



Sexuality and Reproductive Health of Filipino Adolescents

Corazon M Raymundo*

I. INTRODUCTION

Perhaps the issue of sexuality has a most expansive implication to adolescence more than to any other stage in a person's life cycle. It is truly a unique time in a person's development when a dramatic shift from an egocentric world of a child to a more formal operational level of thinking occurs. One of the processes that happens is being able to decide on their own reality highlighting society's new expectations from the adolescents. Starting with puberty and its concomitant physical and social changes to the long road to the transition to womanhood or manhood, these are markers that play a crucial role in a young person's psychosocial development. This period presents a myriad of challenges and it is important to state at the outset that many young people still emerge largely unscathed from their many experiences and encounters and are able to transform their novel experiences into lessons learned during the transition and still emerge as useful citizens of the society.

If this is the case, why do we need to be concerned about adolescent sexuality and the attendant behaviors that go along with it? The succeeding discussion illuminates on this.

The adolescent is confronted with a wide range of issues in sexuality such as awareness of sexual differentiation, seeking sexual identity or femininity and masculinity, femaleness vs. maleness, new issues and challenges in learning what they should know about sex and sexuality,

* Professor of Demography at the University of the Philippines Population Institute.

peer pressure on experimenting new things and facing decisions on whether or not they will undertake certain sex and sex-related practices.

During these times, their search for sexual identity is a constant struggle and yet, this is when most of their subsequent attitudes and behaviors about sexuality would be based. The shift from the family as reference group to the external world dominated by their peers also complicates this important period of adjustment. It is at this stage when an adolescent increasingly regard his/her affairs, particularly the sexuality challenges as a private matter and something that they can easily share with their friends but not with parents. Invariably, this has been a constant source of conflict between the adolescents and their parents. This is complicated further by the profound changes in the family, when parental presence and control over the activities of their children and of their own activities are placed in a state of transition and becomes generally weaker. The school is usually regarded like the parents in this regard.

The adolescents' general lack of understanding of the many aspects and implications of sexual behavior, reproductive health and of their sexuality complicates their psychosocial development process which in turn can lead them to all kinds of experiences and problems. Teens engage in behaviors that can put them at risk. While they are generally aware that these behaviors put them at risk, they engage in them anyway. There are many reasons for this. One, this is part of their learning towards more adult roles. Second, this stage in the life cycle is particularly known for experimentation. Third, the consequences are not immediately felt or experienced. Fourth, adolescents have a general feeling of invincibility. These reasons are not entirely exclusive of one another.

It is important to state at this point that some of these risk behaviors can lead to illnesses and even death, thus, a good proportion of adolescent mortality and morbidity among them is behavior-based and are preventable under the assumption that behavior can be modified or changed (Spruitz-Metz, 1999).

What they go through causes them not just a little amount of confusion, chaos and sensitivity. The issue of sexuality, however, is usually trivialized by relating this primarily to sexual activities. They miss the point that sexuality includes the basics of their own bodies and is not only about sex. And in matters that relate to sex that they have many skills to learn, e.g., negotiating sex, learning how to protect oneself, establishing a healthy relationship, having a mental checklist before engaging in sex, knowing how to use protective interventions if they decide to have sex.

The well-known consequences of problematic situations and practices related to sex are in the realm of health and social adversities.

Filipino adolescents are no different in their biological maturation and are exposed to social changes as they go through their transition to adulthood. Sexuality remains to be a pervasive life-defining event. The situations and the circumstances where the sex-related

practices occur will be uniquely Filipino and differently-situated adolescents will respond in certain ways.

In view of the importance of sexuality in the lives of the adolescents and its long-term consequences, this paper will focus on the various sex-related behaviors that our adolescents face and undertake. It is important to state that not all sexual behaviors put the young people at risk but there are practices that can compromise their health as well as their social well-being. These problem behaviors are shown to constitute a syndrome of interrelated behaviors and there is strong evidence that one risk behavior can lead to another and this lends empirical support to the concept of a coherent risky adolescent lifestyle (Jessor, 1991). In one sense this phenomenon is not culture-specific as it finds empirical evidence in various societies including the Philippines (Domingo and Marquez, 1999).

We have to recognize in this whole discussion of risk behaviors that males and females have important differences and thus the issue of gender is a recurring motif throughout this paper. It is also important to remember that gender differences interact with culture, residence, ethnicity and socioeconomic class to create variations in the risk behaviors for different groups of adolescents. These points for variation are mentioned because of their importance to create relevant and responsive interventions.

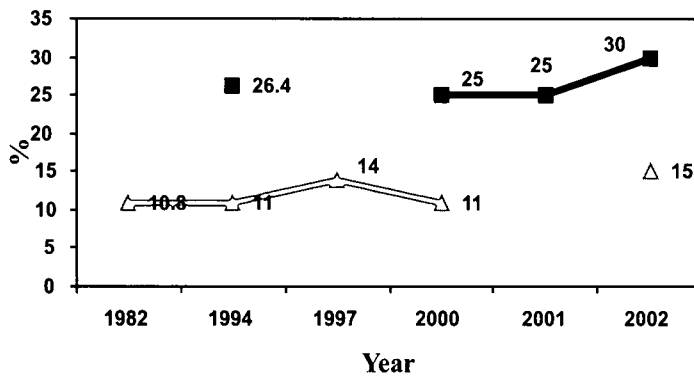
Having said all these, the following sections will attempt to shed as much light as possible on what is known about adolescent sexual behaviors that can compromise the future of these people.

This paper is conceptualized as a review of related information about the Filipino adolescents in matters related to sexuality and reproductive health and use data from existing reports of previous studies as well as new analyses of the data bases collected by the aforesaid studies. The studies are the three series of nationwide Young Adult Fertility and Sexuality Studies – 1982 (YAFS1), 1994 (YAFS2) and 2002 (YAFS3) and the 1994 study of abortion and reproductive health of Filipino women, all of which were undertaken by the University of the Philippines Population Institute (UPPI) and the Demographic Research and Development Foundation (DRDF). There are five sections namely: (1) level and trend of premarital sex, (2) classification of adolescents according to exposure to premarital sex (PMS) and (3) precursor events to PMS, (4) sexual debut, (5) a focus on the very early sexual debuts and, (6) other reproductive health issues such as RH problems and abortion.

II. LEVELS AND TRENDS OF PREMARITAL SEX

In several studies which attempted to measure the level of premarital sex, there are pieces of evidence to believe that the level remained to be significant but have not changed dramatically over the last three decades. However, it still constitutes an issue for societal and public concern despite its highly private nature.

Figure 1. Premarital Sex among the Youth:1982-2002



The latest nationwide study, 2002 Young Adult Fertility and Sexuality Study (YAFS3) placed the level of those who have engaged in premarital sex at 30 % and 15 % for males and females, respectively. The latest estimate of overall level is 23 %. Analysis of different studies² also suggests that there have not been much change in the levels of this behavior during the 80s and the 90s but this increased considerably more recently with males reporting a level double that of the females. While the pattern of gender differential remained the same, the faster pace of increase in the level of the females is notable.

In view of these and at the present number of young people in the country, this translates to 2.6 million males and 1.2 million females who have had their sexual debut during adolescence.

The past as well as the current social environments do not look very kindly to engaging in sex before or outside marriage which makes sex among the young more prone to heightened adverse outcomes. Premarital sex (PMS) is done in utmost secrecy especially from family members for fear of reprimand and punishment. This is carried over to restrictions in relevant services as the consequences and some methods of prevention of undesired outcomes are unacceptable to many sectors of the society.

It appears therefore that the Filipino society's hostility towards PMS is not a sufficient preventive factor indicating that there are other strong forces and activities that influence its occurrence.

III. THE FILIPINO ADOLESCENTS AND THEIR EXPOSURE TO PREMARITAL SEX

For the purpose of this section of the paper, the full complement of adolescents (male and female, single and married) is classified in separate sets of categories for the identification of relative proneness to the experience of PMS³. They are classified according to their distinct

Figure 2. Classification of young males according to risk group for PMS, 1994

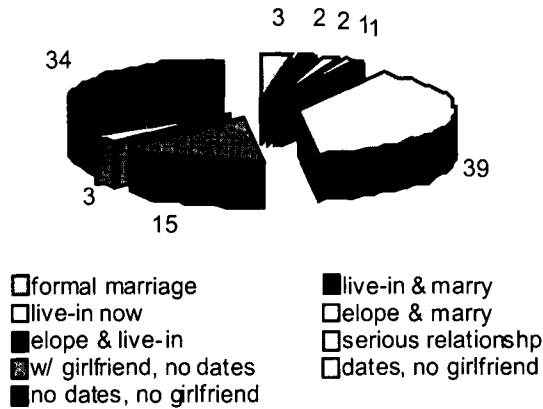
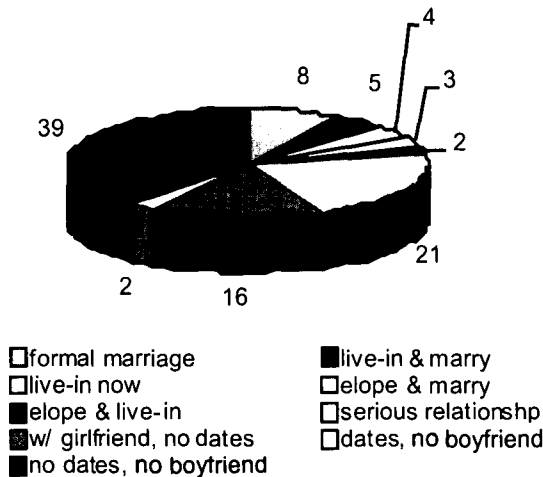


FIGURE 3. Classification of young females according to risk group for PMS, 1994



place in a continuum of exposure to PMS in accordance with events that are known to exist in Philippine society. Refer to the two figures in this page.

Among the singles, the defining exposure variables used are dating, having boy/girlfriends and having serious relationships. Given this continuum, 26.8 % (21 + 2 + 4) of adolescent females and 43.8 % of males (39 + 2 + 3) are in the serious relationship category and are highly likely to be engaging in PMS activity. On the other hand, among the married youth, the categories of the continuum consist of the following: formal marriage, elope then marry, live-in then marry, elope then live-in, and live-in; with only the first category

least likely to have had PMS (although there is no guarantee on this). Majority or more than two-third of the married youth population (63 % for males and 68 % of females) began their unions either by living-in or by elopement. These statistics bespeak of the great likelihood of young people to premarital sex which are embedded in a combination of long-standing marriage institutions and new forms of relationship among the adolescents while they are still unmarried or single.

IV. COMMITTED, CASUAL AND COMMERCIAL SEX AS TYPES OF PMS

New relationships among the single adolescents have also brought about another classification of PMS experiences among the youth which bear profound implications to the likelihood of untoward consequences.

Committed sex defined as sex experience with a partner who subsequently became the marital partner is a common practice with 69.2 % of married male youth and 64.5 % of married female youth having had sexual experience with their partner before the formal unions. This is further evidenced by a common observation of pregnant brides in weddings and further buttressed by giving an accidental pregnancy as one of the more common reasons for marrying by married adolescents who thought they married too young.

On the other hand, casual sex experience defined as sex with a partner who has not subsequently become the marital partner is more difficult to measure on the ground that this can be an ongoing process and is therefore a truncated event. Using the incidence of multiple partners as an indicator, the evidence points to 35 % of the sexually active young people in 2002 having more than one partner with the practice more heightened among the males than the females (49% vs 11%, respectively).

Commercial sex or the purchase of sex which is the riskiest of the three types of PMS is reported by 7.7% of all males 15-24 during the 1994 study. A slightly lower percentage was so indicated in 2002, i.e., 6.3 %. In addition, those who received payment for sex favor is a lower proportion at 3.5 % in 1994 and unchanging (3.7 %) in 2002.

From the above discussion, it can be concluded that there is a significant level of PMS going on with male practice being higher than that of females particularly in casual and commercial sex experiences but not in committed sex where the evidence points to equal participation of the sexes in sexual relationships with the partner prior to the formal union. There is also a potential for more initiation of sex experience in view of the large numbers of adolescents in various risk groups for PMS.

V. TYPES AND SEQUENCE OF RELATIONSHIPS

Adolescents discover their sexuality and manifest this in various ways. One of the marker behaviors that can lead to the sexual act is the relationships that they undertake. Depending

on the nature of these relationships, they can also lead to an understanding of the spectrum of sexual expression amidst changes in social mores about heterosexual and homosexual relationships, commercial sex, etc. We know that the general trend is towards the relaxation of these mores.

Against this backdrop, there seems to be a general sequence of various types of relationships among the young as: attraction or crush; pre-courtship relationships such as MU (mutual understanding), best friend; courtship; boy/girlfriend; steady; engagement; marriage⁴. The general sequence of events has not changed much over the decades but there is the recent emergence of new pre-courtship arrangements such as MU (mutual understanding), and SO (secret only) which have implications to the heightened occurrence of casual sex as well as indicating the wider and closer circulation of adolescents among each other. This indicates the increased social connectivity as well as the expansion of activities and means (technology) to undertake these relationships among today's young people.

Figures 4-7 show the trend in the cumulative probability of females who have experienced their PMS as well as selected precursor events during the periods 1982, 1994 and 2002. Starting with menarche, the graph shows a clear increase in the proportion who began their menstruation before age 13 in 2002 (64.7 %) than in 1994 (59 %) and 1982 (29.2 %). This declining age at menarche is also reflected in the average age of menstrual period initiation from 12.8 in 1982 to 13.1 in 2002. The oft-referred to as earlier biological maturation of generations find an empirical evidence among the Filipinas. By age 18 all females have already initiated their menarche for all cohorts studied here.

Beginning to notice someone as an object of affection (crush) also shows a declining trend in age as the Figure 5 shows. In 2002, more than half of the females have admitted to have had a crush on someone while the corresponding figures for 1994 and 1982 are one-third and one-fourth respectively.

Socialization towards more intimate sexual relationship as indicated here by the first experience in single dating also shows a 'younging' trend. The latest figure (2002) shows that more than half of the females have already dated on a one-to-one basis before they reached age 18. The corresponding levels in 1982 was close to a third while in 1994, it was a little more than one-fifth. This trend is also very apparent in the average ages at 21.2 in 1982 and 16.1 in 2002.

The earlier engagement in sexual intercourse is more apparent between 1982 and 2002. Before age 15, sexual activity is still at very low level in both time periods. It is at age 18 when significant levels begin to manifest, i.e., 10 % and 12.6 % already in 1982 and 2002 had had their sexual debuts before this age. It is expected that this trend will continue until they are at the throes of their 21st birthdays when 27 % of the 2002 respondent females would have begun to engage in PMS compared to 19 % among the 1982 sample.

Figure 4. Trend in Menarche: 1982,1994,2002

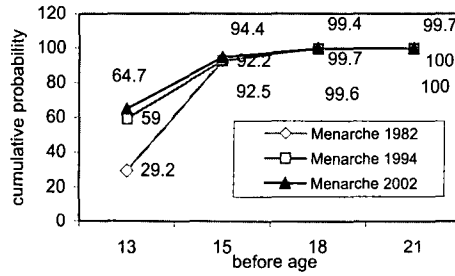


Figure 5. Trend in having crush among females: 1982, 1994, 2002

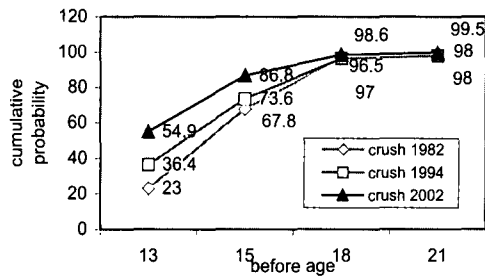


Figure 6. Trend in 1st single date of females:1982, 1994, 2002

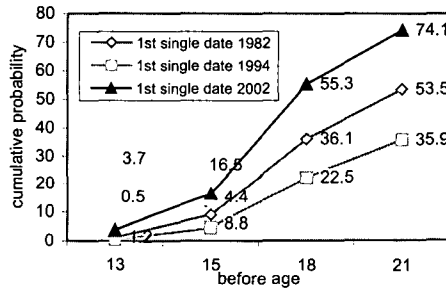
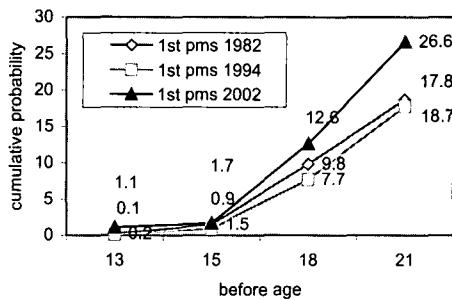


Figure 7. Trend in 1st PMS of females: 1982, 1994, 2002



The above analysis points to an undeniable earlier initiation of expressing one's sexuality in various ways as well as a slight downward trend in the age at menarche between 1982 and 2002.

Today, adolescents start dating early and date much more. There is more of casual dating and group dating. They are also more liberal with very intimate actions in terms of timing of initiation.

Sex and Marriage. In Philippine society, at least among the adult sector, distinction is made between early premarital and early marital sex, with the latter being more tolerated than the former. Early sex as long as it is done within the context of marriage is much more acceptable than sex outside of marriage regardless of timing. It is important to note that sexual activities of men and women used to be limited within marriage to a large extent. Sexual activities then between single men and women, if these happened, would quickly lead to marriage.

Increasing age at marriage and larger proportions remaining single amidst social changes that bring about non-traditional lifestyles and promote closer interrelationships are likely to have resulted to changes in sexual practices in the country such as an increase in the occurrence of sexual relationships that are not related to marriage. This transition can be a source of conflict between generations of Filipinos in view of the age-old value of virginity and the sanctity of marriage, particularly in the Catholic religion which is the religious affiliation of 85 % of the Filipinos.

Not that PMS is a risky behavior per se but the society's difficulties with the phenomenon is enough to put the young adults in compromising situations vis-a-vis the larger society which looks at this generation as their mirror of the future using their own values as the standard for their expectations.

VI. SEXUAL DEBUT

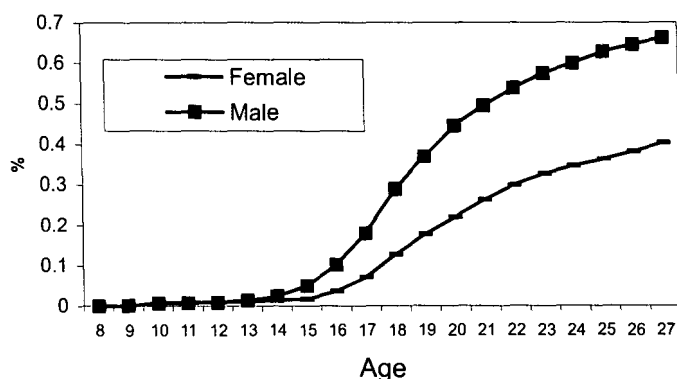
The first sexual intercourse is an event of immense personal and social importance. It has great health implications as it marks the initiation to sexual act and later sexual activities, which when done unprotected can lead to adverse outcomes such as an unplanned pregnancy and sexually transmitted infection. In addition, virginity which is still of great cultural significance and has legal implications is technically defined in terms of the first sex experience.

Sexual debut assumes heightened significance during adolescence as this marks an early engagement in sexual practices and is most probably done prior to marriage.

Thus, in relation to initiation to sexual intercourse among young people, the timing, the circumstances surrounding it and the consequences are of central importance.

The Timing of the First Sex. Very early initiation to sex (defined here as sex at age 13 and below) is still rare (1.2 %) among young Filipinos without significant difference between

Figure 8. Cumulative probability of PMS by sex, YAFS 2002



boys and girls. As figure 8 shows, significant proportions have had their first PMS experience already before age 18 and the figures continue to cumulate as they reach their 21st birthday. Males have their sexual debut much earlier than females. Before our adolescents reach age 15, 5% among the males and 1.7% among the females have had their first sex experience. As expected, this increases with age such that a higher proportion of Filipino adolescents have had their sexual debut before they reach age 18, with the gender gap increasing in the same direction: 29 % among males and 12.8 % among females. By age 21, already 49.6 % of the males and 26.3 % among the females have initiated PMS.

Comparable figures for females in 1994 shows a considerable change in the age at first sex experience as shown in Table 1. Over the last two decades, the earlier onset to PMS at every age is clearly occurring. For example, before age 18, 9.8 % have experienced their first sex among the 15-24 year old female respondents in 1982 which increased to 12.8% among the comparable sample in 2002. The increasing pattern of probability in each of the selected ages is seen between the two time periods.

The lowest age of experience reported by the female adolescents also shows the 'younging' of the experience as sexual debut had already happened as early as six years old among the

TABLE 1. Probability of PMS before reaching selected ages for females:1994 & 2002

Before Age	1982	2002
13	0.2	1.1
15	1.5	1.7
18	9.8	12.8
21	18.7	26.3

respondents of the 2002 survey compared to eight years old in the 1994 survey and 12 in the 1982 study⁵.

This 'younging' pattern, however, is masked by the simple average age at initiation where sexual debut remained to be 18 years of age for females between 1982 and 1994 with a slight decrease at 17.8 years in 2002.

In addition to the young age at entry into PMS, the circumstances surrounding the first experience are also worth discussing as we shall do in the succeeding paragraphs.

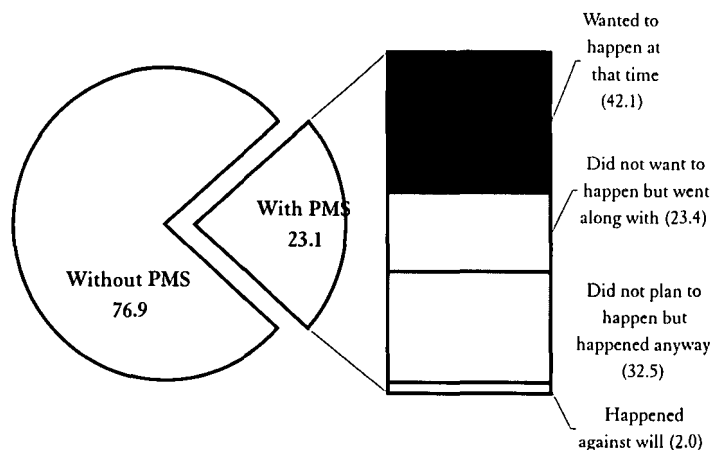
Forced sex. As substantiated by police and media reports about rape and incest cases, some of the sexual debuts reported by the adolescents themselves are forced or without their full consent. Among the adolescents, about 3% in 1994 claimed that their first experience was without their consent and the rate is higher among those with very early sexual debut. Among those with sexual debut at age 13 or younger, the rate of forced sex was 3.7 % and 2.8% among those with sexual debut at 14 years and older⁶.

In 2002, 2% of first PMS was reported to have happened against their will. In addition, more than half of those with PMS (55.9%) did not want the sexual intercourse to occur but either just went along with it or just happened anyway.

Here is a clear evidence of the vulnerability of young people to sex which majority of them did not want to engage in PMS in the first place.

Circumstances surrounding the first sex. Looking into the circumstances surrounding the first sex experience can be instructive in determining the problems that can arise from it and in the process get some ideas about possible directions for intervention.

Figure 9



Apart from the age of sexual debut, the school level of the adolescent at the time of the experience can be telling of what can be occurring while kids are in age levels that are supposed to be preoccupied with school work. A third of adolescents' first sex experiences happen when they are in high school level. Another fourth are experienced by the adolescents when they are already working and a fifth are started at college level. Some start quite early while they are still in the elementary grades (5%). More of the female experiences than that of the males' occur at elementary grades (6.5 vs. 5%). But in general, boys' first experiences happen much earlier than those of girls'.

Important insights can also be gleaned from the characteristics of the first sex partner. It is more common that first experiences of girls happen with male partners who are four years older, e.g., average age of male partners is 22 years while that of the girl is 18. The girls report a more conservative picture of their first experiences as the majority (87%) of them report that their first experiences have been with men whom they regard as their boyfriends or 'steadies'. Boys are more casual about sex with more than 40% experiencing it with either a friend or plain acquaintance. Two-and-a-half per cent of the first sex experiences of the boys have been admitted to be with a commercial sex worker. This is an evidence of the oft-mentioned 'sponsored' sex debuts of young boys.

A small but not entirely insignificant number of married people participate in the sexual debut of young boys and girls with the proportion slightly higher among the girls. Four-and-a-half per cent of girls' experiences are with married guys and 3% of the boys' are similarly situated. For the most part (95%), however, the first experiences are with unmarried people like them.

Homes remain to be the most popular venue for the sexual debut of young boys and girls (21.5%) with the partner's home ranking as the most common venue especially among the girls (32.7%). Hotels and motels find customers among the youth (25%) especially as a venue for the sexual debut of young boys (27.6%) from the urban areas. For the rural areas, the counterpart venues are the beaches, parks and farms (12.2%). Data suggest that boys are more adventurous than girls as the former show the classroom as one of the venues for the first experience (3% vs 0.3%). Workplace can also be the location of these experiences, slightly more so for girls than for boys (3.7% vs. 2.9%).

First sex is usually unprotected especially among the girls. A fourth of the sex debuts are claimed to have been protected by contraception and more so among the boys (24%) and less so among the girls (8.3%). This is to be expected as more than half of the sex debuts are claimed to be unexpected and therefore contraception is not possible under those circumstances. Another important reason cited for not using any method of contraception is: not knowing about contraception (15.5%). Others are: objection of partner (7%), sex is not fun with contraception (5.5%) and that contraception is either wrong or dangerous to health (6.7%).

Of the small proportion who used some protection from pregnancy, withdrawal was most common (41%) followed by condom (27.6%) then by pills (21.6%). Some variation in the method used by males and females is quite apparent with girls reporting a higher level for withdrawal (54%) than boys (38.6%) but the latter reporting more use of pills (21.9% vs. 19.7%) and condom (29.7% vs. 14.8%). For the methods that require supplies like pills and condom, drugstores are the most common sources for both sexes (60%). For withdrawal and rhythm, source of knowledge is overwhelmingly their friends for the boys. They hardly go to private doctors for their contraceptive needs, especially the girls. Boys reported motels and hotels to be one of their sources for condoms (3.9%).

Risk Factors. While the adolescents are behaving as they do in matters related to sex, their life stage and situation make them the least concerned in determining the forces around them that influence them to behave in a certain way. We adapt here an ecological, risk factor model (Small and Luster, 1994) in trying to understand why some adolescents engage in sex earlier than others. The assumption here is the concept of cumulative risk which posits that as exposure to risk factors increases, the probability of engaging in early sex increases. In addition, the concept of multiple risk is applied which states that there is no single risk factor; instead, young people are more likely to be sexually active if they are exposed to multiple risk factors. This is not to fit all adolescents in the same box of determinants because obviously there are many pathways to sexual experience, and the risk factors may differ from individual to individual. However, interventions are best instructed by modalities of common experiences. The model considers four categories of factors representing different aspects of the adolescent's ecology such as: (1) individual characteristics; (2) family factors; (3) extrafamilial factors like school and peers; and (4) macro-system influences such as cultural values, media messages, public policies. Factors in each of the categories may serve either as protective against engagement in sex activity or a risk that promotes the practice.

An attempt to apply this model to the data of YAFS 2 points to a number of factors that influence the timing of first sex. To summarize, the protective factors or those which tend to delay first sex are: having an employment (boys); staying longer in school (boys and girls); receiving population education in school (boys and girls); living with parents (girls) and having a liberal-minded father (girls). On the other hand, the risk factors or those which tend to encourage early sexual debut are: living away from parents at an early age (boys and girls); having a mother who is perceived as liberal (boys) and regular exposure to x-rated movies (boys and girls).

Important insights can be gleaned from the results of the modeling of risk factors of the timing of first sex. Quite prominent are the roles of the home, the school and the media in the sex lives of the adolescents.

Home is still a protective haven especially for our young girls. Living with parents vs. living away from parents decreases the probability of early sex debut. In addition, parenting

style exerts important influences too. When a father is perceived to be liberal with his adolescent kids, this discourages his daughter to have early sex. On the other hand, a mother perceived to be liberal and allows her children a wider latitude of activities tend to encourage early sex. Among those who live away from home, the older they left home, the later is their onset of sexual activities.

Keeping our teenagers longer in school and providing them with population and sex education at appropriate levels are school factors that discourage early engagement in sex. On the other hand, for those who are no longer in school, having a job has the same delaying effect on the timing of the first sex experience. From these findings we can say that being engaged in age-appropriate activities has an effective detracting effect to engaging in early sex among the adolescents. This therefore suggests that being an out-of-school youth can encourage the behavior.

On macro-system influences, media assumes importance in the lives of the adolescents. Certain types of media are strong predictors of early sex. In particular, watching x-rated or for-adults-only types of movies encourage early sex for both sexes.

VII. A FOCUS ON THE VERY EARLY SEX EXPERIENCE

It is instructive to delve deeper into the circumstances of the very early sex experiences such as those who had their sexual debut at age 13 or younger. As this age can be considered to be a highly precocious one for experiencing sex, the adverse health and social consequences of the event can be heightened among this group. While the event is rare (1.6% of all premarital experiences for boys and 1% for girls), the circumstances and characteristics of the encounters are just as important as they will provide us with a glimpse into situations which can be highly problematic. Inasmuch as the numbers for girls are small, we will concentrate the analysis on the boys' experience. More than half of the very early sex among boys was done with girls who are younger than they are while a quarter were with girls who are older. Thus, unusually young sex intercourse present two different pictures. One borders on the sex experience being part of a play where playmates could be mimicking what they see from the adult members of the society, either in their own homes or through portrayals in media like video movies, etc. We see therefore sex partners as children about the same age. The other situation is suggestive of an older female luring a young boy to have sex with her or the act being a baptism of sorts for the boy and could have been a 'sponsored' one. Both present unpleasant phenomena insofar as the Filipino culture is concerned.

About half of the very early sex occurred while the young boy was either in first or second year high school while the other half during their elementary grades and can start as early as the third grade.

As expected, the first partner is most likely an acquaintance or a friend (70%) and is most probably a single girl (94%). It is quite disturbing and leaves much to speculate about that 4% of very young boys' first experiences are with married women. Can these be cases of young boys being lured into sex by older women?

Subsequent sex experiences of those who had their first experience at a very early age is highly likely as 41% of them had sex again with the first partner. From a risk perspective, the more important characteristic of their sex behavior relates to the number of partners. These precocious boys do not end their sex encounters with the first partner. Instead, they are likely to have other sex partners in addition to the first. The average number of sex partners was 10. A fifth of these precocious boys reported 15 or more partners with 66 partners as the highest number. It appears that having sex at a very young age increases the probability of a boy to have more than one partner during the course of their adolescent years.

Unprotected Sex. Protection against an unwanted pregnancy or from sexually transmitted diseases (STDs) is not likely during the first sex encounter in view of the nature of the experience. Barely 5% of the very young sex debut had the benefit of contraception because they either did not know about contraception or they did not expect to have sex at that time thus did not have the opportunity to use any method of protection. The first sex usually is not a planned one.

Homosexual Sex Debut. There are strong pieces of evidence that homosexual relations start at very young ages. Both the 1994 YAFS and 2002 YAFS showed that 11.5 % of the very early first sex experiences were in the nature of a homosexual sex encounter.

In 1994, the evidence came from the claim that their reason for not using contraceptive during the first sex is having a partner of the same sex. This means that they only see contraceptive as a protection against unplanned pregnancies but not for STDs inasmuch as the latter is a much heightened risk in homosexual relationships.

VIII. WHAT MAKES SEX RISKY?

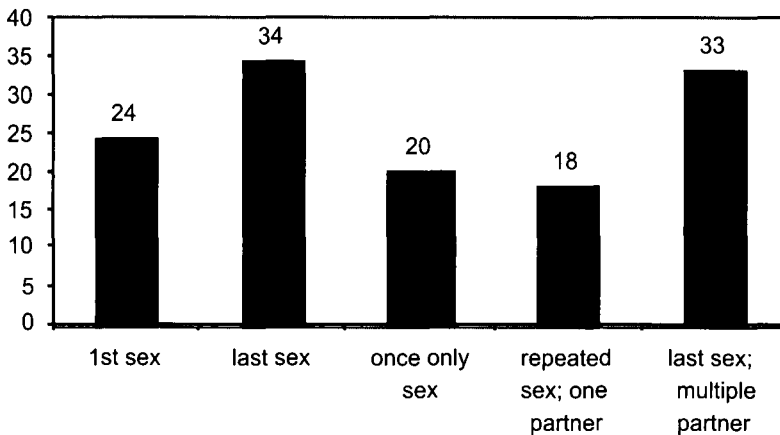
Multiple Partners.As has been maintained in this report, PMS per se is not a problem but the manner in which it is carried out can make the experience a risky one.

The premarital experience of females tend to be confined with one sex partner as three-fourth report that they had sex again with their first sex partner and with nobody else. A small proportion (3.7%) had other partners. On the average, this group of girls ever had 2.2 partners.

Males practice more casual sex. Only 38% had sex again with the first partner. The rest who continued with the practice did it with other partners for an average of four (total of five including the first one).

Unprotected PMS. Premarital sex among the young is usually unprotected. In particular, the first sex experience is commonly without the protection of any contraceptive method and this is displayed more by females (8.3%) than males (24%). Contraceptive use, however, increases with subsequent sex experiences of both males and females. For example, during the last sex experience, this increased slightly for females (13%) and a bit higher for males (34%).

Figure 10. Contraceptive use during sex episodes, males:1994



These sexually active youth have a strong preference for withdrawal and pills in all their sex episodes.

A positive feature of their limited contraceptive use is seen in the differential use between those with one and those with multiple partners as the Figure 10 shows. Those with multiple partners are likely to use contraceptives more than those with one partner only.

IX. OTHER THREATS TO REPRODUCTIVE HEALTH (RH)

Experiences of RH Problems⁷ Adolescents themselves report to have experienced various RH problems ranging from dysmenorrhea to abortion or complications of pregnancy for girls and from infection from circumcision to impotence or problems in ejaculation (either delayed or premature) for boys.

Majority (58%) of young people ever experienced some reproductive health problems during their adolescence. Females have higher incidence of RH than males but males tend to experience more serious RH problems.

For females, the most commonly reported serious RH problems include painful intercourse and the inability to have orgasm. Pregnancy-related problems and life-threatening complications such as hypertension during pregnancy and induced/spontaneous abortion are far less common but are reported anyway. Painful urination which can be symptomatic of urinary tract infection (UTI) associated with increased sexual activity is not an insignificant experience at 16 % incidence.

Figure 11. RH problems of females 15-24: 1994

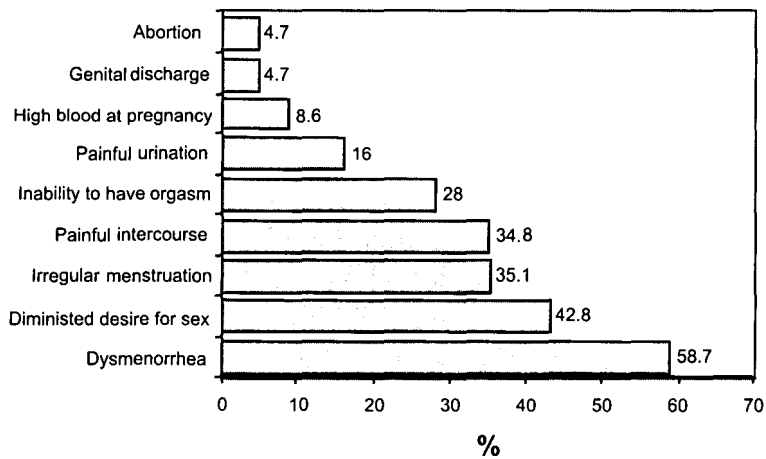
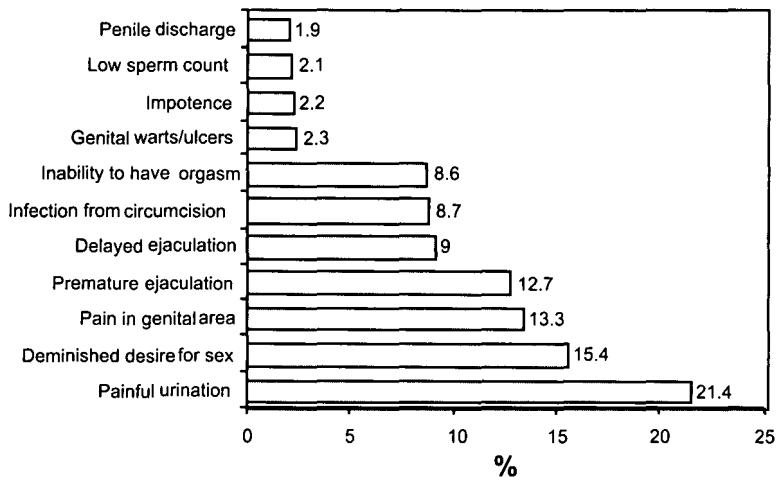


Figure 12. RH problems of males 15-24: 1994



For males, the most common ones are painful urination (21.4%) which can be indicative of sexually transmitted disease, diminished desire for sex (15.4%), pain or itching in the genital area (13.3%) a common manifestation of bacterial infection. The other serious conditions but in lower incidence include genital warts or ulcers, impotence and penile discharge. Less serious problems are premature ejaculation and its opposite delayed ejaculation, infection in circumcision and inability to have orgasm.

STDs including HIV/AIDS. Young men in the Philippines are at substantial risk of HIV in view of their sexual practices⁸.

YAFS II data have a lot to say about this. First, before the young males marry as observed before they reach the age of 25, 37% will have sex with at least one other partner besides their wives, and a non-negligible portion will have paid for sex. It is highly probable that these proportions increase the longer they remain single. One third of these young men who remain single at age 24 will be engaging in activities with potential for HIV transmission. Some men will have five or more sexual partners, a potent ground for the spread of HIV virus. There are also indications of an overlap between commercial and non-commercial casual sex as well as with committed and marital sex, all of these providing a highly hospitable environment for the spread of the virus.

All types of sex encounters are largely unprotected. Nine per cent of married and sexually-active single men reported that they had used condoms in their first or most recent sexual experiences. The estimate of young men having ever used condom in their entire lives was about 23%. A little positive note here is the slightly higher level of condom use among those who ever paid for sex than those who did not report such a behavior (40% vs. 17%); as well as among those who were ever paid for sex (31% vs. 22%).

These levels of condom use for highly risky sexual behaviors bespeak of the lack of protection against contracting and spreading STDs and HIV.

Abortion.⁹ In view of the large proportion of unprotected sex among young women it is not uncommon that unwanted pregnancies would occur. In fact, 60% of the 15-24 year olds who had abortions admitted that their aborted pregnancies were unwanted¹⁰. Half of these adolescent girls were already married and the other half were either single or in live-in status. More than 75% of the study's reference aborted pregnancies were claimed to be their first pregnancies. At these early ages, almost 10% had at least two abortion experiences.

Reasons for Abortions. The reasons are more discriminating across marital groups of the adolescents and are more status-relevant. For instance, economic reasons (33.7%) as well as having too many children (37.8%) are mostly cited by the married group, the single adolescents mentioned studying (22.2%), fear of parents knowing about their pregnancy (19.6%) and father of the child is married (14.2%) as their top reasons while those who are on live-in status are the ones who cited the instability of their relationship as an important reason

(10.6%) more than the other two groups. In addition, the those in live-in arrangement gave economic (28.6%), too many children (25.6%) as well as having married partners (5.7%) as their top reasons for resorting to abortion.

The situations that drive the adolescents to resort to abortion are quite different from those that obtained among the older women with abortions.

As far as age of women are concerned, the adolescents among those who have experienced an abortion seem to dominate the single sector as reasons for abortion are similar such as being in school, having an unstable relationship with the father of the fetus, having a partner married to another woman and fear of parents knowing about the pregnancy.

In addition to these, the reproductive and economic challenges among the young Filipinas is quite apparent as more than a fourth of them cite economic and having too many children already as the primary reasons for the abortion.

Given these reasons for resorting to abortion which remains illegal and therefore an illicit service in this country, these young women took up abortion as a last resort to a compromising situation such as an unwanted and unplanned pregnancy. This becomes an immense threat to their reproductive health as well as to their general health.

Other aspects of the abortion experience. At the social level, the young woman with an unwanted and most often accidental pregnancy underwent the abortion without the partner knowing about it (44%). On the other hand, 38 % consulted the partner who gave his consent

Figure 13. Reasons for abortion by marital status

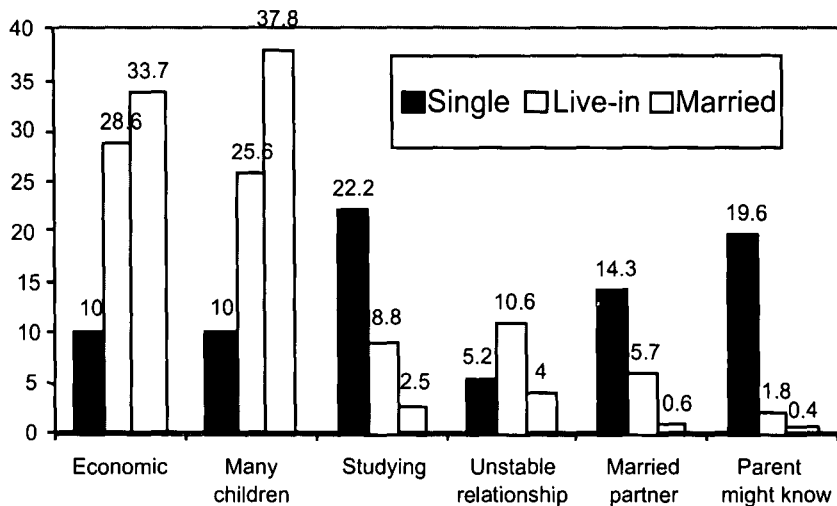
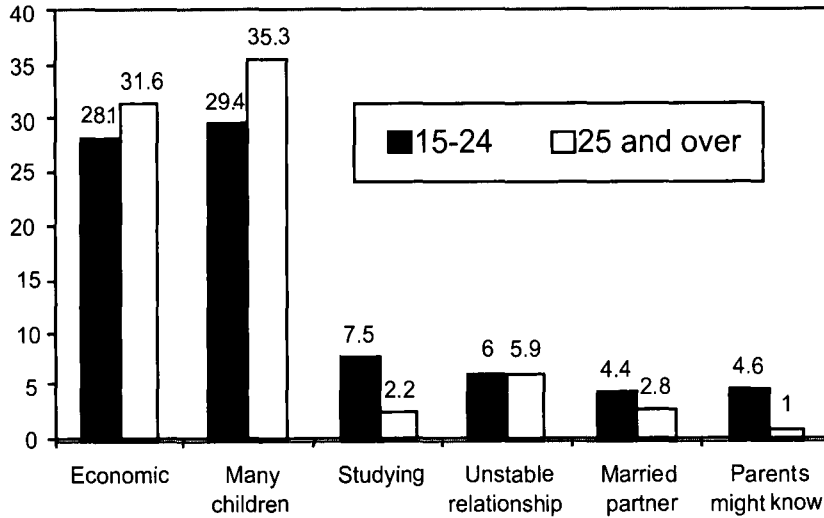


Figure 14. Reasons for abortion: 15-24 vs 25 & over



with another 16 % having consulted the partner who in turn did not support the move.

The above illustrates the harrowing times that a young girl go through as she tries to implement her decision to get rid of a pregnancy that she did not want and did not plan for. Under threats of having to face her parents, to quit school and having to face the consequences of an illicit relationship, a young pregnant woman resorts to dangerous practices that can hurt her or even threaten her own life just to expel the fetus.

Complications and consequences. The young women were admitted at the hospitals¹¹ for obvious immediate abortion complications such as complains of excessive bleeding (31.2%), severe abdominal pains (24.7%), fever and chills (10.9%), foul smelling discharges (1.6%), combination of headache, dizziness and vomiting (1.5).

Post-hospitalization due to complications of abortion do not completely free the adolescent from further consequences as the following accounts would show¹². Six months or so after the hospitalization, there were complaints of excessive bleeding (10.9%), infection (10.9%), body aches (6.5%), dryness or yellowing of skin (10.9%), and fever and feeling of weakness (2.2%).

After the abortion, the adolescent girl had to bear some social consequences. Eight % of them admitted that their relationship with the partner had been affected particularly, e.g., more quarrels and less warm relationship. More than one-fourth of them were angry at their partners because they did not get any support from them. One-half felt relieved emotionally

and financially because of the possible effects of the child. Seventy per cent suffered from guilt and expressed remorse for what they have done. One-fourth wished that they did not go through the abortion. On the other hand, 14% was relieved and thought that, having been freed from the pregnancy, they would have more opportunity to grow as individuals.

Abortion does not leave an adolescent woman unscathed. Physical, social and emotional hurt attributed to the experience continue to haunt her and her relationships long after the experience.

X. SUMMARY AND CONCLUSIONS

First, we note with satisfaction that majority of our adolescents are still not into early sex. However, many indications in this paper point to areas of concern related to the sexuality and reproductive health of the adolescents.

The compilation and analyses of information conducted for this paper reveal a propensity of our young people to engage in sexual activities in view of the emergence of activities and relationships that are either deeply-rooted in youth culture or due to changing influences in their environment or a combination of both. The spectrum of relationships marked by socialization into more intimate behaviors within and outside the context of marriage is varied and present opportunities for the young people to make responses. These are seen in the types of premarital sex practices that they experience with each of commercial, casual, committed, homosexual, very early initiation to sexual intercourse presenting varying possibilities for problematic outcomes.

PMS and its precursor events such as having crushes and dating are being initiated earlier at least for females as shown in this paper. These are in tandem with the earlier onset of menstruation which can increase the possibility of young and unwanted pregnancies. The latter are also the object of abortions, the nature and circumstances of which as experienced by the young women can be traumatic for the rest of their social and reproductive life.

The first PMS or sexual debut assumes particular significance in the series of sex-related events in the lives of young people. Taking a closer look at the problematic aspects of sexual debut, we can pinpoint the following issues that arose in the previous discussion: the types of sex partners that our young people are having, the nature of the very first experience in relation being part of play and possible adult sex molestation of young kids, the violations of motels in accepting young people as clients, the elementary and high schools as venue for the first sex, the parenting style of mothers in particular, homosexual sex being started early in life, the lack of protection of first sex experiences, the lack of knowledge about protecting them from unplanned pregnancy and most especially against STDs, etc.

On the upside, there are identifiable areas for the promotion of sexual condition and health among the adolescents. These are: still manageable proportions of early sexual debut,

identification of the school as a protective factor particularly in keeping the young people in school longer as well as the provision of population/sex education, the net protective role of homes as long as the positive factors are there; knowing that young people can go to drugstores and health centers for their contraceptive needs, if and when they decide to use contraception; etc.

Obviously, these various information that we have brought to fore can help in assisting the youth in delaying their sexual debut and consequently preventing the adverse consequences attached to the practice. Sexual development is a normal and important part of adolescence. Fortunately, most adolescents go through these changes without significant problems. Unfortunately however, a significant number go through sexuality-related problems more than others and experience problems in heightened and less conventional sense. For both groups of adolescents, support and care during this transition to adulthood are highly indicated and for the latter group, special care is needed.

The lives of millions of Filipino adolescents are at risk because they lack the information, skills, services and support from significant people and institutions in their lives. These they need to go through sexual development during adolescence and to postpone sex until they are physically and socially mature, and until they are able to make informed and responsible decisions.

NOTES

- 1 Problem behaviors are those behaviors that constitute transgressions of societal and/or legal norms and that tend to elicit some social control response such as drug abuse, alcohol abuse, smoking, early sex, premarital sex, unprotected sex, etc.
- 2 Sources of data: 1982 – YAFS1, 1994 – YAFS2, 1997 – Social Weather Station, 2000 – McCann Study, 2001 – Atenco Study and 2002 – YAFS3
- 3 For the definition of the constructs and a fuller view of the analysis undertaken, see Xénos, P, C. Raymundo and C. Berja (1999). *Union Formation and Premarital Sex In Raymundo, et al (eds). Adolescent Sexuality in the Philippines. University of the Philippines.*
- 4 Preliminary results of FGDs done by Health Action and Information Network (HAIN) for the Young Adult Sexuality and Fertility Study III (YAFS3) project of the DRDF.
- 5 Data came from the 1994 Young Adult Fertility and Sexuality Survey and 1982 Young Adult Fertility Survey, both conducted by the University of the Philippines Population Institute.
- 6 YAFS 1994
- 7 Data in this section are mostly taken from Cruz, Grace and C. Berja (1999). *Reproductive Health. In C. Raymundo, et.al (eds). Adolescent Sexuality in the Philippines. Office for Research and Development. U.P.Population Institute and East-West Center.*
- 8 This section is taken largely from Balk,Deborah, L.J.Domingo, G.T.Cruz and T.Brown. (1999). *HIV/AIDS. In Raymundo, C., et.al. Adolescent Sexuality in the Philippines. U.P.Office for Research and Development. U.P. Population Institute and East-West Center.*
- 9 Analysis in this section is taken from Raymundo, et. al. *Abortion and Reproductive Health among Filipino Women* data conducted by the author of this paper. The data are collected from four large public hospitals in the country.
- 10 New analysis of UPPI (1994) *Abortion and Reproductive Health among Filipino Women* data conducted by the author of this paper.
- 11 Sample women came from the Jose Fabella Memorial Hospital (Manila), Vicente Sotto Memorial Hospital (Cebu), Davao Medical Center and Cagayan Valley Regional Hospital. This is part of the study entitled *Abortion and Reproductive Health of Filipino Women* (New analysis of data by the author).
- 12 Data came from the follow-up interviews of the sample women cited above.

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