

Empowerment and Sexual Wellbeing: Exploring Gender and Religious Ideologies in the
Perception, Intention and Use of Contraception among Young Filipino Women

A Dissertation

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Abstract

The Philippines passed its first comprehensive reproductive health law in 2012. The political tension between religious and women's rights factions during this contentious debate exposed the influential role religion and gender ideology may play in young Filipino women's decision to contracept. Guided by the reproductive justice and positive adolescent sexual wellbeing framework, and working in partnership a Philippine-based reproductive health organization, this three-paper dissertation examines the root causes behind the low contraceptive use among young Filipino women. *Manuscript 1* (conceptual paper) examined the applicability of the reproductive justice framework using young Filipino women's low contraceptive use as a case study. In *Manuscript 2* (quantitative paper), descriptive and multiple logistic regression analyses were conducted among a sample of 459 young Filipino women to determine the influence of religion and traditional beliefs about dating and marriage, on young Filipino women's condom intention and condom use. Results indicate strong religiosity in this population. However, only the traditional belief of remaining a virgin until marriage proved to be predictive of condom intention and condom knowledge about HIV/AIDS prevention was found to be associated with condom use. *Manuscript 3* (qualitative paper), examined the extent of sexual agency, religiosity, and gender beliefs in influencing the contraceptive decisions of 19 college-attending young Filipino women using focus groups. The salient societal issues affecting low contraceptive use in this population were also determined based on individual interviews among five reproductive health professionals. Study results demonstrate that young Filipino women contend with contradictory expectations of sexual agency and empowerment. Remaining a virgin until marriage continue to be

highly valued as it is equated with self-respect. Reproductive health professionals noted the negative effect of religious and gender ideology as well as poverty and government corruption on young Filipino women's contraceptive access and use. The three papers combined suggest that while young Filipino women appear to have a sense of agency and empowerment, they continue to value virginity and deem it as the only route to respectability, disregarding other forms of sexual expression outside of remaining a virgin. In this way, religious and gender ideologies interact limiting young Filipino women's sexual choice and freedom.

Table of Contents

List of Tables	ix
List of Figures	x
Chapter 1: Introduction	1
Background: Young Filipino Women and Contraception	1
Literature Review: Factors influencing Low Contraceptive Use among Young Filipino Women	3
Religious and Gender Ideology	3
Poverty and Unequal Access to Contraception	6
Interpersonal Relationships: Family and Friends	7
Conceptual Frameworks Used for this Study	9
Reproductive Justice	10
Adolescent Sexual Wellbeing	11
Research Questions	12
Methods	13
Study Design	13
Population and Sampling	14
Study Instruments	15
Data Analysis	15
Overview of the Three Manuscripts	16
Chapter 2: Manuscript 1	20
Synopsis	21
Introduction	22

Reproductive Justice: Beyond Owning One’s Body	23
Reproductive Justice: The Philippine Context	25
Reproductive Justice and Religious Ideology	27
Reproductive Justice and Gender Ideology	28
Conclusion	31
Chapter 3: Manuscript 2	33
Synopsis	34
Introduction	36
Contraceptive Need	37
Religious & Gender Ideology on Sexual Agency & Behavior	38
Influential Role of Family Members and Friends	40
Condom Behavior among Young Filipinos	41
The Current Study	42
Conceptual Framework	44
Methods	44
Research Design and Sample	44
Measures	45
Data Analysis	47
Results	48
Sociodemographic Characteristics of the Study Sample	48
Religiosity and Traditional Beliefs about Dating & Marriage among Young Filipino Women: Descriptive Results	49

Condom Knowledge and Condom Self-Efficacy among Young Filipino Women: Descriptive Results	51
Association of Religiosity, Traditional Beliefs about Dating and Marriage, Condom Knowledge and Condom Self-Efficacy with Condom Intention and Condom Use	52
Effect Modification Analyses	53
Discussion	54
Religiosity in relation to Condom Intention and Condom Use among Young Filipino Women	54
Traditional Beliefs about Dating and Marriage in relation to Condom Intention and Use	56
Condom Knowledge and Condom Self-Efficacy in relation to Condom Intention and Use	58
Effect Moderation of Condom Knowledge and Condom Self-Efficacy in Condom Intention	60
Limitations	61
Conclusion	61
Tables & Figures	63
Chapter 4: Manuscript 3	71
Synopsis	72
Introduction	74
Young Filipino Women and Higher Education	75
Traditional Roles in a Modern World: Sexuality and Gendered Beliefs in the Philippines	76
The Current Study	80
Methods	81
Study Design and Instrument	81
Study Setting	82

Participants	83
Procedure	84
Analysis	85
Results	86
Focus Group Discussions among College-Attending Young Filipino women	88
Individual Interviews among Philippine-based Reproductive Health Professionals	94
Discussion	98
Young Filipino Women, Perceived Sexual Wellbeing and Contraceptive Use	98
Reproductive Health Professionals and Societal Factors Influencing Contraceptive Use	101
Limitations	103
Conclusion	103
Tables & Figures	106
Chapter 5: Conclusion	108
Summary of Major Findings	108
Mixed Methods Study Synthesis	110
Religious Ideology	110
Gender Ideology	112
The Intersection of Poverty, Religious and Gender Ideology	113
Limitations	115
Implications	117
Implications for Social Work Practice	117

Implications for Social Work Policy	118
Implications for Theory and Future Research in Social Work	120
Bibliography	122
Methodological Appendix	131

List of Tables

Table 1 – Manuscript 2: Distribution of Young Filipino Women by Condom Intention and Use by Demographic Characteristics	63
Table 2 – Manuscript 2: Descriptive Analysis of Religiosity, Traditional Beliefs about Dating & Marriage, Condom Knowledge and Sexual Self Efficacy among Young Filipino Women	64
Table 3 – Manuscript 2: Unadjusted and Adjusted Odds of Condom Intention & Condom Use by Religiosity, Traditional Beliefs about Dating & Marriage, Condom Knowledge and Condom Self Efficacy among Young Filipino Women	66
Table 4 – Manuscript 2: Modification of the Effect of Traditional Beliefs about Virginity on Condom Intention by Condom Knowledge about HIV/AIDS Prevention	68
Table 5 – Manuscript 2: Modification of the Effect of Traditional Beliefs about Virginity on Condom Intention by Condom Self Efficacy on Condom Use at Sexual Intercourse	69
Table 6 – Manuscript 2: Modification of the Effect of Traditional Beliefs about Virginity on Condom Intention by Condom Self-Efficacy about Knowing How to Use a Condom Properly	69
Table 7 – Manuscript 3: Study Results from Focus Groups and Individual Interviews	106

List of Figures

Figure 1 - Manuscript 1: Reproductive Justice and Positive Sexual Wellbeing among Young Filipino Women: A Conceptual Model	12
Figure 2 – Manuscript 3: Interdependent Structural Factors Influencing Low Contraceptive Use among Young Filipino Women	107

Chapter 1: Introduction

After a long fought battle between supporters from fundamentalist religious groups and women's rights organizations, the Philippines passed its first comprehensive reproductive health law, The Responsible Parenthood and Reproductive Health Act of 2012, that would provide accessible sexual and reproductive health services to poor women and sexual health education for youth attending public schools (The Responsible Parenthood and Reproductive Act, 2012). While certain provisions of the law were struck down as unconstitutional by the Supreme Court in 2014, including allowing young Filipino women under 18 years old to receive contraception without parental or guardian consent, the law would offer relief for 17% of Filipino women of childbearing age, between 15 to 49 years old, with unmet need for family planning and reduce unintended pregnancies among Filipino youth, between 15 to 24 years old, currently at 38.7% (Marquez, 2012; PSA & ICF International, 2017). The contentious battle during the reproductive health law's passing in 2012 uncovered the influential role religious and gender ideology may play in the contraceptive decision-making process of young Filipino women. Guided by the theoretical framework of reproductive justice and positive adolescent sexual wellbeing, the purpose of this dissertation is to critically assess these societal structures, religious and gender ideology, in understanding young Filipino women's perception, intention and use of contraceptives.

Background: Young Filipino Women and Contraception

Situated in the western end of the Pacific Ocean in Southeast Asia, the Philippines is an archipelago of 7,600 islands with a long history of colonialization and autocratic government rule (Navarro, 2014; PSA & ICF International, 2017). Plagued by poverty

and government corruption, the country recently moved to become a middle-income country with the rise of Filipino citizens entering the overseas workforce, often as domestic helpers, nurses and contract laborers, to support their families back home, at 2.3 million in 2018 (Perez, 2019; United Nations, 2011). Along with this newfound economic growth are rapidly expanding urban areas with more than half of the Philippines' population, reaching 100 million in 2014, living in the country's ten largest cities (Navarro, 2014). Young Filipinos, between the ages of 15 to 24 years old, are the largest age cohort in the country comprising 19.6% of the population (DRDF & UPPI, 2014). Globally connected and adaptable to new technological advances, young Filipinos are shown to be more sexually active compared to previous generations with their rate of sexual initiation, defined as sexuality activity before the age of 18 years old, nearly doubling from 13% in 1994 to 23% in 2013 (DRDF & UPPI, 2014). The average age of sexual debut among young Filipino men is 17.8 years old and 18.2 years old for young Filipino women (DRDF & UPPI, 2014).

Despite the early initiation of sexually activity in this population, only 78% indicated that they did not use any form of modern contraception (DRDF & UPPI, 2014). Childbearing among young Filipino women aged 15-19 years old, climbed from 6.3 percent in 2002 to 11 percent in 2013 and reported human immunodeficiency virus (HIV) cases in the Philippines increased 25 percent from 2001 to 2009 (Claravall, 2016; DRDF & UPPI, 2014). Unlike its neighboring Southeast Asian countries that has a large population of injecting drug users infected with HIV/AIDS, the primary mode of HIV transmission in the Philippines is through sexual contact (Farr & Wilson, 2010; Salvaña et al., 2017). Additionally, unintended pregnancies among young women in the

Philippines, particularly those in the lower age group between 15 to 19 years old, are at increased risk for adverse health outcomes such as pre-term delivery, lower infant birthweight, maternal death, and mistimed and closely spaced births (Natividad, 2016). Younger mothers are also at higher risk for poorer life outcomes such as reduced opportunities for educational advancement, lower levels of participation in the labor market, and the potential alienation from their family and community due to the social stigma associated with an unintended pregnancy (Gipson, Koenig, & Hindin, 2008; Natividad, 2013). The Philippines continue to rank high in maternal mortality rate, at 221 per 100,000 live births, and fertility rate, at 3.1 births per woman, compared to its neighboring Southeast Asian countries (USAID, 2012; World Economic Forum, 2018).

Literature Review: Factors Influencing Low Contraceptive Use among Young Filipino Women

Religious and Gender Ideology

While religious and women's rights organizations built opposing campaigns to rally their base during the reproductive health legislation battle in the late 2000s, the fight to control Filipino women's bodies began much earlier when Spanish missionaries in the mid-1500s attempted to colonize the tribes along the coast of the Philippine islands (Bonifacio, 2018; Roces, 2010). Prior to the arrival of the Spanish missionaries, women from these island tribes were deemed as healers, religious priestesses, and warriors who had equal access to divorce, inheritance, trade and home-made contraceptives (Bonifacio, 2018; Olavides-Soriano, 2003; Roces, 2010). To acquiesce and unify the remote tribes of the region, Spanish friars in the mid-1500s introduced a new feminine ideal, the *Virgin*

Mary and mother of Jesus Christ, who represented virginity, piety and docility (Roces, 2010). This enduring devotion to the *Virgin Mary* is apparent to this day, as indicated by the countless shrines dedicated to her across the Philippine landscape (Sapitula, 2014). Indeed, young Filipinos are found to be very religious with 80% of self-identified Catholic youth indicating they attend Sunday mass regularly, 36% pray the rosary and 29% attend prayer meetings at least once a week (Agoncillo, 2015). In following the idealized image of the *Virgin Mary*, Filipino womanhood was later defined through a 19th century character named *Maria Clara* who was the epitome of Filipino femininity as she was virginal, obedient, demure, sacrificial and devoted to charitable works (Clayton, 2006; Maguddayao, 2016; Olavides-Soriano, 2003).

This fictional character, *Maria Clara*, and her enduring appeal among contemporary Filipino women was evident when young Filipino women discussing their first sexual experiences. A qualitative study conducted among 50 young Filipino women indicated that they prefer to be conservative and traditional when asked about their intimate lives, “like Maria Clara” (Clayton, 2006, p. 7). Past studies also show that young Filipinos disapprove of cohabitation and sexual activity prior to marriage yet continue to engage in various levels of intimate and sexual behaviors including kissing and petting, as well as early sexual initiation (De Jose, 2013; Gipson & Hicks, 2017; Labrague et al., 2012; Williams, Kabamalan, & Ogena, 2007). Researchers suggest that by upholding the conservative Filipino feminine ideal, fearing the alienation from family and friends who may consider them “promiscuous,” can lead to reduced contraceptive use as young Filipino women claim to not having planned their sexual experience, and therefore did not use contraception (Clayton, 2006; Delgado-infante & Ofreneo, 2014;

Lucea, Hindin, Gultiano, Kub, & Rose, 2013; Ujano-batangan, 2012). The absence of Filipino women's sexuality in this conservative feminine ideal can be traced to fundamentalist Catholic tenet of upholding God's *natural law* which prescribe sexual activity only within the confines of marriage, and only for procreative and unitive functions (Kalbian, 2005). Any activity that runs counter of this *natural law*, either by the use of contraception that diminish the procreative function of sexual activity or by practicing casual sex that reject its unitive function, are forbidden by the Catholic Church (Kalbian, 2005; Melgar & Carrera-Pacete, 2016; Zalot & Guevin, 2008). Young Filipino women's sexuality, particularly if they are unmarried, therefore remains invisible while married Filipino women are expected to fulfill their roles of motherhood and domesticity (Cahill, 1989; Melgar & Carrera-Pacete, 2016).

Yet, despite such restrictive and gendered roles in their intimate lives, Filipino women hold significant power in Philippine society overall (World Economic Forum, 2018). Compared to its neighboring high-income countries such as Singapore, Japan and South Korea, the Philippines was ranked 8th in attaining gender parity across political, economic, educational and health sectors (World Economic Forum, 2018). Within the home, married Filipino women appear to hold equal power as they are expected to handle the financial responsibilities of the household (Gipson & Hindin, 2015; PSA & ICF International, 2017). Additionally, Filipino women attain secondary and tertiary degrees at higher rates, at 71% and 40% respectively, compared to their male counterparts and participate in the labor market at an equal rate as Filipino men (World Economic Forum, 2018). In fact, Filipino parents have been found to financially support their daughter's education more than their son with the expectation that their investment will yield a

greater return once their daughter attains a more lucrative career and later provide financial support to her parents and siblings (Estudillo, Quisumbing, & Otsuka, 2001; Gipson & Hindin, 2015; Yamauchi & Tiongco, 2013). Indeed, the economic engine of the Philippines is sustained by Filipino women working outside of the country as caregivers, nurses and domestic workers (Ang, Sescon, & Opiniano, 2015; Martin, Abella, & Midgley, 2004). Filipino women comprise more than half of the overseas foreign workers (OFWs) who send nearly 25 billion dollars' worth of remittances to their families in the Philippines (Ang et al., 2015; Perez, 2019).

Poverty and Unequal Access to Contraception

The increased number of OFWs helped shift the Philippines to rank as a middle-income country with its average gross domestic product (GDP) growing 6% between 2010 and 2016 (Hardy, 2017; United Nations, 2011). Despite a declining poverty rate, nearly 21.6% of the population in 2015 continue to live below the national poverty line with 28.7% of these families projected to earn less than 1.25 dollars a day in 2020 (Asian Development Bank, 2009; Hardy, 2017). Poor Filipino families are found to live in rural areas working as agricultural laborers or in the urban slums working in informal labor, have an average of six or more members in one household, with the head of the family having attained an elementary school education, and own few assets with little access to credit (Asian Development Bank, 2009). Additionally, early childbearing among young Filipino women in the lowest socioeconomic strata appear to be occurring at a higher rate, at 18.5%, compared to young women with higher income, at 3.8% in 2008 (Natividad, 2013). Further exacerbating the problem is the increased risk for poorer health outcomes among pregnant young Filipino women living in poverty as public

hospitals and clinics across the country are often found to be overcrowded and underfunded (Asian Development Bank, 2009; Natividad, 2013). The decentralization of healthcare in the Philippines in 1991 proved to be one reason for the diminishing equitable access of healthcare services, products and resources, including contraceptives, in poor Filipino communities (Lakshminarayanan, 2003; Langran, 2011; Smith, 2014). Backed by the influential Philippine Catholic Church, former Philippine president Gloria Macapagal Arroyo transferred healthcare responsibilities from the central government, the Philippine Department of Health (DOH), to local government units (LGUs) composed of various provinces, cities and municipalities (Ruiz Austria, 2004; USAID, 2007). This policy enabled regional administrators and politicians to use healthcare as a tool for political and personal gain (Langran, 2011; Smith, 2014). Reports of sexual reproductive health services and products becoming unavailable in public clinics and hospitals until election time is a common occurrence and local religious politicians have been known to ban contraceptive distribution altogether due to their religious beliefs, despite its availability (Lakshminarayanan, 2003; Langran, 2011; Smith, 2014). Contraceptive availability overall in the Philippines, however, has long been limited since the withdrawal of USAID's family planning program in 2004 that provided sharply subsidized contraceptives to the Philippines (Salas, 2012). Filipino women living in higher income communities are less likely to experience such inequities as they are accustomed to getting their sexual and reproductive health needs met at privately owned health facilities (Lakshminarayanan, 2003; Smith, 2014).

Interpersonal Relationships: Family and Friends

Researchers have noted the importance of family in Filipino culture (Capuno, Mendoza, & Morillo, 2013; Collantes, 2017; Orbeta, 2002). Written into law, the Philippine Family Code of 1987 established the Filipino family as a social institution that is governed by a set of rules, such as a legal ban on abortion and divorce as well as upholding the rights of parents in contraceptive and abortion issues (Capuno et al., 2013; Collantes, 2017; Melgar & Carrera-Pacete, 2016; Ruiz Austria, 2004). As such with the family unit deemed more important than its separate members, researchers have found that young Filipino women feared most in an unintended pregnancy was not necessarily having a baby but becoming a disappointment to their parents and disgracing their family (Capuno et al., 2013; Clayton, 2006; Marquez, 2012; Salvador et al., 2016).

Additionally, young Filipino women must contend with their family's expectation of attaining a college degree and entering a lucrative profession in order to financially support their siblings and parents (Estudillo et al., 2001; Yamauchi & Tiongco, 2013).

Despite the influential role parents may have on their children's sexual decision-making process, Filipino parents appear to provide little instruction on sexual matters, with only 20% of young Filipino men and 41% of young Filipino women indicated that they discussed pregnancy and sexuality with their parents, despite stating that they valued their parents' opinion on such matters more than their friends (de Irala et al., 2009; DRDF & UPPI, 2014). In addition, scholars pointed to the steady migration of Filipino women seeking work outside of the country, leaving many young adolescents behind to be cared for by family members (Gipson & Hindin, 2015; Serquina-Ramiro, 2014). Without parental or adult supervision, young Filipino adolescents are said to have more opportunities than previous generations to engage in sexual activity without protection

(Gipson & Hindin, 2015; Marquez, 2008; Serquina-Ramiro, 2014). In these instances, friends become the main source of information regarding sexual and reproductive health issues for young Filipino women, which may influence their sexual behaviors (Salvador et al., 2016; Upadhyay & Hindin, 2006). As one study indicated wherein young Filipinos, males and females between the ages of 14 and 16 years old, were shown to have higher hazard of conducting certain sexual behaviors, such as holding hands, petting, kissing and having sex, when they perceived that their friends also had experienced these acts (Upadhyay & Hindin, 2006). Additionally, multiple qualitative studies conducted with this population demonstrate that young Filipinos' sexual and reproductive health decisions are influenced by their friends' opinions on the matter (Clayton, 2006; Delgado-infante & Ofreneo, 2014; Lucea et al., 2013; Salvador et al., 2016).

Conceptual Frameworks Used for this Study

The overarching conceptual framework that guided this mixed methods study is *reproductive justice* which is rooted in the principles of social justice (Ross & Solinger, 2017b; Shen & Paredes, 2005). This study is also informed by a *positive adolescent sexual wellbeing* perspective which highlight the positive aspects of young women's sexuality (Fortenberry, 2016; Harden, 2014; Tolman, 2012). The *positive adolescent sexual well-being* perspective complements the *reproductive justice* framework in that both conceptual frameworks advance the social justice principles of self-determination, empowerment and agency as well as an expanded view of how socially constructed identities, such as race, class, gender and other personal characteristics, historically

intersected to create unjust environments, particularly for marginalized communities (Harden, 2014; Ross & Solinger, 2017b).

Reproductive Justice

The reproductive justice movement was established with the belief that women's reproductive issues encompassed a wide array of societal concerns that did not rest solely on upholding a women's right to an abortion (Luna & Luker, 2013). Members of the Black Caucus attending the 1994 Pro-Choice Conference saw an absence of the myriad social and economic issues affecting women of color within the larger women's reproductive health/reproductive rights narrative and formed their own organization called Black Women on Health Care Reform, (Luna & Luker, 2013; Ross & Solinger, 2017b). Later renamed the SisterSong Women of Color Reproductive Health Collective to incorporate other women of color activist organizations across the country, the reproductive justice movement furthered the notion that all women are entitled to choose whether or not to have a child and to parent children in safe and healthy environments (Ross & Solinger, 2017b). Reproductive justice advocates also demanded sexual autonomy and gender freedom for all human beings (Ross & Solinger, 2017b). Among the main arguments for reproductive justice is the persistent inequality, racism, and unjust policies and practices that continue to shape marginalized women's reproductive lives (Shen & Paredes, 2005). Social work research fits naturally within the *reproductive justice* framework due to the discipline's commitment to furthering knowledge to create a more equitable society and its close working relationship with grassroots organizers and community-based organizations (Alzate, 2009; Manchkanti Gomez, Downey, Dao, Freihart, & Gartner, 2017; NASW, 2008). Similar to reproductive justice activists who

seek to integrate the economic, social, and political issues surrounding the reproductive lives of women and girls, social workers also view health holistically with the notion that individual well-being is deeply connected to a person's social and environmental context (NASW, 2008; Shen & Paredes, 2005).

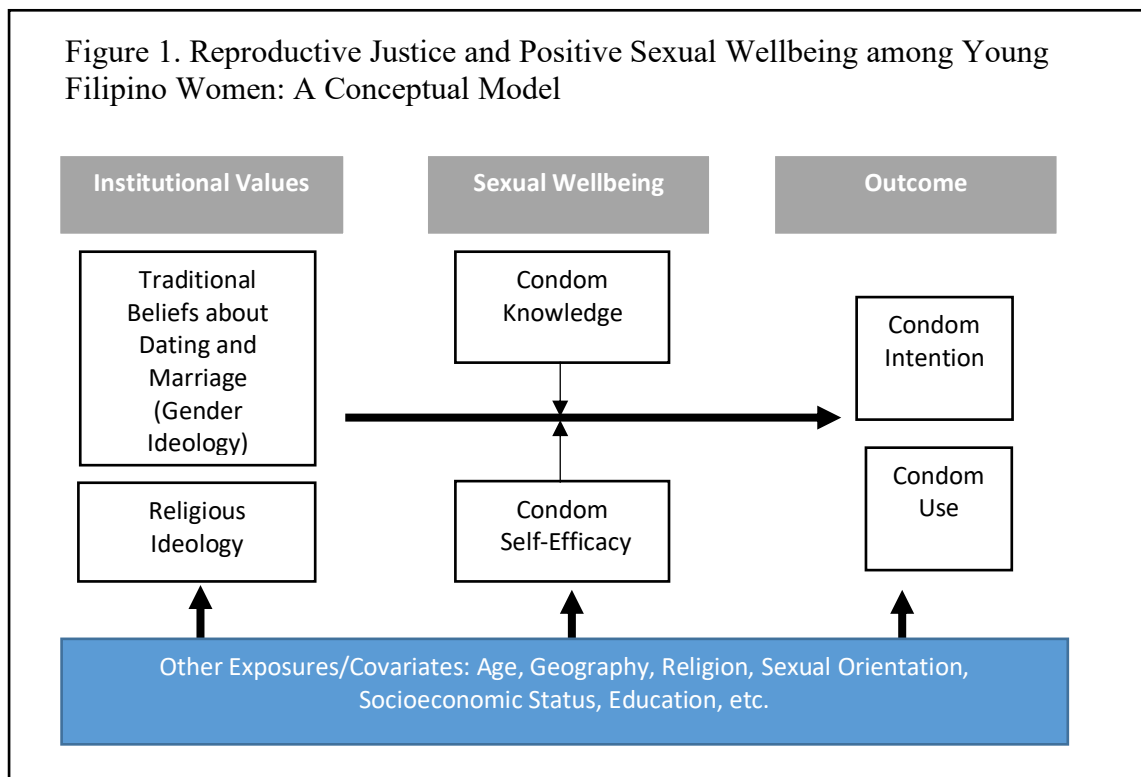
Positive Adolescent Sexual Wellbeing

The belief that adolescent women's sexuality is normative and a part of human development emerged in recent years countering the long-standing narrative that young women's sexuality is a risk factor often linked to negative health and social consequences (Fortenberry, 2016; Harden, 2014; Tolman, 2012; Tolman & McClelland, 2011). Among the drivers of this paradigm shift was a 2006 report released by the World Health Organization (WHO) which defined sexual health as:

A state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled. (WHO, 2006, p. 3)

The Centers for Disease Control and Prevention (CDC) further advanced this definition in 2010 by determining that sexual health must be attended to throughout a person's lifespan and is influenced by societal, cultural and economic contexts (CDC, 2010). Adolescent health, therefore, is viewed holistically under a sex-positive framework wherein adolescent sexual activity is not considered a deviant behavior – a departure from past work that has included sexual activity in the cluster of negative adolescent behaviors such as illicit substance use and truancy (Harden, 2014; Hensel & Fortenberry, 2013). Additionally, scholars indicated that the risk-based perspective inadvertently

stigmatized certain “high-risk” groups, who fell within socially stratified, and often marginalized, groups such as race, class, gender and sexual orientation (Fortenberry, 2013). To encourage a more comprehensive view of adolescent sexual health, Fortenberry (2016) used the term adolescent sexual wellbeing to include in its scope relevant dimensions such as “personal security; attachment to others; appropriate functioning; self-determination; and respect for self and others” (p. 1).



Research Questions

The following research questions and study aims will guide this mixed methods study:

Manuscript 1/Conceptual Strand: Define reproductive justice and examine its potential applicability in reviewing low contraceptive use among young Filipino women in the Philippines.

- What is reproductive justice?
- Can the conceptual framework of reproductive justice be used to examine the influential role of religious and gender ideology in young Filipino women's contraceptive choices?

Manuscript 2/Quantitative Strand: Determine gender and religious ideology's influence on contraceptive intention and use among young Filipino women. Examine if sexual wellbeing moderate this relationship.

- Is religiosity and the traditional beliefs about dating and marriage negatively associated with condom intention and condom use?
- Are sexual wellbeing indicators, such as condom knowledge and condom self-efficacy, positively associated with condom intention and condom use?
- Do the sexual wellbeing indicators of condom knowledge and condom self-efficacy, have a moderating effect in the relationship between religiosity, traditional beliefs about dating and marriage and condom intention and condom use?

Manuscript 3/Qualitative Strand: Define and examine adolescent sexual wellbeing as it relates to contraceptive use in the Philippines.

- How do young Filipino women perceive sexual wellbeing and contraceptive use?
- What are the structural, cultural, and contextual factors influencing contraceptive use among young Filipino women?

Methods

Study Design

This study employs a convergent parallel mixed methods design wherein the qualitative and the quantitative strands of the study are conducted separately and its results are interpreted and compared to each other to provide a greater understanding of the social phenomenon of interest (Creswell, 2013). This study design was chosen in order to conduct parallel comparisons of the study's concepts, religious and gender ideology as well as sexual wellbeing, and its role in influencing young Filipino women's contraceptive intention, perception and use. While the qualitative and quantitative data collection and analysis in this study was conducted separately, the interpretation of the results were performed using a convergent approach.

Population and Sampling

This study was conducted in partnership with Roots of Health (ROH), a non-profit reproductive health organization, that is dedicated to the empowerment of Filipino women and girls (Swanepoel, 2017). ROH is based in Puerto Princesa, a growing metropolitan and tourist hub, located in a western provincial island of the Philippines and has a total population of 223,000 in 2010 (Bersales, 2019; PSA, 2013). Known for its beaches, Coron and El Nido, Puerto Princesa's tourism industry make up 36.9% of the province's economy (Bersales, 2019; Formosa, 2017). With a young population where the median age is 20 years old and four in 10 are under the age of 15 years old, the province is known for its high unintended pregnancy rate as 25% of all Palawan births are attributed to adolescent women (PSA, 2013; Swanepoel, 2017).

The sample for both the qualitative and quantitative strands of this study was drawn from this area using convenience sampling. Quantitative Strand: This study had a sample of young Filipino women (N=459) between the ages of 15 to 24 years old. Qualitative

Strand: This study had a sample of college-attending young Filipino women (N=19), between the ages of 18 to 21 years old, and reproductive health professionals (N=5).

Study Instruments

Quantitative Strand: A 2017 survey on sexual and reproductive health issues, administered by ROH among Filipino youth living in Puerto Princesa, Palawan, was used for this study. From the 140 survey items, the demographic variables and answers to questions regarding young Filipino women's *condom knowledge*, *condom self-efficacy*, *religiosity* and *traditional beliefs about dating and marriage* were selected for analysis. Used as the outcome variables were answers to the questions regarding *condom intention* and *condom use*. Qualitative Strand: To gain a deeper insight into the contraceptive beliefs and perceptions of young Filipino women and its relation to sexual wellbeing and religious and gender ideologies, questions for the focus groups among young Filipino women, and individual interviews with reproductive health professionals were developed in consultation with young Filipino women and ROH staff members.

Data Analysis

Quantitative Strand: Descriptive analyses were conducted to determine the demographic distribution of the study sample population of young Filipino women (N=459) and its association to the study outcomes of *condom intention* and *condom use*. Multiple logistic regression analyses were then employed to examine the effect of the predictor variables, such as *religiosity*, *traditional beliefs about dating and marriage*, *condom knowledge* and *condom self-efficacy* on the study's outcomes. Finally, to determine if sexual wellbeing indicators, such as *condom knowledge* and *condom self-efficacy*, moderated the relationship between the select predictor variables of *religiosity*

and *traditional beliefs about dating and marriage* and the study's outcomes of *condom intention* and *condom use*, effect moderation analyses were conducted. These analyses were completed using SPSS Version 24 Software. Qualitative Strand: A focused ethnosemantic approach (Spradley, 2016) was used to determine the underlying cultural themes that emerged in the focus groups conducted among college-attending young Filipino women (N=19) and individual interviews with reproductive health professionals (N=5). Transcribed and translated into English, data from the two focus groups were first analyzed separately and then combined to determine emerging domains. Analysis of the data from the individual interviews then followed. In accordance with the focused ethnosemantic approach (Spradley, 2016) to data analysis, the study's dominant domains were selected based on its saliency across the data, constructed by categories that had a taxonomic relationship with each other. These analyses were completed using QSR International's NVivo 12 and Dedoose Version 8.2.14 software.

The Three Manuscripts

Manuscript 1: Reproductive justice in the Philippines: The ideological battle over unmarried young Filipino women's bodies

Manuscript 1 used the reproductive justice framework to examine the issues surrounding low contraceptive use among unmarried young Filipino women living in the Philippines. Reproductive justice and its application in a global setting is assessed as the sexual and reproductive needs of young women living in the Global South may differ from the sexual and reproductive needs of historically marginalized women of color in western countries such as the United States. Using unmarried young Filipino's low contraceptive use as a case study, structural and societal forces are considered, such as

the dominant role religious and gender ideology may play, in hindering unmarried young Filipino women from attaining sexual and reproductive freedom. Recommendations are given on how this particular population may attain reproductive justice, through coalition building and taking ownership of their bodies.

Manuscript 2: Condom Intention and Condom Use among Religious Young Filipino Women

Manuscript 2 used descriptive and multiple logistic regression analyses to determine the influence of religion and traditional beliefs about dating and marriage, including gendered values on such matters, on young Filipino women's condom intention and condom use. The construct of sexual wellbeing is measured by determining the extent of condom self-efficacy and condom knowledge in the study population. Effect moderation analyses were also conducted to examine if condom self-efficacy and condom knowledge moderated the relationship between the predictor variables, religiosity and traditional beliefs about dating and marriage, and the outcomes of condom intention and condom use. Notable findings from this study included the strong religiosity of young Filipino women in the sample, yet only half identified as being Roman Catholic. Additionally, only the traditional belief of remaining a virgin until marriage proved to be predictive of condom intention, but not condom use in this population. Condom self-efficacy, specifically being confident about intending to use a condom at every opportunity for sexual activity and properly using a condom, was found to be associated with condom intention while only condom knowledge about HIV/AIDS prevention was significantly associated with condom intention and condom use. Neither of the variables, condom self-efficacy or condom knowledge,

were found to moderate the relationship between the traditional belief of remaining a virgin until marriage and condom intention. These findings demonstrated the diversifying religious landscape in the Philippines and the saliency of the traditional belief in maintaining a woman's virginity until marriage. The potential applicability of knowing about condom's effectiveness in preventing HIV/AIDS in increasing condom intention and condom use in this population was also discussed.

Manuscript 3: Contentions and Contradictions in Using Contraceptives: Examining empowerment, agency and womanhood among college-attending unmarried young women in the Philippines

Manuscript 3 examined the extent of sexual agency, religiosity, and gender beliefs in influencing the contraceptive decisions of college-attending young Filipino women using focus groups. Individual interviews among reproductive health professionals were also used to determine the salient societal issues affecting low contraceptive use in this population. Results from this study demonstrate that college-attending young Filipino women contend with contradictory expectations of sexual agency, by maintaining one's virginity as well as using contraceptives when sexually active, as to not be financially burdened with having a baby. Remaining a virgin until marriage continued to be highly valued as it is deemed as respecting oneself. Additionally, having an intent to "control" either one's sexual urges or one's life circumstances by using contraceptives were perceived to be related to contraceptive use by this population. Reproductive health professionals noted the interdependent factors of religious and gender ideology as well as poverty and government corruption as influential in limiting young Filipino women's contraceptive access and use. Bay-Cheng's (2015) *agency line matrix* was used to

critically analyze the results of this study to better understand college-attending young Filipino women's desire to remain agentic and in control of their sexuality. This sense of agency and empowerment among college-going young Filipino women may be masking the realities faced by their peers living in impoverished communities. Reproductive health professionals noted the lack of concern and interest in improving the sexual and reproductive wellbeing of poor women within Philippine society.

Chapter 2

Manuscript 1

**Reproductive justice in the Philippines: The ideological battle over unmarried
young Filipino women's bodies**

Synopsis

In the face of heavy opposition by the Catholic Church, a coalition of women's rights organizations succeeded in passing the Philippines' first comprehensive reproductive health law in 2012. This legislation allowed government funded clinics to distribute free contraceptives to married women and public schools to deliver sexual health education for youth. Filipino youth, under the age of 18 years old, seeking sexual and reproductive health services were required to obtain parental consent. The political tension between religious and women's rights factions exposed the influential role religious and gender ideology may play into unmarried young Filipino women's decisions to contracept. This commentary explores the utility of the reproductive justice framework, a theoretical lens based on the principles of social justice, to understand the influential role religious and gender ideology may play on unmarried young Filipino women's reproductive decisions.

Key words; Reproductive justice, catholic church, Philippines, sexual and reproductive rights

Introduction

The Philippines, an archipelago of islands located in Southeast Asia, saw unprecedented growth and development in the last half century. As its urban core spread rapidly, nearly half of its population live in the country's ten major cities (Navarro, 2014). While its population grow more connected globally through technological advances, the country remains deeply religious. With 84 percent of the population identified as Roman Catholic, the Church has widespread influence in Philippine government, industry and society (Bautista, 2009; Ruiz Austria, 2004). Despite the patriarchal notions inherent in Catholicism and its teachings, the country remain a strong proponent of gender equality, where girls have equal educational opportunities as boys and women hold powerful positions in private and public spheres (Ruiz Austria, 2004; World Economic Forum, 2018). Amidst this backdrop of increased modernization, deeply rooted Catholicism, and strongly held belief in gender equality, a comprehensive reproductive health law titled The Responsible Parenthood and Reproductive Health Act of 2012 (RH law) was passed and upheld by the Philippine Supreme Court in 2014 (Luczon & Francisco, 2015).

The RH law passed during a time when the country gained worldwide attention for its alarming sexual and reproductive health outcomes, particularly among Filipino youth. About a third of unmarried youth in the Philippines reported sexual activity in 2013, 78% of whom indicated that they did not use any form of modern contraception (DRDF & UPPI, 2014). The teenage pregnancy rate, childbearing among young Filipino women aged 15-19 years old, climbed from 6.3% in 2002 to 11% in 2013 while reported human immunodeficiency virus (HIV) cases in the Philippines increased 25 percent from

2001 to 2009, largely among Filipino males who have sex with males (MSM) (Claravall, 2016; DRDF & UPPI, 2014). Illegal and socially stigmatized in the Philippines, abortion continues to be unregulated and is often conducted in non-clinical settings leading to 1,000 Filipino women dying and 90,000 hospitalized from abortion-related complications in 2008 (Hussain & Finer, 2013). young Filipino women who live in rural areas, have lower educational attainment and come from economically disadvantaged backgrounds appear to be the most at risk for adolescent unintended pregnancy and unsafe abortion while Filipino young adults, men who have sex with men and female sex workers are considered at high-risk for HIV/AIDS (Hussain & Finer, 2013; Natividad, 2013). With such troubling statistics, the reproductive health debate was expectedly argued under a human rights framework that called for Filipino women's right to contraception (Melgar & Carrera-Pacete, 2016). What was not readily discussed at the time, however, were the deeply ingrained cultural and societal barriers that have prevented young Filipino women, particularly adolescent unmarried women, from attaining sexual autonomy, thereby inhibiting their capacity to use modern contraceptives (Manaloto, 2014). Unlike the reproductive health or reproductive rights framework, the reproductive justice framework recognizes the inherent power these structural systems have over vulnerable communities and its ability to profoundly affect women's reproductive decisions (Luna & Luker, 2013).

Reproductive Justice: Beyond Owning One's Body

The term *reproductive justice* was first introduced by feminist women of color in the mid-1990s when they saw a disregard by mainstream women's organizations of the myriad social issues facing communities of color (Ross & Solinger, 2017a). Founders of

the reproductive justice movement pointed to the narrow focus on the protection of abortion rights by national women's groups while persistent inequality, racism, and unjust policies and practices continued to shape minority women's reproductive lives (Ross & Solinger, 2017a). From the time when African slaves were raped by their slave owners and bore children that they could not keep to the current immigration policies that disallow Latino parents to stay in the country to raise their American-born children, reproductive justice advocates pointed to the long history of reproductive oppression in the United States, particularly among women of color (Luna & Luker, 2013). Shen and Paredes (2005) posit that, in contrast to the reproductive *health* framework that is based on the medical model or the reproductive *rights* framework that is based on a legal model, the reproductive *justice* framework follows a social justice model that examines the root causes of oppression and is "grounded in organizing women and girls to change structural power inequities" (p. 2). As such, reproductive justice advocates called for sexual autonomy and gender freedom for all human beings and a belief that all women are entitled to choose whether or not to have a child and to parent children in safe and healthy environment (Ross & Solinger, 2017a).

Social identity and one's position in society is crucial in understanding reproductive justice (Luna & Luker, 2013). Women do not fall within singular cultural identities but rather have multiple facets that often intersect with one another. Under the reproductive justice framework, personal characteristics such as gender, race, class, religion, ability, sexual orientation, and immigration status, among others, make up a woman's identity and at various points intersect and affect her reproductive choices (Ross & Solinger, 2017a; Shen & Paredes, 2005). The belief in a collective intersectional

identity resonates powerfully for women of color as well as for women living in global communities (Chrisler, 2013; Luna & Luker, 2013). The long-standing mantra *my body, my choice* popularized within western women's movements was often perceived by women of color and those living in the global south as privileged since impoverished women may not have the options available to choose their reproductive fates and those living in collectivist communities often view their bodies as not only theirs alone but also belonging to their family and community (Chrisler, 2013). Chrisler (2013) describes the Ubang people of Nigeria who believe that a newly married woman must split her being into two properties – one for her in-laws who own her body, and ability to carry a new life, while her head remains with her birth family with whom she has left her old life. Ownership of a woman's body and her reproductive capacity, therefore, is fraught with cultural, familial, social and political tensions that can only be untangled and understood through a reproductive justice lens, which allows for a critical assessment of patriarchal systems and customs.

Reproductive Justice: The Philippine context

While reproductive justice activism is deeply entrenched in U.S. based grassroots community organizations, the movement has gained momentum internationally (Chrisler, 2013; Ross & Solinger, 2017a). In the Philippines, the “Pro-RH” coalition was led by a network of progressive women's organizations (Luczon & Francisco, 2015; Melgar & Carrera-Pacete, 2016). Their work was a reproductive justice achievement in that the victory illustrated what is possible with a persistent grassroots organized, community-based, campaign (Manaloto, 2014; Melgar & Carrera-Pacete, 2016; Tanyag, 2015). In passing the country's first reproductive health law, poor married Filipino women are

given the right to obtain affordable, easily accessible, and evidence-based sexual and reproductive health information and services similar to the services offered by most private clinics and hospitals in the Philippines which cater to wealthier Filipino women (Melgar, Melgar, Festin, Hoopes, & Chandra-Mouli, 2018).

The reproductive justice movement, however, is centered in working within marginalized communities, not in government halls or courthouses (Luna & Luker, 2013). Therefore, in the wake of the Pro-RH coalition's success, more Filipino women's groups began to organize under the reproductive justice framework, to not only expand contraceptive access and sexual health education to all Filipino women, but to also tackle the multiple issues affecting Filipino women's reproductive lives such as gender and class-based violence and reduced economic opportunities for poor families (Melgar & Carrera-Pacete, 2016; Orfeneo, 2010). Previous studies show that poverty, rurality, marital status and age are among the salient features that limit Filipino women's reproductive choices (Natividad, 2013). Disparate economic inequality persists in the Philippines, with one out of five workers earning less than a dollar a day, resulting in poor Filipino women often having to choose between purchasing food or modern contraceptives (Smith, 2014). Geographic location, intersected with poverty, also proves to be a barrier. Regional governments, which has control over local public health services, fail to adequately meet the reproductive needs of its residents either due to a dearth of local tax revenue or its municipal leaders refuse to offer reproductive services because of their religious beliefs (Smith, 2014). Finally, adolescent unmarried poor women bear an insidious yet often overlooked unmet need for contraceptives as religious and gendered cultural norms, which was upheld by the Philippine Supreme Court in 2014, continue to limit adolescent

Filipino women from accessing modern contraceptives without parental or guardian consent (Melgar et al., 2018; Natividad, 2013).

Reproductive Justice & Religious Ideology

The Philippine Roman Catholic Church has established remarkable authority over the country's political, cultural and economic institutions since Spanish missionaries first arrived in the Philippine Islands in the 15th century (Ruiz Austria, 2004). The Catholic Church's political power was evident in the long fought battle for women's reproductive rights in the Philippines (Luczon & Francisco, 2015). The moral catholic teachings about God's *natural law* were espoused by the Catholic Church during the reproductive health debate as its leaders defended the notion that human sexuality was designated for procreative and unitive functions and can only be expressed through marriage (Melgar & Carrera-Pacete, 2016; Ruiz Austria, 2004). According to the fundamentalist Catholic Church teachings in the Philippines, modern contraceptives break this procreative and unitive bond and are, thus, against natural law (Zalot & Guevin, 2008). Under these circumstances, the sexual bodies of unmarried women can only be expressed through marriage while the bodies of married women are offered only to satisfy the roles of motherhood and domesticity (Melgar & Carrera-Pacete, 2016). These religiously prescribed gender roles appear to influence unmarried young Filipino women's reproductive decisions. Clayton (2006) noted that unmarried young Filipino women experienced shame after having sexual intercourse and saw themselves as the *Mary Magdalene*, a biblical character who became a disciple of Jesus Christ after abandoning a life of prostitution. Unmarried young Filipino women preferred to be characterized in the image of the *Virgin Mary* who possessed traditional and conservative virtues and

remained a virgin until the birth of her son Jesus Christ (Clayton, 2006; Delgado-infante & Ofreneo, 2014). Young Filipino women also idealize the feminine traits of *Maria Clara*, a 19th century character from a famous Filipino novel who was known for her religiosity, docility, obedience and sacrificial traits (Clayton, 2006; Olavides-Soriano, 2003). Researchers further found that unmarried young Filipino women must negotiate their sexual desires within these two culturally constructed roles by claiming that their sexual encounters were unplanned and therefore also often unprotected (Clayton, 2006; Delgado-infante & Ofreneo, 2014; Lucea et al., 2013). Unmarried young Filipino women placed a great importance on the virtue of virginity, often describing it as a gift they could offer to their future husbands and a way for them to show their close relationship with God (Delgado-infante & Ofreneo, 2014). As such, certain Catholic prescriptions of sexual behavior may impede unmarried young Filipino women from attaining sexual freedom since they are not afforded the sexual agency and self-determination to make informed reproductive choices about their body and sexuality (Clayton, 2006; Shen & Paredes, 2005).

Reproductive Justice & Gender Ideology

Despite these prescribed gender roles young Filipino women adhere to in their interpersonal relationships, Filipino women overall enjoy gender parity in multiple sectors of society. The Philippines was ranked 8th out of 144 countries that closed the gender gap in the areas of health, education, economic participation, and political empowerment (World Economic Forum, 2018). More Filipino women attain higher education compared to Filipino men and nearly 70% of all Philippine businesses include female owners (World Economic Forum, 2018). Women also hold significant power in

the household as they often are expected to make the financial decisions in the home (Gipson & Hindin, 2015). Married Filipino women were found to make their own healthcare decisions (96%), visit family and friends without supervision (93%) and make decisions about major household purchases (89%) (PSA & ICF International, 2017). Given their elevated social, educational and economic status, Filipino women appear to have higher autonomy in making contraceptive choices for themselves and their families (Abada & Tenkorang, 2012; Gipson & Hindin, 2015). Unlike married young Filipino women, however, unmarried young Filipino women do not appear to hold equal autonomy in making contraceptive decisions (DRDF & UPPI, 2014). In fact, unmarried young Filipino women's sexuality does not seem to be visible in public or private spheres (de Irala et al., 2009; Tanyag, 2015). This was evident in the passing of the RH Law when various Pro-RH coalition member groups, including feminist, workers' rights, and sexual and gender minority (SGM)-led organizations, were left out of the discourse during the final negotiation of the bill (Tanyag, 2015). The inclusion of phrases such as "responsible parenthood" and "family planning" demonstrated the Pro-RH coalition's willingness to appease the Philippine Catholic Church hierarchy and ignored the reproductive needs of their coalition's more marginalized members (Tanyag, 2015). By failing to acknowledge the reproductive needs of poor unmarried young Filipino women and couples within the SGM community who do not fall within the heteronormative framework, these groups are left to other means such as delaying marriage or choosing cohabitation over marriage to manage their reproductive lives (Gipson, Gultiano, Avila, & Hindin, 2012; Tanyag, 2015).

The invisibility of unmarried young Filipino women's sexual bodies may also be due in part to their status within the family (Capuno et al., 2013; Lucea et al., 2013). Regardless of age, young Filipino women customarily live in their parents' home and receive monetary support until marriage (Capuno et al., 2013; Marquez, 2008). The family, as a singular unit, holds primary importance above its members, with the mother having a significant position in this entity (Capuno et al., 2013; Marquez, 2008). Young Filipino women under 18 years of age are prohibited from attaining sexual and reproductive health services without parental or guardian consent or have been previously been pregnant (Melgar et al., 2018). Additionally, qualitative scholars have noted that unmarried young Filipino women most fear their parents' disappointment and the disgrace an unintended pregnancy may bring to their family (Clayton, 2006; Delgado-infante & Ofreneo, 2014; Salvador et al., 2016). The invisibility of unmarried young Filipino women's sexuality is also demonstrated by the inattention and lack of guidance parents offer their adolescent daughters on sexual matters, despite the influential role parents may play on their children's sexual development (de Irala et al., 2009; DRDF & UPPI, 2014). In fact, only 10% of Filipino youth indicated that they discussed topics related to sex at home (DRDF & UPPI, 2014). Interestingly, religious groups originally argued against the constitutionality of the RH Law in 2014 claiming that the law had violated the rights and duties of parents and guardians by offering sexual and reproductive health education to youth attending public schools (Manaloto, 2014; Melgar et al., 2018).

An unmarried young Filipino women's body, therefore, appear to belong to her family first and then to her community as her own sexual desires remains hidden from

view (Delgado-infante & Ofreneo, 2014). With the country's rapid urbanization and modernization, however, unmarried young Filipino women are becoming more exposed to a westernized version of femininity and female sexuality (Clayton, 2006; Lucea et al., 2013). Clayton (2006) calls this new female archetype the "Manila Girl," a modern single woman, who "explores, experiments; bends rules." She is an unmarried young Filipino woman who recognizes her own sexual agency and is devoid of shame, regret or guilt after her sexual encounter (Clayton, 2006, p. 7; Delgado-infante & Ofreneo, 2014; Lucea et al., 2013). The "Manila Girl," therefore, stand against the proscribed roles for young Filipino women who must choose between being the "Other Mary" or the "Virgin Mary/Maria Clara" (Clayton, 2006). Her very nature defies the sexual double standard that has been observed in a country that encourage young men express their sexual needs while shaming young Filipino women who act in a similar fashion (Clayton, 2006; Delgado-infante & Ofreneo, 2014). This newly identified feminine ideal, the "Manila Girl," may play a significant role for unmarried young Filipino women who seek to achieve sexual agency and reproductive autonomy.

Conclusion

To attain reproductive justice, progressive coalitions historically have organized against oppressive systems to build an environment where women can be free to determine their own reproduction (Luna & Luker, 2013). Unmarried young Filipino women currently do not live in such an environment, which has led to this population's poor sexual health outcomes. While young Filipino women maintain varying social positions, their intersecting status of being unmarried renders their sexuality invisible to Philippine society. Without the recognition of their sexual bodies, unmarried young

Filipino women cannot claim ownership of it and have limited power to protect their bodies from unintended pregnancies and STIs including HIV/AIDS. Similar to other communities who experience oppression, however, some unmarried young Filipino women are finding alternate routes to sexual agency and eventual contraceptive use. From embracing their sexual desires to cohabiting with their romantic partners, unmarried young Filipino women are seeking practical solutions to gain control of their reproductive lives (Gipson et al., 2012). To achieve reproductive justice for unmarried young Filipino women, Filipino women must stand as a collective against the cultural and societal systems that inhibit the social acceptance of unmarried young Filipino women's sexuality and disallow young Filipino women to take ownership of their sexual bodies. In doing so, all young Filipino women may have the opportunity to achieve sexual agency and reproductive autonomy.

Chapter 3

Manuscript 2

Condom Intention and Condom Use among Religious Young Filipino Women

Synopsis

The Philippines is experiencing rising unintended pregnancy and sexually transmitted infection rates with 78% of young Filipinos reporting non-contraceptive use. With the passing of the country's first comprehensive reproductive health law, the political tension between religious and women's rights factions exposed the influential role religion and gender ideology may play into young Filipino women's decision to contracept. Guided by the adolescent sex-positive and reproductive justice framework, this study examines the underlying societal factors of religiosity and gender norms, and the mediating role of condom self-efficacy and knowledge, on young Filipino women's condom intention and use. Partnering with a Philippine-based reproductive health organization, a sample (N=459) of young Filipino women, aged 14-24 years old, living in the provincial island of Palawan were surveyed on sexual and reproductive health issues. Multiple logistical regression was conducted using SPSS. Study results indicate that young Filipino women are very religious with 97% stating their religion was important or very important. Young Filipino women were less likely to endorse traditional gender roles such as girls having the sole responsibility of preventing a pregnancy. The religiously tied cultural value of remaining a virgin until marriage was highly endorsed by young Filipino women and appears to be significantly associated with higher odds of condom intention at sexual intercourse but not condom use. Condom knowledge about HIV/AIDS prevention was associated with condom intention as well as condom use. Condom self-efficacy measures such as knowing how to use a condom properly and having confidence in using condoms at every sexual encounter was associated with intention to use a condom in this population. Additionally, while the traditional belief about remaining a virgin until

marriage appeared to be associated with condom intention, knowledge about the effectiveness of condom use in preventing HIV infections, being confident in one's ability to use a condom at every sexual encounter, and knowing how to use a condom properly, did not moderate this relationship. Therefore, this study's results show that while young Filipino women are deeply religious, they also appear to hold practical views about condoms. Despite calls by religious groups to end sexual health education among adolescents in the Philippines, sexual and reproductive health educators should increase their efforts to improve the contraceptive rate among young Filipino women.

Key words: condom intention; condom use; young Filipino women; religiosity and traditional beliefs about dating and marriage; condom knowledge and condom self-efficacy

Introduction

Adolescent women, between the ages of 15-24 years old, living in low to middle income countries are shown to be at risk for poorer health and life outcomes compared to high-income countries due to multiple intersecting societal factors such as having reduced contraceptive availability, limited educational opportunities and poor job prospects (Kaneda, 2017; Patton et al., 2012). The Philippines recently became a middle-income country but continue to struggle with significant income inequality and a debilitated social and health services system (United Nations, 2011). Despite having a well-educated population with more Filipino women enrolled in schools at all levels compared to their male counterparts, the Philippines continue to rank high in maternal mortality rate, at 221 per 100,000 live births, and fertility rate, at 3.1 births per woman, compared to its neighboring Southeast Asian countries (USAID, 2012; World Economic Forum, 2018). A 2013 survey of young Filipinos, between the ages of 15-24 years old, indicate that Filipino youth are having sex at an earlier age with the rate of sexual initiation before age 18 at 23% in 2013 (DRDF & UPPI, 2014). While about a third of these young Filipinos report sexual activity, 78% of them stated that they did not use any form of protection from unintended pregnancies and sexually transmitted infections (STIs) (DRDF & UPPI, 2014). The low contraceptive use among young Filipinos result in dire outcomes for this population. In the last decade, the teenage pregnancy rate, childbearing among young Filipino women aged 15-19 years old, climbed from 6.3% in 2002 to 11% in 2013 and reported human immunodeficiency virus (HIV) cases in the Philippines increased 25% from 2001 to 2009 (Claravall, 2016; DRDF & UPPI, 2014). Unintended pregnancies are shown to be more prevalent among young Filipino women

living in poverty-stricken rural areas where there are reduced access to higher educational opportunities (Natividad, 2013). As a response to the rising STI and unintended pregnancy rates in the country, the Philippines passed its first comprehensive reproductive health law in 2012 allowing government funded public health clinics to provide free or reduced contraceptives to poor women of reproductive age and public schools to offer sexual health education to youth (Manaloto, 2014). Outcry from religious and conservative sectors in the Philippines led to a drawn out legal battle that reached the Philippine Supreme Court, which struck down certain key provisions of the law in 2014 including requiring guardian/parental consent for minors, under the age of 18 years old, receiving contraceptives (Luczon & Francisco, 2015).

Contraceptive Need in the Philippines

The reproductive health fight in the Philippines exposed the history of inadequate contraceptive availability in the country (USAID, 2007). In 2004, USAID, the country's primary donor of contraceptives, began to phase out its family planning program to encourage self-reliance within the Philippine government to manage its own distribution of reproductive products and services (Lakshminarayanan, 2003; Salas, 2012). While the Philippine Department of Health formally secured a plan as early as 1999 to continue the centralized distribution of contraceptives after the planned phase out of USAID's family planning program, then Philippine president Gloria Arroyo who was backed by the influential Catholic Church, changed this policy and made the Local Government Units (LGU) responsible for its region's family planning program (Ruiz Austria, 2004; USAID, 2007). By decentralizing the provision of reproductive products and services, LGUs had limited financial resources and community support to fulfill the reproductive needs of its

constituents (Lee, Nacionales, & Pedroso, 2009; Smith, 2014). This reduced supply of contraceptives led to an increase in birth rates in the Philippines, particularly among poor, less educated and rural Filipino women (Lakshminarayanan, 2003; Salas, 2012).

Religious & Gender Ideology on Sexual Agency & Behavior

A lack of societal and cultural acceptance of contraceptives can be traced in part by the immense influence of the Catholic Church in the Philippines. As the only majority Christian country in Asia, with 81% of the population self-identified as Roman Catholic, reproductive rights groups have long fought against the conservative Catholic doctrine that denounce the use of modern contraceptives, particularly for unmarried women (Ruiz Austria, 2004). Religious Catholic fundamentalists often tie modern contraceptive use with immorality as it defies God's "natural law" of marriage, a sacrament that is designated only to fulfill the procreative and unitive bond between men and women (Zalot & Guevin, 2008). Such religious beliefs restrict Filipino women's access to contraceptives including in Metro Manila when its former mayor, who was a self-regarded religious leader, banned all contraceptive provision by health agencies in the city during his 7-year term (Melgar & Carrera-Pacete, 2016; Smith, 2014). The Catholic Church's influence is apparent in the fierce religiosity among young Filipinos, between the ages of 15 to 24 years old, in which approximately 80% identify as Roman Catholic (Cornelio, 2011; DRDF & UPPI, 2014; Sarmiento, 2016). Among this population, 80% stated that they attended Sunday mass, 36% prayed the rosary regularly and 29% went to prayer meetings at least once a week (Agoncillo, 2015). These religious beliefs may have influenced young Filipino women's conservative attitudes towards dating and marriage as they have shown to hold a strong disapproval of cohabitation or engaging in casual sexual

intercourse prior to marriage (De Jose, 2013; Labrague et al., 2012; Tuason, Bernarte, & Dong, 2017; Williams et al., 2007). Despite the negative appraisal for such behaviors, conservative young Filipino women appear to engage in various levels of intimate and sexual behaviors including kissing and petting, as well as early sexual initiation (de Irala et al., 2009; De Jose, 2013; Gipson & Hicks, 2017). Alternately, a recent study of young Filipino women indicated that those holding more conservative views were less likely to engage in first sexual intercourse (Gipson, Hicks, & Gultiano, 2014).

Young women in the Philippines must also contend with religiously proscribed societal expectations that hinder their sexual agency. Previous qualitative studies indicate that young Filipino women are often unable to express their sexual desires without the constant cultural pressure of being negatively deemed as “promiscuous” thus risking alienation from their family and friends (Delgado-infante & Ofreneo, 2014; Ujano-batangan, 2012). Many young Filipino women state that they prefer to remain a virgin, which is believed to have a higher likelihood of getting married (Clayton, 2006; Delgado-infante & Ofreneo, 2014). These starkly contrasting roles that burden young Filipino women’s sexual lives has been likened to the two main female characters in the bible, *Mary Magdalene* and *Virgin Mary*, one personifying promiscuity while the other signify virginity and piety (Clayton, 2006; Sarmiento, 2016). Within American academic literature, these contradictory feminine roles are also found to influence young women’s sexuality (Bay-Cheng, 2015). Viewed through either a binary framework, such as the *Madonna-whore dichotomy*, a sequential framework, such as the *virgin-slut continuum*, or a matrix, such as the *agency line matrix*, young women’s perceived sexuality continue

to be socially sanctioned and wrought with uncertainty, shame and unrealistic expectations, similar to that of young Filipino women (Bay-Cheng, 2015; Tolman, 2012).

Nevertheless, while young Filipino women overall appear to hold strong conservative views, such beliefs and attitudes do not prevent them from exercising their full capabilities. In the Philippines, women enjoy a high degree of gender parity, compared to its neighboring wealthier countries. The country was ranked 8th in closing the gender gap across all sectors of society, ahead of the Japan (83rd) and South Korea (115th) (World Economic Forum, 2018). In fact, Filipino women have long established positions of power in the public and the private spheres (Bonifacio, 2018; Gipson & Upchurch, 2017; Quimbo, 2014). Filipino women helped drive the country's growing economy by working overseas as nurses, caretakers and domestic helpers (Ang et al., 2015). This high regard for gender equality can be traced to the pre-Spanish colonial era, when Filipino women held leadership positions within their tribes and possessed equal rights to property and inheritance (Estudillo et al., 2001; Olavides-Soriano, 2003; Roces, 2010).

Influential Role of Family Members and Friends

With nearly 2.3 million Filipinos working outside the country, and more than half of whom are women, political analysts and cultural pundits have pointed to the lack of parental supervision and family cohesion as potential causes for the rising rates of unintended pregnancy and STIs among Filipino youth (Marquez, 2008; Serquina-Ramiro, 2014). Such views stem from the influential role the Filipino family play in Philippine society. Coded into Philippine law in 1987, the Filipino family as a social institution was used to argue against the legality of abortion and divorce as well as the rights of minors

to access contraception without parental or guardian consent (Collantes, 2017; Melgar & Carrera-Pacete, 2016). As such, previous qualitative studies demonstrated that for young Filipino women, their family takes precedence over their own concerns when presented with an unintended pregnancy as they were found to be more fearful of becoming a disappointment to their parents and disgracing their family than becoming a young parent (Capuno et al., 2013; Salvador et al., 2016).

While Filipino parents and guardians are given full legal responsibilities and rights over their children's lives, Filipino youth indicate that their parents often do not discuss with them sexual and reproductive health matters (de Irala et al., 2009; DRDF & UPPI, 2014). Indeed, only 20% of young Filipino men and 41% of young Filipino women indicated that they discussed reproductive and sexual health issues with their parents, despite stating that they valued their parents' opinion on such matters more than their friends (de Irala et al., 2009; DRDF & UPPI, 2014). Low levels of communication with parents was shown to be associated with non-condom use among Filipino youth (Tuason et al., 2017). Without a reliable adult to provide instruction and advice, young people rely on their peers for information intimacy and sexuality issues (Clayton, 2006; Delgado-infante & Ofreneo, 2014; Salvador et al., 2016). One study conducted among Filipino youth, between the ages of 14 and 16 years old, showed that those who perceived their friends having experienced intimate and sexual acts, such as petting, kissing, and having sex, were more likely to try such behaviors (Upadhyay & Hindin, 2006).

Condom Behavior among Young Filipinos

Despite the rise of STIs and unintended pregnancies among Filipino youth, with condom use at 12.9% in 2013, there is a dearth of studies examining factors that

influence condom behavior in this population (DRDF & UPPI, 2014; Restar et al., 2018). While studying the risk of first sexual intercourse and other sexual behaviors are shown to be a dominant feature in most studies among young Filipino women, only married women as well as female sex workers in the Philippines are afforded the attention in academic literature when examining factors associated with positive contraceptive behaviors, including condom use (Gipson et al., 2014; Lucea, Hindin, Kub, & Campbell, 2012; Prata et al., 2017; Urada, Morisky, Pimentel-Simbulan, Silverman, & Strathdee, 2012). One recent study, however, using a sample of youth from the Philippines, Peru, and El Salvador, examined condom knowledge and its association with condom use (Osorio, Lopez-del Burgo, Ruiz-Canela, Carlos, & de Irala, 2015). Interestingly, this study found that while condom knowledge about HIV infection and pregnancy prevention was associated with sexual activity initiation among youth from the three countries, it was not associated with condom use, a finding that was significantly higher in the Philippines compared to the other two countries (Osorio et al., 2015). Additionally, another study, using a sample of Filipino youth living in the Philippines and United States, show that non-condom use was shown to be associated with low levels of parental communication among youth living in the Philippines (Tuason et al., 2017).

The Current Study

This lack of attention in the contraceptive behavior of young Filipino women, particularly unmarried young Filipino women, may be due to the fact that young Filipino women's sexual agency has been rendered invisible in the country (Chapter 2, in this dissertation). This study, therefore, will examine factors, such as religiosity and

traditional, often gendered, beliefs towards dating and marriage, associated with young Filipino women's condom intention and condom use.

The research questions for this study are:

- 1) Is religiosity and the traditional beliefs about dating and marriage negatively associated with condom intention and condom use?
- 2) Are sexual wellbeing indicators, such as condom knowledge and condom self-efficacy, positively associated with condom intention and condom use?
- 3) Do the sexual wellbeing indicators of condom knowledge and condom self-efficacy, have a moderating effect in the relationship between religiosity, traditional beliefs about dating and marriage and condom intention and condom use?

For this study, we hypothesize that religiosity and traditional beliefs about dating and marriage will negatively impact young Filipino women's condom intention and use. This hypothesis is based on previous literature demonstrating that young Filipino women who are more religious and hold conservative views are less likely to have positive views about condoms nor will they likely use them (de Irala et al., 2009; De Jose, 2013; Lucea et al., 2013). Further, we hypothesize that the measures of sexual wellbeing, condom knowledge and condom self-efficacy in particular, will have a positive relationship with condom intention as increased condom knowledge and condom self-efficacy has been found to improve condom intention and condom use (Baele, Dusseldorp, & Maes, 2001; Espada, Morales, Guillén-Riquelme, Ballester, & Orgilés, 2015). We also hypothesize that these sexual wellbeing constructs will have a moderating effect on the relationship

between religiosity, traditional views on dating and marriage and condom intention and use.

Conceptual Framework

This study is guided by the conceptual framework of reproductive justice (Ross & Solinger, 2017b) and positive adolescent sexual wellbeing (Fortenberry, 2016; Harden, 2014; Tolman, 2012). The reproductive justice framework offers a critical lens in examining the societal, cultural, environmental and institutional factors that influence a person's reproductive capacities and choices (Shen & Paredes, 2005). Reproductive justice advocates seek to identify and eliminate all forms of reproductive oppression and unjust reproductive practices that historically limited the reproductive freedom of marginalized communities (Luna & Luker, 2013). A positive adolescent sexual wellbeing perspective is also used to inform this study. This perspective allows for adolescents sexuality to be viewed as a healthy, normative and essential part of adolescence (Harden, 2014). Within this perspective, adolescents are entitled to attaining optimal sexual wellbeing that includes having sexual self-esteem, sexual self-efficacy, desire and pleasure, among others (Fortenberry, 2016; Harden, 2014). As such, this study will examine the institutional values of religiosity and traditional gendered beliefs in dating and marriage as it relates to young Filipino women's contraceptive decisions (See Figure 1). To determine the extent of sexual wellbeing among young Filipino women, condom self-efficacy and condom knowledge will be examined as well as its moderating effect on this study's outcome of condom intention and use (see Figure 1).

Methods

Research Design and Sample

This study was part of a larger mixed methods study to assess contraceptive use among young Filipino women living in Puerto Princesa, Palawan, a rapidly growing tourism hub in the western provincial island of the Philippines. Roots of Health (ROH), a Puerto Princesa based reproductive health non-profit organization administered a 140-item survey on sexual and reproductive health issues in 2017 among a convenience sample of young Filipino women (N=459) between the ages of 14 to 24 years old. Efforts to sample a diverse set of young Filipino women living in Puerto Princesa were undertaken by collecting data at well-known youth meeting places such as the shopping malls, the main boardwalk, and at local high school and college campuses. The questionnaire was self-administered using electronic tablets.

Measures

Condom Intention and Condom Use. The two main outcomes of this study were the binary variables of *condom use*, “on the last occasion you had sex, did you or your partner use a condom,” and *condom intention*, “I would refuse to have sex with someone who is not prepared to use a condom.”

Religiosity and gender ideology. To examine the extent of respondents’ religiosity and gender ideology, the following predictor variables were measured. *Religiosity*, “how important is religion in your life” was collapsed into a dichotomized variable (0=religion is important, 1= religion is very important) after preliminary analysis revealed that less than 1% indicated that religion was not important to them (N=3). Gender ideology was measured using the construct of *Traditional beliefs about dating and marriage*. This construct was composed of the following five statements: a) “It is the responsibility of only the girl to make sure that she does not get pregnant”; b) “I believe

that girls should remain virgins until they marry”; c) “A boy will not respect a girl who agrees to have sex with him”; c) “It is wrong for unmarried boys and girls having sexual intercourse if they love each other (which as reverse coded)”; and d) “It is wrong for a boy and girl to have sex before they become engaged to see whether they are suited to each other” (which was also reverse coded). These statements binary variables (0=disagree, 1=agree) were selected to represent respondents’ traditional, and gendered, views about intimate relationships. Since these items had low internal consistency ($\alpha = .173$), they were analyzed separately.

Sexual wellbeing. Young Filipino women’s sexual wellbeing was measured by the construct of *condom knowledge*, which was composed of the following three statements: a) “Condoms are an effective method of preventing pregnancy”; b) “Condoms can be used more than once (which was reverse coded)”; and c) “Condoms are an effective way of protecting against HIV/AIDS.” Young Filipino women’s sexual wellbeing was also measured by the construct of *condom self-efficacy*, which was composed of the following three statements: a) “I am confident that I can insist on condoms every time I have sex”; b) “I feel that I know how to use a condom properly”; and c) “It would be embarrassing for someone like me to buy or obtain condoms” (which was reverse coded). These variables were collapsed into dichotomous variables (1=yes, 0=No/Don’t know) due to its uneven distribution. The statements that comprised sexual wellbeing, *condom knowledge* and *condom self-efficacy*, were found to have low internal consistency, ($\alpha = .453$) and ($\alpha = .497$) respectively, and therefore were analyzed separately.

Individual characteristics. Demographic variables such as *age, geography, religion, sexual orientation, current education, perceived condom use by friends, and past relationship* and, *pregnancy experience* was dichotomized to establish uniform distribution. Only the demographic variable, *educational level*, was kept in its original nominal form.

Data Analysis

Descriptive analyses were employed to determine the demographic profile of the total sample population for *condom intention* (N=459), composed of all young Filipino women, and *condom use* (N=105), composed of young Filipino women who indicated they have had sex (See Table 1). Chi-square analyses were used to examine potential differences between the demographic groups on the study's two main outcomes.

Descriptive analyses were also employed to determine the percentage of respondents who positively endorsed the statements in each of the predictor variables such as *religiosity, traditional beliefs about dating and marriage, condom knowledge* and *condom self-efficacy*. Finally, to assess the saliency of these variables in predicting the study's main outcome of *condom intention* and *condom use*, multiple logistic regression analyses were used. Logistic regression analyses were also used to examine sources of effect modification between the study's main predictor variables, *traditional beliefs about dating and marriage* and *religiosity*, and its main outcomes of *condom intention* and *condom use*. Effect modification is determined if a third variable, in this instance select *condom knowledge* and *condom self-efficacy* variables, may be involved in altering the strength of association between the predictor and outcome variables (Aschengrau & Seage, 2013; VanderWeele, 2015). For analyses assessing effect modification, only

variables that were shown to be significantly associated with condom intention or use were selected. This study's analyses were carried out using SPSS Version 24 software.

Results

Sociodemographic Characteristics of the Study Sample

Condom Intention among young Filipino women (See Table 1). The total sample of young Filipino women (N=459) in this study are predominately urban dwelling (86.1%), heterosexual (86.9%), and younger, between the ages of 14-19 years old (66.4%). Approximately 55% identified as Roman Catholic while the rest indicated they were either Christian, Muslim or identified with another religious denomination. Most of the young Filipino women in this study indicated they were currently in school (71.2%) with 41% attending college or a vocational school while 30% stated they were attending high school. About a third of young Filipino women stated that they were not attending a school at the time the survey was conducted. Additionally, about 78.9% of the young Filipino women surveyed in this study indicated having experienced past romantic relationships with nine percent who stated having had a previous pregnancy. However, only 24% of this study's sample responded that they knew about their friends' condom practices. Among the total sample of young Filipino women (N=459), 61% (N=283) indicated that they would refuse sex if a condom was not used. Chi-square analyses indicate there were no demographic differences between those with an intent to use a condom versus those without an intent to use a condom, except for perceived use of condoms by friends which was found to be significantly associated with condom intention ($X^2=7.12$, $P=.008$).

Condom use among young Filipino women who indicated having had sex

(See Table 1). Approximately 22% of all young Filipino women in the study indicated that they have had a sexual experience (N=105). Among those who indicating having had sex, about half cohort (N=57) said they used a condom at their last sexual encounter. Similar to the total sample population, those who indicated having had a sexual encounter were predominantly urban dwelling (85.7%), heterosexual (83.8%) and about half self-identified as Roman Catholic (57.1%). In contrast to the total sample of young Filipino women, however, a majority of those with sexual experience were in the older age group, between 20 to 24 years old (58.1%). Additionally, a larger proportion of young Filipino women who indicated having had sex stated they were not attending school at the time of the survey (54.3%). Most of the young Filipino women who indicated having had sex also had a previous romantic relationship (98.1%), with 40% stating they experienced at least one pregnancy. More young Filipino women respondents who stated having had sex knew of their friends' condom use (36.2%) in comparison to the larger sample of young Filipino women (24.4%). Chi-square analyses showed no demographic differences associated with condom use among sexually experienced young Filipino women (See Table 1).

Religiosity and Traditional Beliefs about Dating & Marriage among Young Filipino Women: Descriptive Results

Religiosity among young Filipino women (See Table 2). Religion was shown to be “very important” for 68.5% of the total sample of young Filipino women and 34.3% of those who indicated having had a sexual encounter. The remaining 31.5% of young Filipino women in the total sample and 65.7% of those who have had sex indicated that

religion was only “important” to them. While respondents were given a choice to indicate if religion was “not important” to them, only three respondents chose this option and therefore were not included in the analyses.

Traditional beliefs about dating and marriage among young Filipino women

(See Table 2). Young Filipino women appeared to hold mixed opinions regarding their beliefs about dating and marriage. Nearly 89% of young Filipino women in the total sample and 75% of young Filipino women who indicated having had sex agreed with the statement that “girls should remain a virgin until they marry.” In addition, for both groups, up to 85% did not condone the practice of having casual sexual relationships (“It is wrong for a boy and girl to have sex before they become engaged to see whether they are suited for each other”). However, the total sample of young Filipino women diverged from the sample of young Filipino women who indicated having had sex in their belief in premarital sexual intercourse with 71% of the total sample agreeing with the statement that “it is wrong for unmarried boys and girls to have sexual intercourse even if they loved each other” while only 45.7% of sexually experienced young Filipino women endorsed this statement. Further, young Filipino women overall did not endorse traditional gender roles within romantic relationships as only 28.1% among the total sample of young Filipino women respondents and 27.6% among those who indicated having had sex stated that “it is the responsibility of only the girl to make sure she does not get pregnant.” Most young Filipino women also did not endorse the belief that “a boy will not respect a girl who agree to have sex with him” with only 38.1% of all young Filipino women and 22.9% of young Filipino women who indicating having had sex agreed with this statement.

Condom Knowledge and Condom Self-Efficacy among Young Filipino Women: Descriptive Results

Condom knowledge among young Filipino women (See Table 2). While nearly all young Filipino women in the total sample (91.5%) and among young Filipino women who indicated having had sex (93.3%) were in agreement that condoms should not be used more than once, fewer young Filipino women knew about a condom's effectiveness in preventing HIV/AIDS. About 67.5% of the total sample of young Filipino women and 76.2% of young Filipino women who indicated having had sex correctly endorsed the statement that "Condoms are an effective way of protecting against HIV/AIDS." Additionally, only 68.4% of the total sample of young Filipino women and 71.4% of those who indicated having had a sexual encounter corrected agreed with the statement that condoms can be used for pregnancy prevention.

Condom self-efficacy among young Filipino women (See Table 2). Similarly, young Filipino women showed reduced self-efficacy in condom access, use and negotiation. Only 41.8% of the total sample of young Filipino women and 55.2% of young Filipino women who indicated having sex stated that they felt "confident that I can insist on condoms every time I have sex." Young Filipino women also showed a lack of confidence in knowing "how to use a condom properly" with only 51.6% of all young Filipino women and 69.5% of those who have had sex endorsed this statement. Finally, young Filipino women appear to be unable to freely purchase condoms as only 24.6% of all young Filipino women and 38.1% of young Filipino women who indicated having had sex agreed that "it would not be embarrassing for someone like me to buy or obtain condoms."

Association of Religiosity, Traditional Beliefs about Dating and Marriage, Condom Knowledge and Condom Self-Efficacy with Condom Intention and Condom Use

To determine if the study's predictive factors such as religiosity, traditional beliefs about dating and marriage, condom knowledge and condom self-efficacy were associated with condom intention and condom use, multiple logistic regression analyses were used.

Condom Intention Outcome (See Table 3). Variables representing religiosity and traditional beliefs about dating and marriage were found not to be significantly associated with condom intention, except for the statement "I believe that "girls should remain a virgin until they married" which remained significantly associated with condom intention after controlling for all demographic variables $AOR=2.17$, $p < .05$, 95% CI [1.12, 4.20]. This study result indicates that the odds for condom intention was 2.17 times higher among young Filipino women who believed in remaining a virgin until marriage compared to those who did not share this belief. For the variables relating to condom knowledge, only the statement that "condoms are an effective way of protecting against HIV/AIDS" was shown to be significant $AOR=1.99$, $p < .01$, 95% CI [1.23, 3.21]. This study result demonstrates that young Filipino women who endorsed the statement about condom's efficacy in HIV/AIDS prevention had a nearly twice the higher odds of intending to use a condom compared to those who did not endorse this statement. Finally, the variables representing condom self-efficacy including "I am confident that I can insist on condoms every time I have sex," $AOR=2.93$, $p < .001$, 95% CI [1.85, 4.64], and "I feel that I know how to use a condom properly," $AOR=1.90$, $p < .01$, 95% CI [1.21, 2.96], were shown to be significantly associated with condom intention after

controlling for all demographic variables. These particular results show that young Filipino women who felt they knew how to properly use a condom and were confident about insisting on using a condom for every sexual encounter had nearly two to three times higher odds, respectively, of intending to use a condom compared to those who did not share the same sentiments.

Condom Use Outcome (See Table 3). The knowledge about condoms effectiveness in HIV/AIDS prevention, $AOR=3.79, p < .05, 95\% CI [1.13, 12.65]$, was the only variable shown to be significantly associated with using a condom among young Filipino women who indicated having had sex. Multiple logistic regression analyses of the study's other variables resulted in non-significant findings in its association with condom use among sexually experienced young Filipino women.

Effect Modification Analyses

Moderation of Condom Knowledge and Condom Self-Efficacy in the relationship between Traditional Beliefs about Virginity and Condom Intention (See Table 5 to 6). To determine if the significant relationship between young Filipino women's traditional beliefs about virginity and condom intention varied across strata within select condom knowledge and condom self-efficacy variables, effect modification analyses were conducted. Only variables significantly associated with the outcome of condom intention were selected for these analyses.

Condom knowledge (See Table 4). The odds ratio across each strata of the variable, condom knowledge about HIV/AIDS prevention (No=0, Yes=1), was compared to determine if it had a modification effect on the relationship between young Filipino women's traditional beliefs and condom intention. While there appeared to be a

difference between the two odds ratios (No=OR: 1.12, Yes= OR: 3.00), the Breslow Test of Homogeneity of Odds Ratio indicated that there was no difference between the two strata showing that condom knowledge as an effect modification was not warranted $X^2=2.49, p=.114$.

Condom Self-Efficacy (See Table 4). Similarly, the stratum-specific odds ratio across each condom self-efficacy variable found to be significantly associated with condom intention were examined. For both the statements “I am confident that I can insist on condoms every time I have sex” and “I know how to use a condom properly,” were found to not be significantly different across stratum, $X^2=3.38, p=.066$ and $X^2=.079, p=.779$ respectively. Therefore, modification in the effect of traditional beliefs about virginity on condom intention did not occur by condom self-efficacy.

Discussion

Religiosity in relation to Condom Intention and Condom Use among Young Filipino Women

For this study, we hypothesized that higher levels of religiosity among young Filipino will negatively impact their condom intention and condom use. Contrary to our expectations, lower levels of religiosity, in this case those who indicated that religion was only “important” to them, was not predictive of condom intention or use. Past researchers have noted Filipinos’ fervent religiosity, particularly during the reproductive health legislation debate when the Philippine Catholic Church and its supporters rallied against its passing (Kramer, Rowland Hogue, & Gaydos, 2007). Young Filipino women appear to hold similar fervent beliefs as their parents with nearly all the respondents in the survey indicating that religion is “important” or “very important” to them. This

finding aligns with previous studies that show young Filipinos conduct religious practices including praying, reading the bible, and attending worship and confessional services at high levels (Agoncillo, 2015; Tabora, Tee, Villanueva, & Bernarte, 2016). Interestingly, nearly half of the study sample did not identify as Roman Catholic, which diverges from a 2013 nationally representative sample of young Filipinos that showed up to 80% of the population identified as Catholic (DRDF & UPPI, 2014). Recent studies have found that secularism may be on the rise in the Philippines with young Filipinos exploring different Christian denominations, aside from Catholicism, and seek spirituality through non-traditional ways compared to previous generations (Buckley, 2014; Canceran, 2016; Cornelio, 2011). In fact, church attendance among Catholic young Filipinos have steadily declined 48 % from 1991 to 2017 (Baring, 2018). Compared to their parents, young Filipinos today may view religion as a personal matter rather than a political or ideological stance (Bonifacio, 2018; Buckley, 2014; Collantes, 2017; Cornelio, 2011). On controversial issues such as same-sex marriage, premarital sexual intercourse and cohabitation, certain segments of young Filipinos who identify as religious supported these culturally liberal behavior (Gipson et al., 2012; Tabora et al., 2016; Williams et al., 2007). Young Filipinos have been found to be more technologically connected than previous generations which may have exposed them to more liberal views about sex, dating and marriage and opened them up to more secular belief systems (Canceran, 2016; DRDF & UPPI, 2014). In this sense, the non-significant findings between religiosity and condom intention and condom use among religiously identified young Filipino women apply.

Traditional Beliefs about Dating and Marriage in relation to Condom Intention and Use

Among the variables within the *Traditional beliefs about dating and marriage* construct, only the belief that women should remain a virgin until marriage remained significant for condom intention, but not condom use, after controlling for all demographic variables. The direction of this study finding, however, was contrary to our expectation as young Filipino women who upheld the traditional belief about virginity until marriage had higher odds of condom intention compared to those who did not hold the same belief.

Indeed, Filipinos' high regard for the maintenance of female virginity until marriage is well documented in literature (Clayton, 2006; Delgado-infante & Ofreneo, 2014; Manalastas & David, 2018; Sarmiento, 2016). While young Filipino men are expected to show their virility by losing their virginity at an early age, young Filipino women are expected to maintain it until marriage (de Irala et al., 2009; Manalastas & David, 2018). Catholic theologians attribute Filipinos' idealization of feminine virginity to its strong devotion to *Virgin Mary* who was believed to be a virgin during the miraculous birth of her son, Jesus Christ (Sapitula, 2014; Sarmiento, 2016). Often called in prayer as the "Perpetual Virgin Mary," studies indicate that religious young Filipino women ascribe to this feminine ideal that follow the Marian virtue of modesty and piety (Clayton, 2006; Manalastas & David, 2018; Sarmiento, 2016). This strong belief in maintaining one's virginity has shown to impede young Filipino women's sexual agency as they are unable to express their sexual desires outside of marriage without the negative feelings of shame, guilt and later regret (Delgado-infante & Ofreneo, 2014; Osorio et al.,

2012). Reduced sexual agency may also lead to lower contraceptive use since unmarried young Filipino women view their first sexual intercourse as unplanned and therefore unprotected (Clayton, 2006; Osorio et al., 2012).

Yet this study's finding falls contrary to our expectation that higher traditional beliefs about dating and marriage, in this case, the traditional belief in remaining a virgin until marriage, would result in lower condom intention and condom use, based on previous studies (de Irala et al., 2009; Gipson & Hicks, 2017; Marquez, 2008). A potential explanation for this surprising result may stem in part from the equal status held by women in the Philippines. As more young Filipino women are attaining higher educational achievement than their male counterparts, there is a greater reliance on young Filipino women to complete their education and become the breadwinner for their family (Collantes, 2017; Estudillo et al., 2001; Gipson & Upchurch, 2017). In a recent study using sibling data among young Filipinos, Filipino parents were found to invest more on their daughters' versus their sons' education with an expectation that the return on their investment would be higher, although this finding only applied to poorer families (Yamauchi & Tiongco, 2013). Our qualitative study on this population demonstrate as much with one reproductive health professional indicated, "families often if they can only send one kid to college it's the girl. There is a belief that the girls will take care of their parents and the boys won't" (Chapter 4 in this dissertation). Therefore, similar to past generations of Filipino women whose reproductive capacity were tied to wealth and income generation, with more children equating to an increase in able-bodies who can work for the family, an intent to use condoms may also be bound by economic and financial constraints for young Filipino women, particularly in a country that continue to

struggle with high poverty and unemployment (Capuno et al., 2013; Collantes, 2017). Yet once married, young Filipino women who enjoy higher status and sexual autonomy appear to have a greater ability to make their own conception and birth decisions as evidenced from recent studies showing that 96% of Filipino married women make their own healthcare decisions and 89% decide on major household purchases (Abada & Tenkorang, 2012; PSA & ICF International, 2017; Upadhyay et al., 2006). Interestingly, the use of condoms was not found to be significantly associated with the belief in staying a virgin until marriage. While an intent to use condoms may be decisive for young Filipino women, qualitative studies indicate that condom use negotiation among young Filipinos is often fraught with unease and anxiety (Clayton, 2006; Lucea et al., 2013). Further research is required to define other potential factors not included in this study that influence condom use among sexually experienced young Filipino women.

Condom Knowledge and Condom Self-Efficacy in relation to Condom Intention and Use

For this study, we expected that young Filipino women with higher levels of condom knowledge, such as knowing the effectiveness of condoms in pregnancy and HIV/AIDS prevention as well as knowing that condoms can only be used once, would also have higher odds of condom intention and condom use. However, among these variables within the *Condom Knowledge* construct, only the knowledge about condom's effectiveness in HIV/AIDS prevention appeared to resonate with young Filipino women as the odds for condom intention was nearly two times higher, and the odds for condom use up to three times higher, for those who knew about the use of condoms in HIV/AIDS prevention compared to those who did not, after controlling for all demographic

variables. This result diverges from a study conducted among young Filipinos (N=3044) that showed no significant association between condom knowledge about HIV/AIDS prevention effectiveness and condom use (Osorio et al., 2015). The rising rates of HIV/AIDS in the Philippines, a 26-fold increase in HIV diagnoses in the last decade, has led to increased public health awareness about the issue (Conde, 2016; Restar et al., 2018). While most of newly diagnosed cases are among men who have sex with men (MSM), female sex workers, and transgender people, young Filipinos appear to be at increased risk which may account for a higher understanding of condom effectiveness against HIV/AIDS in the study population. Approximately 68% of the study sample were knowledgeable about the effectiveness of condoms in pregnancy and HIV/AIDS prevention. This statistic follows a similar trend with 58.5% of nationally sampled young Filipinos (DRDF & UPPI, 2014) and 62% of nationally sampled Filipino women of childbearing age (PSA & ICF International, 2017) were found to have knowledge about a condom's effectiveness in preventing HIV/AIDS. Interestingly, this study did not find young Filipino women's condom knowledge about the effectiveness of condoms in pregnancy prevention as significantly associated with condom intention or use. This finding differs from a nationwide study that indicated contraceptive knowledge was associated with a higher unmet need for limiting and spacing births among ever-married Filipino women of reproductive age, between 15 to 49 years, after controlling for factors including attitudes towards birth control (Acacio-Claro & Borja, 2010). Additionally, a recent qualitative inquiry among young Filipinos revealed that condoms were discussed mostly within the context of pregnancy prevention and not necessarily for disease prevention (Lucea et al., 2013).

For this study, we also expected young Filipino women with higher levels of condom self-efficacy, including the ability to negotiate, properly use and purchase condoms, would also have higher odds of condom intention and condom use. Results from this study confirmed this hypothesis with condom intention odds increasing nearly two-fold for young Filipino women who felt confident about knowing how to use a condom properly and nearly three-fold for young Filipino women in this study who felt confident about insisting on using a condom for every sexual experience, in comparison to those who did not exhibit the same levels of condom self-efficacy. These findings support multiple studies conducted among youth across varying ethnicity and socioeconomic strata from different countries that indicate higher condom self-efficacy increases condom intention (Alvarez, Villarruel, Zhou, & Gallegos, 2010; Baele et al., 2001; Chilisa et al., 2013). However, unlike the aforementioned studies, this study did not find condom self-efficacy predictive of condom use among young Filipino women. Young Filipino women however appear to not have the confidence to purchase their own condoms as 24.6% of the total sample of young Filipino women and 38.1% of those who indicated having had sex disagreed with the statement “It would not be embarrassing for someone like me to buy or obtain condoms.”

Effect Moderation of Condom Knowledge and Condom Self-Efficacy in Condom Intention

Despite its strong association with condom intention, effect moderation analyses reveal that select condom knowledge and condom self-efficacy variables did not moderate the association between young Filipino women’s traditional belief about virginity and condom intention. Therefore, young Filipino women’s traditional belief in

virginity appear to have a direct relationship with condom intention in this population thereby solidifying the deeply ingrained belief in virginity among young Filipino women (Manalastas & David, 2018; Sarmiento, 2016).

Limitations

This is among the first studies to examine young Filipino women's religiosity and traditional beliefs about dating and marriage in relation to condom intention and use, offering valuable knowledge about how stem the rising unintended pregnancy and STI rates, including HIV/AIDS, in this population. There are, however, distinct limitations to this study. First, because this study was conducted using a non-randomized sampling method, the generalizability of the study's results is limited. Secondly, the study was not able to control for factors known to be influential in young people's sexual behaviors such as socio-economic and marital status, healthcare access and availability, and the quality of respondent's family and partner supports. Third, because this is a cross-sectional study wherein the data was collected at a singular point in time, causation between the predictor and outcome variables cannot be established. Finally, while this study attempted to survey a wide array of young Filipino women, it is geographically limited to collecting data within a provincial area in the Philippines.

Conclusion

Results from this study can help inform allied health professionals, including social workers and health educators, as well as policy makers who are interested in improving the reproductive health outcomes of young women in the Philippines. This study revealed that young Filipino women who profess to having strong religious beliefs may hold diverse views on contraception and may not automatically ascribe to religiously

defined conservative teachings and values. Additionally, while young Filipino women continue to hold a strong belief in remaining a virgin until marriage, they also appear to view such matters in practical terms and intend to use a condom for either pregnancy or disease prevention. Therefore, it is important for social workers and health practitioners alike to continue counseling young religious women in the Philippines on reproductive and sexual health issues including discussing with them the benefits of using condoms and other forms of contraception as well as improving their self-efficacy skills in negotiating, using and purchasing various forms of contraceptives. Finally, knowledge about condom effectiveness in HIV/AIDS prevention appear to be a salient issue among young Filipino women, increasing this population's condom intention and use, and should be a prominent focus in sexual health programs targeting young women in the Philippines.

Table 1

Distribution of Young Filipino Women by Condom Intention and Use by Demographic Characteristics

	Young Filipino women (N=459)			Young Filipino women who Ever Had Sex (N=105)		
	n (%)	Yes, Condom Intention (N=283) n (%)	X^2	n (%)	Yes, Condom Use (N=57) n (%)	X^2
Age						
14-19 years	305 (66.4%)	191 (67.5%)		44 (41.4%)	24 (42.1%)	
20-24 years	154 (33.6%)	92 (32.5%)	.360	61 (58.1%)	33 (57.9%)	.002
Geography						
Urban	395 (86.1%)	244 (86.2%)		90 (85.7%)	50 (87.7%)	
Rural	64 (13.9%)	39 (13.8%)	.016	15 (14.3%)	7 (12.4%)	.409
Religion						
Roman Catholic	252 (54.9%)	156 (55.1%)		60 (57.1%)	32 (56.1%)	
Other	207 (45.1%)	127 (44.9%)	.015	45 (42.9%)	25 (43.9%)	.051
Sexual Orientation						
Heterosexual	399 (86.9%)	247 (87.3%)		88 (83.8%)	47 (82.5%)	
Other	60 (13.1%)	36 (12.7%)	.080	17 (16.2%)	10 (17.5%)	.168
Currently in School						
Yes	327 (71.2%)	194 (68.6%)		48 (45.7%)	29 (50.9%)	
No	132 (28.2%)	89 (31.4%)	2.60	57 (54.3%)	28 (49.1%)	1.33
Educational Level						
High School	139 (30.3%)	85 (31.4%)		15 (14.3%)	8 (14.0%)	
College/Vocational	188 (41%)	109 (38.5%)		33 (31.4%)	21 (36.8%)	
Not in School	132 (28.8%)	89 (31.4%)	2.94	57 (54.3%)	28 (49.1%)	1.78
Perceived Condom Use by Friends						
Yes	112 (24.4%)	81 (28.6%)		38 (36.2%)	25 (43.9%)	
No/Don't Know	347 (75.6%)	202 (71.4%)	7.12**	67 (63.8%)	32 (56.1%)	3.17

Ever had a Boyfriend/Girlfriend						
Yes	362 (78.9%)	228 (80.6%)		103 (98.1%)	55 (96.5%)	
No	97 (21.1%)	55 (19.4%)	1.27	2 (1.9%)	2 (3.5%)	1.71
Past Pregnancy						
Yes	42 (9.2%)	30 (10.6%)		42 (40%)	20 (35.1%)	
No/No Answer	417 (90.8%)	253 (89.4%)	1.86	63 (60%)	37 (64.9%)	1.25
***p<0.001, ** p<0.01, * p<0.05						

Table 2

Descriptive Analysis of Religiosity, Traditional Beliefs about Dating & Marriage, Condom Knowledge and Condom Self Efficacy among Young Filipino Women

	Young Filipino women (N=459) n (%)	Young Women Who Ever Had Sex (N=105) n (%)
Religiosity		
Very Important	305 (68.5%)	35 (34.3%)
Important	140 (31.5%)	67 (65.7%)
Traditional Beliefs about Dating & Marriage		
It is the responsibility of only the girl to make sure that she does not get pregnant.	129 (28.1%)	29 (27.6%)
I believe that girls should remain virgins until they marry.	408 (88.9%)	78 (74.3%)
A boy will not respect a girl who agrees to have sex with him.	175 (38.1%)	24 (22.9%)
*It is wrong for unmarried boys and girls to have sexual intercourse even if they love each other.	326 (71%)	48 (45.7%)
*It is wrong for a boy and girl to have sex before they become engaged to see whether they are suited for each other.	394 (85.8%)	92 (87.6%)
Condom Knowledge		
Condoms are an effective method of preventing pregnancy.	314 (68.4%)	75 (71.4%)

*Condoms cannot be used more than once.	420 (91.5%)	98 (93.3%)
Condoms are an effective way of protecting against HIV/AIDS.	310 (67.5%)	79 (75.2%)
Condom Self-Efficacy		
I am confident that I can insist on condoms every time I have sex.	192 (41.8%)	58 (55.2%)
I feel that I know how to use a condom properly.	237 (51.6%)	73 (69.5%)
*It would not be embarrassing for someone like me to buy or obtain condoms.	113 (24.6%)	40 (38.1%)

*These statements were revised for clarity. The questions in the survey were written in reverse to reduce response bias.

Table 3

Unadjusted and Adjusted Odds of Condom Intention & Condom Use by Religiosity, Traditional Beliefs about Dating & Marriage, Condom Knowledge and Condom Self Efficacy among Young Filipino Women

	Condom Intention of Young Filipino Women (N=459)				Condom Use of Young Filipino Women who Ever Had Sex (N=105)			
	<u>Unadjusted</u>		<u>Adjusted for demographic variables</u>		<u>Unadjusted</u>		<u>Adjusted for demographic variables</u>	
	OR	95% CI	OR	95% CI	OR	95% CI	OR	95% CI
Religiosity	1.50	[.988, 2.29]	.694	[.447, 1.07]	.477	[.205, 1.11]	.487	[.194, 1.22]
Beliefs about Dating & Marriage								
It is the responsibility of only the girl to make sure that she does not get pregnant.	1.61*	[1.03, 2.52]	1.49	[.942, 2.36]	.909	[.351, 2.35]	1.10	[.397, 3.07]
I believe that girls should remain virgins until they marry.	2.10*	[1.12, 3.91]	2.17*	[1.12, 4.20]	.372	[.133, 1.04]	.374	[.126, 1.11]
A boy will not respect a girl who agrees to have sex with him.	.849	[.567, 1.27]	.861	[.567, 1.30]	.478	[.171, 1.33]	.525	[.174, 1.59]

*I believe it is wrong for unmarried boys and girls to have sexual intercourse even if they love each other.

1.16 [.747, 1.81] 1.44 [.890, 2.34] 1.41 [.587, 3.43] 1.30 [.508, 3.34]

*A boy and girl should not have sex before they become engaged to see whether they are suited for each other.

.943 [.533, 1.66] 1.03 [.575, 1.87] 1.25 [.345, 4.54] 1.16 [.289, 4.65]

Condom Knowledge

Condoms are an effective method of preventing pregnancy.

1.61* [1.01, 2.57] 1.51 [.936, 2.44] .883 [.314, 2.48] .941 [.307, 2.88]

*Condoms cannot be used more than once.

.787 [.387, 1.60] .797 [.384, 1.65] 1.59 [.327, 7.80] 2.13 [.395, 11.5]

Condoms are an effective way of protecting against HIV/AIDS.

1.97** [1.24, 3.14] 1.99** [1.23, 3.21] 3.12* [1.05, 9.25] 3.79* [1.13, 12.6]

Condom Self-Efficacy

I am confident that I can insist on condoms every time I have sex.

2.85*** [1.84, 4.42] 2.93**
* [1.85, 4.64] 1.12 [.493, 2.57] 1.18 [.468, 3.01]

I feel that I know how to use a condom properly.

1.77** [1.16, 2.69] 1.90** [1.21, 2.96] 2.14 [.861, 5.32] 1.19 [.745, 5.25]

*It would not be embarrassing for someone like me to buy or obtain condoms.

1.54 [.924, 2.57] 1.67 [.976, 2.87] 1.93 [.811, 4.60] 2.10 [.821, 5.37]

***p<0.001, ** p<0.01, * p<0.05

*These statements were revised for clarity. The questions in the survey were written in reverse to reduce response bias.

Table 4

Modification of the Effect of Traditional Beliefs about Virginitly on Condom Intention by Condom Knowledge about HIV/AIDS Prevention

Condom Knowledge	<u>Non-Traditional Belief about Virginitly</u>		<u>Traditional Belief about Virginitly</u>		Stratum Specific OR, 95% CI of poss. moderator in assoc. of Trad. Belief about Virginitly and condom intention
	N Condom Intention (Y/N)	OR, 95% CI	N Condom Intention (Y/N)	OR 95% CI	
Condoms are Effective in HIV/AIDS Prevention (No)=0	8/10	1.10 [.463, 2.65]	62/69	.986 [.876, 1.11]	1.12 [.417, 3.02]
Condoms are Effective in HIV/AIDS Prevention (Yes)=1	15/18	2.63 [1.38, 5.00]	198/79	.876 [.791, .970]	3.00 [1.44, 6.26]

Breslow-Day Test of Homogeneity of the Odds Ratio between stratum-specific measures: $X^2=2.49$, $P=.114$

Table 5

Modification of the Effect of Traditional Beliefs about Virginity on Condom Intention by Condom Self Efficacy on Condom Use at Sexual Intercourse

Condom Self Efficacy	<u>Non-Traditional Belief about Virginity</u>		<u>Traditional Belief about Virginity</u>		Stratum Specific OR, 95% CI of poss. moderator in assoc. of Trad. Belief about Virginity and condom intention
	N Condom Intention (Y/N)	OR, 95% CI	N Condom Intention (Y/N)	OR 95% CI	
Confident on Condom Use at Sexual Intercourse (No)=0	12/17	1.40 [.699, 2.82]	121/117	.960 [.883, 1.04]	1.46 [.671, 3.20]
Confident on Condom Use at Sexual Intercourse (Yes)=1	11/11	3.57 [1.66, 7.65]	139/31	.797 [.662, 959]	4.48 [1.78, 11.2]

Breslow-Day Test of Homogeneity of the Odds Ratio between stratum-specific measures: $X^2=3.38$, $P=.066$

Table 6

Modification of the Effect of Traditional Beliefs about Virginity on Condom Intention by Condom Self Efficacy about Knowing How to Use a Condom Properly

Non-Traditional Belief about Virginity Traditional Belief about Virginity

Condom Self Efficacy	<i>N</i> Condom Intention (Y/N)	OR, 95% CI	<i>N</i> Condom Intention (Y/N)	OR 95% CI	Stratum Specific OR, 95% CI of poss. moderator in assoc. of Trad. Belief about Virginity and condom intention
I know how to use a condom properly (No) = 0	7/14	2.03 [.855, 4.85]	105/96	.931 [.854, 1.01]	2.18 [.847, 5.64]
I know how to use a condom properly (Yes) = 1	16/14	2.26 [1.17, 4.38]	155/52	.869 [.760, .994]	2.60 [1.19, 5.70]

Breslow-Day Test of Homogeneity of the Odds Ratio between stratum-specific measures: $X^2=.079$, $P=.779$

Chapter 4

Manuscript 3

**Contentions and Contradictions in Using Contraceptives: Examining
empowerment, agency and womanhood among college-attending unmarried young
women in the Philippines**

Synopsis

Amidst a backdrop of increased modernization, strongly held belief in women's rights and deeply rooted Catholicism, the Philippines passed its first comprehensive reproductive health law in 2012 to tackle the rising teenage pregnancy and sexually transmitted infection rates in the country. The need is evident as one-third (32%) of unmarried Filipinos aged 15-24 years old report sexual activity, 78% of whom indicated that they did not use any form of protection. This study examined the factors that may influence low contraceptive use among young Filipino women and the role religion and gender may play on their contraceptive decisions. We conducted two focus groups with unmarried young Filipino women (N=19) between the ages of 18-21 years old and five individual interviews with reproductive health providers living in Puerto Princesa, Palawan, which is a small provincial island in the western region of the Philippines. All sessions followed a semi-structured interview guide where questions were developed in partnership with Filipino young adults. The qualitative sessions were recorded and transcribed verbatim. Spradley's ethnosemantic approach was used to determine salient cultural themes. Preliminary results suggest that young Filipino women contend with multiple, often conflicting, expectations and feminine ideals relating to their sexuality and eventual contraceptive use. In our focus groups, sexual agency was closely tied to a young Filipino woman's virginity, a virtue that our participants believed defined a woman's dignity and respectability. However, despite this religiously prescribed belief, young Filipino women saw contraceptive use within the confines of a stable loving relationship as acceptable and, for some young Filipino women, a responsible duty. Additionally, empowerment was described by our focus group participants as forgoing 72

intimate and sexual relationships to pursue one's educational and professional goals. Yet the same participants also acknowledged that empowerment can come from using contraceptives as a means to escape poverty and establish financial stability. Finally, contraception was often expressed in relation to the term "control." Young Filipino participants indicated that contraceptives signified a lack of "control" in one's sexual urges, but such contraceptives can also help "control" one's life circumstances by preventing an unwanted pregnancy or reducing the risk of infection or disease.

Individual interviews with reproductive health professionals corroborated these findings, indicating that young Filipino women are often caught in between varying societal, familial, and personal expectations, none of which allow them to fully express their sexuality, leading to a lack of attention in young Filipino women's need for contraception. The intersection of contraceptive use, religious doctrine, and women's empowerment is an important area of consideration for health social workers in macro and clinical practice. The study findings can be used to inform macro level practitioners working in international settings as well as those working in local social service and reproductive health agencies that serve newly arrived immigrants and refugees. Specifically, they can help address the systematic and institutional barriers that disempower young women, particularly those from culturally conservative communities, and limit their contraceptive options and choices.

Key words: Culturally conservative communities; religious beliefs; gender ideology; young Filipino women; contraceptive use

Introduction

In 2012, the Philippines passed its first comprehensive reproductive health law to tackle the rising teenage pregnancy and sexually transmitted infection rates in the country (Luczon & Francisco, 2015). While the country's overall fertility rate has decreased in the last 30 years, from 6.0 in 1973 to 3.3 in 2008, the fertility rate among young Filipino women between the ages of 15-24 years old, appear to be climbing, from 6.3 percent in 2002 to 11 percent in 2013 (DRDF & UPPI, 2014; Natividad, 2013). Yet only about 15% of young Filipinos women, between the ages of 15 to 24 years old, indicated they used any form of contraception (DRDF & UPPI, 2014). The purpose of this exploratory study is to determine the underlying individual and societal factors that influence the low contraceptive use among unmarried young Filipino women from the perspective of unmarried young Filipino women themselves and those who work with them on reproductive and sexual health issues.

Unintended pregnancies among Filipino women, particularly those in the lower age group between 15 to 19 years old, puts them at increased risk for adverse health outcomes including maternal death, pre-term delivery and lower infant birthweight, mistimed and closely spaced births, as well as poorer life outcomes such as reduced opportunities for educational advancement, lower levels of participation in the labor market, and the potential alienation from their family and community due to the social stigma associated with an unintended pregnancy (Gipson et al., 2008; Natividad, 2013). Young Filipino women living in poor rural areas and have lower educational attainment are shown to be at higher risk for an unintended pregnancy, although recent trends have indicated that this may be changing as more young Filipino women with higher

educational attainment and financial resources, living in urban areas, are starting childbearing at earlier ages (Natividad, 2013). Additionally, young Filipinos are facing increased risk for HIV infection as the Philippines has seen an uptick of HIV cases reported with one new case reported every two hours in 2013, compared to a decade ago when a case was reported every three days (Philippine National AIDS Council, 2014). While the prevalence of HIV/AIDS remains relatively low with less than .01% of the population diagnosed, the rapid infection rate increase of HIV/AIDS highlighted the low rate of condom use among Filipinos, and in particular, Filipino youth (Salvaña et al., 2017). In fact, about a third of unmarried young Filipinos between 15-24 years old reported sexually activity but 78% of them indicated that they did not use any form of contraception (DRDF & UPPI, 2014). Unlike its neighboring Southeast Asian countries that has a large population of injecting drug users infected with HIV/AIDS, the primary mode of HIV/AIDS transmission in the Philippines is through sexual contact (Farr & Wilson, 2010; Salvaña et al., 2017).

Young Filipino Women and Higher Education

This study was conducted among unmarried young Filipino women who attended a state university, which are schools managed and subsidized by the Philippine government and make up 30% of all higher educational institutions (Manasan, 2012; NRI, 2015). However, more than half of Filipino college students (61%) attend privately owned and religiously affiliated universities (Manasan, 2012; NRI, 2015). State colleges and universities, particularly in rural areas, were originally built for lower income Filipino students seeking increased educational opportunities in agriculture, fisheries and animal husbandry courses (Conchada & Zamudio, 2013). Enrollment in publicly funded

colleges, however, have grown significantly in the last few decades as more professional degrees are offered in the health sciences, teaching and education, business administration, engineering and the humanities (Manasan, 2012). Young Filipino women, in particular, are enrolling in higher educational institutions and completing their college degrees at increased rates as 55.6% of the nearly 3 million Filipino college enrollees in 2017 were female (San Buenaventura, 2019). On average young Filipino women of college age, between 16 to 25 years old, are expected to attend post-secondary institutions but may have been hindered financially or they have already married and started their own families (Gipson & Hindin, 2015; San Buenaventura, 2019; Serquina-Ramiro, 2014; Yamauchi & Tiongco, 2013). In fact, young Filipino women who are not enrolled in secondary and post-secondary institutions are shown to be poorer, live in rural areas, and have started child bearing at an earlier age (Natividad, 2013; Serquina-Ramiro, 2014). Recent trends, however, reveal that young Filipino women who live in urban area, have more financial resources and higher educational attainment, are having sexual intercourse at an earlier age and thus have begun childbearing earlier due to the prevalent non-use of contraceptives (Natividad, 2013).

Traditional Roles in a Modern World: Sexuality and Gendered Beliefs in the Philippines

Past researchers have noted the unusual and often contradictory position placed on women within Philippine society (Bonifacio, 2018; Collantes, 2017). While the country continue to struggle with pervasive poverty, human rights violations, and government corruption, the Philippines enjoy greater gender parity, which is measured by equal gender participation in educational, economic, and political arena, in comparison to

its more developed neighboring countries including Singapore, Japan and South Korea (World Economic Forum, 2018). Filipino women are known to hold positions of power in both the public, as leaders in government and industry, and private, holding the financial decision-making power within the household, spheres (Gipson & Upchurch, 2017; World Economic Forum, 2018). More Filipino women attend secondary (71.8%) and tertiary (40.3%) educational institutions compared to their male counterparts at 60.4% and 30.6% respectively (World Economic Forum, 2018). Studies show that Filipino women are encouraged to pursue higher education with the belief that they will support their parents and siblings more than their male counterparts (Estudillo et al., 2001; Gipson & Hindin, 2015). Their economic potential is evident as Filipino women account for more than half of the five million Overseas Filipino Workers (OFWs) who keep the country's economy afloat by sending nearly 25 billion US dollars-worth of remittances to their families (Ang et al., 2015; Perez, 2019). Many female OFWs work as nurses and caregivers across the Middle East, Asia and Europe and are considered the primary wage earner for their families back home (Martin et al., 2004). While women are afforded equal rights and opportunities and are generally highly regarded in Philippines, they appear to have reduced capabilities on issues surrounding their sexual and reproductive health. Despite holding powerful positions within society, Filipino women, particularly young women, are constrained by traditions and customs that govern their intimate and romantic lives.

The low rate of contraceptives use among young Filipino women has been attributed in part to their lack of ability and power in navigating their intimate and romantic relationships (Clayton, 2006; Delgado-infante & Ofreneo, 2014). Qualitative

studies conducted among teenage Filipino mothers (Salvador et al., 2016), unmarried and partnered Filipinos (Lucea et al., 2013; Manalastas & David, 2018; Ujano-batangan, 2012), and young unmarried Filipino women on their first sexual experience (Clayton, 2006; Delgado-infante & Ofreneo, 2014) suggest that young Filipino women are often unable to assert their contraceptive desires and at the same time are not sufficiently informed about being at increased risk for an unintended pregnancies and STIs. Indeed, young Filipino women often describe their sexual encounters as “giving in” to their partner or being “carried away” by their sexual urges as opposed to recognizing their sexual desires and wanting the sexual encounter (Clayton, 2006; Delgado-infante & Ofreneo, 2014; Lucea et al., 2013)

Researchers also noted dearth of knowledge among young Filipino women on sexual and reproductive health matters (DRDF & UPPI, 2014; Manalastas & David, 2018; Santiago-Nalo, 2015) This author’s quantitative study, examining the effect of religiosity and traditional beliefs about dating and marriage on young Filipino women’s condom intention and condom use, found that only 67.5% of this population on average knew about a condom’s effectiveness in preventing an unintended pregnancy or HIV/AIDS (Chapter 3, in this dissertation). A nationwide survey among young Filipinos found lower estimates with only 24% of youth indicating they had enough knowledge about sex (DRDF & UPPI, 2014). Additionally, a recent observational study among 60 Filipino college aged students attending a large urban university found that young Filipinos held several misconceptions about contraceptives such as the belief that one cannot get pregnant after having sex once or after giving birth, that withdrawal was an

effective form of contraception, and oral sex was safe against sexually transmitted diseases (Santiago-Nalo, 2015).

The lack of sexual agency and low knowledge among young Filipino women may be due in part to a societal expectation on what it means to be a woman in the Philippines. While young Filipino women are taught to lead, they are also raised to follow a feminine ideal known as “Maria Clara,” who symbolized conservatism, modesty and submissiveness (Clayton, 2006; Serquina-Ramiro, 2014). “Maria Clara” was an 18th century fictional character during the colonial rule of Spain over the Philippines, a regime that precipitated the Roman Catholic Church’s enduring influence on the Filipino citizenry (Bonifacio, 2018; Roces, 2010). With over 80% of young Filipino women currently identifying as Roman Catholic, young Filipino women have stated that they aim to liken their image to the *Virgin Mary*, the mother of Jesus Christ, who represents purity, piety, and docility (Delgado-infante & Ofreneo, 2014; DRDF & UPPI, 2014; Sarmiento, 2016). Additionally, two qualitative studies conducted among young Filipino women regarding their first sexual experience, one which interviewed 50 respondents (Clayton, 2006) while another conducted memory work with eight Filipino women (Delgado-infante & Ofreneo, 2014), indicated that a “pretense of forced sex” is sometimes used by young Filipino women to shield them from negative judgement by peers, thus allowing them to maintain the ideal image of a pious, modest and docile Filipino woman.

Along with these idealized feminine traits, a high appraisal of maintaining one’s virginity among young Filipino women endures in the Philippines (Manalastas & David, 2018). As with the *Virgin Mary* who was revered for her virginity, young Filipino

women also place a high value on remaining a virgin until marriage as it is strongly linked with better marriage outcomes and its loss associated with lowered status and reduced sexual capital (Manalastas & David, 2018; Salvador et al., 2016; Ujanobatangan, 2012). Conducting ten focus groups and 67 interviews among Filipinos men and women between 15 to 35 years, Manalastas and David (2018) found that a young Filipino woman's virginity was either viewed as a "gift" to be given or a "prize" to be won by Filipino men. The influential role of the Philippine Catholic Church may also be inhibiting young Filipino women from receiving sexual and reproductive health information (Melgar & Carrera-Pacete, 2016; Ruiz Austria, 2004). As the primary opponent of the reproductive health legislation that would provide sexual health education to Filipino youth, the Catholic Church defended its stance of having parents and guardians be the sole instructor on sexual and reproductive health matters for their children (Melgar & Carrera-Pacete, 2016; Ruiz Austria, 2004; Sobritchea, 2010). Yet it appears that young Filipinos are not fully informed about sexual and reproductive health matters since a nationwide survey of young Filipinos indicate that only 9.7% of youth discussed topics related to sex at home (DRDF & UPPI, 2014).

The Current Study

Akin to the aforementioned qualitative literature, this study is similarly constructed in that it examines young Filipino women's views on issues surrounding their sexual and reproductive health. This study diverges from previous work as it specifically explores the causes behind low contraceptive use, with a focus on the impact of religious and gender ideology as well as sexual wellbeing, in this population. Guided by the theoretical framework of reproductive justice that critically examines structural forces

that limit a person's contraceptive choice and freedom (Ross & Solinger, 2017b) and Fortenberry (2016)'s perspective on adolescent sexual wellbeing which incorporates dimensions of "personal security; attachment to others; appropriate functioning; self-determination; and respect for others," (p. 1), this study explores: 1) how unmarried young Filipino women perceive sexual wellbeing as it relates to contraception and contraceptive use; and 2) the factors that influence the low use of contraceptives in this population through discussions with young Filipino women and reproductive health professionals.

Methods

Study Design and Instrument

This qualitative exploratory study is part of a larger research project aimed at examining the factors that influence the low contraceptive use among young Filipino women. Specifically, this study will examine how: 1) young unmarried Filipino women perceive sexual wellbeing as it relates to contraception; and 2) determine the factors that influence the low use of contraceptives in this population. An ethnosemantic approach (Spradley, 2016) was used to identify underlying cultural themes. The author collaborated with Roots of Health (ROH), a Philippine-based reproductive health non-profit organization, to develop overall questions, recruit participants and act as a consultant on issues relating to the sexual and reproductive health among young Filipino women. Based on the suggestion by ROH staff, the use of focus groups was used since the Philippines is a collectivist society and young Filipino women are more comfortable discussing topics in a group setting as opposed to being alone (Triandis, 2001). Individual interviews were also conducted among reproductive health professionals to

examine the structural and societal issues affecting the low use of contraceptives among their clientele, primarily composed of young Filipino women. An interview guide was developed in consultation with ROH staff and Filipino youth. Bound by the University of Minnesota Internal Review Board (IRB) guidelines, the semi-structured interview questions for the focus groups were non-intrusive to ensure that any personal information was not revealed during the discussions. Therefore, generalized and impersonal questions about young Filipino women's attitudes and beliefs regarding dating and marriage, the barriers and challenges in using contraceptives as well as the structural issues surrounding contraceptive use were asked during the focus group discussions. The interview guide used during the individual interviews with reproductive health professionals focused more on the issues and challenges they encountered working in the sexual and reproductive health field in the Philippines (See Qualitative Interview Guide, Methodological Appendix).

Study Setting

In August of 2017 and 2018, the author visited Puerto Princesa, Philippines. Puerto Princesa is the main city in Palawan, a provincial island in the western coast of the Philippines and an hour plane ride from the country's capital of Metro Manila. Puerto Princesa is a popular destination for local and foreign tourists since it is located within a boat or a car ride's distance from two well-known and frequently visited beaches, El Nido and Coron Beach. Considered a highly urbanized city, Puerto Princesa has grown significantly in the last decade, at 3.2% from 2000 to 2010 (PSA, 2013). The province's tourism industry continues to flourish making up 36.9% of the total economy as local companies build operations within the island (Bersales, 2019; Formosa, 2017). With a

median age of 20 years old, where four in ten are under the age of 15 years, young Filipinos made up more than half of the island's population in 2010 (PSA, 2013). Aside from the tourist attractions, Palawan is known for its high teenage pregnancy rate with 25% of all Palawan births attributed to adolescent pregnancies (Swanepoel, 2017). Roots of Health (ROH) is a Puerto Princesa based non-profit organization that provides free clinical and educational reproductive health services to youth and families throughout Palawan (Swanepoel, 2017). The author was connected to members of the ROH executive team through a mutual friend. With an expanding organization, currently at around 35 staff members, ROH has become a prominent actor in the province of Palawan partnering with provincial agencies such as the Department of Education and the Department of Health to meet the clinical and educational reproductive needs of Palawan residents (Swanepoel, 2017). Much of the organization's operational expenses has been funded by international aid organizations as national and local agencies in the area continue to have a limited budget allocated for such services (Swanepoel, 2017).

Participants

In partnership with ROH staff, two focus groups, one in 2017 and another in 2018, were conducted among college-attending unmarried young Filipino women (N=19). Additionally, five reproductive health professionals (N=5) were interviewed for this study. Study participants were recruited through word of mouth by ROH staff members using purposeful sampling methods (Creswell, 2013).

Focus Group Participants. Young Filipino women, between the ages 18 to 21 years old, attending a local state university participated in the two focus groups. The first focus group (FGD 1), which was conducted in August 2017, was composed of 10 young

Filipino women, aged 18 and 19 years old. All but one of the FGD 1 participants were studying in the health sciences department at the local state university. The lone participant who was not a health science student was working towards a communications degree. The second focus group (FGD 2) was conducted in August of 2018 using the same recruitment strategy. FGD 2 was composed of nine unmarried young Filipino women, between the ages of 18 to 21 years old, who also attended the same local state university. For the second focus group (FGD 2), participants were from a variety of disciplines including the social sciences, business and management as well as the health sciences. No other demographic information about the participants were collected by this author.

Individual Interviews. The author also conducted individual interviews with five ROH staff members who worked in the sexual and reproductive health field. The five reproductive health professionals, two males and three females, interviewed for this study were ROH staff members with approximately eight years of experience working in the field. Two of the reproductive health professionals held degrees in the health sciences while the three other reproductive health professionals previously worked in various disciplines such as education and graphic design.

Procedure

In preparation for the focus groups, the author consulted with ROH staff about the focus group questions as well as discussed potential issues that might come up at the focus group meetings. Both of focus group discussions were held at a meeting room in a restaurant that was centrally located in town with ample food and beverages for the participants. This author was the main facilitator of the focus group discussions. For the

first focus group (FGD 1), an ROH staff member was present to help with the facilitation of the meeting. A briefing was conducted between the facilitators, the ROH staff who attended the meeting and the author, prior to and after the first focus group discussion (FGD 1). For the second focus group discussion (FGD 2) however, the same ROH staff member was unavailable and therefore only the author facilitated the second focus group meeting. Each of the focus groups were approximately two and a half hours in length. The individual interviews with the reproductive health professionals were all conducted at the main office of ROH except for one reproductive health professional who was interviewed at a coffee shop to accommodate her busy schedule. Each of the individual interviews with reproductive health professionals were approximately one hour in length. Since the author is fluent in Tagalog, the main dialect spoken in Palawan, the focus groups and individual interviews were conducted in Tagalog as well as in English, depending on the participant's preferred language. At the beginning of each focus group and individual interviews, the author obtained informed consent from participants and explained to them about the confidentiality of their records. Each participant was given a copy of the consent form. Focus group participants also were given \$350 pesos (\$6.80) as compensation for their time. The reproductive health professionals were offered \$500 pesos (\$9.76) as compensation for their time but declined the offer. The focus group discussions and individual interviews were audio recorded and were transcribed first in Tagalog and then were translated in English by the author.

Analysis

The data analysis process was guided by Spradley's (2016) focused ethnosemantic approach. The data for each focus group (FGD1 and FGD2) and

individual interviews were first analyzed separately. The focus groups data were then analyzed together to determine common themes. After the preliminary analyses of the focus group data, the data from the individual interviews among reproductive health professionals were analyzed together to determine its own common themes, separate from the focus group data analyses. The transcription of the focus group data was conducted concurrently and coded by the author. The transcription and coding of the individual interviews among reproductive health professionals were conducted after the preliminary data analysis for the focus groups were completed. Informed by Spradley's (2016) focused ethnosemantic approach to data analysis, the author first determined the *domains* which were the main concepts and ideas found across all the available data. A taxonomic analysis was then conducted to ensure that a relationship occurred between the *categories* found in each *domain*. Further analysis was performed to distinguish the attributes of the terms that defined each domain. Finally, cultural themes were determined by examining the meaning inherent in each domain and its significance interpreted by the author. These analyses were conducted using Dedoose Version 8.2.14 software.

Results

The focus group discussions were conducted with college attending young Filipino women. With 40.3% of Filipino women enrolled in higher education in 2017, Filipino women make up more than half of the college student population, at 55.6% in the 2018, across all colleges and universities in the Philippines (San Buenaventura, 2019; World Economic Forum, 2018). In the focus groups with college-attending young Filipino women, three emergent domains were found in relation to their perception of

sexual wellbeing and decision to contracept: 1) Sexual Empowerment and Agency; 2) Respect and Dignity; and 3) Intention to “Control” (see Table 7). Within each domain, several categories were determined. In the first domain, *Sexual Empowerment and Agency*, college-attending young Filipino women defined their sexual agency in the terms of abstinence, contraceptive use regardless of marital status, and the use of contraceptives to prevent the financial burden of having a baby. The second domain, *Respect and Dignity*, the focus group participants defined a woman’s respect and dignity by equating self-love with remaining a virgin, by equating disrespect with being a non-virgin, and by advocating for contraceptive use despite peers’ negative appraisal of such an action. Finally, the last domain, *Intention to “Control,”* was defined by focus group participants as an intention to control sexual urges as well as the intention to control one’s life circumstances by using contraceptives. Reproductive health professionals interviewed for the study discussed the structural causes behind young Filipino women’s low use of contraceptives. Specifically, analyses of the interview data indicate four interdependent domains that were influential in preventing young Filipino women from accessing, knowing about and using contraceptives. These four domains are: 1) government corruption; 2) poverty; 3) gender ideology; and 4) religious ideology (see Table 7). For the first domain, *government corruption*, reproductive health professionals pointed to the poor implementation of the recently passed reproductive health law in the Philippines which led to the government’s mismanagement of much needed reproductive and sexual health resources. The second domain, *poverty*, was defined by reproductive health professionals as a widespread problem in the Philippines with continued individual and societal reproductive and sexual health impact. For the third domain of *gender ideology*,

reproductive health professionals identified the potential harmful parental and societal expectations placed on young Filipino women that may influence their reproductive and sexual health behaviors. Finally, reproductive health professionals interviewed for this study indicated that the fourth domain, *religious ideology*, was deeply intertwined with *gender ideology*, as sexual expression among young women were viewed negatively, as well as *government corruption*, with many Philippine government officials touting their religious beliefs as the reason for their political stance on contraceptive availability for young women.

Focus Group Discussions among College-Attending Young Filipino women

Analyses of the data reveal that young Filipino women who attend higher educational institutions contend with multiple, often conflicting, expectations relating to their sexuality and eventual contraceptive use. While societal and familial expectations dictate that young Filipino women should protect their virginity, not just for marital purposes but as a way to ensure that their educational and professional goals are attained, young Filipino women affirmed the realities of engaging in intimate and sexual relationships may include the use of contraception. From these focus groups three main domains emerged relating to young Filipino women's decision to use contraception: 1) Sexual Empowerment and Agency; 2) Respect and Dignity; and 3) Intention to "Control." Within these domains, categories were found across both focus groups as well as differences between the two groups of young Filipino women.

Young Filipino women's Sexual Empowerment and Agency (Domain 1, See Table 7). Sexual empowerment and agency were not directly addressed during the focus group discussions but were evident as young Filipino women who attend higher

educational institutions described how they viewed sexual activity, particularly premarital sexual activity, and contraceptive use. Two categories were found within this domain that determined how young Filipino women defined sexual empowerment and agency which are: 1) Abstinence as empowerment and agency; 2) Contraceptive use related to empowerment and agency; and 3) Contraceptives Related to Preventing the Financial Burden of a Baby. Among FGD 1 participants, the stance of abstinence was firmly indicated while FGD 2 participants were less stringent on reigning in one's sexual activity and were more likely to encourage contraception, regardless of marital status. Both groups of participants agreed, however, that contraception was necessary for young Filipino women to prevent the financial burden of having a baby.

Abstinence as empowerment and agency (Domain 1: Category 1, See Table 7).

Among many of the FGD 1 participants, discussions with their religious leaders or parents were evoked to explain their stance on premarital sex. Young Filipino women participants in FGD 1 appeared empowered to choose abstinence, following their family and religious community's wishes, to be able to pursue their educational and life goals. College-attending young Filipino women who attributed their beliefs to maintaining abstinence however were explicit in using contraceptives after marriage.

Marriage first, they tell us, before doing those things. And mama is very into education, they want us to finish school first. So we can find a guy that has a good standard of living, then we can start a family...and do family planning, but sex outside marriage, mama won't encourage that (young Filipino woman 9, FGD 1)

*Yes, for me, religion is a big influence on me. I'm a Christian. And I always read the bible... in there, that sex, God says, outside of marriage is foolish. So, for me, I don't practice that stuff, sex. My church mates too, the ones I know, we are guided by our leaders, if we have boyfriends, they want to know them, if they are close to God also, so they won't practice sex. Because sometimes, it depends on your partner, if your partner is okay who has the same beliefs, then you won't do*⁸⁹

that. But once I'm married, I feel that I'll use contraceptives for family planning (young Filipino woman 2, FGD 1)

Contraceptive use related to empowerment and agency (Domain 1: Category 2, See Table 7). In contrast, young Filipino women who participated in the FGD 2 appeared to be more open to the idea of having sexual encounters regardless of marriage. For this group of young Filipino women, sexual empowerment and agency appeared to be defined by the freedom to engage in sexual activity without fear of disease infection and unintended pregnancies.

For me, the ones that I know who use pills don't have husbands. They're comfortable with telling others that they use the pill. They don't think that it's bad, and the ones who know don't really say anything either. (young Filipino woman 3, FGD 2)

My friends who are sexually active, even if they don't have boyfriends they will want to be injected because there might come a time that they get pulled by temptation and they're protected. (young Filipino woman 4, FGD 2)

Contraceptive use related to preventing the financial burden of a baby (Domain 1: Category 3, See Table 7). For both focus groups, however, the use of contraceptives appeared to be a reasonable alternative for college-attending young Filipino women, regardless of marital status, who was already engaging in sexual activity. Across both focus groups in this study, young Filipino women pointed to the financial burden of having a baby as a critical reason to use contraception.

My feeling, women can decide for themselves (use contraceptives). As an example, it has an impact with the family. If you don't want to have it hard (in life), then you would want to use birth control, because it will come back to you anyway – if you have a baby, it still comes back to you. When you decide, and you tell your boyfriend that we need to use if we do it, just as long as we don't have a baby. (young Filipino woman 1, FGD 1)

I have friends who are living-in (together), but they are using contraceptives because it's so expensive to have kids. (young Filipino woman 8, FGD 2)

Young Filipino women's Respect and Dignity (Domain 2, See Table 7). Similar to previous studies examining contraception among Filipino youth, young Filipino women in this study continued to link a woman's virginity to self-respect and dignity (Manalastas & David, 2018). Three categories were found within this domain. While the focus group participants equated virginity with self-love and indicated that not maintaining it by having premarital sex was disrespecting oneself, several young Filipino women participants were adamant that contraceptives for sexually active young Filipino women were necessary in spite of the negative appraisal such an action may induce from their peers.

Preserving one's virginity means self-love (Domain 2: Category 1, See Table 7).

For the young Filipino women in both focus group discussions, loving one's self appeared to be an important factor when sexual activity and contraception were discussed. While in western countries the use of contraception is often equated with self-love (Waggoner, 2015), young Filipino women believed that remaining a virgin is associated with loving and respecting one's self.

I agree with sex after marriage. Because my mama said not to have sex no matter what. Give yourself to someone who loves you, because if you give yourself to your boyfriend and then he doesn't marry you, then it's as if you did not respect yourself as a woman. I believe in self-respect, that's why I agree with having sex after marriage. (young Filipino woman 9, FGD 1)

Because you love him, but you don't love yourself, it's seems like. That's impossible, impossible that you get to that point that you are just being pressured (to have sex). Even if you wanted it if you loved him, but you have to love yourself too...(young Filipino woman 1, FGD 2)

Non-virginity is about disrespecting oneself (Domain 2: Category 2, See Table

7). Young Filipino women in this study agreed that women who were found carrying contraceptives were bound to be judged due to their known sexual activity. Such statements demonstrate that societal expectations for a young Filipino woman, one who is chaste as well as modest, continue to dictate her attitudes and actions relating to contraception.

Probably, they don't say anything (about using contraceptives), because they'll get judged, so they keep (use of contraceptives) in hiding. if they're one of my classmates...we see her differently, she'll be judged because we know she's sexually active. Yes, more so if they have a boyfriend...that means they're something going on. (young Filipino women 4, FDG 1)

[It's their] dignity and it's very degrading if others find out (about being sexually active). Other people will think that she is degrading herself, her dignity will be lost. Either that or she will lose respect. Even for me, I'm okay being judged, but if you're judged, your dignity will be lost and others won't respect you. (young Filipino women 1, FGD 2)

Contraceptive use is necessary despite others' negative judgement (Domain 2:

Category 3, See Table 7). Despite such deeply ingrained and gendered beliefs, a few focus group participants pushed back against this narrative declaring that the use of contraceptives was necessary despite the potential judgements one may receive for being a non-virgin. In both of the focus groups among college-attending young Filipino women, several participants, while a minority in each group, countered the strongly held belief of maintaining one's virginity indicating that contraceptive use should be a decision that is made dependent upon the situation of each young Filipino woman.

I agree, as an individual, (contraceptive use) is a decision that you make for yourself, for your health as a woman. (young Filipino women 9, FDG 1)

As long as there's consent and that you can decided for yourself. I think you should decide for yourself no matter what other people say. That is it, I think you₂

should prepare and be ready so that's where contraceptives come in. That's just my say. (young Filipino women 8, FGD 2)

Young Filipino women's Intention to Control (Domain 3, See Table 7). The third domain that emerged from the focus group data was idea of maintaining “control.” During the course of the focus group discussions, the term “control” was brought up consistently when discussing contraception within varied contexts. Two categories were found within this domain that determined how young women defined their intention to “control.” College attending young Filipino women participants in FGD 1 indicated that their family members and religious leaders instilled in them the importance of maintaining “control” of their sexual urges thereby lowering the need for contraception, while those in FGD 2 indicated that the primary reason to use contraception was to “control” one’s life circumstances, whether to choose to have a baby or otherwise. These two divergent points of view illuminated the often difficult and contradictory position young Filipino women, who attend higher educational institutions, find themselves in when considering contraception.

Control of sexual urges (Domain 3: Category 1, See Table 7). As some advocated for abstinence, FGD 1 participants indicated that contraceptives were not needed if one had “control” of her sexual urges. Such statements appear to be based on the religious tale of “Adam and Eve” who were believed to be the first humans beings made by God to live on Earth, also called the “Garden of Eden” (Kalbian, 2005). The female protagonist *Eve* was banished from the *Garden of Eden* due to her lack of “self-control” in eating the forbidden apple (Melgar & Carrera-Pacete, 2016). Interestingly, young Filipino women in FGD 1 echoed similar sentiments of needing to “control” one’s sexual urges during the focus group discussion.

For me, we've been together for three years...my sister said, you should get "injected" and I asked my boyfriend if he thinks it's a good idea. But for him, he doesn't like it because it would stop menstruation and it's not good for the woman's body...when we last talked, he doesn't want to use anything, he'd prefer to just use control, personally, as my mom said. (young Filipino women 1, FDG 1)

For us, what they teach us, is to get married first before you do something. And we do not use contraceptives. Because "pleasure" is given by God to us, he won't deny it to us, but because people's mind are naughty, we're the ones who do something and use contraceptives to prevent disease in the body. For us, it's better to have control. (young Filipino women 8, FDG 1)

Control of life circumstances (Domain 3: Category 2, See Table 7). By contrast, the belief in "controlling" one's sexual urges did not emerge in conversations among FGD 2 participants. Contraceptives were deemed as applicable to maintain a sense of control over life's circumstances, particularly in preventing or allowing a pregnancy to occur. As one young Filipino women participant in the FGD 2 indicated, non-contraceptive use is a decision made by some young Filipino women seeking to avoid their home or family life.

For my friends, of course, we want to study first. But some of my other friends, of course, they do not want to have kids, it's expenses, and others they are not prepared, so they use it. (young Filipino women 9, FDG 2)

Some of them, I think are ready to settle down even if they're underage, so for some, they're open to (not using contraception). They are not scared anymore either of what happens. That was my idea because most of my friends are like that, they're ready to settle, it's because for others, they don't want to stay with their family, they have family problems, or something like that. (young Filipino women 1, FDG 2).

Individual Interviews among Philippine-based Reproductive Health Professionals

To gain a better sense of the structural factors influencing low contraceptive use among young Filipino women, reproductive health professionals were asked about the 94

challenges they faced in the field. The reproductive health professionals interviewed for this study identified four salient issues that continue to hinder Philippine-based reproductive health community-based organizations, such as ROH, from expanding their reproductive health services and sexual health education programs to all Filipino youth. These four domains are: 1) government corruption; 2) poverty; 3) gender ideology; and 4) religious ideology. Each domain was closely linked with the other four demonstrating its interdependence (See Figure 2).

Government Corruption (Domain 1, See Table 7). This study's reproductive health professional participants were disappointed with the slow implementation of the country's reproductive health law that passed in 2012, and later upheld by the Philippine Supreme Court in 2014 after religious groups fought against some of the law's provisions (Center for Reproductive Rights, 2014). The reproductive health professionals interviewed in this study pointed to the inefficiency and corruption within the Philippine government which often failed to allocate enough funding to provide the much-needed sexual and reproductive health products and services for Filipino women, particularly those living in impoverished communities.

But we have a law now that doesn't do anything...Basically, the passage of this law has not changed anything...No new money has been released for reproductive health programs so no new programs has been done. It still has yet to be implemented fully. In that sense it's almost as if it makes it look like things should be better but they're really not. (reproductive health professional 1)

The (Philippine) government doesn't have that much money because of course there's mismanagement. They have enough for some things and not enough for others and it's already given that there will always be limitations on receiving funding, whether that's from corruption or what not...I just don't think the reproductive health law will happen. (reproductive health professional 2)

Poverty related to Government Corruption and Gender Ideology (Domain 2, See Table 7). The pervasive nature of poverty in the Philippines affected the work of reproductive health professionals interviewed for this study. One reproductive health professional pointed to the difficult realities reproductive health organizations face when the local government has siphoned the funding that could be allocated for their work, while another illustrated the lack of attention and power given to poor pregnant women in the Philippines.

Everything goes back to the poverty and corruption. Why are there no programs? Why are there no contraceptives in the government health clinics? It is the default system of the government because instead having the reproductive health law as a national policy, they let all the different barangays have their own local government unit that have their own budget allocations and there will not be any money for contraception, there won't be any money for prenatal vitamins and all of that goes back to the corruption and poverty. It's so present in everything. It's so pervasive at every level of government service...even the private companies. It's everywhere. It's from the lowest level people to the top. (Reproductive health professional 1)

It is usually the girls who are outstanding in college classes and usually families often if they can send one kid to college it's the girl. There is a belief that the girls will take care of their parents and the boys won't because they'll have their own families...So (if the girl gets pregnant) and there's a child, it's a life destroyer, especially if she's poor. If the mom doesn't step in and say I will help with the baby then she's finished...it seems the more resources that are available to women, the more they get a voice. I think this shows in the lack of attention paid to women's health...to poor women's health. (Reproductive health professional 2)

Religious Ideology Related to Gender Ideology and Government Corruption (Domain 3, See Table 7). According to the reproductive health professionals interviewed for this study, religious ideology continue to influence the sexual lives of young Filipino women by establishing codes of conduct that is deeply embedded within

Philippine culture and government. These religiously proscribed and restrictive societal expectations deny young Filipino women their reproductive rights and freedom.

It's like people know it's happening (teen pregnancy) but nobody wants to admit it or deal with it because it's a difficult issue that really challenges people, not just their beliefs like religious and cultural but it challenges their identity, of who they are...the cultural identity of Filipinos leans to the Catholic Church and people are just kind of hard wired to believe it. Just like you've got a double standard for men and women when it comes to sex. Its macho for guys to have sex and have sex with as many people as he can but girls shouldn't have sex or think about sex. Only bad girls have sex. You only get to do it that when you're married but the reality is guys have to have sex with someone. With the teenage pregnancies, everybody wants to believe that it's not happening because it's not easy to deal with it, to admit it. Someone will have to say "oh wow, maybe we're not this conservative religious culture that we claim to be." It's the reason why people go to church on Sunday. Their actions during the week may be totally contradictory to what they are doing, but by going to church everything is fine. (Reproductive health professional 3)

The (Philippine) Supreme Court is more Catholic than any government entity in the country...(the anti-Reproductive Health law), really that is a church position. (We are) the only country in the world that thinks like this. There are so many other Catholic countries that have made a lot more progress than we have. So, where does this come from? Is it the churches that's having been working for years with influential people...why do they have such influence on supreme court? That I don't know. (Reproductive health professional 2)

Gender Ideology (Domain 4, See Table 7). As described above by other reproductive health professionals interviewed for this study, the poverty, government corruption, and religious ideology often interact with the prevailing gender hegemony in the Philippines influencing young Filipino women's low contraceptive use. In this study, reproductive health professionals illustrated how gender ideology impacted their work as they depict young Filipino women who are saddled with both the responsibility of maintaining their virginity and at the same time the responsibility of preventing a pregnancy.

We saw that there was an increase in teen pregnancy in the youth in the community...the mothers in the community, we first gave (the contraceptives) to ⁹⁷

them...for the youth, they couldn't have open communication with us because their mothers will see that their children needed contraceptives already, there's a conflict, they'll ask, "why should I give this to my daughter?" even if there's a need with the child. There was a gap. (Reproductive health professional 4)

If it's the male's decision to use or not use (condoms), it's okay for him to do whatever he wants to do. But with the females, the decision is crucial in using contraceptives, because she will be the one responsible for her body. Most especially if she gets pregnant, when it comes to delivery, and taking care of the kids. But with the guy, he can leave the girl anytime he wants, if he doesn't want the responsibility. But then all the child responsibility, it is really with the girl. So when it comes to the decision of using contraceptives, the decision really comes down to the females. (Reproductive health professional 5)

Discussion

There are four main findings in this study. The first main finding is that virginity continues to be a highly valued virtue among college-attending young Filipino women and its loss appear be equated with a lowered status in their community. Secondly, young Filipino women attending higher educational institutions appear to have sexual agency and empowerment, either as empowered young women following a religiously proscribed feminine ideal of maintaining abstinence or they are empowered to use contraceptives regardless of marital status. The third main finding in this study is that young Filipino women are expected to maintain "control" of their sexuality either as virgins or as non-virgins who must prevent having a baby to reduce financial liability. Finally, the last main finding is that such notions of empowerment and agency by college-attending young Filipino women may, in fact, act as a shield that hide the systematic forces such as poverty, government corruption, dominant religious and gender ideology that limit Filipino women's, particularly those living in poverty, reproductive rights and freedoms.

Previous studies in the U.S. and other western countries reveal that heterosexual young women contend with multiple and often conflicting sexual scripts similar to that of young Filipino women in this study. Framed either as binary, such as the *Madonna-whore dichotomy*, sequentially, such as the *virgin-slut continuum*, or a matrix, such as the *agency line matrix*, these schemas define how young women's sexuality is perceived, performed and endorsed within society (Bay-Cheng, 2015; Lamb & Peterson, 2012; Tolman, Anderson, & Belmonte, 2015). In this study, the virtue of virginity continue to be strongly tied to a woman's dignity and respectability, corroborating results found in other studies examining young Filipino women's sexual and intimate relationships (Delgado-infante & Ofreneo, 2014; Lucea et al., 2013; Manalastas & David, 2018). In one such study, married and unmarried Filipino women of varied ages deemed a person's virginity as "sexual capital" that could be used to improve a Filipino woman's social status through marriage or a "gift" to be offered to one's husband to ensure happiness in a marriage (Manalastas & David, 2018). While the young unmarried women interviewed for this study also saw virginity as part of maintaining one's self-worth, its value did not appear to be tied to marriage. Rather, young Filipino women in this study were more worried of being perceived as undignified and without any self-respect by their peers as sexual activity outside of marriage may imply that they are no longer chaste. Maintaining a sense of modesty also appeared to be equally important with young Filipino women indicating that knowing about a friend's contraceptive use can lead to negative judgement. In this sense, societal pressures offer young Filipino women very limited choices in how they can express their sexuality as well as a very narrow view of what it means to be respectable and dignified woman in Philippine society. Therefore,

while young Filipino women in this study viewed virginity through a personal lens that affirmed their self-worth, they also appeared to maintain a *Madonna-whore dichotomy* wherein those who are non-virgins are perceived as outcasts who cannot conform to Philippine society's moral code of conduct (Tolman, 1994).

To better understand the other main results from this study, particularly regarding how sexual agency is viewed among young Filipino women and the divergent meaning of the term "control" in relation to their use of contraceptives, Bay-Cheng's (2015) Agency Line is a useful framework for this investigation. In her pioneering article, Bay-Cheng (2015) estimated that adding an "agency line" to intersect the *virgin-shut continuum*, is necessary to incorporate young women's perceived control over their sexuality when assessing young women's sexual activity, wherever they may fall within the *virgin-shut continuum*. The *agency-line matrix* is dependent upon neoliberal ideology that prioritize individualism, free markets and self-responsibility (Bay-Cheng, 2015; Bay-Cheng, Bruns, & Maguin, 2018). In this study, several focus group participants proudly asserted their commitment to maintaining abstinence until marriage as other participants lauded unmarried friends who used contraceptives. According to Bay-Cheng's (2018) *agency line matrix*, these self-determining roles, the "virgin" who has high agency and low sexual activity and the "agent" who has high agency and high sexual activity, are shown to be agentic in that they have a "self-focused and strategic approach to sexuality" (p. 700). In this instance, young Filipino women appear to negotiate their sexual agency within opposite ends of the sexual activity spectrum but remain resolute on the belief that they were empowered by their decision. Therefore, in assessing their sexual wellbeing, the focus group participants in this study had sexual self-efficacy, in that they possessed

the power to consent or refuse sex thus defining their own sexual boundary (Fortenberry, 2016). Sexual self-efficacy is also defined by one's "perceived control of sexual situations" (Fortenberry, 2016, p. 1). Focus group participants in this study indicated the importance of maintaining control over one's sexual urges by not using contraception as well as being in control of one's life circumstances by using contraception. Given the expectations placed on young Filipino women, particularly those attending higher educational institutions, to complete their college degree and provide additional income for their parents and siblings, the insistence on maintaining "control" of sexual situations, to prevent the financial burden of having a baby, is not surprising. Having a sense of "control" is also a defining characteristic of the *agency line matrix* in that young women who are not in control of their sexuality are viewed as "victims" who have low agency, regardless of their sexual activity, and are prone to unintended pregnancies and sexually transmitted infections (Bay-Cheng, 2015). Viewing sexually active young Filipino women in a negative light, as ones who are not in control of their sexuality, is evident by the statement made by one focus group participant who indicated, "[b]ecause 'pleasure' is given by God to us, he won't deny it to us, but because people's mind are naughty, we're the ones who do something and use contraceptives to prevent disease in the body. For us, it's better to have control." Such definitive notions of being in control are predicated by a belief that young Filipino women possess significant power within their community and society to make their own choices relating to their health.

Reproductive Health Professionals and Societal Factors Influencing Contraceptive Use

However, these notions of having empowerment and control over one's sexuality does not account for the central issues that prevent Filipino women from accessing and using contraceptives. Bay-Cheng (2015) argues that neoliberal ideology is a pretense that upholds agency, autonomy and personal freedoms but fail to recognize unjust systems that engender vulnerability and create victims who are perceived as "out of control." The reproductive health professionals interviewed for this study identified pervasive societal structures, such as poverty, government corruption and gender and religious ideologies, that systematically reduce contraceptive availability and use among young Filipino women, impacting their health and life outcomes. These societal issues have been documented in previous research on contraceptive uptake among Filipino women (Melgar & Carrera-Pacete, 2016; Ruiz Austria, 2004; Smith, 2014; USAID, 2017). Therefore, while Filipino young women with educational and professional aspirations can fully exert their sexual agency and empowered decisions in keeping with their higher social position, young Filipino women living in extreme poverty, those who were not included in this study's focus groups, appear to have very little power in making such choices about their sexual and reproductive health. As the reproductive health professionals interviewed in this study indicated, poverty and government corruption has severely weakened the implementation of the country's reproductive health legislation, reducing poor women's access to reproductive health products. Further, the combined influence of the country's dominant religious and gender ideologies continue to exert significant influence at all levels of society, either within the political sphere where contraceptive availability is dependent upon the religious fervor of government and Supreme Court officials or within the personal sphere wherein parents refuse to accept

their daughter's sexuality and therefore ignore their contraceptive needs. As one reproductive health professional indicated (Reproductive health professional 3, Box 11), rendering young Filipino women's sexuality invisible to stay culturally and religiously acceptable, has prevented young Filipino women from using contraceptives. However, once they become pregnant due to non-contraceptive use, young Filipino women, especially those without financial means or familial support, are left with very few options. This situation is described by another reproductive health professionals interviewed in the study, "*so (if the girl gets pregnant) and there's a child, it's a life destroyer, especially if she's poor,*" (reproductive health professional 2, Box 10). As such, these structural forces continue to limit Filipino women's sexual and reproductive choices, irrespective of young Filipino women's belief in their own self-determination.

Limitations

This study was conducted among a small sample of college-attending young Filipino women and reproductive health professionals working in one reproductive health agency, all living in Puerto Princesa, Palawan. Therefore the transferability of the results to other populations may not be possible. As this study was conducted at only certain points in time through focus group discussions and individual interviews, following Spradley's ethnosemantic approach (Spradley, 2016), prolonged engagement within the community was not performed thereby limiting the data collected from other sources. Finally, while the author presented the preliminary results to ROH members to reaffirm and check its validity, the use of only one form of data source may limit this author's understanding of this broad and encompassing issue.

Conclusion

Given the multitude of intersecting issues surrounding low contraceptive use among young Filipino women, as results from this study show, Philippine-based social workers have varied opportunities to engage with communities in the Philippines to improve women's sexual and reproductive health and wellbeing. Following the guidelines set forth by the International Federation of Social Workers (IFSW) which strongly advocate for a woman's ability to control her own fertility and furthering the notion that without this inherent right, women are wholly disadvantaged and have reduced economic, political, social and personal opportunities (Alzate, 2009). Social workers, working alongside other allied health professionals, must consider the results of this study through a similar lens.

First, the deeply ingrained societal issues affecting young Filipino women, particularly those living in poverty, must be addressed. As the reproductive health professionals interviewed in this study attested, poor Filipino women do not have the equal assets and resources to be heard and therefore are ignored within Philippine society. The long-standing belief that Filipino women are agentic may be masking the real socioeconomic inequities that exist between women in the Philippines, particularly regarding sexual and reproductive health outcomes. Uncovering these socioeconomic disparities, and making the issues of poor Filipino women known, may be necessary to enact real change in the country. Secondly, young Filipino women appear to hold strong beliefs in maintaining sexual agency, either through abstinence or contraceptive use, and a sense of "control" of their sexual urges or life circumstances, in relation to contraceptive use. Incorporating these beliefs in sexual health education programs may be beneficial in increasing the knowledge about sexual and reproductive health issues in

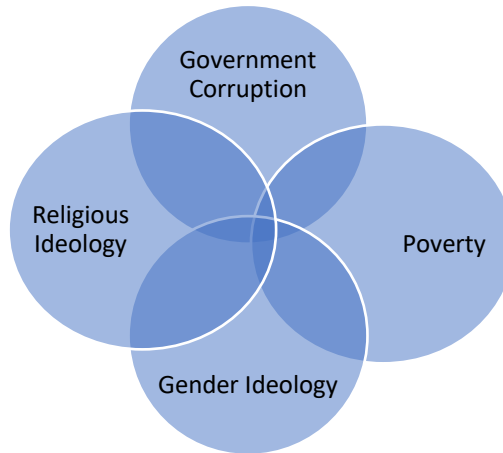
this population. Finally, young Filipino women participants in this study indicated their approval of peers using contraceptives, particularly to prevent the financial burden of having a baby. Several focus group participants also encouraged impartiality and non-judgement of sexually active unmarried peers using contraceptives. Such sentiments should be encouraged by all adults working with young Filipino women to allow for a greater variation and ideation of what it means to be a respectable and dignified woman in the Philippines.

Table 7

Study Results from Focus Groups and Individual Interviews

Domain	Category
<p>Focus Group Discussion Findings <u>(Participants: College-Attending Young Filipino Women)</u></p>	
<p>Young Filipino women's Sexual Empowerment and Agency</p>	<ol style="list-style-type: none"> 1. Abstinence as empowerment and agency 2. Contraceptive use related to empowerment and agency 3. Contraceptive use related to preventing the financial burden of a baby
<p>Young Filipino women's respect and dignity</p>	<ol style="list-style-type: none"> 1. Preserving one's virginity means self-love 2. Non-virginity is about disrespecting oneself 3. Contraceptive use is necessary despite others' negative judgement
<p>Young Filipino women's Intention to Control</p>	<ol style="list-style-type: none"> 1. Control of sexual urges 2. Control of life circumstances
<p>Individual Interview Findings <u>(Participants: Reproductive Health Professionals)</u></p>	
<p>Domain 1: Government Corruption</p>	
<p>Domain 2: Poverty related to Government Corruption and Gender Ideology</p>	
<p>Domain 3: Religious Ideology Related to Gender Ideology and Government Corruption</p>	
<p>Domain 4: Gender Ideology</p>	

Figure 2. Interdependent structural factors influencing low contraceptive use among young Filipino women



Chapter 5: Conclusion

To gain a greater understanding of how the qualitative and quantitative strand of this larger mixed methods study ties together in relation to the study's overarching theoretical framework of reproductive justice, a synthesis is required offering a clearer picture of underlying factors, with a particular focus on gender and religious ideology, that influence the perception, intention and use of contraception among young Filipino women. In this paper, a summary of the results from both the quantitative (Chapter 3) and qualitative (Chapter 4) studies will be provided. Following the summary of each study's results, a synthesis of these studies along with its relation to the overarching theory of reproductive justice will be discussed. As this study is among the first to examine the ideological influence of both gender and religion on contraceptive perception, intention and use among young Filipino women using the reproductive justice framework, it is not without limitations and challenges. Finally, based on this study's findings, a summary of its implications and recommendations for future research will be provided.

Summary of Major Study Findings

Among the main findings for the quantitative strand (Chapter 3) of this mixed methods study was the importance of religion among young Filipino women, despite half of the population indicating that they did not identify as Roman Catholic. As young Filipinos are finding more ways to connect globally through the use of technology, they may also be exposed to more westernized ideas and belief systems including secularism (Canceran, 2016; DRDF & UPPI, 2014). Contrary to this author's research hypotheses, young Filipino women's religiosity and their traditionally held beliefs about dating and

marriage were not significantly associated with condom intention or use. Only the traditionally held belief about remaining a virgin until marriage appeared to resonate with this study's population as it was found to be significantly associated with condom intention, but not condom use, after adjusting for demographic variables. The virtue of virginity remained significant for condom intention even after effect moderation analyses with the construct of sexual wellbeing, measured as condom self-efficacy and condom knowledge, were conducted to test this relationship. As expected, young Filipino women who were more confident about insisting on the use and have knowledge of how to put on a condom were found to have higher odds of condom intention compared to those who were not confident about these topics. In this quantitative study, only the knowledge about condom's effectiveness against HIV/AIDS prevention was shown to be predictive of condom use as well as condom intention.

For the qualitative strand (Chapter 4) of this mixed methods study, four main themes emerged in discussing the contraceptive decision-making process among unmarried college-attending young Filipino women as well as the factors influencing low contraceptive use among reproductive health professionals. First, young Filipino women continue to hold the virtue of virginity at a high regard, equating it with self-love while its loss outside of marriage is viewed as disrespecting one's self. Second, sexual agency and empowerment among young Filipino women can be attained either by abstaining from sexual activity until marriage or by using contraceptives regardless of marital status. Third, young Filipino women are expected to have "control" over their sexuality, by controlling their sexual urges or by using contraceptives in order to prevent the financial burden of having a baby. Finally, young Filipino women's belief in their own agency

and control over their sexual and reproductive health may disguise the influential role of critical structural forces such as poverty, government corruption, gender and religious ideology, which limit Filipino women's, particularly those living in impoverished communities, access to sexual and reproductive health products and services.

Mixed Methods Study Synthesis

This mixed methods study is undergirded by the conceptual framework of reproductive justice (Chapter 2). It is modeled after the tenets of social justice, which differs from the conceptual frameworks of reproductive *health*, that is based on the medical model, and reproductive *rights*, which follows a legal model, in that reproductive *justice* examines the root cause of oppression that prevent marginalized groups' from attaining reproductive freedom (Shen & Paredes, 2005). Critical to this conceptual framework is an understanding of social identity and how one is positioned in society, as varying characteristics such as socioeconomic status, race, gender, sexual orientation and religious beliefs, among others, may intersect that can affect a person's reproductive decisions (Ross & Solinger, 2017b; Shen & Paredes, 2005). In this mixed methods study, using convergent parallel mixed methods design, both the quantitative (Chapter 3) and the qualitative (Chapter 4) strands examined the larger societal structures of religion and gender ideology to determine its influence on young Filipino women's sexual wellbeing and contraceptive decision-making process. This synthesis will use the reproductive justice framework to examine how religious and gender ideology may interact with poverty, prohibiting young Filipino women from attaining sexual wellbeing, thereby limiting their sexual and reproductive choice and freedom.

Religious Ideology

This author hypothesized that due to the dominance of Roman Catholicism in the Philippines along with the Church's strong stance against the passing of the country's first comprehensive reproductive health law in 2012 (Melgar & Carrera-Pacete, 2016; Ruiz Austria, 2004), young Filipino women's religious beliefs would affect their sexual and contraceptive decision making process. However, the quantitative strand (Chapter 3) of this study indicate that while religion is "important" or "very important" to young Filipino women, with less than 1 percent of the total sample indicating that religion is "not important" to them, only about half identified as Roman Catholic. The quantitative strand of this study also found that young Filipino women's religiosity had no association with their condom intention or condom use. Therefore, it appears that young Filipino women, despite their religiosity, may not hold a strong position on contraceptive use. Further, these results demonstrate that secularism may be on the rise among young Filipinos as other Christian religions are finding audiences at greater numbers in this population (Baring, 2018; Canceran, 2016). Despite these quantitative study findings, the results from the qualitative strand (Chapter 4) of this mixed methods study showed that young Filipino women appear to be heeding their religious leaders' advice in making sexual and reproductive decisions. In the focus groups conducted among college-attending young Filipino women, several participants evoked their religion as a reason for maintaining abstinence until marriage, calling premarital sex as "foolish" according to the bible and that "naughty minds" are the reason for the rise of STIs and HIV/AIDS (See Ch. 4, p. 89 and p. 94). Additionally, young Filipino women in the study indicated that unmarried young women should "control" their sexual urges, which is based on fundamentalist Catholic teaching that impose disciplinary rules on human sexuality

(Melgar & Carrera-Pacete, 2016). In assessing the influential role of religion on young Filipino women's sexual and reproductive health decisions, no determination can be made due to the study's mixed results.

Gender Ideology

The quantitative (Chapter 3) and qualitative (Chapter 4) strands of this mixed methods study indicated that young Filipino women appear to demonstrate a high level of agency and self-determination, which has been documented in previous studies (Bonifacio, 2018; Gipson & Upchurch, 2017; Quimbo, 2014). In the quantitative strand (Chapter 3) of this study, results showed that young women's traditional and gendered beliefs about dating and marriage were not highly endorsed by the study's sample of young Filipino women. When asked if females should be solely responsible for preventing a pregnancy, only 28.1% of study sample agreed. In addition, about 38.1% of young Filipino women in the study indicated that females will not be respected if they agree to have sex with their male partner. Comparatively, the other statements on the traditional beliefs about dating and marriage that did not emphasize specific gender roles were highly endorsed, such as the disapproval of engaging in premarital (71%) or casual (85.8%) sexual activity. Corroborating the quantitative study's results, the qualitative strand (Chapter 4) of this mixed methods study also pointed to young Filipino women's strong sense of agency and self-worth. One of the main domains that emerged from this study was young Filipino women's definition of sexual empowerment. The focus group participants, composed of college-attending young Filipino women, appeared to be empowered to maintain abstinence until marriage or use contraceptives regardless of marital status. Young Filipino women's self-determination was also apparent as focus

group participants voiced their dissent regarding negatively judging peers' use of contraceptives, with one participant stating, "as an individual, (contraceptive use) is a decision that you make for yourself, for your health as a woman" (Chapter 4, p. 92).

The Intersection of Poverty, Religious and Gender Ideology

The quantitative (Chapter 3) and qualitative (Chapter 4) strands of this study showed that the virtue of maintaining one's virginity until marriage remained a salient and powerful belief for young Filipino women. In the quantitative strand of this mixed methods study, only the traditional belief in remaining a virgin until marriage was shown to be significant for condom intention, even after conducting effect moderation analyses to test the strength of this relationship using condom self-efficacy and condom knowledge. Additionally, an emergent domain in the qualitative study among college-attending young Filipino women defined virginity as self-love and its loss as disrespecting one's self. Previous exploratory studies on young women's virginity, primarily in a western context, found that young women perceive their virginity as either a "gift" to be given to their partner, a "stigma" which is connotated with feelings of shame, or a "process" that is a part of adolescent development (Carpenter, 2005; Humphreys, 2013). Among these cognitive frameworks, Manalastas & David (2018) added a fourth construct, defining virginity as an "act of worship," to acknowledge how its loss may be viewed as a moral and spiritual transgression for religiously involved women. Catholic teaching describe human sexuality as acceptable only within the context of marriage and virginity expected only among women, and not necessarily for men, as this virtue follows in the image of *Virgin Mary* who is both pious as well as a "perpetual virgin" (Melgar & Carrera-Pacete, 2016; Ruiz Austria, 2004; Sarmiento,

2016). With the virtue of virginity being highly regarded by young Filipino women who may deem it as the only route to respectability, and disregarding other forms of sexual expression outside of remaining a virgin, religious and gender ideologies appear to be interacting to limit young Filipino women's sexual freedom. As one reproductive health professional interviewed for this study indicated about the prevailing dominance of the Catholic Church in the Philippines, "Its macho for guys to have sex and have sex with as many people as he can but girls shouldn't have sex or think about sex. Only bad girls have sex. You only get to do it that when you're married but the reality is guys have to have sex with someone. With the teenage pregnancies, everybody wants to believe that it's not happening because it's not easy to deal with it, to admit it. Someone will have to say 'oh wow, maybe we're not this conservative religious culture that we claim to be'" (Chapter 4, p. 97).

Reproductive justice groups in the United States have long advocated for a more egalitarian and justice-oriented perspective in the fight for women's reproductive rights (Ross & Solinger, 2017b). Women from marginalized communities in western countries and more collectivist communities in the global South have rejected the universal slogan of "my body, my choice" as it represents a more individualistic view of reproductive freedom (Chrisler, 2012). Young women from collectivist communities, like the Philippines, rather view their bodies as a part of a collective whole. This is evident in the findings from both the qualitative and quantitative strands (Chapter 3 and 4) of this mixed methods study. Young Filipino women's reproductive capacities are regulated by their family and community as they are expected to complete their education and bear a large proportion of their family's financial burden after graduation (Estudillo et al., 2001;

Yamauchi & Tiongco, 2013). Such an expectation was shown in the comments made by focus group participants who indicated that they are willing to use contraceptives to prevent the financial burden of having a baby as well as reproductive health professionals who stated that families who can only afford one child to attend school will choose their daughter, since she will take care of her parents. Young Filipino women, therefore, appear to be saddled with the responsibility of maintaining their virginity and at the same time preventing an unwanted pregnancy. This study's quantitative results also suggest the persistence of this gendered expectation with the sample of young Filipino women indicating that condom intention was significantly associated with the maintaining a woman's virginity until marriage. The importance of attaining financial security, which appears to impact young Filipino women's contraceptive decisions, demonstrate the interaction of gender ideology and poverty in ways that was not apparent to this author. The pervasiveness of poverty in the Philippines has not only influenced the contraceptive choices of young Filipino women, but also hindered the work of reproductive health professionals in providing sexual and reproductive health services to poor communities. As reproductive health professionals in the qualitative strand of this study further suggested, poverty insidiously rob young Filipino women of their sexual and reproductive rights as well as silence their reproductive health needs. Even as young Filipino women's sexual agency and self-determination is demonstrated in this study, the voices of those most marginalized in society are ignored and hidden from view.

Limitations

One of the significant limitations of this study was this author's inability to capture the salient sexual and reproductive issues affecting young Filipino women living

in poverty. Based on previous research on adolescent pregnancies in the Philippines (Natividad, 2013; Serquina-Ramiro, 2014) as well as the results garnered from this mixed methods study, socioeconomic status play a significant role in young Filipino women's sexual and reproductive decision making process. In the quantitative strand (Chapter 3) of this mixed methods study, the dataset used was procured from Roots of Health (ROH), this author's community partner. While there was important demographic information obtained by ROH in their 2017 survey, socioeconomic status was not one of them. Additionally, other important demographic information such as marital status and health care availability were not collected. Within the qualitative strand (Chapter 4) of this study, the sample of young Filipino women who participated in the focus groups did not include unmarried non-college-attending young Filipino women. This particular population of young Filipino women did not attend higher education likely due to financial or family issues (San Buenaventura, 2019). Understanding the sexual wellbeing of this particular population and how it might relate to their sexual and reproductive decision-making process is necessary to better understand the rising rates of unintended pregnancies and STI infection among young Filipino women overall.

Additionally, the results found in this mixed methods study is specific to Puerto Princesa, Palawan, a flourishing urban tourist hub in the western provincial island of the Philippines. Results of this study, therefore, cannot be generalized to young Filipino women living in more highly urbanized cities such as Metro Manila, the country's capital, or those living in remote provincial villages of the Philippines. Finally, this study focused solely on heterosexual young Filipino women, primarily using a heteronormative lens to discuss women's sexuality. Yet previous studies demonstrate that young people's

sexuality and identities develop and mature as they accumulate varied sexual experiences (Lamb, 2010; Tolman et al., 2015). In addition, heterosexual young Filipino men who play a significant part in reducing unintended pregnancies were not included in this study. More research, therefore, is warranted to include members of the sexual and gender minority (SGM) community as well as heterosexual young men in the Philippines to better understand the influential role of religiosity, morality and sexuality on young people's preventive health behaviors to reduce the rising unintended pregnancies and STI rates in the country.

Implications

Implications for Social Work Practice

Results from this mixed methods study can inform Philippine-based social workers who are working towards sexual and reproductive health and justice in the Philippines. Indeed, social workers within sexual and reproductive health organizations who work with young Filipino female clients should not assume that all young Filipino women hold strongly conservative beliefs, that is rooted in Roman Catholicism. While religion appears to be an important part of young Filipino women's lives, they have divergent views regarding their sexual wellbeing and use of contraceptives. Young Filipino women, particularly those attending higher educational institutions, define sexual agency and empowerment through abstinence until marriage as well as by using contraception regardless of marital status. Additionally, the virtue of virginity continues to be highly valued in this population which has been found to be associated with condom intention, but not condom use.

Among the potential reasons for young Filipino women to remain a virgin until marriage or use contraceptives is due to a fear of being financially burdened with a baby or acquiring HIV/AIDS. Young Filipino women's sexual and reproductive decisions may be related to the fact that they carry the burden of being financially responsible for their parents and siblings after they complete their education. Philippine-based social workers interested in improving condom intention and condom use in this population should therefore include this information in their sexual and reproductive health educational curriculum. Finally, despite the high-status women have attained in the Philippines and the agency and self-determination young Filipino women may possess, those living in lowest socioeconomic strata are not held in the same regard by Philippine society leaving them with limited sexual and reproductive choices and freedoms. Therefore, in keeping with a reproductive justice approach, social workers working with young Filipino women living in impoverished communities should continue strengthening the coalitions they have built alongside other community activist and feminist organizations, working across multiple issues concerning the lives of poor Filipino women to improve this particular population's educational, economic and health outcomes. In doing so, poor young Filipino women voices may be heard and together develop solutions that uplift every member of their community.

Implications for Social Work Policy

While reproductive justice advocates in the Philippines organize and empower poor Filipino women, government representatives must listen to the needs of their poorest constituents and fully implement the 2012 Reproductive Health Law, upheld by the Philippine Supreme Court in 2014. The reproductive health professionals interviewed for

this study indicated as much, detailing the lack of engagement and support by the Philippine government in their work, which became more apparent after the passing of the reproductive health law. If fully implemented, the Reproductive Health Law can safeguard the rights of poor Filipino women to receive affordable, evidence-based, quality, confidential and easily-accessible sexual and reproductive health services and information (Melgar et al., 2018). The Reproductive Health Law, however, does not offer similarly sufficient protection for unmarried young Filipino women. As a few of our reproductive health professionals stated during their interview for this study, unmarried young Filipino women's sexuality is hidden from society likely due to the country's religious cultural identity. However, once a young Filipino woman becomes pregnant, she is often ignored and left without societal or financial support, particularly if she is poor and with limited education.

Additionally, the relatively low condom knowledge and condom self-efficacy among young Filipino women in this study demonstrate the need for increased sexual and reproductive health education among Filipino youth. Therefore, Philippine-based social workers must work with local policy makers to not just fill the gaps left by the poor implementation of the country's reproductive health law but expand it by upholding the sexual and reproductive rights of unmarried poor young Filipino women. Such an action should include increasing HIV/AIDS awareness programs targeting Filipino youth as HIV/AIDS knowledge appear to improve condom intention and condom use among young Filipino women as well as cracking down on government corruption that has siphoned off allocated funds intended for sexual and reproductive health products, services and educational programs, according to findings from this study.

Implications for Theory and Future Research in Social Work

The use of varying conceptual frameworks in this study, including the *agency line matrix* (Bay-Cheng, 2015), *positive adolescent sexual wellbeing* (Fortenberry, 2016; Harden, 2014), and *reproductive justice* (Ross & Solinger, 2017b), offered a more specified view of their applicability, particularly in research studies conducted among young women living in the Global South. First, Bay-Cheng's (2015) *agency line matrix*, amidst a number of fully conceptualized and established models defining adolescent female sexuality, was significant for this study in that it incorporated the effects of neoliberal ideology on young women's appraisal of their sexual agency. This study is one of the first to use the *agency line matrix* to fully examine the extent of neoliberalism among college-attending young women, particularly those living in a middle-income economy, as they attempt to negotiate their sexual agency with their personal, familial and societal expectations. Secondly, a *positive adolescent sexual wellbeing* perspective was also needed for this study as the perspective runs counter to the dominant view of adolescent female sexuality in the Philippines, which as this study shows, continues to be deeply religious and highly conservative. Accordingly, this study is among the first to utilize positive adolescent sexual wellbeing perspective in examining contraceptive use among young Filipino women. Finally, the use of *reproductive justice* as an overall guiding conceptual framework for this study was definitive in that it provided a more nuanced insight into the lives of young Filipino women, who contend with differing oppressive forces compared to those living in westernized countries, such as extreme poverty, government corruption, and increased religious and traditional gender ideology, which continue to limit their sexual and reproductive choices, as this study's results

indicated. Therefore, this study has shown that such conceptual frameworks are useful in conducting research among young women living in Global South communities as they helped illuminate the characteristics, issues and needs of this particular population.

This mixed methods study also reveals potential avenues for future social work research. First, a result from the qualitative strand of this study indicate that knowledge about HIV/AIDS was significantly associated with condom intention as well as condom use among young Filipino women. While the topic of HIV/AIDS was not found to be a salient domain in the qualitative strand of this study, one reproductive health professional in her interview, which was not reported in this study, identified HIV/AIDS as a growing concern among Filipino youth as local health agencies recently funded more programs to support HIV/AIDS awareness and prevention efforts in this population. Therefore, social work researchers investigating the impact of HIV/AIDS awareness and prevention efforts in increasing condom use among Filipino youth is needed. Secondly, a mixed methods approach may be necessary to examine the impact of poverty and financial instability on young Filipino women's sexual and reproductive decisions. Specifically, understanding the varied expectations placed on young Filipino women, along with the responsibility they hold to financially support their parents and siblings, and how these personal, familial and societal expectations influence their sexual and reproductive decision-making process would be a worthy effort. Finally, conducting this mixed methods study on a larger sample of young Filipino women would be beneficial, particularly sampling a wider range of women from varying socioeconomic strata, geographic locations and participation in formal and informal education.

Bibliography

- Abada, T., & Tenkorang, E. Y. (2012). Women's Autonomy and Unintended Pregnancies in the Philippines. *Journal of Biosocial Science*, 44(06), 703–718. <https://doi.org/10.1017/S0021932012000120>
- Acacio-Claro, P. J. B., & Borja, M. P. (2010). Addressing Unmet Need: Potential for Increasing Contraceptive Prevalence in the Philippines. *Asia-Pacific Population Journal*, 25(2).
- Agoncillo, R. L. (2015). Understanding Catholic Youth Religiosity in a Developing Country. In *International Conference on Language, Education, Humanities and Innovation*. Singapore.
- Alvarez, C., Villarruel, A. M., Zhou, Y., & Gallegos, E. (2010). Predictors of condom use among Mexican adolescents. *Research and Theory for Nursing Practice*, 24(3), 187.
- Alzate, M. M. (2009). The Role of Sexual and Reproductive Rights in Social Work Practice. *Affilia*, 24(2), 108–119. <https://doi.org/10.1177/0886109909331695>
- Ang, A. P., Sescon, J., & Opiniano, J. M. (2015). Gender-Sensitive Remittances and Asset-Building in the Philippines, (January).
- Aschengrau, A., & Seage, G. R. (2013). *Essentials of epidemiology in public health*. Jones & Bartlett Publishers.
- Asian Development Bank. (2009). *Poverty in the Philippines: Causes, Constraints and Opportunities*. Manila, Philippines.
- Baele, J., Dusseldorp, E., & Maes, S. (2001). Condom use self-efficacy: effect on intended and actual condom use in adolescents. *Journal of Adolescent Health*, 28(5), 421–431.
- Baring, R. (2018). Emerging Transitions in the Meaning of Religious Constructs: The Case of the Philippines. *Religions*, 9(12), 387.
- Bautista, J. (2009). *Living Piously in a Culture of Death: The Catholic Church and the State in the Philippines* (Religion and State in Southeast Asia No. 130). *Religion and State in Southeast Asia Series*. Singapore.
- Bay-Cheng, L. Y. (2015). The Agency Line: A Neoliberal Metric for Appraising Young Women's Sexuality. *Sex Roles*, 73(7–8), 279–291. <https://doi.org/10.1007/s11199-015-0452-6>
- Bay-Cheng, L. Y., Bruns, A. E., & Maguin, E. (2018). Agents, Virgins, Sluts, and Losers: The Sexual Typecasting of Young Heterosexual Women. *Sex Roles*, 79(11–12), 699–714.
- Bersales, L. G. (2019). *Palawan economy grows by 3.7 percent in 2017 | Philippine Statistics Authority*. Retrieved from <https://psa.gov.ph/content/palawan-economy-grows-37-percent-2017>
- Bonifacio, G. T. (2018). Religion and gender equality in Catholic Philippines: discourses and practices in the 21st century. *Women and Religion: Contemporary and Future Challenges in the Global Era*, 41.
- Buckley, D. T. (2014). Catholicism's Democratic Dilemma: Varieties of Public Religion in the Philippines. *Philippine Studies: Historical and Ethnographic Viewpoints*, 62(3–4), 313–339. <https://doi.org/10.1353/phs.2014.0025>
- Cahill, L. S. (1989). Catholic sexual ethics and the dignity of the person: A double message. *Theological Studies*, 50(1), 120–150.

- Canceran, D. (2016). Interrogating Secularism: The Filipino Experience. *Asian Journal of Theology*, 30(1), 115–130.
- Capuno, J. J., Mendoza, A. M., & Morillo, H. M. (2013). Views and Values on Family among Filipinos: An Empirical Exploration. *Asian Journal of Social Science*, 41(1), 5–28. <https://doi.org/10.1163/15685314-12341278>
- Carpenter, L. (2005). *Virginity lost: An intimate portrait of first sexual experiences*. NYU Press.
- Center for Reproductive Rights. (2014). Press Release: Philippine Supreme Court Upholds Historic Reproductive Health Law | Center for Reproductive Rights. Retrieved June 29, 2019, from <https://reproductiverights.org/press-room/Philippine-Supreme-Court-Upholds-Historic-Reproductive-Health-Law>
- Centers for Disease Control and Prevention. (2010). A Public Health Approach for Advancing Sexual Health in the United States: Rationale and Options for Implementation, Meeting Report of an External Consultation., 44. Retrieved from <http://www.astda.org/pdf/SexualHealthReport2011.pdf>
- Chilisa, R., Tlhabano, K., Vista, C., Pheko, M., Losike, N., Mosime, S., ... Balogun, S. K. (2013). Self-efficacy, self-esteem and the intention to practice safe sex among batswana adolescents. *IOSR Journal of Humanities and Social Science (IOSR-JHSS)*, 9(2), 87–95.
- Chrisler, J. C. (2012). *Reproductive justice: A global concern*. ABC-CLIO.
- Chrisler, J. C. (2013). Introduction: A Global Approach to Reproductive Justice—Psychosocial and Legal Aspects and Implications. *William & Mary Journal of Women and the Law*, 20(1), 0–24. Retrieved from <http://heinonline.org.proxy.queensu.ca/HOL/Page?handle=hein.journals/wmjwl20&collection=journals&page=1>
- Claravall, C. (2016). WHO: AIDS Cases Rising, Early Detection is Key. Retrieved June 8, 2017, from http://www.wpro.who.int/philippines/areas/communicable_diseases/hiv_aids/en/
- Clayton, B. E. (2006). Premarital Sex in the Catholic Philippines: Constructions of Seduction. *Pilipinas*, 46(March).
- Collantes, C. F. (2017). *Reproductive Dilemmas in Metro Manila: Faith, Intimacies and Globalization*. Springer.
- Conchada, M. I. P., & Zamudio, I. G. (2013). The cost efficiency of state universities and colleges in the Philippines. *Philippine Review of Economics*, 50(2), 83–104.
- Conde, C. H. (2016). *Fueling the Philippines' HIV Epidemic: Government Barriers to Condom Use by Men Who Have Sex With Men*. Human Rights Watch. Retrieved from <https://www.hrw.org/report/2016/12/08/fueling-philippines-hiv-epidemic/government-barriers-condom-use-men-who-have-sex>
- Cornelio, J. (2011). *Being Catholic as Reflexive Spirituality: The Case of Religiously Involved Filipino Students* (ARI Working Paper Series). Asia Research Institute. Singapore. <https://doi.org/10.2139/ssrn.1743931>
- Creswell, J. W. (2013). *Research design: Qualitative, quantitative, and mixed methods approaches*. Sage publications.
- de Irala, J., Osorio, A., López del Burgo, C., Belen, V. A., de Guzman, F. O., Calatrava, M. del C., & Torralba, A. N. (2009). Relationships, Love and Sexuality: What the Filipino Teens Think and Feel. *BMC Public Health*, 9(1), 282.

- <https://doi.org/10.1186/1471-2458-9-282>
- De Jose, E. G. (2013). Filipino Adolescents' Sexual Attitudes and Behaviors: Results from a University Cohort. *Academic Journal of Interdisciplinary Studies*, 2(8), 717–727. <https://doi.org/10.5901/ajis.2013.v2n8p719>
- Delgado-infante, M. L., & Ofreneo, M. A. P. (2014). Maintaning a “good girl”: Young Filipina women constructing sexual agency in first sex within Catholicism. *Feminism & Psychology*, 24(3), 390–407. <https://doi.org/10.1177/0959353514530715>
- DRDF, D. R. and D. F., & UPPI, U. of the P. P. I. (2014). *2013 YAFS4 Key Findings*. Quezon City.
- Espada, J. P., Morales, A., Guillén-Riquelme, A., Ballester, R., & Orgilés, M. (2015). Predicting condom use in adolescents: a test of three socio-cognitive models using a structural equation modeling approach. *BMC Public Health*, 16(1), 35.
- Estudillo, J. P., Quisumbing, A. R., & Otsuka, K. (2001). Gender differences in land inheritance and schooling investments in the rural Philippines. *Land Economics*, 77(1), 130–143.
- Farr, A. C., & Wilson, D. P. (2010). An HIV epidemic is ready to emerge in the Philippines. *Journal of the International AIDS Society*, 13(1), 16.
- Formosa, C. A. (2017). South Palawan economy seen to flourish in 2018 | Philippine News Agency. Retrieved July 2, 2019, from <https://www.pna.gov.ph/articles/1012972>
- Fortenberry, J. D. (2013). The evolving sexual health paradigm. *Aids*, 27, S127–S133. <https://doi.org/10.1097/QAD.0000000000000048>
- Fortenberry, J. D. (2016). Adolescent Sexual Well-being in the 21st Century. *Journal of Adolescent Health*, 58(1), 1–2. <https://doi.org/10.1016/j.jadohealth.2015.10.250>
- Gipson, J. D., Gultiano, S. A., Avila, J. L., & Hindin, M. J. (2012). Old Ideals and New Realities: The Changing Context of Adolescent Partnerships in Cebu, Philippines. *Culture, Health & Sexuality*, 14(6), 613–627. <https://doi.org/10.1021/nl061786n.Core-Shell>
- Gipson, J. D., & Hicks, A. L. (2017). the Delinking of Sex and Marriage: Pathways To Fertility Among Young Filipino Women. *Journal of Biosocial Science*, 49(01), 1–14. <https://doi.org/10.1017/S0021932015000462>
- Gipson, J. D., Hicks, A. L., & Gultiano, S. A. (2014). Gendered differences in the predictors of sexual initiation among young adults in Cebu, Philippines. *Journal of Adolescent Health*, 54(5), 599–605. <https://doi.org/10.1016/j.jadohealth.2013.10.014>
- Gipson, J. D., & Hindin, M. J. (2015). Intergenerational relationships between women's fertility, aspirations for their children's education and school completion in the Philippines. *Journal of Biosocial Science*, 47(06), 825–844. <https://doi.org/10.1017/S0021932014000510>
- Gipson, J. D., Koenig, M. A., & Hindin, M. J. (2008). The effects of unintended pregnancy on infant, child, and parental health: a review of the literature. *Studies in Family Planning*, 39(1), 18–38.
- Gipson, J. D., & Upchurch, D. M. (2017). Do the status and empowerment of mothers predict their daughters' reproductive outcomes? *BMC Pregnancy and Childbirth*, 17(Suppl 2). <https://doi.org/10.1186/s12884-017-1497-z>
- Harden, K. P. (2014). A Sex-Positive Framework for Research on Adolescent Sexuality₁₂₄

- Perspectives on Psychological Science*, 9(5), 455–469.
<https://doi.org/10.1177/1745691614535934>
- Hardy, L. (2017). *USAID: Philippines Country Profile*. Manila, Philippines. Retrieved from <https://www.usaid.gov/philippines/documents/philippines-country-profile-2017>
- Hensel, D. J., & Fortenberry, J. D. (2013). A multidimensional model of sexual health and sexual and prevention behavior among adolescent women. *Journal of Adolescent Health*, 52(2), 219–227. <https://doi.org/10.1016/j.jadohealth.2012.05.017>
- Humphreys, T. P. (2013). Cognitive frameworks of virginity and first intercourse. *Journal of Sex Research*, 50(7), 664–675.
- Hussain, R., & Finer, L. B. (2013). *Unintended Pregnancy and Abortion in the Philippines*. In Brief: Guttmacher Institute. New York.
- Kalbian, A. H. (2005). *Sexing the church: Gender, power, and ethics in contemporary Catholicism*. Indiana University Press.
- Kaneda, T. (2017). *World Population Data Sheet. World Population Data Sheet with a Focus on Youth*. Washington D.C. Retrieved from <https://www.prb.org/2017-world-population-data-sheet/>
- Kramer, M. R., Rowland Hogue, C. J., & Gaydos, L. M. D. (2007). Noncontracepting Behavior in Women at Risk for Unintended Pregnancy: What’s Religion Got to Do With It? *Annals of Epidemiology*, 17(5), 327–334.
<https://doi.org/10.1016/j.annepidem.2006.10.016>
- Labrague, L. J., Larios, R. J., Cinco, K. E., Pescos, J. B., Eclipse, R. A. L., & Laurenta, V. C. (2012). Future Educator’s Gender Norms, Sexuality, and Reproductive Health. *Online Journal of Health and Allied Sciences*, 11(4), 1.
- Lakshminarayanan, R. (2003). Decentralisation and its Implications for Reproductive Health: The Philippines Experience. *Reproductive Health Matters*, 11(21), 96–107.
- Lamb, S. (2010). Feminist ideals for a healthy female adolescent sexuality: A critique. *Sex Roles*, 62(5–6), 294–306.
- Lamb, S., & Peterson, Z. D. (2012). Adolescent Girls’ Sexual Empowerment: Two Feminists Explore the Concept. *Sex Roles*, 66(11–12), 703–712.
<https://doi.org/10.1007/s11199-011-9995-3>
- Langran, I. (2011). Decentralization, Democratization, and Health: The Philippine Experiment. *Journal of Asian and African Studies*, 46(4), 361–374.
- Lee, R. B., Nacionales, L. P., & Pedroso, L. (2009). The influence of local policy on contraceptive provision and use in three locales in the Philippines. *Reproductive Health Matters*, 17(34), 99–107.
- Lucea, M. B., Hindin, M. J., Gultiano, S., Kub, J., & Rose, L. (2013). The Context of Condom Use Among Young Adults in the Philippines: Implications for HIV Prevention. *Health Care for Women International*, 34(3–4), 227–248.
<https://doi.org/10.1080/07399332.2012.721414>
- Lucea, M. B., Hindin, M. J., Kub, J., & Campbell, J. C. (2012). HIV risk, partner violence, and relationship power among Filipino young women: Testing a structural model. *Health Care for Women International*, 33(4), 302–320.
- Luczon, C. A. P., & Francisco, J. S. (2015). Commentary: Sustained advocacy produces success in the Philippines. *Global Public Health*, 10(March), 271–272.
<https://doi.org/10.1080/17441692.2014.986174>

- Luna, Z., & Luker, K. (2013). Reproductive Justice. *Annual Review of Law and Social Science*, 9, 327–352. <https://doi.org/10.1146/annurev-lawsocsci-102612-134037>
- Maguddayao, M. C. V. Z. (2016). The Feminine Nation: A Postcolonial Feminist Analysis of the Iconographies of Marianne and Maria Clara in the French and Philippine Online Press. In *The Asian Conference on Cultural Studies*.
- Manalastas, E. J., & David, C. C. (2018). Valuation of Women's Virginity in the Philippines. *Asian Women*, 34(1), 23–48.
- Manaloto, R. (2014). The Philippine Reproductive Health Legislation: Politics beyond Metaphysics. *Asian Bioethics Review*, 6(4), 343–358. <https://doi.org/10.1353/asb.2014.0037>
- Manasan, R. G. (2012). *Rationalizing national government subsidies for state universities and colleges*. PIDS Discussion Paper Series.
- Manchkanti Gomez, A., Downey, M. M., Dao, L. T., Freihart, B., & Gartner, R. (2017). Beyond Birth Control & Abortion: Reproductive Justice, Emerging Adulthood and Social Work Research. In *Society for Social Work Research (SSWR)*. New Orleans.
- Marquez, M. P. (2008). Family Processes and Sexual Risk-Taking Behavior among Male and Female Adolescents. *Philippine Population Review*, 7(1), 9–26.
- Marquez, M. P. (2012). Unintended Pregnancies and Prenatal, Delivery and Postnatal Outcomes Among Young Women in the Philippines. *Asia-Pacific Population Journal*, 30(1).
- Martin, P., Abella, M., & Midgley, E. (2004). Best practices to manage migration: The Philippines. SAGE Publications Sage CA: Los Angeles, CA.
- Melgar, J. L., & Carrera-Pacete, J. (2016). *Understanding Catholic Fundamentalism in the Philippines: How conservative religious teachings on women, family and contraception wielded to impede the Reproductive Health Law and other reproductive health policies*. *Likhaan Center for Women's Health Asian-Pacific Resource and Research Centre for Women (ARROW)*. Quezon City, Philippines. Retrieved from <http://arrow.org.my/publication/understanding-catholic-fundamentalism-philippines-conservative-religious-teachings-women-family-contraception-wielded-impede-reproductive-health-law-reproducti/>
- Melgar, J. L., Melgar, A. R., Festin, M. P. R., Hoopes, A. J., & Chandra-Mouli, V. (2018). Assessment of country policies affecting reproductive health for adolescents in the Philippines. *Reproductive Health*, 15(1), 205.
- NASW. (2008). *NASW Code of Ethics (Guide to the Everyday Professional Conduct of Social Workers)*. Washington D.C.: NASW. Retrieved from <https://www.socialworkers.org/pubs/code/code.asp>
- Natividad, J. (2013). Teenage Pregnancy in the Philippines: Trends, Correlates and Data Sources. *Journal of the ASEAN Federation of Endocrine Societies*, 28(1), 30–37.
- Natividad, J. (2016). Studying the Filipino Youth. In *The 2013 Young Adult Fertility and Sexuality Study in the Philippines* (pp. 1–7). Quezon City: Demographic Research and Development Foundation, Inc. and the University of the Philippines Population Institute.
- Navarro, A. M. (2014). Scrutinizing Urbanization Challenges in the Philippines through the Infrastructure Lens. *Philippine Institute for Development Studies, SERIES NO.*(October). Retrieved from <http://dirp3.pids.gov.ph/webportal/CDN/PUBLICATIONS/pidsdps1437.pdf>

- NRI, N. R. I. (2015). *Data Collection Survey for Higher Education Sector in the Philippines Final Report*. Nomura, Japan.
- Olavides-Soriano, M. E. (2003). Engendering Democracy in the Philippines through Women's Participation. In *7th International Women's Policy Research Conference*. Washington D.C.: Paper Presented at Conference.
- Orbeta, A. C. (2002). *Population and poverty: A review of the links, evidence and implications for the Philippines* (No. No. 2002-21). Makati, Philippines: PIDS Discussion Paper Series.
- Orfeneo, R. P. (2010). Economic and Reproductive Justice in the Context of Women in the Informal Economy, *2*(1), 19–35. <https://doi.org/10.1353/asb.2010.0024>
- Osorio, A., López-Del Burgo, C., Carlos, S., Ruiz-Canela, M., Delgado, M., & De Irala, J. (2012). First sexual intercourse and subsequent regret in three developing countries. *Journal of Adolescent Health, 50*(3), 271–278. <https://doi.org/10.1016/j.jadohealth.2011.07.012>
- Osorio, A., Lopez-del Burgo, C., Ruiz-Canela, M., Carlos, S., & de Irala, J. (2015). Safe-sex belief and sexual risk behaviours among adolescents from three developing countries: a cross-sectional study. *BMJ Open, 5*(4), e007826.
- Patton, G. C., Coffey, C., Cappa, C., Currie, D., Riley, L., Gore, F., ... Ferguson, J. (2012). Health of the world's adolescents: A synthesis of internationally comparable data. *The Lancet, 379*(9826), 1665–1675. [https://doi.org/10.1016/s0140-6736\(12\)60203-7](https://doi.org/10.1016/s0140-6736(12)60203-7)
- Perez, J. B. (2019). Total Number of OFWs Estimated at 2.3 Million (Results from the 2018 Survey on Overseas Filipinos). Quezon City: Philippine Statistics Authority. Retrieved from <https://psa.gov.ph/statistics/survey/labor-and-employment/survey-overseas-filipinos>
- Philippine National AIDS Council. (2014). *2014 Global AIDS Response Progress Reporting: Philippines*. Quezon City, Philippines. Retrieved from [papers2://publication/uuid/19D07F3C-12C3-4383-BC97-CBCD1C0BE350](https://publications.pnaids.gov.ph/publication/uuid/19D07F3C-12C3-4383-BC97-CBCD1C0BE350)
- Prata, N., Fraser, A., Huchko, M. J., Gipson, J. D., Withers, M., Lewis, S., ... Upadhyay, U. D. (2017). Women's empowerment and family planning: A review of the literature. *Journal of Biosocial Science, 49*(6), 713–743.
- PSA. (2013). Population of Puerto Princesa City Reached 223 Thousand (Results from the 2010 Census of Population and Housing). Retrieved June 27, 2019, from <https://psa.gov.ph/content/population-puerto-princesa-city-reached-223-thousand-results-2010-census-population-and>
- PSA & ICF International, P. S. A. and U. (2017). *Key Findings from the Philippines National Demographic and Health Survey 2017*. Quezon City, Philippines.
- Quimbo, S. (2014). Looking through the Leventhal Lens: Is Gender Equity in the Philippines a Puzzle? In *Development and Equity* (pp. 156–166). BRILL.
- Restar, A., Nguyen, M., Nguyen, K., Adia, A., Nazareno, J., Yoshioka, E., ... Operario, D. (2018). Trends and emerging directions in HIV risk and prevention research in the Philippines: A systematic review of the literature. *PloS One, 13*(12), e0207663.
- Roces, M. (2010). 'Rethinking 'the Filipino woman': a century of women's activism in the Philippines, 1905–2006. In *Women's Movements in Asia* (pp. 44–62). Routledge.
- Ross, L., & Solinger, R. (2017a). *Reproductive justice: An introduction* (Vol. 1). Univ of California Press.

- Ross, L., & Solinger, R. (2017b). *What is reproductive justice*. (L. Ross & R. Solinger, Eds.), *Reproductive Justice: A New Vision for the 21st Century* (1st ed.). Berkeley, CA: Univ of California Press.
- Ruiz Austria, C. S. (2004). The Church, the State and Women's Bodies in the Context of Religious Fundamentalism in the Philippines. *Reproductive Health Matters*, 12(24), 96–103.
- Salas, J. M. (2012). *Consequences of withdrawal: Free condoms and birth rates in the Philippines*. UPSE Discussion Paper.
- Salvador, J. T., Ryan, B., Sauce, J., Oneel, M., Alvarez, C., & Rosario, A. B. (2016). The Phenomenon of Teenage Pregnancy in the Philippines. *European Scientific Journal*, 12(32), 173–192. <https://doi.org/10.19044/esj.2016.v12n32p173>
- Salvaña, E. M. T., Schwem, B. E., Ching, P. R., Frost, S. D. W., Ganchua, S. K. C., & Itable, J. R. (2017). The changing molecular epidemiology of HIV in the Philippines. *International Journal of Infectious Diseases*. <https://doi.org/10.1016/j.ijid.2017.05.017>
- San Buenaventura, P. A. (2019). Education Equality in the Philippines. In *International Workshop on Data Disaggregation for the Sustainable Development Goals*.
- Santiago-Nalo, P. (2015). An Evaluation of Knowledge and Attitudes Toward Reproductive Health Among Non-majors at the University of the Philippines Diliman Extension Program in Pampanga. In *Biology Education and Research in a Changing Planet* (pp. 3–10). <https://doi.org/10.1007/978-981-287-524-2>
- Sapitula, M. V. J. (2014). Marian piety and modernity: The perpetual help devotion as popular religion in the Philippines. *Philippine Studies: Historical and Ethnographic Viewpoints*, 62(3–4), 399–424. <https://doi.org/10.1353/phs.2014.0017>
- Sarmiento, P. J. D. (2016). Attitude and Practices of Filipino Catholic Youth towards Mary, the Mother of God: Implications to Religious Education in the Philippines. In *National Conference on Catechesis and Religious Education*.
- Serquina-Ramiro, L. (2014). Adolescent Pregnancy in the Philippines. In A. L. Cherry & M. E. Dillon (Eds.), *International Handbook of Adolescent Pregnancy* (p. 726). New York: Springer US. <https://doi.org/10.1007/978-1-4899-8026-7>
- Shen, E., & Paredes, D. G. (2005). *ACRJ: A new vision for advancing our movement for reproductive health, reproductive rights, and reproductive justice*. Oakland, CA.
- Smith, E. S. (2014). Reproductive Justice Begins with Contraceptive Access in the Philippines. *Pacific Rim Law & Policy*, 23(1), 203–248.
- Sobritchea, C. I. (2010). FUNDAMENTALIST IDEOLOGIES AND PRACTICES Threats to Women: An Introduction. *Review of Women's Studies*, 18(2), 7–12.
- Spradley, J. P. (2016). *The ethnographic interview*. Waveland Press.
- Swanepoel, M. (2017). *Roots of Health | 2017 Report*. Puerto Princesa, Palawan.
- Tabora, R. C., Tee, K. R. R., Villanueva, J. D., & Bernarte, R. P. (2016). The Religious Practices of Youth and Its Relation to their Attitude on Same-Sex Marriage. *Asia Pacific Journal of Multidisciplinary Research*, 4(2), 57–64.
- Tanyag, M. (2015). Unravelling the intersections of power: The case of sexual and reproductive freedom in the Philippines. *Women's Studies International Forum*, 53, 63–72. <https://doi.org/10.1016/j.wsif.2015.10.002>
- The Responsible Parenthood and Reproductive Act (2012). Philippine.
- Tolman, D. L. (1994). Doing desire: Adolescent girls' struggles for/with sexuality.

- Gender & Society*, 8(3), 324–342.
- Tolman, D. L. (2012). Female adolescents, sexual empowerment and desire: A missing discourse of gender inequity. *Sex Roles*, 66(11–12), 746–757.
- Tolman, D. L., Anderson, S. M., & Belmonte, K. (2015). Mobilizing metaphor: Considering complexities, contradictions, and contexts in adolescent girls' and young women's sexual agency. *Sex Roles*, 73(7–8), 298–310.
- Tolman, D. L., & Mccllelland, S. I. (2011). Normative sexuality development in adolescence: A decade in review, 2000-2009. *Journal of Research on Adolescence*, 21(1), 242–255. <https://doi.org/10.1111/j.1532-7795.2010.00726.x>
- Triandis, H. C. (2001). Individualism-Collectivism and Personality. *Journal of Personality*, 69(6), 907–924. <https://doi.org/10.1111/1467-6494.696169>
- Tuason, I. C., Bernarte, R., & Dong, F. (2017). The relationship of religion, religiosity, and parental communication in the sexual behaviors of Filipinos aged 18-25 years in the United States and the Philippines. *Asian/Pacific Island Nursing Journal*, 2(4), 124–132.
- Ujano-batangan, M. T. D. (2012). *Pag-ibig (Love), Pagnanasa (Desire): Filipino adolescents and sexual risks*.
- United Nations. (2011). *The United Nations Development Assistance Framework for the Philippines 2012-2018*. Manila, Philippines.
- Upadhyay, U. D., & Hindin, M. J. (2006). Do perceptions of friends' behaviors affect age at first sex? Evidence from Cebu, Philippines. *Journal of Adolescent Health*, 39(4), 570–577.
- Upadhyay, U. D., Hindin, M. J., Gultiano, S., UD, U., MJ, H., & Gultiano, S. (2006). Before First Sex: Gender Differences in Emotional Relationships and Physical Behaviors among Adolescents in the Philippines. *International Family Planning Perspectives*, 32(3), 110–119. Retrieved from http://eproxy.lib.hku.hk/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=jlh&AN=106234750&site=ehost-live&scope=site%0Ahttp://search.proquest.com/docview/61645658?accountid=14548%0Ahttp://metadata.lib.hku.hk/hku?url_ver=Z39.88-2004&rft_val
- Urada, L. A., Morisky, D. E., Pimentel-Simbunan, N., Silverman, J. G., & Strathdee, S. A. (2012). Condom negotiations among female sex workers in the Philippines: environmental influences. *PLoS One*, 7(3).
- USAID. (2007). *Philippines: Final Country Report*. Arlington, VA.
- USAID. (2012). *USAID/Philippines: Performance Evaluation of the FP and MCH Portfolio*. Washington D.C.
- USAID. (2017). *USAID Country Profile: Philippines*.
- VanderWeele, T. (2015). *Explanation in causal inference: methods for mediation and interaction*. Oxford University Press.
- Waggoner, M. R. (2015). Cultivating the maternal future: Public health and the pre-pregnant self. *Signs: Journal of Women in Culture and Society*, 40(4), 939–962.
- Williams, L., Kabamalan, M., & Ogena, N. (2007). Cohabitation in the Philippines: Attitudes and behaviors among young women and men. *Journal of Marriage and Family*, 69(5), 1244–1256.
- World Economic Forum. (2018). *The Global Gender Gap Report 2018*. Geneva. Retrieved from <http://reports.weforum.org/global-gender-gap-report-2018/>

- Yamauchi, F., & Tiongco, M. (2013). Why women are progressive in education? Gender disparities in human capital, labor markets, and family arrangement in the Philippines. *Economics of Education Review*, 32, 196–206.
- Zalot, J. D., & Guevin, B. (2008). *Catholic Ethics in Today's World*. Saint Mary's Press.

Methodological Appendix

Focus Group Questions for Young Filipino Women

Opening Question:

- Have you heard about the Reproductive Health Bill (RH Bill) passed in 2012?
- What were your first thoughts when you heard about it passing?
- Do you feel the same/different about the RH-Bill now? How about your friends? Other YFW?

Contraceptive Knowledge:

- Who has heard of contraceptives (injectable, pill, inserts)?
- How much do you think you know about Contraceptives?
- How much do you think your friends know about contraceptives?
- Where do you think you get the most information about contraceptives?
- What stories are you hearing about contraceptives?

Gender Roles:

- In terms of dating and up to having sex – what happens do you think for young Filipino women?
- Why do you think young Filipino women are not using protection? Do they want to have kids?
- What are the current sexual behaviors of young Filipino women? How does premarital sex come about?
- Is there such a thing as a one night stand among young Filipino women?
- Do you think there's a difference in how young Filipino women and men are seen when they decided to have premarital sex?
- How does young Filipino women decide when to have sex? How does young Filipino women decide when to use contraceptives?
- Is there a difference in how young Filipino women and men are seen when they decide to use condoms?
- How do young Filipino women see themselves – in relation to sexual roles and their use of contraceptives?
- How do you believe women in the Philippines view themselves?
- What do you think the Catholic Church role is in the use of contraceptives?

FACTORS on Contraceptives:

- What do you think about young Filipino women using contraceptives (condoms, birth control pills, IUDs)?
- Unmarried/married
- Minor (under 18), Non-minor (Above 18)
- How do young Filipino women's perception change based on their circumstances (poverty, marriage, going to school etc.)

Enablers & Barriers of contraceptives use:

- What may be the benefits of using contraceptives for young Filipinas?
- What would make it hard for young Filipino women to use contraceptives? What would make it easier?
- What are the negatives? (Ok to get condoms, pills etc.)?
- Who would support young Filipino women who use contraceptives?
- Who would not support it?