Mainstreaming Adolescent Reproductive Health in the Workplace*

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I. INTRODUCTION

The young Filipino workers constitute about a fourth (21.5%) of the almost 30 million workers in the country (National Statistics Office, 2002). Compared to their school-going counterparts, however, they have been sparingly involved in reproductive health initiatives. Such low priority given to young workers' reproductive health is unfortunate given the fact that the promotion of adolescent reproductive health (ARH) is easier in organizations that have formal structures such as schools, industries, labor unions and youth clubs.

In the process of their formation as workers, adolescent workers engage in other non-work related activities - a manifestation, more than anything else, of their normal growth and development, and their transition into full adulthood. Having sexual relationships, for instance, while a physiological and socio-psychological response, is also an age-graded response towards adult status. Their engagement in non-work related activities – especially in sexual relations – has attendant non-positive effects like unwanted pregnancies and infections. Experiencing

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any of these effects, especially if protracted, interferes with the normal functioning of the concerned individuals. Such interference is bound to lead to ineffective performance in the workplace that, in turn, presents a potential foreclosure, among the involved persons, of their income-generating opportunities and eventually of their upward social mobility.

This report is based on a baseline study on youth reproductive health knowledge, attitudes and practices conducted by the Trade Union Congress of the Philippines (TUCP), a representative democratic organization of trade unions, workers' organizations and other groups of workers in all sectors and industries. This effort hopes to enable TUCP to plan the specific contents of its intervention programs. For example, would the intervention just dwell on the definition of HIV and AIDS, or on the promotion of pregnancy and STI-related protective measures? Would the intervention solely promote contraceptive use?

The collection of benchmark information was also accomplished for the purpose of monitoring and evaluating the effects of intervention on the target audience. Differences in identified indicators before and after the intervention can only be determined if, in the first place, there are grounds for comparison. Have there been changes in reproductive health knowledge, attitudes and behavior at the end of the intervention? How extensive are these changes and can these be attributed to the intervention?

Using the highly structured questionnaire developed by the United Nations Population Fund, but slightly modified and translated into local languages for the purpose of the TUCP program, the study collected data on the profile of adolescent workers and their sexual and reproductive health knowledge, attitudes and practices. A total of 102 employed adolescents, aged 15-24, from food, transport and general services industries from Metro Manila and Metro Davao, the two geographic sites of the TUCP program, served as respondents of the study. The inclusion of these two sites was not for comparative purposes, but to achieve some broad geographic representation. The selection of industries and respondents was based on convenience. Industry groups that readily granted permission were the ones included in the study. The anonymous questionnaires were administered to respondents in two ways. On the one hand, the store supervisors (for instance, of Jollibee) gave to and retrieved the questionnaire from their youth workers. On the other hand, some labor union officers who were non-employees of the industry groups were the ones who administered and collected the questionnaire from adolescent workers. Data gathering took three months to complete. The accomplished instruments were re-checked for overall completeness and were numbered consecutively. Data were processed using the Windows version of the Statistical Package for the Social Sciences.

II. FINDINGS OF THE STUDY

Respondents' profile

Youth respondents are characterized based on individual, familial and social indicators. Individual traits include age, sex, civil status, job, monthly income, and education. Familial and social characteristics cover parental occupation, number of siblings, residence, and off-school and off-work activities.

Respondents were of adolescent age, most between 21 and 24. Females outnumbered males (six versus four), and singles outpaced those in marital and other forms of consensual unions (eight versus two). Catholics comprised the bulk of respondents (79.4%), with a few being Born Again Christians, *Iglesia ni Kristo*, Protestants, Baptists and Moslems. For every 10 respondents, nine were college educated (with some college education). At the time of the interview, one-fourth of respondents were studying while the rest were not, either because they had already completed a degree or they had stopped schooling. Almost all (97.1%) were in non-managerial positions (service crew, sales assistant, bus conductor or conductress, clerk, nurse, driver, cashier, bookkeeper, sewer, messenger, and project assistant) with monthly income below 10,000 pesos (Table 1).

Data on parental background (Table 2) reveal that among a fourth to one-half of those interviewed, their father or mother do not have any job during the survey period. Among those whose parents had a job, it was gathered that parental occupations were predominantly non-professional (technician, barber, dressmaker, driver, manicurist, dental aide, sales clerk, cashier, bookkeeper, farmers, and fishermen). Very few (about 10) reported that their parents were overseas contract workers, while others did not report about parental work because their parents died already. Most respondents said that both their parents resided in the same household. Two-thirds of the respondents mentioned that they lived with their parents. Other respondents lived in a boarding house, with relatives, or rented their own place, or stayed with a friend (Table 2). Eight of every 10 respondents came from a family where the number of siblings ranged from three to 14.

What activities did respondents undertake whenever they were free of school or work-related activities? An examination of the specific activities that the youth respondents undertook discloses that the five most frequently mentioned were resting (65.7%); watching television (49.0%); doing household chores (45%); going out with friends (41.2%); and going out with family (23.5%). Attending to studies and assignment even among those who were studying (n=25) was not common, as only 12 student-respondents reported doing this activity outside of school and work.

TABLE 1. Respondents' individual characteristics (n = 102)

Characteristics	Number	Per cent
Age		
17-18	9	8.7
19-20	18	17.5
21-22	37	36.3
23-24	38	37.5
Sex		
Male	42	41.2
Female	60	58.8
Civil status		
Single	84	82.3
Married	14	13.7
Others (living in/separated)	4	4.0
Religion		
Roman Catholic	81	79.4
Born again	13	12.8
Others (Protestant, Iglesia ni Kristo, Islam, Baptist, none)	8	7.8
Highest education		
High school or lower	9	8.8
College/vocational	92	90.2
Post-graduate	1	1.0
Job position		
Non-managerial	99	97.1
Executive/managerial	3	2.9
Monthly income		
Below 10,000	100	98.0
10,000 or higher	2	2.0

TABLE 2 Respondents' familial and social characteristics (n = 102)

Characteristics	Number	Per cent
Father's occupation		
None	26	25.5
Professional	4	3.9
Non-professional	56	54.9
Deceased	16	15.7
Mother's occupation		
None	55	53.9
Professional	12	11.8
Non-professional	31	30.4
Deceased	4	3.9
If parents lived in the same household		
Yes	89	87.3
No	9	8.8
Not applicable	4	3.9
Current residence		
With parents	65	63.7
With relatives	8	7.8
Boarding house	19	18.6
Renting own	7	6.9
With friend or no answer	3	3.0
Number of siblings		
None	3	2.9
1-2	16	15.7
3-4	42	41.2
5-6	26	25.5
7-14	15	14.7

Sexual and Reproductive Health: Knowledge and Attitudes

Respondents' Knowledge

In gauging the extent of their knowledge, the researchers asked the respondents about sexually transmitted diseases and HIV and AIDS (and their information sources), ways of occurrences and prevention of pregnancy and infections. In addition, they were asked to identify which of the activities enumerated to them (for example, early sex, abortion, alcohol drinking) are seriously affecting adolescents.

Of the 102 respondents, 93.1% or 95 said that they had heard of sexually transmitted diseases or STDs. The common examples of sex-related infection that were cited are: gonorrhea, HIV/AIDS, syphilis and candidiasis, genital warts, pubic lice and scabies.

The tendencies to have heard and to have given an example of STDs were not contingent on respondents' age and sex.

In terms of knowledge on the definitions of HIV and AIDS, the data indicate that a proportion of the 102 respondents were knowledgeable about these specific STDs. Regarding HIV, for example, only 17 or 16.7% had correctly defined HIV; the overwhelming majority (83.3%) had an incorrect definition or description, or had no idea about the term. The definition of HIV against which respondents' answers were checked is 'human immunodeficiency virus'. The description of HIV against which replies were verified is that 'it is the virus that causes AIDS.'

Relative to the number of respondents who knew of HIV, the number of those who knew AIDS was higher. Of the 102, more than half (57.8%) correctly defined and described AIDS. Despite the high proportion, around 40% had no idea or had wrong ideas about AIDS. The definition of AIDS against which interview reports were checked is 'Acquired Immune Deficiency Syndrome'. The description of AIDS considered correct is this: AIDS is a condition in which a person's immune system suffers.

Table 3 shows the details of respondents' sources from where they derived their knowledge of STDs, and HIV/AIDS. Four major sources were identified, each by roughly 40 to 50% of the 102 respondents. These sources are books, television shows, advertisements, and teachers. Friends and movies were also regarded as sources, but these were mentioned in lesser frequencies. Moreover, government and non-government organizations (the Departments of Health and of Social Welfare and Development, city and barangay health centers, *Talikala*, Trade Union Congress of the Philippines, FPOP, Davao Teen Center, Reachout, *Higala*, and *Alagad*) were also cited as sources, albeit only by about 10 to 20% of the respondents. Respondents also singled out their mothers, brothers and sisters as information sources (not in the table). However, the frequencies with which these were reported were too sparse (mentioned by three to four respondents) to be regarded as major sources. Also about 55.9% said that ever since, they had no sexual problem and did not see the need to talk with anyone. Among those who said that they had such a problem, they talked primarily with their friends or peer groups and secondarily with their boyfriends or girlfriends.

TABLE 3. Respondents' sources of information on STDs & HIV/AIDS

Sources	STDs		HIV/AIDS	
	Number	Percent	Number	Percent
1. Books	49	48.0	39	38.2
2. Television shows	46	45.1	45	44.1
3. Advertisements	42	41.2	38	41.2
4. Teachers	40	39.2	46	45.1
5. Friend	31	30.4	27	26.5
6. Movies	28	27.5	27	27.5
7. Organizations	12	11.8	19	18.6

TABLE 4. Respondents' knowledge on pregnancy & STD*

Items	Yes		No	
	Number	Percent	Number	Percent
1. Pregnancy can occur at first intercourse. (+)	76	74.5	23	22.5
2. Pregnancy can occur from one intercourse. (+)	76	74.5	23	22.5
3. Through sexual intercourse, one can get HIV. (+)	75	73.5	22	21.6
4. One can get HIV from using public toilets. (+)	13	12.7	85	83.3
5. AIDS has a cure. (+)	27	26.5	68	66.7
6. One can get HIV from holding someone with AIDS or using his/her things. (+)	20	19.6	78	76.5
7. One can get HIV if bitten by mosquitoes. (+)	27	26.5	68	66.7
8. HIV can be transmitted through blood transfusion. (+)	92	90.2	5	4.9

**For each item, three to five respondents did not answer, and thus were excluded from the analysis.*

Respondents were also given an eight-item quiz to test their knowledge of the various ways and means in which pregnancy can occur and from which to contract STDs. The findings (Table 4) underscore that a greater number of respondents had accurate rather than inaccurate knowledge of the given items (signified by the positive sign in each item). The percentages of those with correct knowledge ranged from 70 to 90%; conversely those with incorrect knowledge ranged from 10 to 30%. Thus, respondents knew that pregnancy can take place during the first and from a single intercourse, or that, through intercourse, HIV may be contracted. Furthermore, respondents accurately identified that HIV cannot be transmitted by using public toilets, through mosquito bites, or by touching someone with the virus or using his/her personal belongings. The highest percentage of respondents (90.2%) with the correct answer was observed in the last item, in which HIV was specified as being transmissible through blood transfusion. Age and sex were not significant indicators of respondents' possession or lack of possession of accurate knowledge.

What did respondents know about preventing pregnancy and STDs? The study – using open-ended questions – asked respondents to enumerate preventive measures. Data reveal that of the 102 respondents, 55.9% were able to give a correct answer on how to avoid pregnancy, while a higher percentage (65.7%) gave a correct response for avoiding infections. The predisposition to cite a pregnancy preventive measure appeared to hinge on respondents' sex. Thus, more women than men (40 versus 17) reported an accurate pregnancy measure. The influence of sex, age, and sexual experience (or inexperience) was not mirrored in respondents' answers in STD prevention. Many male respondents commented that the question on pregnancy prevention was not applicable to them because, being men, they do not experience pregnancy. With regard to pregnancy and STDs, respondents replied the following (in the order of the frequencies of mention):

Pregnancy

1. Abstain from having intercourse (26.5%),
2. Use contraceptives (23.5%),
3. Use condoms (10.8%),
4. Use pills (7.8%),
5. Use the rhythm method (6.9%), and
6. Use the withdrawal method (3.9%).

Infections

1. Use condoms (31.4%),
2. Be faithful (27.5%), and
3. Abstain from having intercouse (18.6%).

Ten specific problems hypothesized as common problems among the youth were presented to respondents. In Table 5, more than half of respondents identified pregnancy, early marriage, drug addiction, alcohol drinking, rape, abortion and smoking as the more common youth problems.

TABLE 5. Common adolescent problems

Issues	Number	Per cent
1. Pregnancy	75	73.5
2. Early marriage	71	69.6
3. Drug addiction	69	67.6
4. Alcohol drinking	56	54.9
5. Rape	54	52.9
6. Abortion	53	52.0
7. Smoking	52	51.0
8. Patronage of pornography	43	42.2
9. Prevalence of STDs	41	40.2
10. Stealing	34	33.3

Attitudes toward sex and reproductive health

Three broad dimensions of respondents' attitudes regarding sexual and reproductive health were measured. The first relates with respondents' agreement or disagreement to several conditions within which sexual intercourse occurs. An example of this has to do with men's relations with another partner despite their married status. The second dimension aims to measure attitudes of the individuals toward the use of protective measures. The use of condoms forms a prominent part in this dimension. The third dimension concerns abortion and its acceptability or non-acceptability. In the questionnaire, respondents checked two response options: 'agree' or 'disagree'. The absence of a check implies that respondents had no stand on the matter, blank responses were therefore excluded from the analysis.

Table 6 summarizes the results of the first attitudinal dimension. Each item bears a positive or negative sign. The "+" sign means that respondents were more predisposed to be accepting than rejecting of a sexual experience, vis-à-vis the context within which it is proposed. To be accepting is to adhere to a restrained concept of sexual experience, and to be rejecting is to adhere to its opposite. A "±" sign implies that respondents were divided into either of these typologies.

The evidence contained in Table 6 reveals that, on the whole, the youth respondents were largely accepting of restrained sexual experience in the conditions within which it is suggested. In six of the nine statements where the "+" signs are indicated, the respondents displayed their favorable attitudes towards restrained sexual experience. Respondents specifically concurred with the following views, as ranked accordingly:

1) It is unacceptable for a woman to have other sexual relations if she is married (91.2%);
2) It is unacceptable for a man to have other sexual relations if he is married (85.3%);
3) It is not okay for a single person to have intercourse with many partners (78.4%);
4) Having intercourse is not a proof of one's love (77.5%);
5) Intercourse prior to marriage is not acceptable (58.8%); and that
6) Even if the couple will be married, it is not okay for them to have intercourse (57.8%).

TABLE 6. Respondents' attitude on sexual intercourse

	Agree		Disagree	
	Number	Percent	Number	Percent
1. Intercourse prior to marriage is acceptable. (+)	38	37.3	60	58.8
2. It is okay for a couple to have intercourse so long as they love each other. (±)	46	45.1	51	50.0
3. It is acceptable for a man to have other sexual relations even if he is married. (+)	9	8.8	87	85.3
4. Having intercourse is proof that one loves his/her boyfriend/ girlfriend. (+)	16	15.7	79	77.5
5. It is acceptable for a woman to have other sexual relations even if she is married. (+)	5	4.9	93	91.2
6. Couples can have intercourse so long as they will be married. (+)	36	35.3	59	57.8
7. When a person is single, it is okay that he/she has intercourse with different partners. (+)	17	16.7	80	78.4
8. It is right for a single woman to have sexual experience before marriage. (±)	54	52.9	44	43.1
9. It is right for a single man to have sexual experience before marriage. (-)	70	68.6	26	25.5

The fourth and sixth views among the ranked statements were concurred more by female than male respondents. In two of the nine instances, respondents were split as a group. For example, in the statement 'It is okay for a couple to have sex so long as they love each other,' there were those who said 'it's okay' (45.1%) and those who said otherwise (50.0%). In the statement 'It is right for a single woman to have sexual experience before marriage,' the respondents were also divided: 52.9% agreeing and 43.1% disagreeing. In one statement, the respondents were clearly permissive: 68.6% subscribed that 'it is right for a single man to have sexual experience before marriage'. Respondents who agreed with this statement were of no particular age group or sex.

Respondents' attitudes and knowledge towards protective measures are displayed in Table 7. A "+" sign suggests that respondents had a positive view of the preventive measure; a "–" sign implies otherwise. The findings suggest that respondents had a firm view about the effectiveness of condoms in containing the spread of sex-related viruses. Eight out of every 10 of them held this view. However, with reference to the other two statements, respondents were evidently ambivalent. On the one hand, some said that condoms had a pleasure-reduction effect or that they would not use any contraceptive if their partner disliked it. On the other hand, some said that condom use does not diminish pleasure, or that they would utilize contraceptives in spite of their partner's objection. Interestingly, the respondents who said that using condoms decreased pleasure were mostly men, of varying age levels. The influence of sex and age on other statements was absent.

Attitudes toward abortion were also determined among the youth respondents. Table 8 provides the details of the results. A "+" sign means that respondents were more greatly accepting than rejecting of abortion. A "–" sign means they rejected abortion. Respondents expressed their rejection of the practice in seven of the eight conditions, foremost of which are: 1) if the partner of the pregnant woman is married (89.2%); 2) if the couples do not want a child anymore (89.2%); 3) if the woman is single (86.3%); 4) if the woman was raped (70.6%); and 5) or if the baby has deformities (65.7%).

TABLE 7. Respondents' attitude & knowledge on the use of protective measure

Items	Agree		Disagree	
	No.	Percent	No.	Percent
1. It is not pleasurable to have intercourse if one wears a condom. (±)	47	48.5	31	32.0
2. It is okay not to use a contraceptive if my partner dislikes it. (±)	42	43.3	43	44.3
3. Condoms prevent the transmission of STDs. (+)	81	83.5	13	13.4

TABLE 8. Respondents' attitude & knowledge on abortion

Items	Agree		Disagree	
	No.	Percent	No.	Percent
1. Abortion is not right whatever the consequences are (-)	84	82.4	15	14.7
2. Abortion must be allowed if the woman's pregnancy is caused by rape. (-)	23	22.5	72	70.6
3. Abortion may be allowed if the partner of the pregnant woman is married. (-)	7	6.9	91	89.2
4. Abortion can be acceptable. (-)	9	8.8	87	85.3
5. It is okay for a woman to opt for abortion if she is single. (-)	8	7.8	88	86.3
6. Abortion is okay for couples no longer wanting a child. (-)	5	4.9	91	89.2
7. It is okay to have an abortion if the mother's life will be in danger if she delivers the baby.(+)	60	58.8	34	33.3
8. It is okay to abort the baby inside the womb if it has physical deformities. (-)	30	29.4	67	65.7

Under no specified circumstances, respondents do not approve of abortion, saying that it is not right (82.4%) or acceptable (85.3%). Only when the mother's life is in danger when abortion becomes acceptable (58.8%). The tendency to accept or reject abortion in this particular situation was not affected by respondents' age and sex.

Love Relationships, Dating, Sexual and Non-Sexual Behavior

This part probed respondents' boyfriend/girlfriend relationships; their dating behavior; their sexual experiences, prevention and consequences of problems behaviors; and their engagement in non-sexual behaviors. Table 9 presents a summary of key findings.

First, the data revealed that of the 102 respondents, 60.8% said that they had a boyfriend or girlfriend at the time of the study. Respondents who said they were "going out with someone" (or 'dating') were, however, greater in number than those having a boyfriend or girlfriend (79.4%), suggesting that the activity is not confined to people in love. The frequencies with which dating respondents would go out varied; definitely, however, dating was not a daily occurrence but a weekly (39.2%) or a monthly 23.5%) or to some (13.7%) an irregularly occurring activity, as this was contingent on time and financial resources. The top four dating venues were restaurant/fastfood (79.0%); moviehouse (59.3%); house (45.7%); and park (20.9%).

The data further reveal that 41.2% (42) of the 102 respondents reported to have experienced sexual intercourse. More of the male respondents than the female respondents had had sexual experience, but the differentiation was not apparent based on respondents' age. The characterization of first intercourse follows:

1. Two-thirds of the 42 had their first intercourse between the ages 18 and 24; the remaining third between 11 and 17, with the mean and median ages at 18.7 and 19, respectively.
2. Three-fourths had their first sex experience with a boyfriend or girlfriend; the rest had first sex with a friend, unpaid stranger, or a husband or wife.
3. The house was the main venue in which first coitus happened: this was either the respondents' or their partners' house.
4. At first intercourse, more respondents were non-users than users of protection (25 versus 17). Among the latter, withdrawal was more commonly used (14) than the condom (3).

TABLE 9. Respondents' relationships, dating, sexual and non-sexual behavior (n = 102)*

Behavior	Percent
1. Having a boyfriend/girlfriend	60.8
2. Dating	79.4
3. With intercourse experience	41.2
4. Among those with intercourse experience (n = 42):	
Number who used a protective measure at first sex	17.0
Number who caused pregnancy or were pregnant	19.0
Number who had STIs	9.0
5. Had seen x-rated magazines and videos	63.7
6. Had private parts fondled by a stranger	7.8
7. Had sex in exchange for money	1.0
8. Had phone sex	2.9
9. Had forced sex	2.0
10. Had sex with many partners	4.9
11. Had sex with a relative	1.0
12. Had injected drugs	0.0
13. Had taken non-injectable drugs	31.4
14. Had ever been drunk	27.5
15. Had ever assaulted or had been assaulted	2.9

Did respondents ever cause someone to become pregnant or had they ever been pregnant? Of the 42 sexually experienced respondents, about half (19) reported to have experienced pregnancy: 14 men impregnated their partners while 5 were women who got themselves

pregnant. Moreover, 18 of the 19 pregnancies reported occurred when they were at least age 18. Respondents first talked about their pregnancy to a friend (10), partner (6), or to sibling (3). The consequences of pregnancy among 19 respondents were as follows:

1. Forced to marry (8);
2. Taken away from partner (4)
3. Forced to have abortion (2);
4. Forced to leave work (1);
5. Nothing (4).

In the past six months with the interview period as the reference period, almost all of the sexually experienced respondents (36 of 42) had sexual intercourse. The frequencies were of no particular numbers, as some had intercourse one to three times, others had it four to six times, and still others had more than six times. Ten of 42 sexually active respondents reported not using any form of protection during any of these episodes. Of those who were protected, the choice is mostly between withdrawal and condom.

Nine of the 42 sexually experienced respondents had ever had one or more STDs: painful urination (4); itching of genital (3); gonorrhea (2) and inflammation (1). The courses of action that those with infection took were either to consult a doctor or to consult a friend. The exposures of adolescent respondents to non-sexual activities are also summarized in Table 9. These include exposure to pornography, forced sex, casual sex, multiple sexual partnerships, drug use, and drinking, among others. Of the 11 defined activities, it could be seen that respondents were generally inexperienced in these matters. There was only one – having seen pornographic material – in which the majority had an exposure (63.7%). In other activities, the percentages with relevant exposure range from 1 to around 30%. The activities in which considerable numbers of respondents had involvement include the use of non-injectable drugs (31.4%) and alcohol drinking (27.5%). The most common non-injectable drugs used were marijuana, shabu or cocaine, and cough syrup.

III. INTERVENTION OPTIONS FOR THE WORKING YOUTH

Work, Social Mobility and Sexual Risks

Whatever occupation adolescents are engaged in, scores of them regard work as a springboard to improving their status. Like the more than five million overseas Filipino contract workers, the youth workers also consider work to be a critical facet of their lives, in that, part of their earnings is utilized for the subsistence of their families of origin. Respondents' family size ranges from 3-14. With their parents being jobless, deceased or at the low-end of the job and income categories, definitely they provided part of their income to tide their families over difficult times. The economic productivity of the working youth was therefore functional in sustaining the family system in which needs and the financial demands of such

needs are perpetually expanding, though personal incomes are only marginally improving. It was mostly due to their limited income, among other factors, that many of the working youth were not thinking of marriage: they were thus still single in their early and middle 20s, like many of their counterparts in other Southeast Asian countries.

With themselves and their families to support, the pressure on young Filipino laborers to toil and to toil harder is thus painfully immense. Their Catholic religion to which the majority of the respondents were attached, and their non-work activities (resting, watching television, and going out with friends and families) must have been helping them manage the stress associated with work and family life. Amidst all these, adolescent workers were engaged in other activities. Universally, these involved dating and love relationships; and somewhat normatively, in these relationships or separately, these consisted of having sexual intercourse; consuming pornographic materials; and taking non-intravenous drugs and alcohol. The sexual experience had taken a toll on many sexually active youth workers. A review of the evidence highlights that the sexually experienced workers had intercourse within boyfriend-girlfriend relationships; were sexually active over the past six months; and protected themselves only inadequately or ineffectively from sexual risks. As an outcome, many of them had experienced risks, and these were glaringly physical (more unwanted pregnancies than infections) and social (forced marriage, work stoppage, and forced break-up). It is undetermined from the findings whether these effects were prolonged. What is certain was that a proportion of the respondent-workers had additionally compromised their chances for social mobility because they placed an added burden – a matter that was totally avoidable - on their vulnerable lives. For the sexually inexperienced, it could not be conclusively determined which factors prevented them from having intercourse. Definitely, the inexperienced individuals were better off than the experienced only because they spared themselves from unnecessary risks and might have stood a greater chance of enhancing their lives. With or without sexual experience, young people must be guided with their reproductive health concerns so that they can learn how to alter or avoid attendant risks. This can be met effectively through an intervention in the very setting where they are economically productive – the workplace.

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