Health and Sexuality among the Youth in the Philippines: Some Issues and Concerns

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Introduction

Youth is a demographic concept which has biological and social aspects. It is the threshold through which one passes while moving out of childhood and entering into adulthood. It is also the lifespan when sexuality is discovered, exposing young people to the risks of pregnancy and sexually transmitted diseases. Likewise, it is a significant stage in the life cycle, an important part of individual growth and a factor in national development. National policies and programmes in almost all developing countries have emphasised the needs of mothers and children. The youth however have remained outside the purview of most public policies, programmes and services. Even research which has emerged in the last few years largely addressed their reproductive needs.

The United Nations defines 'adolescents' as those in ages 15-19 years. A broader concept of 'young adults' is used to define individuals in the age group between 15 and 24. They are collectively referred to as the 'youth' which is the concern of the present study.

The health and sexuality of the youth and national development are intricately linked. A large share of the labour force is comprised of the youth. Critical lifecourse events such as completion of education, entry into jobs, marriage, sexual experience, parenthood, occur during this phase. The youth are marrying later and becoming more sexually active before marriage. It is therefore imperative to understand their health and sexuality. Since adults are assumed to be better informed than they, communication between them is important to ensure the youth's favorable transition into adulthood.

Conceptual Framework

Rationale of the study

The issues which confront the youth and how they respond to these vary over space and time and according to specific social factors such as gender, class, family, the workplace, government and community organisations. Most of these issues are fettered by outdated policies and lack conceptual clarity. For instance, transition among the youth has been faster in recent years, creating additional intra-generational transitional issues. Various stages of demographic transition, levels of development, cultural antecedents and globalisation impact on the youth. As young people transit through youth, their characteristics and attitudes change continuously. Often policies for the youth fail to recognise

these new realities and assume that the youth is a static population group which represents problems such as unemployment, sexual promiscuity and delinquent behaviour in contrast to the ideal of scholastic, respectful and disciplined behaviour. Thus policies often focus on the negative rather than the positive, eliding their contribution to the economy, education, and social change.

Globalisation affects young people in more than one way. For instance, the period of youth has been extended. Young people spend more years in school, marry later, become sexually active before marriage and have fewer children. More women work. Thus they have to be trained and prepared to face these events. One way of doing this is by opening channels of communication with adults. Parents especially are considered to be the most authentic source of information. One may argue that the youth of today are more informed compared to previous generations. True. But the quantity and quality of information which they are exposed to need not necessarily be the appropriate one. There are more chances of incorrect or at most half-correct information reaching them through poorly informed sources such as their peers and the media (both printed and visual). It is therefore all the more important to put in place an appropriate information system.

Aims and Objectives

This study would like to examine the factors that promote communication between youth and adults on issues regarding health and sexuality. It will deal with the following topics:

- Level of information among the youth regarding their health and sexuality
- Level of interaction between youth and adults regarding health and sexuality
- Constraints encountered by service providers
- Response of the care system to the needs of the youth

Health and Sexuality among the Youth

Much of the research on youth has been on their fertility and fertility-related behaviour. The Greeks thought of the youth as those "prone to desire and ready to carry any desire … into action. Of bodily desires, it is the sexual to which they are most disposed to give way" (Aristotle). In the beginning of the 20th century, G. S. Hall (1906) defined adolescence as a discreet age in human development, noting their indulgence in sex which "sends thousands of youth a year to quacks because neither parents, teacher, preachers nor physicians know how to deal with its problems." Youth–adult interaction has been evidently poor. In the 1970s for instance, there were fairly widespread practice of casual sex, pervasive misinformation about sexuality and a higher risk of unwanted pregnancy (Zelnik and Kantner, 1972).

The reproductive attitudes and behaviour of the Filipino youth affect their health (Perez, 1998). In the Philippines, puberty is defined by physiological change and cultural rituals relating to sexuality, such as menarche for girls (which earns them the sobriquet of *dalagita* or *dalaga*) and circumcision for boys (ACCFRD, 1997). For many young Filipinos, the media has been an important source of information on sex and sexuality, what is in/out, right/wrong, important/ unimportant (Ogena, 2001) and both these concepts are often perceived as 'wrong' or 'dirty' (Tan, 1996). Among young Filipinos, virginity is still prized (Zablan, 1995). However, when it comes to pre-marital sex, the youth of the 1990s seemed

to be more conservative than that of the 1980s. Although more of them disapprove of sex before marriage, unmarried mothers have become more acceptable (Raymundo, 1984; Zablan, 1995; Ogena, 2001). Those whose parents smoked or consumed alchohol, were more likely to do the same (Domingo, 1995).

The youth comprise a significant group who can define and drive community and national development. Their behaviour could impede or enhance their personal development. As they go through the various stages of development, major forces or influences such as family, school and peer group become most critical in framing and shaping their behaviour. There is a cycle of influences in action involving the reciprocal influence of the youth in the society (Costello, 2004).

Theoretical framework

Most of the theoretical positions regarding the youth depict them as a problem**.** The Control Theory (Hirschi, 1969) states that deviance in behaviour occurs when individuals lack attachment to conventional society, something that is necessary to curb natural tendency to deviate. The Differential Association Theory **(**Sutherland and Cresey, 1970) argued that learning a behavior, whether conforming to the norms or not, is a social process that takes place in society. Comerci (1990) placed more emphasis on demographic and socialization factors in the Social Learning Theory which suggests that the likelihood of a person behaving unacceptably is related to the opportunities and social influences to which he/she is exposed, the attractiveness of the behaviour and the amount of positive feedback or reward a person gets for a particular behaviour.

The research paradigms above attribute adolescent behaviour to many factors such as socio-economic conditions, family background and living arrangements, peer influence, mass media exposure, attitudes towards sex related issues and non sexual behaviour like smoking, drinking, and suicide. Those exposed to pornography and sex related materials may be more curious to explore their sexuality. The present study draws from the Differential Association and Social Learning theories in the construction of its conceptual framework.

Methodology

The study included review of literature and field work. Field work included the following:

1. In-depth interviews with youth categories such as those unmarried, married, with/without children, school going, out of school, working and not working/seeking work.
2. Focus Group Discussions with a group of youth (boys and girls separately) aged 15-24 years
3. Key informant interviews with the health functionaries in the government, non-government and private sector; workers in other health related programs, local social researchers; community leaders, local counselors, teachers, relatives
4. Service providers' interview; exit interview of care users; and observation of care provision at each study site

Semi-structured questionnaires were used. The three alternative approaches used are the following: service provision assessment (SPA) at the service centres; behavioural change communication (BCC) of the youth; and assessment of stakeholders (AoS) as adults.

Area of Study

The study was conducted in Central Luzon or Region III. It is the major agricultural region of the Philippines. It consists of the provinces of Bataan, Bulacan, Pampanga, Zambales, Tarlac, and Nueva Ecija. This region has 1.6 million people and has the third largest youth (15-24 years) population after the Southern Tagalog and National Capital Regions (NSO, 2003). The study was conducted in the barangays with the most number of households in each of the six provinces selected for the Youth Adult Fertility Survey of 2002. Barangays are the smallest administrative units which could be rural, urban or both. There were three barangays in the rural stratum, two were urban and one was both in the rural and urban stratum. The last was classified as urban so as to have equal numbers of rural and urban barangays for the study.

The youth in the Philippines and in the Central Luzon Region

19.7 % of the Philippine population was 15-25 years old in 2000 (NSO). These numbers have doubled from 7 million in 1970 to more than 15 million in 2002. The Filipino youth have one of the highest functional literacy (88%). About 30% complete high school and more than 28% complete college. Work participation rate is to the tune of 50% (2002) and employment rate is over 79%. More than 83% are raised by both parents and about 45% live away from home. More than 90% think that smoking and drinking are bad yet nearly 30% smoke and more than 40% drink. The youth in the Philippines marry later than their counterparts in other Asian countries including India. The proportion of never married adolescents has been increasing from 68% in 1970 to 74% in 1990 to more than 93% in 2002. Less than 5% of girls aged 19 and below are married.

The constitution of the Philippines does not make any reference to the youth's sexual or reproductive rights. However, the Department of Health issued the Adolescent and Youth Health Policy (AYHP) in April 2000 to recognize adolescents as the priority group in terms of pressing health needs. Indirect policies affecting adolescents include those regulating access to education at all levels, social services, marriage, employment, drugs, age of consent/informed consent, inter-generational relations, gender relations, decision-making for health, and code of behavior that affects young people.

The youth of Central Luzon can be described as follows:

Socio-demographic

There are 102 males for every 100 females and young women contribute 30% to TFR (15-49= 3.7; 15-24=1.1). Their functional literacy is as high as 88%, the highest among all age groups. Nearly 30% complete elementary school; 20% complete college. The gender gap in education is about 1% point. The number of the never married is increasing (1950-2000), 84 to 90 % for boys and 68-75% for girls (NSO 2003).

Economic

Half of the youth is in the workforce (employed or looking for work) and nearly half of unemployed persons are young people. The unemployment rate is increasing from 16 to 25 (1997-2002) and there has been an increase in the number of young Overseas Filipino Workers (OFWs) from 1999 to 2001 (NSO 2003).

Sex and Sexuality

21% of the youth have had pre-martial sex (PMS) of which 24% have had more than one partner. About 33% used contraceptives during sex. About 19% approve of women having PMS while 38% approve of men having PMS.

Communication and media characteristics

About 84% are raised by both parents and 35% have never lived away from home. Almost all (99%) have *barkada* (peer group). More than 98% watch TV and listen to the radio. More than half of them (55%) have watched x-rated movies/videos and nearly 33% have read "sexually explicit material."

Lifestyle characteristics

About 97% consider smoking harmful, still 20% smoke. About 94% consider alcohol consumption harmful, still 40% drink. Almost all (96%) consider drugs harmful, yet 8% have used drugs and 2% are currently using drugs. About 72% have family members who smoke and 76% have family members who drink. (YAFS 2002 Regional datasheet on Region 3).

Findings and Discussion

There were 60 respondents, 5-6 boys and an equal number of girls in the semi-structured in-depth interviews held in each of the six barangays. Half of the interviews were held in rural areas, while the other half were held in urban sites. There were 6-10 participants in each focus discussion group.

The results of the in-depth interviews and the focus group discussions are presented as themes and issues. Prevalence and percentages of participants' responses are not included here as qualitative data is more useful for extracting issues. In the analysis of the data it was observed that barring desired educational attainment, major differences occur between boys and girls, between younger (15-19) and older (20-24) youth, between those whose parents are more educated/ in higher paying jobs versus those whose parents are less educated/ in lower paying jobs, and between youth in the rural and urban barangays.

Profile of Participants

Most of the youth have studied up to high school. All of them consider education important and would like to complete college given a chance. There was no difference among boys or girls and those in the rural or urban barangays in their aspirations for education. This reflects the high value given to education despite unfavorable conditions like poverty and insufficient infrastructure. However, those whose parents were less educated or have lower paying jobs wanted to work while studying. Although not many of them were working; more boys compared to girls were working. Some were looking for work. There is also a desire to acquire adequate education or get a suitable job which could help them go abroad. Thus, a high level of aspiration for education and occupation is evident among all respondents. While a desire to achieve is present, the realities of their situation affect what is actually attained.

The youth, puberty, sex, sexuality, and reproductive health

Youth is considered as a phase of life during which young people are learning to be responsible and are anxious about the future. It is a period of immaturity, a time when the youth learn new things about the physical self and emotional relationships. It is also the time when curiosity about sex and sexuality begins. Great concern for one's looks and attractiveness to the opposite sex was also noted in both boys and girls. Shyness and self-consciousness were more evident among adolescent girls and boys (15-19 years). The young adults (19-24 years) reflected a greater sense of responsibility for one's actions. Most of the respondents have limited ideas on puberty, sex, sexuality and reproductive health. These ideas are derived from varied sources such as parents, peer, media and pornographic materials.

Communication with adults

The study results suggest that communication mostly occur with parents and peers. Peers form an important reference group for social situations such as parties and sports, as well as emotional situations such as quarrels/misunderstandings with friends, depression or problems with one's boyfriend/girlfriend. Parents were the choice for seeking advice regarding one's education and career, for sharing experiences in school, for seeking help when sick, and for providing financial support. Participants very rarely discussed their 'love-life' with their mothers. Thus parents were chosen for issues which had more long term effect while the peer was chosen for immediate concerns. Yet most of them had limited communication with adults, which was often in the form of reminders and advice. Some parents were receptive and simply advised their children to be careful in dealing with relationships, while other parents discouraged their wards, specially their daughters, from getting romantically involved.

It is also evident that those who were close to their parents (or other adults) used the health care and counseling services for common as well as sexual health problems. Organizations like Foundation for Adolescent Development (FAD) have been active in encouraging the youth to seek these services.

Health and sexuality

Health was one of the important topics of communication between adults and the youth but not sexuality. The youth are curious about sex and sexuality yet access to correct information was either absent or inadequate. Young people view parents as an appropriate source of information but due to the generation gap they were often afraid or too shy to ask their parents.

In the discussions and interviews, many reasons have emerged as to why young people do not ask their parents: It was an "inappropriate time," they were "still too young," they "feel awkward," it is not an issue that one discusses "with parents," they feel that their "parents will despise them for talking about sex," "they do not consider themselves close enough to their parents to talk about sex and sexuality'. Those who could discuss with their parents do so in a light vein. They also discuss this topic as a biological discourse with instructions regarding dos and don'ts. Some parents were worried that their children were already engaging in sex and advised them to "preserve" it for the marital partner (this is for the girls) or "complete their studies before engaging in sex" (this is for the boys).

There was a unanimous discontent among the youth across ages, gender and place of residence for not getting satisfying answers to their queries pertaining to sex and sexuality. In the absence of an environment conducive to conversations with parents, the 'most appropriate' source of information, they turn to friends, siblings, cousins and the media (movies, newspapers, magazines, television, internet, cell phones) which may contain pornographic material. These sources provide incorrect or at best inadequate information thereby promoting stereotypes and myths.

Many male participants learned about sex from books, magazines and the internet. Exposure to pornographic material differentiated boys from girls in learning about sex. Most of the boys acquired the material (often stealthily) from other males in the family or from friends. However, most of the youth have had some formal sex education in school. Lectures on reproductive organs, menstrual cycles, contraception and pregnancy do not seem to satisfy their more intimate queries regarding the details of sex. The notion of sex has different meanings to the young people. While girls perceive sex as "connected with love and values," and therefore "do not approve of it before marriage," boys consider it as "basically an activity of pleasure seeking," and thus has "nothing to do with love or marriage." Most believe that "premarital sex is more common today than in the times of their parents."

Girls were closer to their parents, especially to their mothers and other female family members like sisters, aunts and grandmothers. Some mentioned "nagging mothers" and "over-strict fathers." They talked to their parents about their ambitions, studies, problems at school and health, but not about sex and their "love lives." The male participants also felt close to their parents, particularly their mothers. They are also close to other male family members and would especially communicate with older brothers.

Problems of the Youth

Interpersonal relationships

Family relationship emerges as the most important problem. The over-protection and strictness of parents was considered a hindrance to communicating with adults. Older youth felt rebellious if they were reprimanded by their elders. Parents' lack of time is perceived by their children as their parents' lack of sympathy for them. Besides relationships, other problems that confront the youth include academic performance, continuing education and worries regarding their future occupation. Lack of money and disruptive behaviour such as smoking, drinking and drug use were also projected as problems.

Self Esteem

When it comes to self esteem, girls have a higher rating compared to boys. Urban youth rated themselves higher compared to those from the rural areas. Youth who communicated with adults also rated themselves higher than those who did not.

Summary of findings

Information from adults such as parents and teachers is considered more reliable. Those who communicated with adults were better informed and prepared to accept their bodily changes compared to those who derived information from other sources. The former also rated themselves "better" compared to those who had no or less communication with adults. All the participants who smoked had at least one parent who also smoked. However, their initiation into the habit was due to peer pressure and the images of popular media personalities. An additional dimension which also emerged was the certainty children had that if their parent(s) smoked, they will not be stopped from doing the same. Those who discussed health and sex-related issues were more prompt in using care and counseling services. They also rated themselves higher on the self- esteem scale, giving themselves more than seven points each. The absent parents void was almost universally filled with the *barkada*. What could not be discussed with the adults was discussed with peers. Media was a source of information on sex, sexuality and reproductive health, though most of the time these sources were inefficient, incomplete and incorrect.

Conclusion

The youth in the study area were inadequately informed regarding health and sexuality despite greater exposure to information compared to their parents. They seem to be misinformed about sex and reproduction. Health care centers are not equipped to provide adequate counseling. What needs to be done is to provide correct information on opportunities for education, work, health care and promote counseling for health and sexuality related matters. There is also a need to provide opportunities for constructive action for the youth such as sports and the arts; peer education and counseling; and a forum where family members can interact with other sectors. Regarding mass media, the depiction of violence and abuse must be reduced. The use of poor role models in entertainment programmes must be discouraged. The advertisement of harmful substances especially directed to young people must be prohibited.

Parents, teachers and service providers--the adults--need to develop skills to talk with the youth about health and sexuality. The youth need accurate information and an encouraging environment. There is a need for healthy communication that can transit behavioural change towards adulthood. Although the youth of today is better informed than that of yesterday, there is still a need for better communication on health and sexuality, between adults and the youth, for the desired transition towards responsible adulthood.

Table1. Work, Education and Living Arrangement

Charateristics	Rural			Urban			Total		
Work Status	Male	Female	Total	Male	Female	Total	Male	Female	Total
Currently working	4	2	6	1	1	2	5	3	4
Ever worked	6	3	9	5	6	11	11	9	14
Total	*10*	*5*	*15*	*6*	*6*	*13*	*16*	*12*	*18*
Education									
< HS	0	1	3	3	3	11	3	9	14
HS	3	2	5	1	2	3	4	6	8
HS>	8	6	7	8	6	7	16	12	14
Currently studying	7	7	8	10	4	5	17	11	13
*Total educated**	*11*	*9*	*15*	*12*	*11*	*22*	*23*	*27*	*36*
Living Arrangements									
W both parents	9	9	18	11	8	19	20	17	37
W one parent	5	3	8	1	2	3	6	5	11
W others	0	4	4	2	6	8	2	10	12
Total	14	16	30	14	16	30	28	32	60
TOTAL PARTICIPANTS (IDIs)	14	16	30	14	16	30	28	32	60

Note- Excluding those currently studying; IDIs-in-depth interviews

Table 2- Communication with Adults and Friends/Peer and Lifestyle Habits

Charateriscics	Rural			Urban			Total		
Communication	Male	Female	Total	Male	Female	Total	Male	Female	Total
With adults									
Health	12	15	27	6	12	18	18	27	45
Bodily changes	5	7	12	3	19	22	8	26	34
Sexuality	5	5	10	6	8	14	11	13	24
Education	8	5	13	3	8	11	11	13	24
Work	9	3	12	12	5	17	21	8	29
With friends/peers									
Health	2	4	6	3	5	6	7	9	15
Bodily changes	12	16	28	8	13	21	20	29	49
Sexuality	14	14	28	10	18	28	24	32	56
Education	2	4	6	9	5	14	11	9	20
Work	2	6	8	6	4	10	8	10	18
Lifestyle habits									
Currently smoke	5	3	8	4	7	11	9	10	19
Currently drink	5	3	8	4	3	7	9	6	15
Friends sm/dk	5	6	11	4	7	11	9	13	22
Parents sm/dk	6	6	12	4	6	10	10	12	32
TOTAL PARTICIPANTS (IDIs)	14	16	30	14	16	30	28	32	60

Note- IDIs-in-depth interviews

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