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Kristi Allen Date

"You can't stop the grace of God, but you can always control yourself": Barriers and Facilitators of Contraceptive Use among Young People in Manila

By

Kristi Allen
MPH

Hubert Department of Global Health

_____
Dr. Kathryn Yount
Committee Chair

_____
Dr. Monique Hennink
Committee Member

_____
Dr. Roger Rochat
Committee Member

"You can't stop the grace of God, but you can always control yourself": Barriers and Facilitators of Contraceptive Use among Young People in Manila

By

Kristi Allen

Bachelor of Science in Psychology
Silliman University
2009

Thesis Committee Chair: Kathryn Yount, Ph.D.

An abstract of
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Abstract

"You can't stop the grace of God, but you can always control yourself": Barriers and Facilitators of Contraceptive Use among Young People in Manila
By Kristi Allen

Conservative social policy has made reproductive health services and information difficult to obtain in the municipality of Manila, Philippines. Contraceptives are generally only used by older women with children, despite efforts to increase access to contraceptives for all. At the same time, the teenage birth rate in Manila is rising and remains higher than the national average. The goal of this qualitative study was to identify barriers and facilitators of contraceptive use among young people aged 16-20 years old in Manila. In-depth interviews were conducted in Tagalog with 16 participants who were purposively sampled by sex, relationship status, parity, and contraceptive use or non-use. They were asked about relationships, contraceptive use and opinions, and sexuality. The results showed that having children makes it relatively easier for young people to obtain contraceptives due to their being perceived as adults. Young people without children faced difficulties accessing health care due to stigma, fear, and lack of contraceptive knowledge. To address teenage pregnancy in Manila, a multi-pronged approach focusing on young people with and without children separately must be implemented to increase access to contraceptive knowledge and methods. Young people with and without children have different experiences accessing contraceptives and this distinction must be addressed in the development of programs and policy.

"*You can't stop the grace of God, but you can always control yourself":* Barriers and Facilitators of Contraceptive Use among Young People in Manila

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Dr. Roger Rochat has been my faculty advisor since my first day at Rollins, and I cherish everything that I have learned from him – in and outside of the classroom. Thank you for your supporting my desire to go to the Philippines and make something work and for being one of my thesis committee members. My practicum and thesis are on a topic I'm so passionate about because you believed I could do it.

I had the pleasure of working with a number of other individuals at Rollins that helped my thesis come into being in one way or another. Dr. Kate Winskell – thank you for introducing me to qualitative research. Dr. Juan Leon – thank you for the level of thoughtfulness you put into all the work you do and inspiring me to try to do the same.

Lastly, I would like to thank my dad, Shawn Allen, for his love and support throughout this entire process.

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Chapter 1. Introduction

Rationale

In the Philippines, unmet need for contraceptives and rates of unintended pregnancy are pressing issues for the island nation, which is home to over 100 million people ("Philippine population officially hits 100 million," 2014). In 2008, 68% of all unmarried sexually active women and 40% of all married women in the Philippines had an unmet need for family planning, which is characterized by the ability to become pregnant, the desire to not have a child within the next two years, and not using a modern contraceptive method (barrier methods, hormonal methods, or female sterilization) (Hussain & Finer, 2013). The unmet need for family planning in 2008 resulted in 1.9 million unintended pregnancies - 54% of all pregnancies (Hussain & Finer, 2013). Unintended pregnancies generally lead to two major outcomes – unplanned births, which carry risks of low birth weight and long-term consequences, and unsafe abortions. In the Philippines, one of the only countries in the world where all abortions are criminalized without a clause for preserving the health of the mother, unsafe abortions carry a lot of risk (Darroch, Singh, Bal, & Cabigon, 2009).

One frequently cited reason for the high rate of unintended pregnancy in the Philippines is the lack of access to modern contraceptives. Based on the 2013 National Demographic and Health Survey, 78.6% of Filipinos identify as Roman Catholic, making the Roman Catholic Church a very influential force, especially with regards to policy (Philippine Statistics Authority & ICF International, 2014). Former President Gloria Macapagal-Arroyo restricted the public provision of modern contraceptives during her terms from 2001 to 2010 (Lakshminarayanan, 2003; Mello, Powlowski, Nañagas, & Bossert, 2006), and this legacy has lived on past her time as president. The health care provision at the local government level is currently decided upon

solely by local government leaders, who often refuse to provide modern contraception and support only natural family planning (NFP) (Lakshminarayanan, 2003; Mello et al., 2006). When 53% of women of child-bearing age are classified as poor and dependent on public provision of contraceptives, government-level bans on modern contraceptives have dire consequences. In 2008, 52% of women in need of contraceptives were using either traditional methods, such as withdrawal or NFP, or not using a method at all, and these women using traditional methods or no methods at all accounted for 90% of the unintended pregnancies in 2008 (Darroch et al., 2009).

Both of these major issues – unmet need for contraceptives and unintended pregnancies – impact young women under the age of 25 in the Philippines more acutely than their older counterparts. While fertility rates in older groups of women are declining very slowly, rates among women 15-19 and 20-24 are rising, in both urban and rural environments ("Fertility and Family Planning," 2012). Women under 20 years old gave birth to over a quarter of all first births in 2010 – a figure that has been steadily increasing since 2000 – but consistently account for the smallest proportion of modern contraceptive users in the Philippines (Ericta, 2012). The consequences of the low contraceptive use and high rate of unintended pregnancy among young women are not limited to unintended births. Women under 25 years of age contribute about 46% percent of the abortion attempts in the Philippines, based on data from 2004 (Hussain & Finer, 2013).

In 2012, the Responsible Parenthood and Reproductive Health Act was passed by the Philippine national legislative body, and one of the implications of the act was requiring all government health centers to provide contraception free of charge. The act was passed after years of debate and opposition from the Roman Catholic Church and its supporters (Chiu, 2012,

2013). However, one of the concessions made in the negotiations leading up to the passage of the bill was requiring young people under the age of 18 to obtain parental consent before accessing contraceptives (Guttmacher Institute., n.d.). A survey in the United States in 2003 and 2004 suggested that one in five young women would be likely to not use contraceptives or would only use withdrawal if they were required to notify their parents before obtaining contraceptives (Jones RK, Purcell A, Singh S, & Finer LB, 2005).

Given the increased burden of teenage pregnancy in Manila and the restrictive policy environment regarding young people's contraceptive use, it is essential to build an evidence base for approaches to effectively reach young people with information and services about contraceptives. This study provided insight based on young people's actual experiences with and perceptions of contraceptives in Manila – an area previously unexamined in the literature – to identify strategies for reproductive health programs aiming to serve young people effectively.

Problem Statement

Despite the low modern contraceptive prevalence and high rates of unintended pregnancy among young women in the Philippines, little research has been done on the contraceptive needs of young people. This gap in knowledge makes it difficult for programs wanting to effectively provide contraceptives to young people because there is no information available on the preferences or needs of this population in the Philippines.

Purpose Statement

This research sought to identify specific barriers and facilitators of contraceptive access and use among young people in Manila, Philippines to inform programs wishing to provide reproductive health to young people.

Research Question

What are the barriers and facilitators of contraceptive use among young people in Manila, Philippines?

Significance Statement

This study filled a gap in the existing body of knowledge about contraceptive needs amongst young people in the Philippines. While low contraceptive coverage and high rates of unintended pregnancy in the Philippines have been well-documented in cross-sectional studies and other literature, these issues are slowly being addressed in the adult population, as evidenced in the passage of the Responsible Parenthood and Reproductive Health Act of 2012. Young people have not benefitted from policy-level push for improved access, and programs wishing to engage with the population had very little data about the experiences of young people's contraceptive use and access other than statistics and professional anecdotes. This qualitative study could provide program designers, service providers, and policymakers with insight into the variety of experiences of young people accessing contraceptives to better address their unique needs. This study provided a level of nuance about the experiences of young people that was previously not available in the literature.

This study provided an initial understanding of the factors that hinder and encourage young people to use contraceptives, including personal and community perceptions, which organizations could use to start or modify programs to reach young people in Manila with reproductive health services or wishing to conduct further research into particular issues that young people face.

Programs aiming to address the reproductive health needs of young people in Manila can only be successful if they are able to tailor programs to the expressed needs of the young people they wish to serve. This study's results could help increase the uptake of services by young people in Manila if efforts are made to address the issues voiced by young people in this study.

Definition of Terms

For the purpose of this study, we defined young people as individuals, both men and women, between the ages of 16 to 20 because that was the age range of the sample. Most demographic data and statistics in this paper covered an age range of 15-24. This is a UNESCO-accepted definition of "youth" or "young people" which is generally-accepted range and is utilized by most countries in local measurement and reporting, including the Philippines (UNESCO, 2014).

Chapter 2. Comprehensive Review of the Literature (10-20 pages)

For an island nation with a growing population of over 100,000,000 people, unintended pregnancy is an increasingly pressing concern ("Philippine population officially hits 100 million," 2014). While the overall contraceptive prevalence rate is increasing among married women and sexually active young women aged 15-49 according to the 2013 National Demographic and Health Survey (NDHS), only two-thirds of the 34.6% of women who reported contraceptive use used a modern method (Philippine Statistics Authority & ICF International, 2014). Use of traditional methods and contraceptive non-use has been demonstrated to significantly contribute to unintended pregnancy in 35 low- and middle-income countries, including the Philippines, based on demographic and health survey data from 2005 to 2012 (Bellizzi, Sobel, Obara, & Temmerman, 2015). In 2008, the unmet need for family planning resulted in 1.9 million unintended pregnancies - 54% of all pregnancies (Hussain & Finer, 2013).

Based on the 2013 National Demographic and Health Survey, 78.6% of Filipinos identify as Roman Catholic, making the Roman Catholic Church an influential force (Philippine Statistics Authority & ICF International, 2014). After the Second Vatican Council dealing with population issues, Pope Paul VI issued the encyclical letter *Humanae Vitae* which formed the basis of the Catholic objection to any non-natural forms of birth control (Paul VI, 1968). Globally, the interpretation of the call to use only natural forms of birth control only in the context of marital intercourse that the *Humanae Vitae* has been contested by members of the Roman Catholic Church (McCormick, 1993). Lay Catholic opinion in the United States has been consistently liberal on social opinion polls regarding contraceptives and divorce (Jones & Saad, 2012; Univision, 2014). However, views in the Philippines have been shown in surveys conducted by Pew Research Center and Univision to be more conservative than many other countries on social

issues, such as contraceptive use (Street, NW, Washington, & Inquiries, 2013). Interestingly, as the unintended pregnancy rate in the Philippines rises, there is some indication that lay Catholics may disagree with the strict stance of the Roman Catholic Church on issues of contraceptive access ("Is Catholic Church's influence in Philippines fading?," 2014).

Strong and prevalent conservative Catholic opinions on social issues in the Philippines has resulted in policies limiting access to contraceptives (Ruiz Austria, 2004). Former President Gloria Macapagal-Arroyo restricted the public provision of modern contraceptives during her terms from 2001 to 2010 (Lakshminarayanan, 2003; Mello et al., 2006), and this legacy has lived on past her time as president. Due to a push towards government decentralization, local government leaders decide upon the health care provision at the local governmental level, and they can refuse to provide modern contraception and support only natural family planning (NFP) (Lee, Nacionales, & Pedroso, 2009; Mello et al., 2006). Local government units restricted access to contraceptives in Laguna province, Puerto Princesa, and the municipality of Manila (Melgar et al., 2007; Lee et al., 2009). In Manila, a complete ban on government, pharmacy, or non-governmental organization (NGO) provision of contraceptives that were not considered natural family planning (NFP) was in place for almost 10 years (Melgar et al., 2007, "Manila City's Contraception Ban," 2014).

When 53% of women of child-bearing age are classified as poor and dependent on public provision of contraceptives, government-level bans on modern contraceptives have dire consequences, including unintended pregnancies. Unintended pregnancies generally lead to two major outcomes – unsafe abortions and unplanned births, which carry risks of low birth weight and long-term consequences. In the Philippines, one of the only countries in the world where all abortions are criminalized without a clause for preserving the health of the mother, unsafe

abortions carry a lot of risk (Darroch et al., 2009). In 2008, 52% of women in need of contraceptives were using either traditional methods, such as withdrawal or NFP, or not using a method at all, and these women using traditional methods or no methods at all accounted for 90% of the unintended pregnancies in 2008 (Darroch et al., 2009). In the same year, poor women who are generally dependent on government services, on average had two more children than they desired, which makes them also more at risk of complications arising from unsafe abortion (Hussain & Finer, 2013).

Little research has been done about the effects of local government contraceptive bans in the Philippines. One of the only formal inquiries into the effects of the 2000-2009 Manila contraceptive ban showed that in the municipality of Manila during the contraceptive ban, average family size increased and child school enrolment decreased – a trend not mirrored in neighboring municipalities without contraceptive bans in place (Dumas & Lefranc, 2013). Qualitative interviews with women affected by Executive Order 003, the order that started the Manila contraceptive ban in 2000, and health care providers working in Manila showed that the effects of the ban were numerous, ranging from economic and social strains on the family and couple to anecdotal reports of increased maternal mortality in the municipality of Manila (Melgar et al., 2007).

Abortion is criminalized in the Philippines with no clear legal exceptions (Center for Reproductive Rights, 2010; Juarez, Cabigon, & Hussain, 2005). It is estimated there are 27 abortions per 1,000 women in the Philippines, a higher figure than other Southeast Asian nations (Hussain & Finer, 2013). Due to their illegal status, abortions are often performed secretly in unsafe conditions. While women from all socioeconomic statuses get abortions in the Philippines, poor women are much more likely to access the more dangerous procedures, such as

catheters, massage, or herbs. Hospitalizations due to complications from unsafe abortions are high in the Philippines at 4.5 per 1,000 women, and approximately 1,000 maternal deaths in 2008 were attributed to unsafe abortions (Hussain & Finer, 2013). The maternal mortality rate in the Philippines increased from 161 per 100,000 live births in 2006 to 221 in 2011. This trend is likely due to a lack of access to contraceptives and safe abortions (Hussain & Finer, 2013; Juarez et al., 2005).

Young women under the age of 20 in the Philippines are more likely to rely on traditional methods of contraceptives than older women, and married women under the age of 20 have the highest unmet need for family planning among all age groups (Guttmacher Institute., n.d.; Kennedy et al., 2011). The effects of a large unmet need for contraceptives impact young women under the age of 25 in the Philippines more acutely than their older counterparts. While fertility rates in older groups of women are declining slowly, rates among women 15-19 and 20-24 are rising, in both urban and rural environments ("Fertility and Family Planning," 2012). Women under 20 years old gave birth to over a quarter of all first births in the Philippines in 2010 – a figure that has been steadily increasing since 2000 – but consistently account for the smallest proportion of modern contraceptive users in the Philippines (Ericta, 2012). The consequences of the low contraceptive use and high rate of unintended pregnancy among young women are not limited to unintended births. Women under 25 years of age contribute about 46% percent of the abortion attempts in the Philippines, based on data from 2004 (Hussain & Finer, 2013).

National demographic and health survey data from 1993 to 2013 offers some insight into the demographic factors related to teenage pregnancy and birth. From 1993 to 2008, women aged 15-19 were most likely to report that they had started childbearing if they were from rural areas, had only completed primary education, or were in the poorest wealth quintile (Natividad, 2013).

While overall teenage birth rates continued rising and were observed in the NDHS 2013 data, the rate decreased slightly in rural areas and increased by over a quarter in urban areas (Guttmacher Institute., n.d.; Philippine Statistics Authority & ICF International, 2014).

In the municipality of Manila, fertility rates among women 15-24 years of age are higher than the national average, particularly among the urban poor, based on NDHS data and the Demographic Research and Development Foundation (Cruz, Marquez, & Trinidad, 2014; Guttmacher Institute., n.d.). The latter study of urban poor women in Manila, conducted by the Demographic Research and Development Foundation, found that among young women aged 15-19, the mean age at first marriage or live-in status was 16.1 and the mean age at first birth was 16.7. A similar trend was found among young women aged 20-24 (Cruz et al., 2014). This trend implies early initiation of sex, even before marriage, among young women in urban poor settings in Manila. An analyses of NDHS data from the Philippines from 1993 to 2003 suggested that lower socioeconomic status was related to self-reported occurrence of pre-marital sex, which agrees with the trends found among urban poor women in Manila (Chiao, 2010).

The increasing incidence of HIV/AIDS in the Philippines adds an additional level of complexity to the reproductive health issues young people face in the Philippines. Based on data from the Philippines' HIV/AIDS and HIV Registry from January 2015, young people made up about a quarter of all the people living with HIV in the country. Ninety-four percent of the new cases of HIV in the Philippines between January 2010 and January 2015 were attributed to sexual contact, and over 40% were located in National Capital Region, where Manila is located (Department of Health, 2015). Qualitative evidence from focus group discussions in another part of the country, Cebu City, suggested that the barriers to condom use are numerous among young

people in that area of the Philippines, and even among those who use condoms, disease prevention is less of a concern than pregnancy prevention (Lucea et al., 2013).

Reaching young people with reproductive health services has been a challenge for program managers and policy makers globally. Initial efforts globally focused mainly on making clinics and points of health care provision youth-friendly by training staff members on sensitive to the needs of young people (Dick et al., 2006). The notion that provider sensitivity and non-judgment with young people seeking contraceptive services is highly valued by young people was demonstrated in a qualitative study in Vanuatu. The young people in the focus groups in Vanuatu shared that they felt judged by service providers when they accessed services and said that friendly service-providers were "the most important feature of youth-friendly services" (Kennedy et al., 2013). The importance of trained health care staff was also valued by young people responding to a survey about youth-friendly health services in Soweto, South Africa (Geary et al., 2015).

However, the same study in Soweto, South Africa about youth-friendly health services and another similar study in Lusaka, Zambia suggested that training health care providers may be insufficient to increase satisfaction among clients and the uptake of services (Geary et al., 2015; Mmari & Magnani, 2003). An assessment of implementation of youth-friendly health services in rural South Africa revealed that a designated safe space for youth-friendly services at each health facility is unlikely to be achievable for many health centers, and that, due to staff turnover, it is essential to train more than one health care provider per facility (Geary et al., 2014). World Health Organization conducted an evaluation of published and unpublished literature about youth-friendly health service provision globally and found that sustainability of efforts and commitment to consistent quality of service provision were vital to the success of interventions,

which requires financial and programmatic commitment from implementers (Dick et al., 2006). Evidence from Zambia suggested that community support for youth access to reproductive health services could be more influential on young people's health-seeking behavior than facility-based programs (Mmari & Magnani, 2003).

For most women in the Philippines, access to contraceptives and reproductive health services has improved. In 2012, the Responsible Parenthood and Reproductive Health Act was passed by the Philippine national legislative body, and one of the implications of the act was requiring all government health centers to provide contraception free of charge. The act was passed after years of debate and opposition from the Roman Catholic Church and its supporters (Chiu, 2012, 2013). However, one of the concessions made in the negotiations leading up to the passage of the bill was requiring young people under the age of 18 to obtain parental consent before accessing contraceptives (Guttmacher Institute., n.d.; "Republic Act No. 10354 | Official Gazette of the Republic of the Philippines," 2012). Globally, this kind of restriction on young people's access to services is not uncommon, and there is evidence that policies that aim to protect young people through restriction of access to services and information may make them more at-risk (Yarrow et al., 2014).

While the Responsible Parenthood and Reproductive Health Act of 2012 did not mandate that reproductive health services be provided to all young people, it did require that sexuality education be included in primary and secondary school curricula ("Republic Act No. 10354 | Official Gazette of the Republic of the Philippines," 2012). The decision to require sexuality education was controversial, especially for Catholic schools, which are not mandated by law to comply (IRIN, 2010; Masilungan, 2015). Sexuality education would address gaps in current curricula in the Philippines, which are implemented on an individual school basis and often focus

on abstinence as the only acceptable form of sexual risk reduction and values-based opposition to sex before marriage (Paunlagui et al., 2012). Despite legislation being passed mandating sexuality education inclusion in curricula, the implementation of this mandate faces challenges. Aside from Catholic opposition, the mandate also faces a lack of human resources prepared to teach sexuality education. A mixed methods study of Catholic school teachers in Zamboanga revealed that some teachers believe that sexuality education is the responsibility of parents, and teachers possibly felt unprepared to handle sexuality education (Social Development Office & Gender Research and Resource Center, 2014).

Few documented programs target young people's access to reproductive health services in the Philippines. One program was started in 2003 in Manila by a local NGO in Manila. The program focused on encouraging youth involvement and peer education about reproductive health issues. Aside from this, it included efforts to make visits to reproductive health facilities less potentially stigmatizing by including a library section as well (Asian Pacific Research and Resource Centre for Women, 2012).

Chapter 3. Manuscript

Selection of target journal

Reproductive Health Matters is the target journal for a number of reasons. First, it deals with the intersections of policy, programs, and reproductive health, which is in line with the focus of this manuscript. It also has a track record of publishing articles about reproductive health in international settings, including the Philippines, and qualitative research. Lastly, this journal gives preference to manuscripts co-authored by authors from developing countries (Reproductive Health Matters, n.d.). The manuscript chapter of this document will be in the format required by the journal.

Title Page for Manuscript

"You can't stop the grace of God, but you can always control yourself": Barriers and Facilitators of Contraceptive Use among Young People in Manila

Kristi Allen[a], Kathryn Yount Ph.D.[a], Monique Hennink Ph.D.[a], Roger Rochat M.D.[a], Junice Demeterio-Melgar M.D.[b]

[a]Rollins School of Public Health, Emory University, Atlanta, GA, USA
[b]Likhaan Center for Women's Health, Inc., Manila, Philippines

Contribution of student

The student initiated contact with the in-country research partner through the research contacts of Dr. Kathryn Yount. After discussion with the in-country research partner, a research topic of mutual interest was identified. The student wrote proposals for funding, drafted research tools, and completed IRB application, with guidance and approval from advisors. The student travelled to the research site (Manila, Philippines) and stayed there for two months. During this time, she managed a research team doing data collection, including daily debriefs to address emerging themes, instrument issues, and data quality concerns. The student analyzed transcribed data, did necessary research and literature review, and wrote thesis. This also included identification of an appropriate journal for manuscript submission.

Abstract

Conservative social policy has made reproductive health services and information difficult to obtain in the municipality of Manila, Philippines. Contraceptives are generally only used by older women with children, despite efforts to increase access to contraceptives for all. At the same time, the teenage birth rate in Manila is rising and remains higher than the national average. The goal of this qualitative study was to identify barriers and facilitators of contraceptive use among young people aged 16-20 years old in Manila. In-depth interviews were conducted in Tagalog with 16 participants who were purposively sampled by sex, relationship status, parity, and contraceptive use or non-use. They were asked about relationships, contraceptive use and opinions, and sexuality. The results showed that having children makes it relatively easier for young people to obtain contraceptives due to their being perceived as adults. Young people without children faced difficulties accessing health care due to stigma, fear, and lack of contraceptive knowledge. To address teenage pregnancy in Manila, a multi-pronged approach focusing on young people with and without children separately must be implemented to increase access to contraceptive knowledge and methods. Young people with and without children have different experiences accessing contraceptives and this distinction must be addressed in the development of programs and policy.

Contraception; Philippines; Adolescents and young people; Beliefs, norms and values; Family planning services; Reproductive health policies and programmes

Introduction

For an island nation with a growing population of over 100,000,000 people, unintended pregnancy is an increasingly pressing concern. [1] While the overall contraceptive prevalence rate is increasing among married women and sexually active young women aged 15-49 according to the 2013 National Demographic and Health Survey (NDHS), only two-thirds of the 34.6% of women who reported contraceptive use used a modern method. [2] Use of traditional methods and contraceptive non-use has been demonstrated to significantly contribute to unintended pregnancy in 35 low- and middle-income countries, including the Philippines, based on demographic and health survey data from 2005 to 2012. [3] In 2008, the unmet need for family planning resulted in 1.9 million unintended pregnancies - 54% of all pregnancies. [4]

Young women under the age of 20 in the Philippines are more likely to rely on traditional methods of contraceptives than older women, and married women under the age of 20 have the highest unmet need for family planning among all age groups. [5,6] The effects of a large unmet need for contraceptives impact young women under the age of 25 in the Philippines more acutely than their older counterparts. While fertility rates in older groups of women are declining very slowly, rates among women 15-19 and 20-24 are rising, in both urban and rural environments. [7] Women under 20 years old gave birth to over a quarter of all first births in the Philippines in 2010 – a figure that has been steadily increasing since 2000 – but consistently account for the smallest proportion of modern contraceptive users in the Philippines. [8]

Strong and prevalent conservative Catholic opinions on social issues n the Philippines has resulted in policies limiting access to contraceptives, particularly for young people. [9] Former President Gloria Macapagal-Arroyo restricted the public provision of modern contraceptives during her terms from 2001 to 2010, [10, 11] and this legacy has lived on past her time as president. Due to a push towards government decentralization, the health care provision at the local government level is currently decided upon solely by local government leaders, who can refuse to provide modern contraception and support only natural family planning (NFP). [11, 12] Local government units restricted access to contraceptives in Laguna province, Puerto Princesa, and the municipality of Manila. [12, 13] In Manila, a complete ban on government, pharmacy, or non-governmental organization (NGO) provision of contraceptives that were not considered natural family planning (NFP) was in place for almost 10 years. [13, 14]

When 53% of women of child-bearing age are classified as poor and dependent on public provision of contraceptives, government-level bans on modern contraceptives have dire consequences, including unintended pregnancies. Unintended pregnancies generally lead to two major outcomes – unsafe abortions and unplanned births, which carry risks of low birth weight and long-term consequences. In the Philippines, one of the only countries in the world where all abortions are criminalized without a clause for preserving the health of the mother, unsafe abortions carry a lot of risk. [15] In 2008, 52% of women in need of contraceptives were using either traditional methods, such as withdrawal or NFP, or not using a method at all, and these women using traditional methods or no methods at all accounted for 90% of the unintended pregnancies in 2008. [15] In the same year, poor women who are generally dependent on government services, on average had two more children than they desired, which makes them also more at risk of complications arising from unsafe abortion. Women under 25 years of age contribute about 46% percent of the abortion attempts in the Philippines, based on data from 2004. [4]

In the municipality of Manila, fertility rates among women 15-24 years of age are higher than the national average, particularly among the urban poor, based on NDHS data and the Demographic

Research and Development Foundation. [6, 16] A study of urban poor women in Manila, conducted by the Demographic Research and Development Foundation, found that among young women aged 15-19, the mean age at first marriage or live-in status was 16.1 and the mean age at first birth was 16.7. A similar trend was found among young women aged 20-24. [16] This trend implies early initiation of sex, even before marriage, among young women in urban poor settings in Manila. This notion is strengthened by an analysis of NDHS data from the Philippines from 1993 to 2003 suggesting that lower socioeconomic status was related to self-reported occurrence of pre-marital sex. [17]

For most women in the Philippines, there have been recent strides in increasing access to contraceptives and reproductive health services. In 2012, the Responsible Parenthood and Reproductive Health Act was passed by the Philippine national legislative body, and one of the implications of the act was requiring all government health centers to provide contraception free of charge. The act was passed after years of debate and opposition from the Roman Catholic Church and its supporters. [18, 19] However, one of the concessions made in the negotiations leading up to the passage of the bill was requiring young people under the age of 18 to obtain parental consent before accessing contraceptives. [6, 20] Globally, this kind of restriction on young people's access to services is not uncommon, and there is evidence that policies that aim to protect young people through restriction of access to services and information may make them more at-risk. [21] The law did, however, require sexuality education to be included in school curricula, which was seen by some groups as controversial, including the Roman Catholic Church and educators who believe sexuality education is the responsibility of parents. [22, 23, 24]

Given the increased burden of teenage pregnancy in Manila and the restrictive policy environment regarding young people's contraceptive use, it is essential to build an evidence base for approaches to effectively reach young people with information and services about contraceptives. This study provided insight based on young people's actual experiences with and perceptions of contraceptives in Manila – an area previously unexamined in the literature – to identify strategies for reproductive health programs aiming to serve young people effectively.

Methods

This study was conducted in the municipality of Manila, which is part of metro Manila. According to the 2010 Census of Population and Housing, Manila was the most densely populated area in the country. [25] The areas of interest were Tondo and Baseco – two of the poorest areas in metro Manila. [26] Public and private providers of contraceptives are located in Tondo and Baseco, as well as an NGO providing contraceptives for free of cost to the residents of the two areas.

While statistics suggesting that the burden of teen pregnancy was increasing in Manila, there was no research examining young people's opinions about and experiences accessing contraceptives, which could be essential in forming programs to address teen pregnancy. Hence, there was a need for qualitative research to fill the gap in the literature and knowledge of programs. For this study, in-depth interviews were conducted with young people aged 16-20 in Manila, Philippines in 2014. Due to the personal nature of the questions about sex and contraceptives, in-depth interviews were ideal for the study because they ensure a level of privacy unattainable in focus group discussions. This study was deemed IRB-exempt by Emory University, and this decision was accepted by Philippine regulators as well.

This sample was purposively selected based on age, sex, relationship status, parity status, and contraceptive use or non-use. Age, sex, and parity were potential influential factors based on the review of literature, and relationship status and contraceptive use or non-use were of particular interest to the

in-country collaborators based on anecdotal evidence. Because it was a small and non-representative sample, only those demographic indicators were collected from all participants. All participants were from the areas of Tondo and Baseco in Manila. Participants were initially identified by community health workers affiliated with a reproductive health NGO working with young people in Manila who served as gatekeepers for the purpose of this study. A few had previous contact with the NGO's clinic, particularly women currently on a contraceptive method. However, most of the participants had not had prior contact with the NGO. After initial recruitment, additional participants were identified through snowball sampling, where participants suggested other young people who may be interested in being interviewed. This was to ensure that participants who were not known to and potentially familiar with the NGO were also recruited in an effort to gain a potentially wider variety of experiences. When the planned number of participants was reached, recruitment ended.

After participants were identified and consent was given by the participant, in-depth interviews were conducted in a private area to ensure participant comfort. Each interview lasted about one hour, and each participant was interviewed only once for the purpose of the study. Interviews followed a semi-structured question guide, allowing the interviewers to follow participant's issues and probe for depth.. Questions were about relationships, perceptions of young people's behaviour in relationships, and contraceptive knowledge, perceptions, and access. A total of 16 in-depth interviews were conducted with young people by interviewers matched for race and sex. The interviewers were Filipino young adults who were trained in . The interviews were conducted in Tagalog, and participants were provided with snacks and money for transportation, if needed, and remunerated with a gift worth approximately USD$7.

After interviews were conducted, debrief meetings were held with the entire research team to identify emerging themes. Interview recordings were transcribed verbatim, de-identified, and imported to MAXQDA version 11, which is a qualitative data analysis software. [25] The transcripts were analyzed in Tagalog to capture the nuance of language and terminology utilized by young people in Manila regarding sex, relationships, and contraceptives.

Thematic analysis was the approach used for this study. This strategy was chose because, as an initial inquiry, the need was to identify and describe the variety of experiences of young people accessing contraceptives to inform programs, policies, and potential areas of future research. A codebook was developed from inductively- and deductively-identified themes identified during interview guide development, interview debriefing meetings, and reading the transcripts. Recurring themes were identified and described across the range of experiences of the participants, including sex, relationship status, and parity status. Saturation was reached after the sixteenth interview, and this was identified when the research team debrief meetings after each interview yielded no unique themes. To address reflexivity during the analysis process, consultation with in-country partners and reviewing notes from data collection and debrief meetings were helpful to ensure that the data were represented accurately.

Safeguards, such as consultation with the in-country research team, were utilized during data analysis to clarify and validate results in the experience observed in the study areas – Tondo and Baseco. Similarly, debrief meetings during data collection identified a lot of the inductive themes found during data analysis, showing consistency in interpretation of data at different stages of the research process. To address internal validity, data were transcribed and analyzed verbatim in Tagalog, ensuring that meaning was not lost. Also, quotations were used to illustrate important themes, which allowed the results to remain as close to the original intent and thoughts of the participants and reflect their opinions in their own words, when possible.

Results

The characteristics of the sample are described in Table 1. Through thematic analysis, three key influences on contraceptive use were identified by young people. These broad themes were: social constructions of adulthood, gendered views on sex and relationships, peer pressure, and contraceptive knowledge and experience. These influences acted as both barrier and facilitators of contraceptive use, depending on the context of the individual.

[Insert Table 1 here]

Social constructions of adulthood

Young people in this study said that contraceptive access is easier for young people who are perceived as adults by their community. This adulthood status is generally earned by young people in two main ways: being in a publicly-acknowledged relationship, either cohabitating or marriage, or having a child. One 18-year-old female participant described this phenomenon very succinctly:

"Interviewer: In the community, what are peoples' perceptions of family planning?
Participant: For young people? They don't think it's good for young people to use FP [family planning], especially if they are single or not married. If they only have a boyfriend, they don't think it is okay to use FP. But if you have a husband, even if you are young, that's okay."(18-year-old female – single, no children)

Young women who either had children or were married in the study has vastly different concerns regarding contraceptive use when compared to their single and nulliparous counterparts. Having children, even without being married, seemed to make young people adults in the eyes of the community. Young women who were married and/or had children were more likely to express concerns about how to choose a method of contraception based on considerations such as side effects and future intent to conceive. Single and childless young people feared being judged or identified as sexually active by people seeing or hearing of them accessing contraceptives. They also were often not targeted by health education about contraceptives, and multiple participants asked whether single people could really use contraceptives or not. Single individuals also shared worries about side effects of contraceptives. While the worry about side effects was similar, the nuanced difference between married and single participants' worries about side effects was in its behavioural effect. Side effects were often cited as a reason for contraceptive non-use by single individuals, while side effects were a factor considered in choosing a method or switching methods by married individuals.

Another concern that was potentially a significant barrier to contraceptive use was a partner's disapproval of contraceptive use. Young people, both men and women, mentioned this. One woman shared her experience with a former partner, who did not approve of her decision to use contraceptives due to his mistrust of methods and desire for more children.

"I am still 18 years old, and I know about family planning, which angered my former husband. He said that I'm still young and shouldn't be using just anything in my body … I used to sneak away just to be able to go [get contraceptives.]"(18-year-old female – single, 1 child)

Different responsibilities and expectations from the community were faced by young people based on their marital and parity status. For single and childless young people, the main priority expressed by all participants was finishing school. Most of the single and childless young people, both men and women, expressed that they felt that older people often did not allow young people to date, fearing that it would

affect their pursuit of education. Single young people were also very likely to cite education as a personal priority. On the other hand, young parents have different responsibilities that are not school-related; married young women are expected to stay home and take care of their partner and child.

The perception of adulthood affected young men in a different way. Unmarried young men were generally concerned about going to school and being admired by their peers, while married young men are expected to "provide for the family". One participant told his girlfriend who wanted to marry him that *"I would have no money to feed you." (19-year-old male, married, 1 child)* Married young men repeatedly commented on trying to find lucrative work to fulfil the responsibilities associated with adulthood that were expected of young married men.

Contraceptive use could affect young people's ability to meet community expectations of them based on their marital status. Young single people perceived their parents as seeing being in school and being in a relationship or sexually active as mutually exclusive; one single female participant was threatened by her parents with ceasing funding for her education when they heard she had a boyfriend. The young people themselves, however, saw contraceptive use as a means to stay in school because young parents are often not able to attend school. Young married people saw contraceptives as a means to control the number of children they have to better provide for and take care of them. This contraceptive use was socially acceptable for young people who were married or with children, but single young people perceived very little community support of contraceptive use, even if it was to fulfil their responsibility to stay in school. This lack of support for unmarried young people's service-seeking often made them keep their relationships secret and not seek out information.

Gendered views on sex and relationships

One of the main concerns of single young women who thought of accessing contraceptives or even just being in publicly-known relationship was being labelled *"malandi"*, a Tagalog word that literally translates to "flirty" but has a much more negative connotation similar to "easy" or "promiscuous" in English. Almost every participant felt that older people thought that young people who were in a relationship or accessing contraceptives were sexually promiscuous. Some young people felt that these assumptions were unfair because they could be in relationships and not have sex, but others thought that recent trends in teenage pregnancy in their community justified older people's perceptions.

One notable nuance in this perception of young peoples' sexuality was its gendered application. The participants themselves, especially the young male participants, subscribed in part to the perception that young single women using contraceptives were *"malandi"*. One male participant exemplified this in the following quote:

"Interviewer: If the person was single, for example a single woman using the injectable contraceptive, what benefits do you think they would get from this?
Participant: None. I feel like I would think that everyone must be doing her." (19-year-old male, married, 1 child)

Conversely, young men were often not as harshly judged for being in a relationship or being sexually active. It was generally accepted knowledge that men are sexual by nature, placing most of the responsibility for any sexual encounters on women who could not control themselves and hold off the sexual male. One female participant shared that *"they say that men just can't control it [sexual urges]". (17-year-old female, single, no children)*

Another interesting difference in the data had to do with beliefs about relationships and contraceptive use. Single young women tended to speak about waiting until marriage, "saving their virginity" for their future husbands, and being with someone forever. A 17-year-old single mother said that her first relationship, which was with the father of her child, was initially very happy because she *"thought he was the one [for me]". (17-year-old female, single, 1 child)* One single female spoke of her support for other young people using contraceptives, but said that she would never do that because she would wait until marriage to have sex.

One participant, a single contraceptive user, stood out as having a very different view on relationships compared to the other single individuals in the sample. She believed that not all relationships last forever and they are unpredictable, which is why she used contraceptives.

"You can never be sure about what will happen in your live. That is why [I only want two children]. At least I could afford to raise two children as a single parent if it ever came to that." (18-year-old female – single, no children)

One reason she gave for unexpected things happening in relationships was alcohol. This was a recurring theme that all of the young people seemed to agree upon. Young men and women of all relationship statuses cited alcohol as an influential factor determining the physical limits young people draw in their relationships. One young man attributed his girlfriend's pregnancy to alcohol and said that they would not have had sex had they not been drunk. One young woman summarized the effect of alcohol by saying *"in times of alcohol, there is no stopping [sex]". (18-year-old female – single, no children)*

Peer pressure

Participants of both sexes reported feeling pressure from peers to be in a relationship. Relationships were portrayed as being tied to some sort of measure of gendered worth; for one male participant, being in a relationship was a way to prove to his friends that he was not gay.

"They used to tell me that I was bad with women [torpe] because I wouldn't approach women. Before, I used to never approach women, so that is why they teased me and said I was gay. It annoyed me, so that's why [I initiated a relationship with someone]." (18-year-old male – married, 1 child)

Young women had duelling external pressures about relationships. While older people and the community at large expected them to not be in relationships and resist the sexual men, a few participants mentioned feeling pressure from friends and, in one instance, an older sister to be in a relationship to either become an adult or to prove their desirability. One participant noted that younger women are especially susceptible to pressure from friends.

"When they are around 15, they're still childish. They see relationships as a game and try to just follow what everyone else is doing. Because if you don't have a partner you see yourself as ugly. Your close friends see you as ugly." (17-year-old female – single, no children)

However, peer influence was not always encouraging relationships. It was, in a few cases, utilized to persuade friends to consider using contraceptives. Young men and women both recalled either being told by friends or siblings to use contraceptives or advising a friend to do the same.

Contraceptive knowledge and experience

About half of participants knew at least three methods of contraception. The most commonly mentioned contraceptive methods were condom, pill, and injectable contraceptive, but all other major types of contraceptives (implant, IUD, vasectomy, tubal ligation, emergency contraception) were mentioned at least once in the interviews. Generally, male participants knew fewer methods than females, with the exception of one male participant who was a volunteer with a community organization that did health education about various topics, including family planning. Most of the male participants mentioned withdrawal as a method of contraception that they used.

Young people cited their friends and family members as their main sources of information about contraceptives. Peers and older siblings were particularly more influential in the lives of young single people, while mostly married young people said they also spoke to their parents about contraceptives. This relates to the social perception of adulthood described by the participants. Few said they learned about contraceptives in school. Religious teachings were not deemed influential in the reproductive decision-making of young people. Only a quarter of the participants said they knew what their faith's teachings were about contraceptive use, and one 19-year-old mother shared that the decision was still a personal one, and this could be in line with religious teachings.

"They say that it [pregnancy] is through the grace of God. You can't stop the grace of God, but you can always control yourself. You need to know for yourself the size of family you are capable of providing for."

When asked about contraceptive methods that they knew of, many participants experienced confusion with the language used. Contraceptives were referred to as *"family planning", "contraceptives", "FP", "ways to avoid pregnancy", "pill",* and *"inject",* among other phrases. If young people only knew one method, they were likely to only know the name of that method, but not the phrase "contraceptive" or "family planning", which were deemed understandable phrases to include in the interview guide. Because the Tagalog language does not really have a widely and consistently-used word, this appropriation of language in this context to refer to contraceptives is a unique finding.

All of the female participants had heard of side effects associated with contraceptive use, and some of them had a number of concerns or worries about them. Men were far less likely to know of side effects, but a few of them mentioned mood swings as side effects they had heard of from community members or partners. The side effects they heard of or experienced included headaches, mood swings, nausea, dizziness, weight gain or loss, and cramps.

One of the more interesting and recurring side effects people were concerned about was the supposed collection of blood in the uterus if menstruation does not occur while one is using contraceptives. This was mentioned by almost half of the female participants, and only one said that they understood it was not dangerous to not have a period. Many of them thought it was *"dirty blood"* that caused *"blood infections in the uterus" (19-year-old female – single, 1 child)*. The young woman who understood it said that a health care provider explained it to her well. Other concerns with menstruation, such as spotting, were mentioned by a couple of the participants. This indicates menstruation as being understood as an indicator of menstrual or reproductive health.

Aside from previously discussed fears associated with community members finding out about a young person's contraceptive use, there were a number of other factors at point of access that influenced young people's ability to use contraceptives. At some government health facilities, two female participants noted that there were payments or *"donations"* for pills and injectable contraceptives

equivalent to 50 pesos and 300 pesos each. Condoms and pills are available over-the-counter at most pharmacies in the area for around 50 pesos each, and most young people described this as affordable. Temporary discontinuation of a method was, for an 18-year-old single mother due to a stock out at a local clinic, which she feared would make her need to switch methods. *"The inject was gone for three days. They were out of stock for three days. I thought to myself 'I hope they get it back in stock because if I have no choice, I will have to use the implant." (18-year-old female – single, 1 child)*

Men articulated more opinions about condom use than women. Most men had not used condoms before and were not open to using them in the future. One young man had the following opinion about condoms:

"Interviewer: Why would you not enjoy it [using condoms]?
Participant: It's like you would not feel happy about it. There would be no thrill.
Interviewer: Why would there be no thrill?
Participant: Because now, if you are about to ejaculate, you need to do it in the girl. It should be in the girl." (19-year-old male – married, 1 child)

Two young men who had used condoms said that they had to send their friends or older brother to buy the condoms for them because they felt shy about buying them from female pharmacists.

Discussion
To address high rates of early pregnancy in young people, it is necessary to understand the experiences of young people and the influences that lead to early pregnancy and prevent young people from taking steps to protect themselves from risks. It is also essential to understand what could help young people make the right decisions for themselves and how those decisions can be supported. This study provided important insight into the experiences of young people in Manila and how their needs can be better met through service provision.

The study showed the differences in the lived experiences with contraceptive use for married and unmarried people and for young men and women. The social preference and respect provided to married young people enabled them to make decisions for themselves, but generally only after they have had an unplanned pregnancy. This standard may inadvertently encourage young people to rush into relationships and marriage before they are ready to be seen as adults. Gendered interpretations of why young people access contraceptives may make it difficult, particularly for single women who are labelled as *"malandi"* should they attempt to use contraceptives. These major findings indicate a two-fold need: first, the need to approach service provision to single and married young people very differently, and secondly, the need to provide judgement-free areas for single people to access contraceptives.

Many single young people are not prepared to think about unexpected sexual encountered because of the conservative pressure to not engage in sex before marriage. This unpreparedness puts them at risk for early and unplanned pregnancies. It was evident in the interviews with single users of contraceptives that their more pragmatic approach to relationships and sex being unexpected and sometimes surprising. With the additional element of alcohol that many of the participants spoke of, it is even more important for young people to be encouraged to develop strategies to deal with the unexpected and prepare themselves beforehand. This requires a level of self-efficacy that programmatic efforts could foster.

Another interesting finding of the study was regarding the use of language to refer to contraceptives. Without a widely-used Tagalog word, there is an opportunity to standardize language used through a campaign targeting young people in Manila. When you standardize the language used and get people on the same page, it makes it much easier to get the message about contraceptive and reproductive responsibility across. To undertake this kind of initiative, however, much more research and discussion with young people must be done to identify appropriate language and dissemination methods. This could also inform sexuality education in schools that is mandated by the Responsible Parenthood and Family Planning Act of 2012. [20]

While this study was informative and raised a lot of important concerns regarding young people's use of contraceptives, it was not without limitations. Though saturation in this sample was reached, the sample represented a very specific area of metro Manila in Tondo and Baseco. This is a very urban area, so the results may not reflect the experiences of young people in rural areas. Tondo and Baseco are potentially unique in that they have a number of contraceptive clinics willing to serve young people, while other areas may not. The presence of these organizations in Tondo may influence the community's knowledge and approval of contraceptive methods, which may not be the case in other parts of Manila or the country. Lastly, some of the participants initially recruited were identified through community health workers from a reproductive health organization, which may mean they are more connected to the health system and information about contraceptives than other young people in the community. This was addressed after initial recruitment through snowball sampling.

The results of this study could be used in a variety of ways. They could be used to help target subsets of the youth population in Manila in meaningful ways by employing different approaches based on marital and parity status and sex. Current efforts generally treat young people as a homogenous group – a notion that this study showed to be incorrect. The social acceptance of contraceptive use among married young people could be leveraged to encourage more young people to access services, particularly those who are married or already have children. For single young people, efforts could be made with single young people of both sexes to increase self efficacy to prepare for the unexpected and know the effects of alcohol on sexual decision-making. For some single young people, this may just require informing single young people that they can access contraceptives, as this was seen to be a point of confusion for many.

This study could also be used to inform future research efforts. Research should be done to identify vocabulary that young people respond to for future contraceptive marketing efforts. Identifying suitable vocabulary to discuss contraceptives that appeal to the sensibilities of young people would be an essential part of any future promotional activities. Research could also be done with service providers and policy makers to identify factors at the structural, policy, and provision levels affecting sustainable contraceptive access among young people in Manila. This would be essential, as those stakeholders make the decisions about what services are available to whom. Lastly, since sexuality education will soon be taught in schools, an evaluation of the curriculum and teaching would be extremely informative to future programmatic efforts to ensure that messages are consistent and complimentary. Since this study identified some knowledge gaps or myths that affected the perceived health effects of contraceptives, such as the concept of "dirty menstrual blood" that contraceptives affecting menstrual patterns face, sexuality education curricula could be enhanced by including topics that young people have expressed concerns about.

Conclusion

Young people in Manila face numerous barriers to contraceptive use, and these barriers are often experienced differently based on relationship status, parity status, and sex. Married young people and young people with children had an easier time accessing contraceptives, but had worries related to side effects. Single young people had community and peer-level barriers to access contraceptive, particularly with unpreparedness for sex and contraceptive use and a lack of information necessary to exercise agency to prepare oneself. To address these barriers and enable young people to make decisions about their own contraceptive use, a few strategies could be employed. Young people who are married or have children must be approached separately because, as a group, they have very different concerns compared to single young people accessing contraceptives. Similarly, single young people need to have avenues to access judgement-free services and information to adequately prepare themselves for future sex and contraceptive use.

Tables

Table 1. Sample Demographics (n=16)

	Female (n= 10)	**Male (n=6)**
In a relationship	5	4
Single	5	2
Has children	5	2
Does not have children	5	4
Current method of contraception		
IUD	1	-
Injectable contraceptive	1	-
Implant	1	-
Condom	0	1

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Chapter 4. Conclusion and Recommendations

To address high rates of early pregnancy, it is necessary to understand the factors that lead to early pregnancy and prevent young people from taking steps to protect themselves from risks. It is also essential to understand what could help young people make the right decisions for themselves and how those decisions can be supported. This study provided a lot of insight into the experiences of young people in Manila and how their needs can be better met through service provision.

The study showed the differences in the lived experiences with contraceptive use for married and unmarried people and for young men and women. The social preference and respect provided to married young people enabled them to make decisions for themselves, but generally only after they have had an unplanned pregnancy. This standard may inadvertently encourage young people to rush into relationships and marriage before they are ready to be seen as adults. Gendered interpretations of why young people access contraceptives may make it difficult, particularly for single women who are labelled as *"malandi"* should they attempt to use contraceptives. These major findings indicate a two-fold need: first, the need to approach service provision to single and married young people very differently, and secondly, the need to provide judgement-free areas for single people to access contraceptives.

Many single young people are not prepared to think about unexpected sexual encountered because of the conservative pressure to not engage in sex before marriage. This unpreparedness puts them at risk for early and unplanned pregnancies. It was evident in the interviews with single users of contraceptives that their more pragmatic approach to relationships and sex being unexpected and sometimes surprising. With the additional element of alcohol that many of the

participants spoke of, it is even more important for young people to be encouraged to develop strategies to deal with the unexpected and prepare themselves beforehand. This requires a level of self-efficacy that programmatic efforts could foster.

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While this study was informative and raised a lot of important concerns regarding young people's use of contraceptives, it was not without limitations. This study had a small sample size of 16 young people. Though saturation in this sample was reached, the sample represented a very specific area of metro Manila in Tondo. This cannot be generalized to the rest of the city or to the country as a whole. Tondo is potentially unique in that it has a number of contraceptive clinics willing to serve young people, while other areas may not. The presence of these organizations in Tondo may influence the community's knowledge and approval of contraceptive methods, which may not be the case in other parts of Manila or the country. Lastly, some of the participants initially recruited were identified through community health workers from a reproductive health organization, which may mean they are more connected to the health system and information about contraceptives than other young people in the community.

The results of this study could be used in a variety of ways. They could be used to help target subsets of the youth population in Manila in meaningful ways by employing different approaches based on marital and parity status and sex. The social acceptance of contraceptive use among married young people could be leveraged to encourage more young people to access services. Similarly, efforts could be made with single young people of both sexes to increase self efficacy to prepare for the unexpected and know the effects of alcohol on sexual decision-making.

This study could also be used to inform future research efforts. Research should be done to identify vocabulary that young people respond to for future contraceptive marketing efforts. Research could also be done with service providers and policy makers to identify factors at the structural, policy, and provision levels affecting long-term contraceptive access among young people in Manila. Lastly, since sexuality education will soon be taught in schools, an evaluation of the curriculum and teaching would be extremely informative to future programmatic efforts to ensure that messages are consistent and complimentary.

Young people in Manila face numerous barriers to contraceptive use, and these barriers are often experienced differently based on relationship status, parity status, and sex. Married young people and young people with children had an easier time accessing contraceptives, but had worries related to side effects. Single young people had community and peer-level barriers to access contraceptive, particularly with unpreparedness for sex and contraceptive use and a lack of information necessary to exercise agency to prepare oneself. To address these barriers and enable young people to make decisions about their own contraceptive use, a few strategies could be employed. Young people who are married or have children must be approached separately because, as a group, they have very different concerns compared to single young people

accessing contraceptives. Similarly, single young people need to have avenues to access judgement-free services and information to adequately prepare themselves for future sex and contraceptive use.

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Appendices

Appendix 1. English Interview Guide

In-Depth Interview Guide

Thank you for your willingness to participate in this interview!My name is _____, and I am a research assistant at Likhaan. We are conducting a needs assessment to support Likhaan in improving its provision of reproductive health services, particularly family planning, to young people under the age of 25 in Manila. We are speaking to young people like yourself to learn about your knowledge of and experience accessing reproductive health services.

This interview will consist of questions about your health, views on sex and reproductive health, and your experience accessing reproductive health services, particularly family planning. I am really interested to hear about your personal experiences, so please feel free to share anything you wish. Understanding people's experiences is the goal of this inquiry, so your input is truly invaluable to our project!

I would like to record our conversation today to ensure that I don't forget any of the things you say during our interview. Our discussion will be confidential – neither your voice nor your name will be shared with anyone outside our research team. Are you ok with my recording our interview?

This interview is completely voluntary - you can choose to not answer any questions you don't want to answer at any point during this interview, and we can stop the interview at any point you like. The interview will take approximately one hour. The results will help Likhaan improve its health programs targeted at young people

Do you have any questions before we start our interview?

First, I would like to talk about your social life and views on romantic relationships.

<u>Social Life and Views on Romantic Relationships</u>

1. Can you describe what you do on a typical weekend?

Probes:

- Who they socialize with – family, friends
- Where they go – mall, market, school, church
- What activities they do – games, shopping, working together

2. Do you interact with girls more than boys?

Probes:

- Why or why not?

3. What do you think is the ideal age for a young person to have a romantic relationship?

Probes:

- Why that age – important characteristics (maturity?)

4. What do people do when they are in romantic relationships?
Probes:

- Acts of kindness
- Talking
- Holding hands, kissing, other displays of affections
- Sex

5. What are some recommendations/advice you have heard from older people about young people in relationships?
Probes:

- Is it acceptable?
- What is unacceptable? (i.e. sex)
- How realistic for young people today are these recommendations?

6. Have you ever been in a romantic relationship?
Probes:

- When was the relationship, duration
- How did you feel being in a romantic relationship?
- How far would you allow physical contact to go?
- Who would you talk to about your relationship?
- When should a couple break up?

Now, let's talk about family planning and your opinions on reproductive health services.
Family Planning and Reproductive Health
7. What is your ideal number of children? (if already has child, could ask about reproductive goals prior to first child)
Probe:

- When would you like to have children? (in terms of age and goal attainment)

8. How do you plan to achieve that ideal number of children at the times you want?
Probe (if necessary):

- Clarify understanding of relationship between sex and risk of pregnancy (i.e. How will these goals affect your sexual behavior?)

9. What do you know about family planning?
Probes:

- Methods
- Where to access family planning

- Prices
- Benefits/Side effects
- Social views
- How they work

10. How important is it for young people to learn about family planning?
Probe:
- Or should they just learn about abstinence?
- Why is it important?

11. Where have you heard about family planning?
Probes:
- Exhaust all possible – parents, family, friends, media, health care provider, community member, school, government clinic

12. What are the benefits of using family planning?
Probe:
- Birth spacing
- Able to work towards goals – career and academic
- Financial benefits
- Preventing pregnancy or abortion

13. What are the downsides of using family planning?
Probe:
- Social norms
- Side effects
- Religion

14. Who do you feel comfortable talking to about reproductive health and family planning?
Probe:
- Family, friends, teacher, care provider

15. What are the things you are most curious about with regards to reproductive health and family planning?
Probe:
- Specific topics (FP, STIs, menstruation)
- Unanswered questions

Now, I would like to talk about your own experience accessing reproductive health care and family planning.

Accessing RH Services and Family Planning

16. Have you ever used a method of family planning?
Probe:

- If yes: which method, when, how long, views on method, experience
- If no: why not, would they like to

17. Do you know where to go to get RH services and FP?
Probe:

- In community
- Is it affordable?
- Would you feel comfortable there?
- How did you get this information?

18. Should young people who do not have children use family planning?
Probes:

- Why or why not?

19. Are there any things that make access RH care and FP services difficult for young people?
Probes:

- Enumerate

17. How do your religious beliefs influence your access of RH care?
Probe:

- If yes, why

18. What level of social support do you have for your decisions to access/not access care?

19. What are some things that could help reduce teen pregnancy in our community?
Probe:

- Provider-level
- Cost
- Method mix
- Access

Closing Questions

20. If you had a friend concerned about pregnancy in their romantic relationship, what would you advise them to do?

21. Is there anything that you would like to talk about that we have not already discussed?

Thank you so much for your time and contribution to service improvement at Likhaan! I would like to ask you some basic questions about yourself now, if that is ok:

Age:
Sex:
School completed:
Married/single:
Number of children:

Appendix 2. Tagalog Interview Guide

Gabay para sa Malalimang Interbyu

Maraming salamat sa iyong pagpayag na maging bahagi sa interbyu na ito! Ang pangalan ko ay _____, at ako ay isa sa mga mananaliksik sa Likhaan. Nagsasagawa kami ng isang pananaliksik na susuporta sa Likhaan sa pagpapabuti nito ng pagbibigay ng mga serbisyo sa reproductive health (RH), lalo nasa Family Planning, sa mga kabataan may edad na 25 pababa sa Maynila. Kami ay nakikipag-usap sa mga kabataan tulad mo upang matuto nang higit pa tungkol sa inyong kaalaman at karanasan sa paggamit ng mga serbisyong RH.

Ang interbyu na ito ay binubuo ng mga katanungan tungkol sa iyong kalusugan, mga pananaw sa seks at RH, at ang iyong karanasan sa paggamit sa mga serbisyong RH, lalo na sa Family Planning. Ako ay interesado na marinig ang tungkol sa iyong personal na mga karanasan, kaya't huwag mag-atubiling ibahagi ang anumang bagay na gusto mongsabihin. Walang tama o maling sagot. Ang layunin ng interbyung ito ay maunawaan ang mga karanasan ng mga kabataan, kaya ang iyong maibabahagi ay tunay na napakahalaga sa aming proyekto!

Gusto ko ng i-record ngayon ang ating pag-uusap upang matiyak na hindi ko malimutan ang anuman sa mga bagay na sinasabi mo sa panahon ng ating interbyu. Ang ating mapag-uusapan ay magiging kumpidensyal–hindi ibabahagi ang alinman sa iyong boses at pangalan sa sinuman sa labas ng aming grupo sa pananaliksik. Ayos lang ba sa iyo na i-record ang interbyu na ito?

Ang interbyu na ito ay ganap na kusang-loob – maaari mong hindi sagutin ang anumang mga katanungan na hindi mo gustong sagutin sa anumang panahon ng interbyu na ito, at maaari naming ihinto ang interbyu sa anumang sandal na gusto mo. Ang interbyu ay aabot ng humigit-kumulang isang oras. Ang resulta ay makakatulong sa Likhaan upang mapabuti ang kanilang programang pangkalusugan para sa mga kabataan.

Mayroon ka bang mga katanungan bago natin simulan ang interbyu?

Una, gusto ko sanang mag-tanong sayo tungkol sa social life mo at ang tingin mo sa mga relasyon.

<u>Social Life and Views on Romantic Relationships</u>

1. Anong madalas mong gawin kapag libre ang oras mo?
Probes:

- Sinu-sino ang mga kasama mo? (Pamilya, mga kaibigan)
- Saan kayo nagpupunta? (Mall, palengke, paaralan, simbahan)
- Ano ang mga ginagawa?

2. Kanino ka mas nakikiasalamuha, sa mga babae or lalaki?
Probes:

- Bakit?

3. Anu-ano ang mga ginagawa ng tao kapag sila ay nasa isang relasyong na?
Probes:

- Pagpapakitang ng kabaitan
- Pagsasalita
- Hawak kamay, halikan, iba pang pagpapakita nga nararamdaman
- Sex

4. Sa tingin mo, ano ang tamang edad para magkaroon ng relasyon ang kabataan?
Probes:

- Bakit sa tingin mo yung ang edad?

5. Ano ang madalas sinasabi ng mga nakakatanda tungkol sa magkarelasyon kabataan?
Probes:

- Ito ba ay katanggap-tanggap sa kanila?
- Ano naman ang hindi na tanggap sa kanila?
- Gaano naman katotoo sa mga kabataan ngayon ang sinasabi ng mga nakakatanda?

6. Nakipagrelasyon ka na ba??
Probes:

- Kelan ka nakipagrelasyon at gaano ito katagal?
- Ano ang pakiramdam na may karelasyon ka?
- Hanggang saan mo papayagan ang physical contact nyo? (hawak, hipo)
- Kanino ka nakikipag-usap patungkol sa iyong pakikipagrelasyon?
- Kelan dapat naghihiwalay ang magkarelasyon?
-

Ngayon, pagusapan naman natin ang FP at ang mga opinion mo tungkol sa serbisyong RH.
<u>Family Planning and Reproductive Health</u>
7. Ilang (lang) ang balak mong maging anak?/ Ilan sana ang gusto mong maging anak bago ka pa magkaroon ng anak?
Probe:

- Kelan mo balak magkaanak (uli)?

8. Sa paanong paraan mo makakamit ang tamang bilang nga anak sa panahong nais mo?
Probe (if necessary):

- Paano ito maka-apecto ng sexual na relasyon sa magkarelasyon?

9. Ano ang alam mo tungkol sa FP?
Probes:

- Anong methods ang alam mo?
- Saan makakakuha?
- Magkano kaya?
- Ano ang mga benepisyo at side effect?
- Pagtingin ng ibang tao
- Paano gumagana ang mga pamamaraang ito?

10. Gaano kaimportante sa mga kabataan na alam ang tungkol sa family planning?
Probe:

- O kelangan lang matutunan ang pagpipigil?
- Bakit ito importante ang kaalaman tungkol sa FP?

11. Saan mo narinig tungkol sa family planning?
Probes:

- Magulang? Pamilya? Mga kaibigan? Sa tv/radio/internet? Sa ospital o klinik – private o government? Tao sa communidad? Paaralan?

12. Anu-ano ang mga benepisyo nga paggamit ng FP?
Probe:

- Birth spacing
- Able to work towards goals – career and academic
- Financial benefits
- Preventing pregnancy or abortion

13. Anu-ano ang mga disadvantage ng paggamit ng FP?
Probe:

- Social norms
- Side effects
- Religion

14. Kanino ka kumportableng pagusapan ang tungkol sa RH at FP?
Probe:

- Family, friends, teacher, care provider

15. Ano pang gusto mong malaman tungkol sa RH at FP?
Probe:

- Specific topics (FP, STIs, menstruation)

- Unanswered questions

Ngayon, gusto kong pagusapan natin ang sarili mong karanasan tungkol sa pagkamit ng RH at FP.

Accessing RH Services and Family Planning

16. Nakagamit ka na ba ng FP?
Probe:
- Kung oo: Anong method? Kelan? Gaano katagal? Anung palagay mo sa method na ginamit mo?
- Kung hindi: Bakit hindi? Ginusto mo bang gumamit ng FP?

17. Alam mo ba kung saan makakakuha nga RH na serbisyo at FP?
Probe:
- Sa komunidad?
- Abot kaya ba ito?
- Komportable ka ba?
- Paano mo nalaman ang ganong impormasyon?

18. Pwede bang gumamit ng FP ang mga kabataang wala pang anak?
Probes:
- Bakit? Bakit hindi?

19. May mga bagay bang na nakapagpapahirap sa mga kabataan sa paggamit ng RH at FP serbisyo?
Probes:
- Ilista

20. Paano nakakaapekto ang paniniwala mo (religious) ng paggamit mo ng RH at FP serbisyo?
Probe:
- Bakit?

21. Sinu-sino ang sumuporta sa desisyon mong gumamit ng FP?

22. Anu-ano ang mga maaring itulong ng Likhaan para mabawasan ang pagbubuntis ng mga kabataan sa inyong komunidad?
Probe:
- Impormasyon?
- Mga oras at araw na kayang pumunta ng mga kabataan sa Likhaan?

Closing Questions

23. Kung may kaibigang ka na inaalala sa pagbubuntis sa kanilang relasyon, ano ang mapapayo mong sawin nila?

24. May gusto ka pa bang pagusapan na hindi pa natin napagusapan tungkol sa kabataan at RH/FP?

Salamat talaga sa panahon mo at sa pagtutulong mo sa pagpahusay ng mga serbisyo sa Likhaan.

Edad:
Babae/lalaki:
School completed:
Nasa relasyon o single:
Bilang ng mga anak: