Hawak-Kamay

Key Findings of a Research on Reproductive Health Practices of the Youth in Poor Communities in Pasay City

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of the Youth in Poor Communities in Pasay City

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This publication contains the technical report entitled ***Hawak-Kamay: A Research on Reproductive Health Practices of the Youth in Poor Communities in Pasay,*** a research project conducted from September 2011 to May 2012 with support from Philippine Center for Population and Development.

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Message

The Philippine Center for Population and Development welcomes this monograph ***Hawak Kamay: Key Findings of a Research on Reproductive Health Practices of the Youth in Poor Communities in Pasay City*** produced by Community and Family Services International.

For those of us who have made it our life's work to engage adolescents and help them navigate the complex and complicated phase of growing up into adulthood, the findings of this research is nothing new. I will even venture to say that if we were to hold this research in any other urban community in the country, most of the findings will be more or less similar.

This does not make this research any less significant, however. On the contrary, it highlights the point that the issues it tackled – risky sexual behaviors, sexually transmitted diseases and gender-based violence – have long been with us and that they continue to confront us to this day. It presents interventions on how a certain community responds to these issues and assesses their effectiveness or ineffectiveness. In the process, it encourages us to reflect on our own initiatives in this effort of promoting adolescent sexual and reproductive health. Maybe, it can even motivate us to develop new ways of responding to these age-old challenges whose impacts on the lives of today's adolescents can be felt long after they become adults.

We in PCPD trust that this monograph will refocus attention to the reproductive and sexual health concerns of adolescents and will contribute in developing effective, appropriate and comprehensive responses to address them.

Felicitas C. Rixhon
Executive Director, PCPD

Message

It has been five years now since we have started the very first adolescent clinic in Pasay City. Guided with a five-year data review, we looked for emerging problems in our community and found that teenage pregnancies in our community is fast becoming a big health problem. Given that we are dealing with two patients for every pregnant woman coming in to avail services in our health centers in Pasay we also realized that some of these women are in fact still in their adolescent stage and with that comes the sad reality that we are actually dealing with two children - the pregnant child and her fetus inside her womb.

This truth alone rings a bell of urgency to us working both in the government and non-government organizations. The apparent increasing frequency of teenage pregnancies with increasing infant mortality rate from this five-year data review compounded more the urgency for a more wholistic approach to these target age groups. The traditional way of looking at health programs which is highly vertical, and target based accomplishments proved to be outdated and made us miss this emerging problem.

And so, with the help of these data and limited funds from the Department of Health - Center for Health and Development's (DOH-CHD) Program Management Training for Medical Officers, the Pasay City Health Office came up with the *"Para Sa 'Yo Batang Pasay"* Project in 2007. It is envisioned to be the beginning of Adolescent and Youth Health Development for the city of Pasay. The project with its several strategies include among others networking with stakeholders in the community which did proved vital in delivering the services already in placed as planned for in the said project.

In this light, we are thankful and very much appreciate the research done by CFSI on this subject which will definitely proved valuable for the continuation, evaluation and further development of our common goal of providing service to this special group of people in our community - the children. We hope that this study done by CFSI will also be used by our policy-makers and representatives in our local government in the development of our proposed city wide adolescent and youth health program. We hope and pray that other NGOs and GOs will emulate what CFSI and our City Health Office has done, and join us too in this worthwhile investment for our future - our children. Congratulations to CFSI!

Dr. Armando Lee
Project Coordinator, *Para Sa 'Yo Batang Pasay*
and
Physician-In-Charge, Malibay Health Center
Pasay City Health Office

Background

Community and Family Services International (CFSI) has been engaged in protecting and promoting rights of children and youth in poor communities in Pasay City by working with them to: (a) access opportunities to learn through formal education, vocational courses or other alternative means; (b) do productive activities such as community theatre, sports, recreational and tutorial activities; (c) develop a stronger child protection environment through training of parents, families and government bodies such as the Barangay Council for the Protection of Children or BCPC; and (d) psychosocial counseling and referral in cases of child and/or youth abuse.

In the course of CFSI's work with children and youth, anecdotes about teenage pregnancy, sexually transmitted disease, abortion and prostitution amongst the youth came to CFSI's attention. CFSI saw first hand how these situations exacerbate poverty, increase school dropouts, and lead to domestic violence and violation of child rights. For example, there are at least 150 legal cases pending in local courts today. The known figure does not even include the greater number of cases that do not find its way into the formal justice system. Also, according to UNICEF (2009), dropping out of school is a factor that is likely to increase the risks of HIV infection. Parents, barangay leaders and the Pasay City Network for the Protection of Children (PCNPC) also share these views. However, there is limited empirical data to ascertain the extent of these issues, as well as determining the effectiveness of responses both from government, private sector and civil society. With the aim of understanding the issues better, CFSI, in partnership with the Philippine Council for Population and Development, (PCPD), the City Health Office, local governments of Barangays 13, 88, 89 and 91 of Pasay City carried out a participatory research that involved the youth in these poor communities and the key actors from the government and private sector who provide reproductive health services in the area.

The partners and participants of this research will use the findings to inform current and new interventions and/or influence changes in attitudes and behavior towards reproductive health practices. It is also envisaged that relevant others will also use the findings of this research to advance a more progressive reproductive health policy and practice.

The Research

Objectives

The research focused on three main objectives: (a) to determine the knowledge and practices of the youth on the following selected themes: risky sexual behaviors, sexually transmitted diseases and violence against women; (b) determine and describe existing reproductive health services available to the youth given by both private and public providers; and (c) identify factors that contribute to the effectiveness and ineffectiveness of current interventions. An overarching objective is to inform and provide empirical data for current and future reproductive health interventions for the urban poor youth of Pasay.

Methodology

The qualitative research used participatory methods and triangulation of data collected through survey, focus group discussions (FGDs) and key informant interviews (KIIs). The data were generated from a semi-structured interview schedule which included both closed and open-ended questions. Data were triangulated using the responses from the FGDs and the KIIs. Follow-up surveys and interviews were also conducted to probe deeper into key issues that surfaced from the survey, FGDs and KIIs.

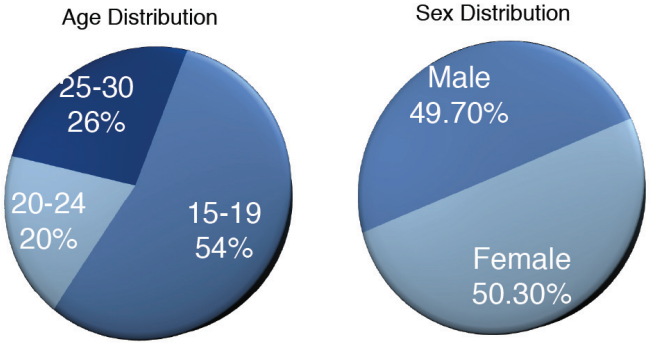

Figure 1. Age and sex distribution of respondents.

The survey instrument was a 62-item structured questionnaire with a set of standard indicators to measure knowledge and prevalence of practices. The interview schedules for FGDs and KIIs were patterned after the survey instrument and contained probing questions designed to gather more qualitative data and, at the same time, triangulate and validate the data from the survey.

CFSI's social workers and community organizers conducted the data gathering. It must be noted that due to the sensitivity of the topics, there was a conscious effort to conduct the activities in an atmosphere of trust and confidence. Hence, professionals who have been working with the youth for quite some time and are socially accepted in the communities were chosen to carry out the research. Informed consent was also sought and duly provided by the participants.

One hundred sixty-seven youth representing 15 percent of the 1,146 youth from the four poor communities participated in the research. The youth were selected using a purposive sampling method with a focus on the 15-19 age bracket, a gender balance between male and female, and an equal distribution between beneficiaries and non-beneficiaries of DSWD's 4Ps, or the conditional cash transfer program.

The survey was followed by the FGDs with: (a) single females; (b) single males; (c) young mothers; (d) young fathers; and (e) service providers. Six respondents from each of the four communities and another six service providers participated in the 30 KIIs.

Delimitation

While reproductive health encompasses a broad and comprehensive range of issues, the research only revolved around the following themes: risky sexual behaviors of young people such as teenage pregnancy, premarital sex, abortion, "living-in arrangements," multiple sex partners, casual sex, same sex, and paid sex or prostitution. Violence against women was also tackled, including domestic violence, sexual harassment and wife/partner battering. Prevalence of and practices surrounding sexually transmitted diseases (STDs) were also explored.

Reproductive Health generally includes the following:

- maternal and child health;
- family planning;
- prevention and management of abortions and its complications;
- adolescent reproductive health;
- counseling and education;
- prevention and management of reproductive tract infections, STDs and HIV/AIDS;
- violence against women;
- women's cancer;
- management of infertility and sexual dysfunctions;
- men's reproductive health.

The Community

Pasay is a highly urbanized city with pockets of poverty. According to the 1998 annual poverty indicator of the National Statistics and Coordination Board (NSCB), 10.28 percent of families in Pasay City live below poverty line. The average family size is seven, with 12 members as the largest. It is also very common to see more than 10 people and as much as eight families in a small house meant only for four people. Large family size and poverty translate to lower incomes.

These consequently result to diminished quality of life characterized by low levels of education, unemployment, high number of children and youth dropping out of school—making them highly vulnerable to child labor, trafficking, drug abuse, prostitution, early pregnancy and other forms of abuse and exploitation.

Four of the poorest communities in Pasay were chosen for the study. Data culled from the Pasay City Planning Office and from Community Based Information Management System (CBIMS) of barangays show high numbers of families below the poverty threshold in these four areas. In addition, the Department of Social Welfare and Development or DSWD's National Household Targeting System for Poverty Reduction (NHTS-PR) also identified these barangays as the poorest barangays in the city. Some of the residents are beneficiaries of DSWD's Pantawid Pamilyang Pilipino Program or 4Ps—a conditional cash transfer (CCT) program of the government designed to benefit the "poorest of the poor." Socio-economic life revolves around meeting life's basic needs for food, shelter and water. Often, these are unmet needs that push the youth into activities that often get them into conflict with the law. Access to learning and earning opportunities, both formal and informal, is also limited. The four communities are also exposed to fire hazards--with two incidents that raged two barangays in 2012 alone, exacerbating the poverty situation and very limited resources that people have.

Of those in the 15-19 age bracket, 55 percent are out of school, suggesting that more than half of the youth do not complete a high school education. Among out-of-school youth, only 25 percent have a source of income from informal jobs such as vending, selling/hawking food and other small items, and assisting market vendors as kargador. Average incomes are between 100-300 pesos, or less than a dollar a day. The remaining 75 percent are idle and preoccupied with hanging around

with friends and sometimes engaging in anti-social behaviors such as drinking sprees, gang violence, drugs, etc.

55% of the youth who are of school age are out of school; and 75% of the out of school youth are idle.

Majority of young couples are "living-in" or in a "common-law" relationship. Only 20 percent of young couples are legally married. Of those legally married, 40 percent have already separated. Living-in or a common-law relationship is the more preferred arrangement for reasons of practicality and convenience. According to the those in this type of arrangement, it is practical because they do not need to spend a lot of money to be a socially recognized couple, and convenient because it is easier to get in and get out of relationships. They also revealed that while in a live-in relationship, commitment depends on how things work out and that changing partners remains a possibility. While many profess to believe in traditional values, e.g. "ang kasal ay sagrado" (marriage is sacred), the practice suggests otherwise.

The four poor communities are predominantly Roman Catholic, with 86.3 percent of the youth openly professing their religious belief.

Key Findings

Majority of the youth engage in high risk behaviors: sex at an early age, casual sex, multiple and same sex partners, and sex in exchange for money and favors.

At least 62 percent of the youth have engaged in unprotected sex between the ages of 15-19 years old; the youngest to have experienced intercourse is eight years old.

At lest 34 percent of the youth reported to have engaged in casual sex. In another set of questions, 34 percent of the youth reported to have had multiple sex partners. *"Tropa-tropa lang pero nagse-sex, nagde-dare lang ang magkakabarkada"* (members of street gangs and groups have sex with each other, often on a dare), said the youth during the FGDs. They added "*dumadayo pa sa ibang lugar para makipag-sex, walang bayad, trip-trip lang,"* (we go to other places and barangays to have sex with fellow youth, not the commercial type, but just for the hang of it). There are more males than females who engage in casual and multiple sex partners.

At least 11 percent of the youth admit to having sex with the same sex. Same sex partners are usually between an adult and a youth. The youth reported, *"ang mga bading ay*

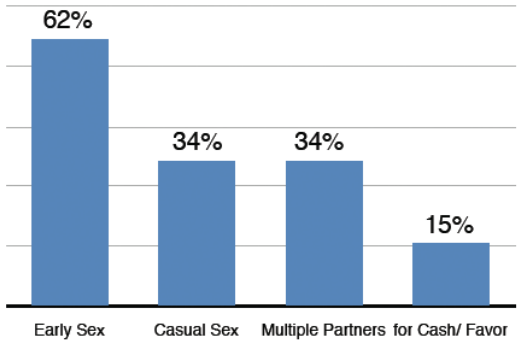

Figure 2. Percentage of respondents engaging in risky behaviors

may mga alagang bata sa eded 12 hanggang 21. Binibigyan ng damit, yosi, motor, cellphone *at iba pa. Yung iba drugs, sinasabi na pabatakin mo lang ako okey na"* (some gay males 'take care' of male youth usually in the age of 12 to 21. They are given clothing, cigarette, motorcycle, cellphone and other things. Others are given drugs, saying 'just give me drugs, and we're okay'). Interestingly more females reported to having had same sex partners than males.

At least 15 percent of the youth reported to having had sex in exchange for petty cash and small favors, usually with their peers. About 60 percent of them are in high school or college who engage in commercial sex to meet their school needs. According to KIIs and FGDs, others simply exchange sex for petty favors such as a meal, a pack of cigarette or drugs. The youth also reported that these acts are carried out in cheap motels, in parked tricycles are usually done in the wee hours of the morning. More male youths reported to having engaged in commercial sex.

These high-risk behaviors are reported to have resulted in teenage pregnancies, STI/STDs, and sometimes abortion.

Majority of the youth are already parents, with a huge number of teenage parents; fertility awareness is also low.

Among the youth participants, 69 percent are already parents. Most of them are very young, with 69 percent (of the parents) belonging to the 15-19 age bracket.

Sixty percent of the youth believe that first-time intercourse could not lead to pregnancy. While most of the females believe otherwise, 95 percent of the males attribute reproductive age with the biological age and has little to no idea about the reproductive development of females, e.g. menarche. For majority of the male youth, a girl could get pregnant only at about 15 years old, without reference to the age of menarche. Awareness about fertility cycles among girls, however, is very low, with girls reporting to be unaware of their own fertility windows and menstrual periods.

In addition to low awareness on fertility, the combination of being idle, drug and alcohol use, and peer influence leads to casual sex among the youth (34 percent reported to have had casual sex with peers), often resulting in teenage or unwanted pregnancies.

Majority of teenage parents drop out of school and continue living with their parents, exacerbating household poverty.

More females (96.1 percent) drop out of school as a consequence of early pregnancy than males (85.6 percent). According to 78.8 percent of respondents, teenage parents are usually unemployed, could not easily find a job, and live with their parents, extending the family further and exacerbating poverty conditions at the household level.

While the youth are aware of health risks associated with STI/STDs, they still continue with their high-risk behaviors and self-medicate when afflicted.

Interestingly, there is high awareness on how to prevent sexually transmitted infections and diseases (STI/STDs). While they could not differentiate between the different types of STI/STDs—they call them tulo for the gonorrhea and syphilis types and kuto for pubic lice and HIV/AIDS. They still proudly declare that

these can be prevented through protected sex (use of condoms), taking family planning pills, sticking to one partner, not having sex with strangers, and abstinence. They attribute this knowledge about prevention of STI/STDs to awareness campaigns carried out by the City's Social Hygiene Clinic (SHC).

However, misconceptions still abound. One interesting remark was that STI/STDs come from pakikipagtalik sa patay or having sex with a corpse. Another is that STI/STD could be contracted simply by using public toilets and kissing. Also while the youth tend to attach social stigma on someone who has contracted STI/STDs—referring to them as may sakit na nakakahawa (has a contagious disease) or may sakit na walang lunas o gamot (has an incurable disease), the youth continue to engage in high-risk sexual behaviors.

While only about 10 percent surveyed reveal to having had STIs/STDs, focus group discussions suggest that why they engage in high-risk behaviors, whether protected or not, are a combination of biological changes, hormonal urges, peer influence, media influence (pornographic tabloids, websites and magazines), and in some cases for money and favors. The strongly pointed out that peer influence is strongest during drinking sprees and usually leads to casual and unprotected sex. In the FGDs, the youth expressed their views as impluwensya ng barkada, dahil na din sa drugs at alak, marami kasing problema sa pamilya (influence of friends, also because of drugs and alcohol, and also because of many problems in the family).

They also characterize their generation as *mapusok* (aggressive) and view their society as more liberal or "advanced". The combination of these factors contributed to their view and behavioral patterns, particularly their high-risk behaviors and sexual practices.

When afflicted, the common response is self-medication, using over-the-counter antibiotics, and whatever advise is given by their peers. Seldom do they inform or seek help from their parents. They also resort to unusual methods such as drinking a local detergent (Perla soap) to cure the *tulo* or eating a gecko or *tuko* to cure HIV/AIDS. While there is free treatment and medicines in government health facilities, only few go to these clinics because of the social stigma associated with STI/STDs, especially when the attending health worker is someone known in the neighborhood, alluding to trust and confidence issues in dealing with their condition. "*Magpapakonsulta sana ako, pero nakakahiya e,"* said one male youth in the FGD. For self-medication, they rely on information from their peers. The current practice is to use of antibiotics such as Quinilon capsule for males, and Penbid capsule for females. These drugs require prescription but they can be bought from smaller drug stores even without prescription. According to one youth, "*epektibo ang Quinilon, isang beses lang isang araw, epektibo ito, kasi nasubukan ko na ito*" (Quinilon is effective, take it only once a day, it is effective because I have I tried it myself).

More than half of the youth are not aware of the health risks of abortion and there are reported cases of self-induced abortion.

Only 39 percent of young females are aware that abortion, especially when done by an untrained person, can lead to serious health complications and could be life-threatening.

There is no conclusive empirical evidence about the extent of abortion cases in the communities, but 40 percent of those who participated in the focus group discussions reported to have personal knowledge of at least one abortion case and revealed that this is rampant in the community. According to FGD participants, *"may mga fetus na nakikita sa barangay, di lang isang beses, marami yan"* (fetuses are found in the barangay, not a few times, but many times). Often, abortions are self-induced and not done by trained professionals. According to a group of young mothers, "*ginagawa ang paglalaglag sa sariling paraan, walang ibang tao"* (abortion is done by oneself, without the help of others). Herbs that are believed to induce abortion are readily available in several open markets, while abortifacient pills are reportedly available in the black market. Private medical doctors

who have attended to post-abortion complications in the area corroborated the existence of self-induced abortion cases and the means by which these are carried out.

Interestingly, none mentioned hilot (local herbologist and traditional midwife) as doing abortions in the area. However, media very recently reported about an abortion case performed in the area by an "alleged doctor." The mother, unfortunately, bled to death (see inset news article).

According to young mothers in the FGDs, the youth resort to abortion because they fear the consequences of teenage pregnancy and they do not want their families to find out about their condition. They fear of being scorned, ostracized. They also expressed recognition that *"masyado pa kaming bata para magka-anak"* (we are still to young to bear and raise a child). Ironically, there seems to be a strong expressed belief that abortion is a sin, *"malaking kasalanan sa Diyos, ang baby ay may karapatang mabuhay"* (it is a big sin against God, the baby has a right to life). This recognition points to the disconnect between what the youth know and believe and the actual behaviors and practices they exhibit.

Woman dies after abortion in condo clinic

philstar.com Philstar – Fri, May 18, 2012

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Manila, Philippines - A 27-year-old woman died after undergoing a failed abortion in a clandestine clinic at a condominium in Pasay City Wednesday afternoon, police said yesterday.

According to a police report, Jay Vanessa Yamson asked her mother, Janet, to accompany her for a medical check-up. They went to Unit 817 of the Park Avenue Mansion, where the alleged doctors were waiting for them.

Janet was asked to wait in the receiving area until the check-up was finished. After a while, her daughter called for her. She went into the room and found her daughter bleeding.

She then asked the doctors to bring her daughter to the nearest hospital, but Yamson was declared dead on arrival at the San Juan de Dios Hospital.

Homicide investigators Senior Police Officer 3 Leo Labrador and PO3 Denis Desalisa, together with Janet's driver, immediately went to the condominium unit where the abortion took place. The doctors fled before the lawmen arrived and remain at large. - **By Perseus Echeminada (Philstar News Service, www.philstar.com)**

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Majority are not aware of women's rights and many admit to committing acts that they do not know might already constitute sexual harassment.

While 48 percent of females report to having experienced sexual harassment, 55 percent of males admit to committing sexual harassment. In the surveys and FGDs, the youth enumerated sexual harassment acts to include *"pambabastos, maling pagbibiro, inaasar na pokpok o malandi, at panghihipo"* (disrespect through teasing with sexual connotations and cat calls such as being prostitute or always horny, and touching/petting private parts of the body). In addition, consistent information from FGDs and KIIs surface the prevalence of male youth groups/gangs who invite a female youth to their drinking sprees, and later on have group sex with her—whether with her consent or not remains a debatable matter. According to the FGDs with males, the modus operandi is to add vetsin or monosodium glutamate to the girl's alcoholic drink. The drink makes her dizzy and the sexual act is carried out. Ironically, male youths in the area do not consider it rape or even sexual harassment because they say *"di yun rape, kasi gusto naman ng babae"* (it is not rape, the girls agree to it).

Majority believe that domestic violence is a problem between couples and, therefore, a domestic issue.

"Sinasaktan, sinasampal, sinasapak yung babae" (The girl was slapped and punched in the face), is how a female youth described a case of domestic violence she witnessed. While only about 10 percent of females reported to having experienced domestic violence and 10 percent of males reported to having committed domestic violence, there is reason to believe that there might be more cases. This is because majority of both males and females (60 percent) believe that these are 'personal issues' that should be resolved by the couples themselves. In addition, majority of the males and females believe that it is okay or fine for the male to beat his female partner if she has done something wrong. In surveys and in female FGDs, however, they expressed that the more common reason for battering is their male partners' vices such as *"pag-iinom at pagdo-droga"* (alcohol and substance abuse)—suggesting that the issue of domestic violence is more of a problem of the males. Also, about 20 percent of the youth couples reported being forced to have sex with their partners. The prevailing view, however, is that this is an acceptable practice for couples, especially for females to give in to their male partners. This is viewed as the reason why cases of domestic violence are not reported to the authorities and also in this research.

Reproductive Health Services Available to the Youth

Information

Information campaign programs range from lectures and seminars and occasional printed and electronic (e.g. video documentary) materials, such as the HIV/AIDS awareness campaign of the City's Social Hygiene Clinic. The local school system does information dissemination through RH lessons incorporated in the MAPE (Music, Arts and Physical Education) classes: "When it comes to Reproductive Health, *hawak po yan ng* MAPE Department. *Ang mga* teachers *dito ang natuturo sa mga bata,"* according to the teachers interviewed. Among the service providers, only the Malibay Adolescent Clinic implements an IEC campaign that exclusively targets adolescents and adolescent reproductive health issues. According to the Malibay Adolescent Clinic, "Teenage pregnancy *yung karamihang kaso sa* center *namin, so, nakikipag-coordinate kami sa DepEd at nag ko-conduct kami ng lectures sa mga* school *sa Malibay. Ang topic namin ay yong* ABCDE, meaning: A-bstinence, B-e faithful, C-ondom, D-on't use drugs and E-ducate" (most of our cases are teenage pregnancy, so we coordinate with DepEd so we can conduct lectures in schools in Malibay. Our topic is ABCDE, A for abstinence, B for being faithful, C for condom, D for don't use drugs and E for Educate).

There is no structured information campaign on violence against women. Rights of women, however, are embedded in the standard RH programs and Family Planning or Responsible Parenthood seminars conducted by non-government organizations such as the Our Lady of Sorrows Foundation Inc. (OLSOFI).

On the other hand, the Social Hygiene Clinic (SHC) is at the forefront of the information campaign on HIV/ AIDS with commercial sex workers, and to a certain extent, with adolescents. Information materials on adolescent reproductive health and STI/STDs include both print and video materials (video documentary on HIV/ AIDs awareness) especially designed for adolescent viewers. Further, the SHC encourages the practice of protected sex through their MARCY or Most at Risk Children and Youth Program, an information drive. A pilot run was conducted at the Pasay West High School, an effort which, unfortunately, the parents did not welcome.

Services

There are no services especially designed to address concerns arising from ARH issues such as teenage pregnancy, abortion, VAW and STDs. Instead, ARH services are embedded in the regular RH programs namely, Maternal and Child Care, Family Planning, and prevention and treatment of STDs. It is still the city government, through its hospitals and clinics, which delivers general health and reproductive health care. However, a prototype adolescent health care clinic is being run at the Malibay Health Center.

The SHC, in addition to providing maternal health care services, also provides services related to the prevention and treatment of STI/STDs. In addition, all 14 health centers and one hospital--Pasay City General Hospital--provide standard RH services. As explained by public health service providers, standard RH programs in the centers include maternal and child care, which covers pre-natal, delivery and post-natal as well as infant care and family planning focusing on child spacing and contraception, among others.

The barangay units and local private health providers augment standard health services through medical missions, albeit these are more focused on general health care.

In cases of violence against women, the barangay's role is limited to processing and referring cases to the DSWD, the Pasay Police Station or an NGO. In sexual assault of young males allegedly by homosexuals, generally, City Health Office or SHC has two options: give medical care to the victim or refer the case to the Pasay General Hospital. If a court case is filed, it will also be referred to the City Social Welfare and Development Office (CSWDO). Similarly, OLSOFI, a church-based organization, processes and refers cases to center-based institutions that cater to women in crisis.

Products

RH products, particularly artificial contraceptives, are accessible in the communities but access is limited to adults. Public health centers distribute popular types of contraceptives including condoms, pills, IUDs and injectable. The SHC, on the other hand, distributes condoms during their seminars, particularly to commercial sex workers. Church-based organizations such as OLSAFI distribute natural family planning tools such as fertility beads, calendar charts, and even books about fertility awareness, albeit on a smaller scale.

Accessibility of Services

In terms of the youth's access to information, 44 percent said they do not access information from public service providers. Interestingly, 55.6 percent said that parents are the primary source of information; followed by teachers (35.7 percent) and neighbors/peers (28 per cent). The youth also mentioned television and the Internet as other sources of information. This is quite interesting because despite having parents and teachers as primary source of information, the low awareness of the youth on reproductive health suggest either wrong or limited information is passed, or that the mode of transmitting information is not very effective. For youth who are out-of-school, more reliance on peers and the Internet for information is reported. Also, for the youth who are unable to access health service providers, whether public or private, they reported that they are not aware of the information as well as services provided in these facilities.

Between private and public service providers, the youth prefer the public facilities more primarily because of the prohibitive costs associated with private health clinics. But the youth, as much as possible, self-medicate, usually with information not from parents or teachers but from peers and the Internet. The reason is the hiya (shame) factor, and the fear of being found out by their parents or neighbors. Trust is said to be very important if they are to consult either a private or public health provider. Some of the youth who have had the opportunity to go to these facilities expressed concern about requirements such as an identification card or donations.

While it is generally believed that those participating in DSWD's 4Ps program would generally have a better health-seeking behavior, the opposite appears to be the reality. The expectation is born of the fact that maternal health care (prenatal and postnatal) and regular check-ups of 0-5 year olds are conditionalities in the program before a cash incentive is provided to the participant. However, the research shows that only three of 10 4Ps grantees accessed RH products and/or services from public health service providers. Surprisingly, seven of 10 or 76.2 percent of 4Ps grantees reported that they do not know where to get treatment services, be it for RH or non-RH related issues.

Moving Forward

The high-risk behavior and the health-seeking behavior of the youth in poor communities in Pasay City is a behavioral issue that is influenced by equally complex factors. At the end of the day, the concern about the youth's knowledge and practices on reproductive health boils down to changing their behavioral patterns befitting more responsible individuals, i.e. individuals who are not only aware of the consequences of their actions but who also take positive steps to better their lives. The task, therefore, is to assist the children and youth, their families and their communities toward a development path that leads them to be more caring of themselves, their families, and their communities.

The current behavioral patterns as well as the desired behavioral change are influenced by equally complex factors such as (a) the capacity of youth to positively deal with biological and hormonal changes in their body; (b) the capacity of their family to provide for a more open and nurturing atmosphere that allows for an open and frank discussion about a range of family issues, including adolescent reproductive health; (c) the capacity of their social environment, especially their peers, to provide positive reinforcement, accurate information and activities that promote youth development; (d) capacity of the youth to access information and basic services, specifically access to a counselor whom they can trust; and on a broader concern, (e) the capacity of families to resolve issues, including domestic violence, livelihood, and the children and youth's access to education.

It cannot be overemphasized the clear voice of the youth about the importance of trust and confidence in dealing with their reproductive health needs. This means that it is not sufficient to have health clinics with information, services and products. Equally important is the manner by which these basic services are delivered as well as the way in which the youth are treated. This stems from the fact that the issues of the youth are complex and wide-ranging. The commonly anti-social behavioral patterns are often manifestations of deeper issues that need to be attended to before any behavioral change can happen. It is, therefore, imperative that professionals who handle adolescent reproductive health services are aware of the realities of the youth, and that services or interventions are designed to address a wide range of issues of individuals, families and, to a certain extent, their immediate social environment. Any intervention, therefore, should be comprehensive enough to address the cognitive, affective, social and, ideally, economic needs of the youth and their families.

Some important elements that may be considered in designing an adolescent reproductive health intervention that aims for positive behavioral change and youth development are:

a. develop and build the capacity of community-based peer counselors, primarily on adolescent reproductive health, and broadly on youth development concerns;
b. develop and build the capacity of community-based family counselors or family support workers, with the aim of promoting bonds between family members and encouraging them to make and implement their 'individual family plans;'
c. make information and services available not just through traditional health centers and private clinics, but link these through trusted counselors;
d. strengthen existing service providers by developing a strong network and referral system;
e. provide opportunities for the youth for productive social activities such as recreation and group livelihoods;
f. provide opportunities for out-of-school youth to be able to either go back to school or attend alternative learning systems;
g. for those in school but in danger of dropping out (for whatever reason), keep them in school through tutorials, educational assistance or scholarships, and addressing expressed issues; and,
h. implement an aggressive information campaign on adolescent reproductive health through traditional (brochures, posters, radio and TV), new media (social network, SMS, the Internet) and conducting community-based foras on reproductive health.

Community and Family Services International (CFSI) is a humanitarian organization committed to peace and social development, with a particular interest in the psychosocial dimension. The purpose of CFSI is rebuilding lives. Based in the Philippines, CFSI works internationally, primarily but not exclusively in the Asia and Pacific Region.

Established in 1981, CFSI has worked closely with the international community as well as national and local authorities responsible for uprooted persons in the Philippines, Hong Kong, Indonesia, Myanmar (Burma), Malaysia, Thailand, Viet Nam, Cambodia, Timor-Leste (East Timor) and Papua New Guinea. In addition, CFSI has carried out special training efforts in various parts of the world for humanitarian workers, social service personnel, and human rights specialists.

CFSI is staffed by professionals from different countries, mostly Asian, who represent a broad range of disciplines, ethnic and language groups, as well as religions. Whilst celebrating their diversity, Staff Members are united by a commitment to peace, human rights, humanitarian principles, participatory processes, empowerment, and integrity as individuals and as an organization. Staff Members work hand-in-hand with large numbers of volunteers—most of whom are based in the communities in which CFSI operates.