frequent colds; diarrhea; headaches; poor personal hygiene (underarm body odor); poor eating habits (low food intake, low

nutritional level); and drug abuse (especially marijuana). The providers pointed out adolescents' poor understanding about RH (i.e. the misconception that taking a bath during menstruation is bad for one's health), early marriage, unreliable information about sex, sexual abuse and improper behaviour during dating and courtship (Cabigon and Zablan 2001).

The Health Action Information Network (2003) also recommended the need to educate the media about HIV/AIDS so that they could responsibly and accurately report on such issues, especially since much of their audience is adolescents.

In Southern Leyte, providers saw the importance of strengthening Parent- Teacher Associations in public schools to promote the role of parents in teaching good hygiene habits and good eating habits and also to turn PTAs into a venue for discussing youth problems. Parental education could include the following areas: training as role models for their children; training on proper parenting (coping with the needs of their children and improving communication with their children); training to be able to educate their

children about good RH (Cabigon and Zablan 2001).

Many of the service providers indicated that adolescents' concerns included poverty, drug addiction, and sexuality issues. Moreover, they emphasized that media personnel need to be educated about ARH to ensure responsible presentation of issues.

Family is important to adolescents, but many parents are unprepared for coping with adolescents' RH needs and concerns. They either lack the knowledge or are uncomfortable with discussing the issue with their children. They knew that adolescents wanted information about pregnancy, marriage and other RH issues, but some parents were hesitant to provide information for fear that it might lead to sexual promiscuity.

Although adolescents want access to contraceptives, service providers were hesitant. All of the providers, however, stressed the need for sex education. They saw the importance of providing proper RH information to adolescents because adolescents' information sources are not reliable and generally they are not knowledgeable about RH.

3.7 Factors influencing KAP

FACTORS INFLUENCING KAP
Love
Education
Civil status
Religion
Peers
Media
Parental guidance
Residence
Economic pressure
Traditional beliefs
Culture

The YAFS III (2002) showed an increase in all sexual risks behaviours among adolescents aged 15 to 24 years old compared with levels observed in 1994. Males reported having more PMS. Also, 20% of sexually active males paid for sex and 12.2% accepted payment for sex. Same sex experiences were reported by 5% of sexually active boys, an increase of one percentage point from 1994 (Raymundo 2002).

The YAFS II survey (1994) found that adolescents were not using contraception because of the spontaneity of the act, lack of knowledge, objection of their partner, or the perception that contraception took the fun out of sex (Raymundo et. al. 1996). As a result, adolescents were exposed to risks such as STI and unwanted pregnancy.

A study in Davao (Sanchez et. al) and a review by Perez (1998) found that most of the reasons for induced abortion were economic. It was done to space pregnancies (19%) and to terminate unwanted pregnancy (18%). Some women had abortions because they already had too many children (14%) or had health problems, such as difficulty in childbearing and pregnancy.

Pangilinan gave the following description of a pregnant teen who opted for an abortion (cited in Perez 1998): “unmarried, with low educational level, from a low-income family and has tried contraceptive methods and devices.” It is also important to note that “unsupervised homes are the most popular venue for sexual debut of the youth” (Raymundo et. al. 1999).

The 1998 NDS reported that sexually active males said that education, specifically population education, were significant factors in using contraception. Urban residence and having a partner who was not single and not religious increased by 30% the likelihood of using contraception. The same held true for female adolescents (Berja 1999).

The YAFS II (1994) found that only 2% of those aged 10 to 14 had

experimented with prohibited drugs. However, 13% of those aged 15 to 24 had tried using drugs and 74% of them admitted to have been influenced by their friends. Sixty percent (60%) of those who tried smoking and 54.5% who tried drinking were influenced by their peers (Cruz and Diaz 2001). In Bontoc, Iloilo, Tacloban and Cotabato, males were more likely to consume alcohol, smoke and use illegal drugs. From 1992 to 2001, there was an 8% increase in the number of adolescents who tried smoking. There was also an increase in drinking. Regarding drug use, the percentage almost doubled from 6% to 11% (HAIN 1996). Lack of parental guidance, peer pressure, lack of education and information were identified as causes of drug addiction, early marriage, teenage pregnancy and STI (UNFPA and POPCOM 1995).

According to local government unit (LGU) health representatives, drug addiction was a reason why some adolescents engaged in sex. Parents and religious leaders also pointed to drug use as a factor in sexual activity. Even adolescents have cited drugs as a factor that prodded them to have sex for the first time. However, only 8% to 21% cited drugs as the main reason. For most adolescents (65%), love was the main reason for their first sexual experience. Most adolescents said that

it was why they took risks. Other reasons given were curiosity, peer pressure, fraternity or sorority initiation, and a lack of parental guidance or having lenient parents. However, having population education in schools reduced the odds of engaging in PMS by about 70% (Badayos 2002; HAIN 1996, 1997; Cruz and Diaz 2001; De Guzman 1997).

When young sex workers were interviewed in Sorsogon, they reported many factors that led them into prostitution: being gang raped; being a victim of physical abuse during childhood; being a victim of emotional abuse by a husband; the tolerance of prostitution in their immediate milieu; maternal prostitution; and a broken home. Large earnings and a more interesting life were also factors. Precipitating factors, on the other hand, included: economic pressure; lack of chance for a desirable marriage; enticement or persuasion by a pimp or other sex workers; and an unhappy marriage (Ateneo Social Science Research Center 2000).

Gangs were also prevalent in high schools. A study of gang members in Davao City in eight public high schools found that the common reasons for joining gangs were friendship, poverty, academic support and gaining an identity (Mondragon n.d.).

Interviews with adolescent girls aged 10 to 15 in Mindanao showed that many of them learned about menstruation from their parents, but parents told them things that had no scientific basis. They did it for the sake of tradition. For example, some traditional beliefs are: “to ensure a minimal menstrual flow, jump from the third step of the stairs so that menstrual flow will only last for three days; to prevent abdominal pains, do not take a bath when one has menstruation; ... and to prevent malodorous smell of menstruation, jump over a lemon grass plant and be careful not to step on chicken dung or dog’s feces.” Respondents said they had abided by one or more of these beliefs (Quianzon 2001).

Many social and cultural factors combine to shape Filipino adolescents’ sexual and reproductive health. These include a social system organized around a tight-knit, extended family support networks, strong clan loyalty and deference to and dependence upon parents and elders (Medina 1999; Miralao and Engracia cited in Zosa-Feranil 2003). In interviews conducted in Cebu and Davao, adolescents aged 15 to 24 emphasized how certain social concerns, such as the importance of marriage and childbearing in marriage,

affect adolescents (Zosa-Feranil 2003). While women were encouraged to be virgins until marriage and to be faithful to their husbands within marriage, men were encouraged to be macho and freely exercise their sexuality (Gastardo-Conaco 1992 cited in Brown and Xenos 1994).

It is acceptable and expected that Filipino men will be sexually experienced prior to marriage. On the other hand, a double standard exists for women concerning appropriate sexual conduct before and after marriage. A woman is supposed to be sexually available to her husband whenever he wants. But prior to marriage, females can put on the brakes and delay having sex. There is tremendous cultural value placed on virginity before marriage and fertility after marriage. It is of the utmost importance for a couple to have a child as soon as possible after marriage (Zosa-Feranil 2003).

Religion also plays a role in sexual behaviour: “the religious influences come mainly in terms of what is forbidden rather than ethical guideline that discuss fairness, justice, and responsibility” (Tan, UPPI 2002). Tan pointed out the continuing emphasis on female virginity and female subservience to males. “She keeps her virginity as a gift for the man.”

A Review of Literature and Projects 1995 - 2003

This emphasis diverts people's attention away from more important values of sexual responsibility. As a result, he argues, adolescents' views are being distorted.

Many young people are not even aware of the Catholic Church's stand on FP. They said that condom use was acceptable, but considered pills and IUD sinful. The YAFS II (1994) found that the majority of adolescents believed their religion supported contraceptive use and that their future contraceptive behaviour will be influenced by the teachings of their religion. This included 67% of all Catholic respondents. The same was true for the adolescents who admitted using condoms occasionally and said that religion and cultural norms affected their decision to use condoms (HAIN 2003). However, the 1993 NDS found that condom use for Roman

Catholics was 1% and for non-Roman Catholics it was 1.2%, suggesting that religion did not determine condom use (Population Council 2002).

Studies show that the media has become a surrogate parent for many young people aged 12 to 21 (McCann-Erickson 1993). The media is considered a major influence on adolescents' behaviour. It is also a major source of information for adolescents about sex. Youth consider the media to be informative and helpful in providing sex education. Of several choices for the 'most informative' sources on RH, adolescents aged 10 to 24 chose television and radio (46%) and newspapers or magazines (44%) above all else. Parents and schools were considered less informative sources (Badayos 2002; Zosa-Feranil 2003; Benares 2001).

