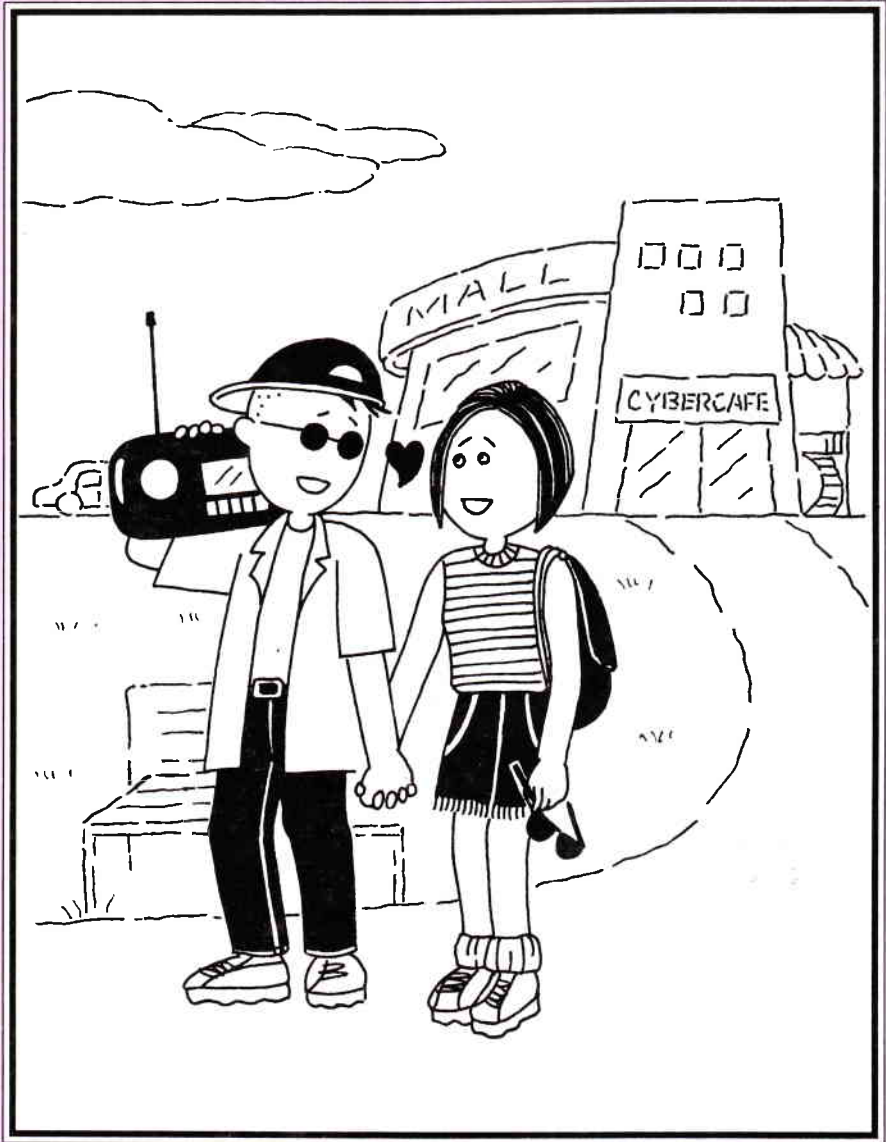


Adolescent Sexuality



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By Dr. Aurora E. Perez

INTRODUCTION

Eaught in the middle of rapid socio-economic changes sweeping the country in an era of globalization and general openness to things that are new, the Filipino youth today face multiple crossroads as they search for an identity that is neither child nor adult. For this single uncertainty, many of the young adolescents are prone to adopt risk behaviors for which they have little factual information to guide them as they try to discover who they are. Today's Filipino youth live at the brink of a new millenium in a world that is changing at a pace never before experienced: changing attitudes and values, earlier sexual maturity, and later marriages. All these redefine the problems associated with adolescent sexuality in the country.

In 1990, the population aged 15-24 comprised 20.5 per cent of the country's total population or some 12.4 million young people. The more recent population count in 1995 yielded some 13.7 million Filipino adolescents of ages 15-24, which comprised 20.0 per cent of the total 68.6 million Filipinos. The need for action to promote the healthy development of these large numbers of young Filipinos has never been more urgent than now. They form a great resource but they are vulnerable as many things, especially sexuality, are tried for the first time during

adolescence, the critical transitional time between childhood and adulthood.

Such vulnerability to unguided sexual activity increases the exposure to risks of sexually transmitted diseases (STDs), including AIDS. For girls, sexual activity poses the additional risk of untimely pregnancies before they are physically mature. Premature pregnancies are more likely to lead to obstetric complications and death than are pregnancies of women in their twenties. Thus, this paper on issues concerning adolescent sexuality in the Philippines.

Shouldn't government be more concerned about state affairs than the sexual behavior of young people? Isn't this more of an individual decision?

More than just a private decision, sexual activity among the young affects the rest of the country. Unintended pregnancies and resulting early marriages do not make for the most stable of families. They also expose teenage mothers to risky childbearing and give them emotional responsibilities before they are ready. Early marriages too result in young adults dropping out of school. Among male adolescents, unprotected sex with commercial sex workers carry the risk of STDs and AIDS.

Often times, the fears generated by unplanned sexual encounters and unintended pregnancies—among them fear of parental disapproval, fear of expulsion from school, abandonment by the partner, the financial and emotional responsibilities of childbearing—all outweigh the risks of voluntary termination of such pregnancies.

These possibilities speak of young lives lost or put at great risk. The health risks involved represent as well a drain on the



government's limited resources. With their interrupted education and possible health problems, young people bent under untimely family responsibilities hardly present a reassuring picture of the country's future leaders and decision-makers. Likewise, in a society in which economic advancement is linked to educational attainment, leaving school undermines, in both subtle and direct ways, the effort to involve women in the nation's development.

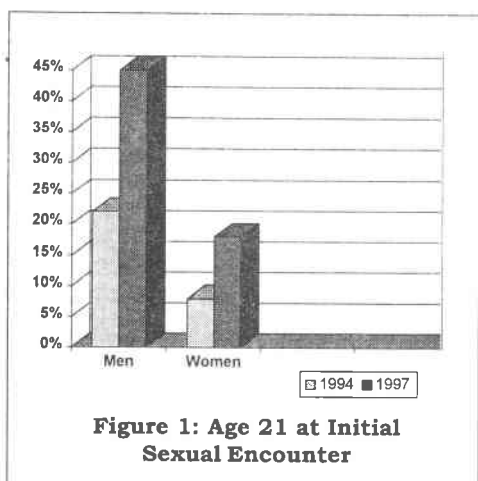
Looking out for the best interests of the country's young population is thus part of sound and effective government planning.

Are there indications that we should be concerned about the sexual behavior of today's adolescents?

Data on sexual activity among teens are limited, but surveys and reports show that there are several causes for concern:

- 1) The number of adolescents who are sexually active is on the rise, thus increasing the exposure of the young to unplanned pregnancies and STDs.

Results from the 1994 Young Adolescent Fertility Survey II (YAFS II) by the University of the Philippines Population Institute (UPPI) also indicate that a significant number of young Filipinos had relatively early sexual relations and experiences. The average age of initial sexual encounter was reported as 18 among men (22 percent) and women (8 percent). Three years later in 1997, the same gender pattern holds true: twice as many boys (45 per cent) as girls (18 per cent) have had sex by age 21. (Figure 1)



SOURCE: YAFS Study



2) It is estimated that 1.6 million boys and 0.6 million girls engaged in sexual relations prior to marriage.

3) Most of the female respondents reported that their first sexual encounter was without their consent. Of the 0.6 million girls who reported sexual activity, 10 per cent confessed that they were physically forced to have sex with a man.

This suggests a deeper social problem, because it implies that as early as young adolescence, gender relations between partners lead to a situation where women are coerced into sex.

What factors could have contributed to this rise in sexual activity among the country's young population?

- Later formal marriages: Between their early sexual maturity and their legitimate union in marriage, adolescents find themselves with more time with which to explore their sexuality. Ultimately, this results in increased sexual activity which is noted as spontaneous and unplanned in most instances.

- Lack of parental supervision: The presence of parents and parental supervision is a key factor that could regulate the spontaneity of sexual activity among young adolescents. Where both parents are not usually home in an effort to meet increasing costs of daily living, a trade-off is the loosening of social controls on young people's activities

The YAFS survey showed that the first sexual relationship among the Filipino youth happened in homes, usually in girls' homes, which were perceived by both girls and boys, as a "safe" place for their sexual debut. The lack of parental supervision then is one factor that abets sexual activity. This is confirmed by a similar finding that young people who lived away from their parents in boarding houses and dormitories close to their schools were more prone to get involved in sexual activities than those who lived with their parents. However, this holds true even in cases where parents are present at home but are perceived to be lenient by their children.

- A third factor associated with the experience of early sex is the adolescents' level of socialization, or frequency of social interaction with friends. Survey findings indicate that among those who do not socialize as much outside the

home, girls (54 per cent) more than boys (39 per cent) tend to be sexually active. On the other hand, among the youth who socialize a lot outside the home, boys (80 per cent) more than girls (68 per cent), tend to be sexually active.

This suggests that boys who socialize more often with friends and peer group outside the home are more exposed to pressures of group behavior than girls. On the other hand, girls who are not as sociable outside the home may lack the social interaction skills needed to resist the sexual advances of their partners. Being more sheltered at home, girls may not be equipped to handle such situations. Thus, in some instances, young Filipino girls are forced into sexual relations due to their inability to successfully negotiate refusal of sexual intercourse when not desired. They are also more easily intimidated when confronted with the usual threat of abandonment by their partner.

What are the dangers of early sexual relations?

Among young boys, early sexual relations usually mean casual sex with paid partners and eventually, sex with multiple partners. Such sexual experimentation, particularly those that are unprotected, pose health hazards that are left unnoticed until visible symptoms of sexually transmitted diseases (STDs) are recognized. Even if STDs are known to young men, they tend to use condoms inconsistently.

For young girls who are forced into sex due to economic needs, their inadequate skills in negotiating for condom use, particularly if their partners are older, enhance the risk of **infection with STDs**. Often, young people who realize they have been infected do not seek medical help as they may be ashamed and fearful of the stigma associating STDs with promiscuity.

Untreated STDs can cause infertility for both men and women as well as other potentially devastating health consequences, such as contracting or transmitting HIV.

Data from YAFS II likewise suggest that the longer men remain single, the greater their **risk of exposure to HIV infection**. By age 24, 22 per cent of men have had sex with their girlfriend and 8 per cent reported having had sex with a commercial sex worker. Clearly, some young men are taking chances of contracting STDs and HIV infection.

Women who bear their first child in their teens face the risks of **difficult pregnancies** as well as childbearing complications. **Maternal and infant deaths** are greater among younger women, as much as 50 percent higher among children of mothers younger than 20 years old. Children of teenage mothers are also more likely to be of low birth weight and to experience development and learning problems later in life.

Even when such complications and health consequences on mother and child do not occur, the teenage mother is faced with the prospect of dropping out of school, which reduces her employment options later in life.

In the Philippines where Catholic traditions still hold sway, girls also suffer social stigma and, in extreme cases, rejection from the family for pregnancies out of wedlock. Such culturally ingrained reaction could inject fears into young adolescents who may seek late **unsafe abortion** for what are often unplanned or unintended pregnancies. A recent survey on abortion in Metro Manila showed that 3.5 per cent of young women aged 15-24 have had an abortion.

EMERGING POLICY ISSUES ON ADOLESCENT SEXUALITY

The preceding description of the sexual experiences of Filipino adolescents present many issues and policy insights drawn from research findings. Several thought-provoking issues emerge: 1) whether sexual activity among adolescents can be postponed, 2) how adolescents can be made to avoid early sexual encounters that lead to unplanned pregnancies, and 3) whether or not adolescents should have access to contraceptive services.

How should government address the issue of adolescent sexuality?

How to balance the emerging issues and address the controversies that arise are serious considerations that should be taken into account when drafting government policies on adolescent sexuality.

Is there an existing government health program for adolescents?

Department of Health (DOH) administrative order 98-1A creating the Philippine Reproductive Health program, counts among its priorities the following: health care services, the education and counseling on adolescent sexuality and sexual health.

POLICY ISSUE 1: Can sexual activity among adolescents be postponed?

Postponing sexual relations is the best way for adolescents to avoid the harmful consequences of early sexual activity; however, most young people find it difficult to internalize this message.

As they increasingly move to cities to pursue further education or to look for work, adolescents often find that the traditional restraints on sexual behavior and activity are no longer as strong. For this reason, adolescent sexuality is often viewed as a product of a permissive society constantly bombarded with sexual images from mass media.

Then too, there is the pressure to belong to a group at an age when it seems imperative to do like everyone else does, even when it comes to sexual activity.

One cultural constraint to the instruction of sexual ethics is the fact that in the Philippines, open and honest discussions on sexuality are rare. This is particularly true of adolescent sexuality on which society itself is conflicted, stressing both that it is pleasurable but also sinful. Complex as it is, sexuality must be understood by young people as less about physical intimacies and more about relationships, and that there is a right time for both.

The challenge for adolescent development programs, including those of government, is therefore to make the youth



appreciate that their right to self-expression should be guided by an ethics of responsible sexuality which enhances human dignity, not diminish it. At a time when sexual awakening stirs so much restlessness among the young, sympathetic sex education and counseling should seriously be considered as part of such programs.

POLICY ISSUE 2: How does one develop responsible sexuality among adolescents?

Given the likelihood that social controls loosen with increasing urbanization, what is needed by many adolescents is access to information, education, and counseling services on sexual health and gender relations. Much as parents and other authorities may want to ignore the awakening of young boys and girls to their sexual drive, it is important that adolescents know the physiological processes involved in the experience of human sexuality—from intercourse to conception, pregnancy, and birth.

But isn't that what the government does, with its school-based sex education program?

Survey data on the government's Population Education (PopEd) Program indicate that it has reached only the adolescents in school and that the content of its instructional materials appear to lack focus on sex education. Most adolescents receive sex education for the first time during their first three years in high-school, with heavy concentration on their third year.

The question has been raised on whether a more concentrated approach on sex education should be shifted earlier, specifically to first year high school, as recent studies show that young people these days are experiencing an earlier onset of puberty. Yet there seems to be an underlying fear that early discussions on sexuality and sex are threatening.

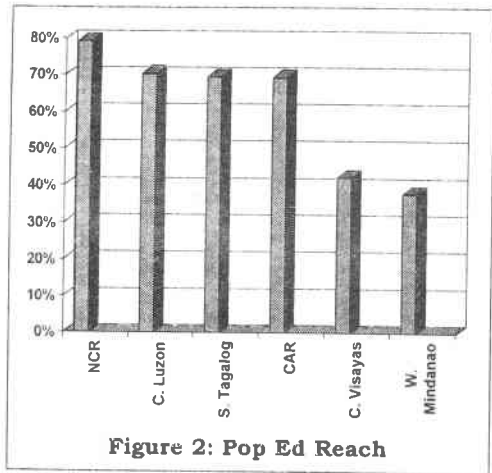
Such fears should be countered with the assurance that value formation and inculcation should start early, if we are to expect young people to grow up with sexual ethics which they can fall back on when making judgments on sexual relationships later on.

What is the current status of the government’s Population Education Program?

The Philippine Population Program continues to provide information on matters of sexuality and reproductive health through its Pop Ed Program, as implemented by the Department of Education, Culture and Sports (DECS).

After many years of implementation, the program has reached a wide coverage of the Filipino youth. Data from YAFS II show that of the total 10,879 respondents, 61 per cent or 6,729 young people had population education in school. The survey indicates that more female respondents (68.6 per cent) than male respondents (54.6 per cent) have received population education, either as a special subject or as part of a regular subject in school.

The program benefits are apparently much more spread in urban areas (68.5 per cent) than in rural settings (53.7 per cent). This reflects the geographic location of secondary schools, which are mostly in the cities. The locational bias is evident from data showing the National Capital Region and adjoining



SOURCE: YAFS STUDY

regions as having the largest proportion of those reached by Pop Ed classes at 79.1 per cent. Trailing close behind are Central Luzon (70.4 per cent), Southern Tagalog (69.5 per cent) and the Cordillera Autonomous Region (69.3 per cent). The program seems weakest in Central Visayas (42.4 per cent) and Western Mindanao (37.9 per cent). (Figure 2)

What do they teach at PopEd classes?

Pop Ed classes discuss the male and female reproductive system, family planning methods, the relationship between population and resources, and the effects of family size on family well-being. Less time is devoted to the discussion of sexually transmitted diseases (STD). Of the subject areas, family planning methods merited the highest level of discussion (61.4 per cent) followed by STD (51.4 per cent). Of the family planning methods discussed in schools, pills and condoms were commonly reported by seven in ten respondents.

Do adolescents have specific medical needs?

The YAFS study shows that at least 18 per cent of adolescents surveyed in 1994 reported sexual activity and experienced reproductive health problems. Yet a mere 5.1 per cent of these adolescents actually sought family planning and medical health services.

Unfortunately, there is no specialization within the medical sciences that specifically addresses adolescent medical needs, in the same way that there is pediatrics for infants and children as well as gerontology for the elderly. The presence of this special adolescent medicine could perhaps improve the delivery of reproductive health service to adolescents and instill preventive rather than curative care.

How does the Pop Ed program respond to the specific reproductive health needs of adolescents?

It has been suggested that Pop Ed classes should increase discussion on STDs since many young people reported that their **first sexual** experience was unexpected and, among young boys, often with paid partners. In both instances, adolescents faced the health risks associated with unprotected sex and sex with multiple partners.

Knowing that the population education modules should include **information** on reproductive health and sexuality, the DECS recently came out with a resource manual for Population and Reproductive Health. The manual is a welcome expansion of the limited discussion on reproductive health prior to 1997. It is hoped that this expanded discussion would also increase the proportion of sexually active adolescents seeking medical services for their reported reproductive health problems.

Data from the 1994 YAFS reveal that having had population education was the single significant factor that pushed young males with admitted reproductive health problems into actually seeking medical help.

Do young people use contraceptives?

Studies indicate that young people do not use contraception, mainly because a large number of them (49 per cent) did not plan to have sex. Moreover, one-third of them did not think pregnancy is possible with a single act of intercourse, suggesting that the youth lack knowledge of human physiology and reproduction. The spontaneity of the young in their actions coupled with inadequate knowledge on pregnancy made contraceptive use seem superfluous. As expressed by 7 per cent of respondents, it was impossible to use contraception given the circumstances of their first premarital sex. Thus



even if the level of knowledge was high, given that only 15 per cent did not know about family planning, actual use was low, particularly among the girls.

Data reveal that eight out of ten (84 per cent) young people knew of at least one family planning method. Of

all the contraceptive methods known in the country, the pills and condoms are the best known by both young boys and girls. More boys knew about condoms than girls, while more girls knew about the pill than boys.

While condoms are more freely distributed in neighborhood drugstores and supermarkets, pills are less accessible, particularly to adolescents. Since pills can have varying medical contraindications for individuals, attention must be given to ensure that accurate information on them and their probable side-effects are known among adolescents.

POLICY ISSUE 3: How should the Pop Ed program deal with the sensitive issue of contraceptive use among unmarried adolescents?

While contraception information is available, access to contraceptive services remains a controversy. It is estimated in 1995 that of the 1.8 million sexually active boys and the corresponding 694,000 girls, only one third (32.4 per cent) of

the boys and one in ten (11.2 per cent) among the girls were using contraception.

While nine out of ten girls reported a desire not to get pregnant, only one of the ten actually uses contraception. Such inconsistency is made even more complicated by the finding that the youth's knowledge of a woman's menstrual cycle and fertile period is extremely poor, even among the women themselves. This means that Natural Family Planning (NFP) methods (such as rhythm) are bound to fail and other alternatives must be explored. A better system of information delivery should be considered as well.

With three out of four respondents expressing a desire to know more about family planning, there is clearly a demand for information which should be tailored to the teenagers' perspectives and needs. A clear and constructive approach to this information need of adolescents has to be adopted so that we may veer away from the wrong assumption that young people are promiscuous and that information on contraception will make them more so. It is important to bear in mind that an information and education program premised on negative assumptions about young people is bound to have the unintended effects of isolation.

The government's Pop Ed program should therefore improve the adolescents' understanding of when conception is most likely to occur. A more detailed discussion of this topic should prevent, or at least reduce, unwanted and unplanned teenage pregnancies in the future.

Further, many adolescent reproductive health problems could be prevented with proper values inculcation, sex education, and contraceptive information and services when sought. The latter

should be considered in cases where the sexual act is forced upon the young woman. Emergency contraception must be discussed when the young victim of sexual abuse expresses a desire to prevent a likely chain of health risks and deferred lifelong emotional strains from an unwanted pregnancy.

Won't access to contraceptive information lead to promiscuity among adolescents?

To date, there are several studies on how sex education and contraceptive information affect adolescent behavior and so far, they show that such fears as abetting promiscuity are unfounded.

A review of 68 reports on sexual health education was commissioned in 1997 by the UN programme on HIV/AIDS (UNAIDS) and is considered the most comprehensive review of studies to date.



The UNAIDS report showed that "65 of 68 studies on family life and sexuality education in a scientific review found no associated increases in sexual activity.

Of the 53 studies which evaluated specific interventions, 21 found that youth who had undergone such programs had higher levels of abstinence, later start of sexual activity, higher use of contraceptives, fewer sexual partners and/or reduced rates of unplanned pregnancy and STDs."

The research indicated that sexual health education is best started before the onset of sexual activity. Its most important conclusion: responsible and safe sexual behavior can be learned.

Why not confine sex-related information among adults who can handle them better? Wouldn't such information in fact distract young people from their more important studies?

On the contrary, not knowing enough about responsible sexual behavior may in fact cause these young people to drop out of school altogether. The known adverse consequences of unplanned and unwanted teenage pregnancies include disrupted studies, not to mention other social sanctions.

Confining its services among adults also absolve our population policy makers and program managers of their responsibility to look at the broader context of reproductive health programs. Such programs are part of a bigger social, economic and cultural development aimed at the promotion of a better quality of life for all people, including adolescents. Adolescents have as much right as adults to an equitable share from government programs on reproductive health, contraceptive information and even contraceptive services, in situations that warrant emergency contraceptives.

It is therefore an obligation of the State and civil society to provide factual, objective but sympathetic contraceptive counseling services to adolescents in response to their needs for a healthy and responsible sexual expression. After all, reproductive health programs, including contraceptive services, are not for adults alone.

Meanwhile, values education, both at home and in school-based Population Education programs can provide young people a firm moral compass to guide their sexual behavior.

How does one ensure an effective government sex education program that addresses the particular needs of Filipino adolescents and allays the fears of their elders?

According to the UNAIDS review of 68 studies on the topic, an effective sex education program should:

- Have a focused curricula that define sex risks and how to avoid them
- Focus on learning activities that address social pressures and media influences
- Teach and allow for practice in communication and negotiation skills
- Encourage openness in communicating about sex

On the whole, what policy recommendations should be considered to ensure the success of the government's school-based sex education program?

Not all adolescent sex education programs will meet success without the appropriate contextualized program strategies. A key factor that should be considered is the need to tailor such

programs in ways that promote and ensure a youth-friendly and gender-friendly environment given that Filipino youth, especially girls, are usually timid and can be embarrassed or intimidated to seek advice on their problems. Competent teachers who can discuss sex confidently and without blushing can do a lot towards this.

Young people, particularly young women, have to be liberated from the ingrained attitude that equates sex with promiscuity, at the same time that they should be trained in negotiation skills so they can exercise full options in sexual relationships.

How to develop a healthy sexual behavior as well as responsible sexuality is something that the National Commission on the Role of the Filipino Women can look into and initiate. Contextualizing sex education program materials against the broader roles, expectations and capabilities of women is a start.

What other policy recommendations can address the contentious issues surrounding adolescent sexuality?

Let's tackle the issues one by one:

1. *The lack of healthy and open discussion on sexuality:*

Social restrictions imposed by cultural expectations, religious precepts and parental fears sometimes appear as insurmountable barriers to healthy and open sexual expression among adolescents or even with their own parents. This situation should encourage advocates for youth development in both public and private sectors to drumbeat the importance of healthy sexuality among young people.

To address the parents' feelings of inadequacy in discussing sexuality with their children, the DECS can utilize Parent-Teacher Association (PTA) meetings to explore techniques

that would work. Youth organizations can also visit households with teenage children for pep talks on model parent-child communications.

More public fora on adolescent sexual behavior, attitudes, and practices can be conducted to increase public awareness on the need to break the silence on this matter. This can be initiated by the Department of Health in collaboration with other government line agencies directly involved in youth development, particularly the National Youth Commission (NYC), and the Population Commission (POPCOM) as well as youth-focused non-government organizations.

2. The need to develop empowering gender relations between the sexes.

Attitude and behavior change with respect to adolescent sexuality can start with a gender-sensitive sex education that should begin in early childhood within the family, reinforced in elementary school and continued through adolescence and later life. This entails the substantial training of teachers, mutual consultation between parents and teachers in parent-teacher association, and the active involvement of other stakeholders in community-based programs: parents, social development workers, religious groups and most especially, youth peer groups.

The DECS can also develop and integrate gender-sensitive readings and stories in the primary school curricula. To reach children who are out of school, the DECS can distribute its materials through local structures for children's welfare like the Local Councils for the Protection of Children and the Sangguniang Kabataan at the barangay level. This recommendation should strengthen the provisions of the

Social Reform Council's sector for children and provide for a wholesome total development of the youth.

3. The inability of adolescents to handle sexual urges that lead to untimely teenage pregnancies and late unsafe abortions.

The NYC, the DECS and the DOH can initiate comprehensive values and sex education programs and counselling services. Such programs should include training on peer pressure management for boys and the development of bargaining and negotiation skills among girls. Responsible sexuality as well as the health risks in unplanned pregnancies and abortions should also be included in the program.

4. Lack of awareness of the health risks involved in having multiple sex partners.

Again, the DOH, the DECS and the Population Commission should come up with information campaigns that would increase public awareness on the causes, symptoms, and transmission of sexually-transmitted diseases and AIDS. The



use of the buddy system or of youth groups for peer counselling and information drives should also be explored.

5. The life-long pains and strains of unwanted pregnancy.

While the DECS does its part to develop modules on gender-sensitive boy-girl relationships and responsible sexuality, the DOH must consider access to emergency contraception services, in cases of forced sexual acts. What may momentarily stir controversy and conflict should be viewed as necessary cost of a long-term gain in safeguarding the future lives of the young mother and her child. It should be stressed that rape victims especially young girls should not be penalized twice for being at the receiving end of unequal gender power relations.

This entails the inclusion of adolescents as clients of reproductive health programs. It also calls for special provisions in the program's operational plan which the Population Commission and the National Commission on the Role of Filipino Women can advocate in the Population Act now pending in Congress.

What is the Population Bill? How will it affect the government's population policy on adolescents?

The Senate Bill introduced by Senators Juan V. Flavier and Tessie Aquino-Oreta provides the government more leeway in encouraging couples and individuals to make free, informed and responsible decisions on their reproductive health in accordance with their ethical and moral principles. The state's population policy is also seen as contributing to sustainable development

as it harmonizes population growth and distribution with available resources and environmental conditions.

Among other provisions, the Population Bill

- Seeks “to promote the empowerment of the youth for them to attain their full potential and total well being”
- defines Youth development as “training youth on decision-making, life planning, interpersonal and interactive skills, to empower them to be active partners in development.”
- Defines Adolescent Reproductive Health Programs as “promotive, preventive and developmental interventions given to adolescents to help them exercise their reproductive rights and improve their reproductive health.”

Basically, the Bill mandates government “to address the reproductive health needs not only of women and children, but also the underserved groups such as men and adolescents.” Such services include education and counselling on sexuality and sexual health. Also assured is “the access of both couples and individuals to appropriate information and primary health care services essential to their free, fully informed and responsible practice of reproductive health.”

Conclusion

In all these challenges, whether seen as an adolescent health concern of the Department of Health, as a social welfare concern of the Department of Social Welfare and Development, or as an adolescent reproductive health concern and unwanted pregnancies concern of the Population Commission, the best guide for policy makers and program managers is the Christian teaching that invokes the full dignified development of each human individual, including his or her sexuality.

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**National Commission
on the Role of Filipino Women**



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