

Out of School Adolescents' Knowledge and Practices on Sexuality in an Urban Poor Community

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ABSTRACT---

Objectives: *The purpose of the study is to determine the level of knowledge on sexuality in terms of pregnancy, sexually transmitted infections (STI) and contraception; and the practices of sexuality among out of school adolescents in an urban poor community in terms of sexual activity, STI and contraceptive use. It also aims to determine the relationship between the profile of these adolescents and their level of knowledge and practices on sexuality.*

Method: *A survey was done among 347 urban poor adolescents aged 13-19 years old in an urban poor community. The investigator analyzed the presented data by determining the relationship between the profile variables and perceived adolescent reproductive health among urban poor adolescents. The study utilized a modified tool adapted from the World Health Organization Reproductive Health Questionnaire.*

Results: *Level of knowledge results revealed that urban poor adolescents have a low extent of knowledge on pregnancy with 35.35 as a mean score. Urban poor out of school adolescents have an average extent of knowledge on sexually transmitted infections with a mean score of 49.23 and have an average knowledge on contraception with a mean of 52.85. Almost one third of the respondents are sexually active and only 4% had acquired sexually transmitted infections. Moreover, 71.2% of the respondents did not use condoms or any contraceptives. Chi square results indicate that there is no significant relationship between the level of knowledge of the respondents on pregnancy, sexually transmitted infections and their gender and religion. However, there is a significant relationship between the level of knowledge of the respondents on contraceptive methods and gender but not on religion. There is no significant relationship between the respondents' sexual activity and their profile except for age of first sexual intercourse and religion. No significant relationship was found between the respondents' practices on sexuality in terms of sexually transmitted infections and their profile but there is a significant relationship between practices on sexuality in terms of contraceptive use of pills, condom and injectable against the gender of the respondents and between the use of withdrawal and religion.*

Conclusion and Recommendation: *There is a low level of knowledge in pregnancy, average level of knowledge in sexually transmitted infections and contraceptions among out of school adolescents. Almost one third of the respondents are sexually active and the majority did not use any contraceptives. There is a need for an adolescent reproductive health care focused on urban poor out of school members of the community and their mothers be included on health education programs.*

Keywords--- Sexuality, Knowledge, Practices, Out of school adolescents, urban poor community

1. INTRODUCTION

According to a 2014 survey by the Philippine Statistics Authority (PSA), one out of ten young Filipino women aged 15 to 19 had already begun childbearing. The PSA also detailed that 2% of young women aged 15 to 24 had initiated their sexual activity by the age of 15. One out of five Filipino women aged 18 to 24 years old also had sexual activity before the age of 18 years old. Some of these women have already engaged in premarital sex since 15% of young adult women aging 20 to 24 years old were already married or had begun living with their first partner by the age of 18. It was reported that young adult women in the rural areas have higher rates (22%) of first intimate sexual act before the age of 18, as compared to the urban counterpart (17%). Davao region has the highest incidence of teenage pregnancy with a rate of 27%. It was also indicated that Southern Leyte and Eastern Samar were some of the places with an already high and continuously increasing incidence rate (Van Del Hor, 2014).

Living in an urban poor community, the investigator witnessed teenagers who got pregnant while they were still in school. Even with sex education classes provided in the curriculum, many adolescents still get pregnant. The issue then is the out of school adolescents' knowledge and practices on sexuality. Not only are they vulnerable to pregnancy but they are also vulnerable to sexually transmitted infections (STI).

2. METHODOLOGY

A total of 347 urban poor out of school adolescents participated in the survey between ages 13-19 years old. There were 193 males and 154 females. The setting was in one of the barangays in Quezon City, which is considered to be one of the most populous cities in the Philippines. The study utilized a modified tool adapted from the World Health Organization Reproductive Health Questionnaire and Save the Children Foundation. There were a total of 30 questions in addition to the respondent's profile. The relationship between the profile variables and the perceived adolescent reproductive health were analyzed. Permission was granted by the local authorities. Informed consent was obtained from the parents and participants. Confidentiality was emphasized to the participants. The study was minimal risk and data collection only involved answering questionnaires.

3. RESULTS AND DISCUSSION

Table 1. Level of Knowledge on Sexuality in Terms of Pregnancy, Sexually Transmitted Infections and Contraception among Urban Poor Out of School Adolescents

	Pregnancy		STI		Contraception	
	f	%	f	%	f	%
Very low	129	37.2	91	26.2	95	27.4
Low	86	24.8	39	11.2	49	14.1
Average			63	18.2	85	24.5
High	114	32.8	65	18.7	49	14.1
Very High	18	5.2	89	25.6	69	19.9
Mean	35.35		49.23		52.85	
Interpretation	LOW		AVERAGE		AVERAGE	

Results showed that the urban poor out of school adolescents have low level of knowledge on sexuality in pregnancy compared to an average level of knowledge on sexuality in terms of STIs and contraception (Table 1). Majority of the respondents have a very low level of knowledge on sexuality in terms of pregnancy with 37.2%. This is attributed to the high number of males among the respondents compared to females. Also, the respondents have a very low level of knowledge about STIs of 26.2%. Majority of the respondents also believe the statement that “The only way to find out if a person is infected with HIV/AIDS is through a laboratory test for the virus”, which suggests that the respondents have a high knowledge on HIV/AIDS and its screening. Also majority of the respondents have a very low level of knowledge on contraception with 27.4%. This indicates that there is a need for information dissemination among the urban poor adolescents regarding topics on contraception and contraceptive use.

Table 2. Relationship between the Knowledge on Sexuality and Profile of Urban Poor Out of School Adolescents

Profile	N=347	%	Knowledge		
			Pregnancy	STI	Contraception
			p	p	p
Gender			0.162	0.447	0.019
<i>Male</i>	193	56			
<i>Female</i>	154	44			
Religion			0.649	0.712	0.323
<i>Catholic</i>	264	76.1			
<i>Iglesia ni Cristo</i>	58	16.7			
<i>Born Again Christian</i>	21	6.1			
<i>Others</i>	4	1.2			

Chi square results indicate that there is no significant relationship between the level of knowledge of the respondents on pregnancy, sexually transmitted infections and their gender and religion. However, there is a significant relationship between the level of knowledge of the respondents on contraceptive methods and gender ($p=0.019$) but not on religion. There is also no significant relationship between the respondents' sexual activity and their personal profile variable except for age of first sexual intercourse and religion. There is no significant relationship between the respondents' practices on sexually transmitted infections and their personal profile variable. However, there is a significant relationship between practices on sexuality in terms of contraceptive use of pills, condom and injectable against the gender of the respondents and between the use of withdrawal and religion (Table 2).

Table 3. Practices on Sexuality in terms of Sexual Activity among Urban Poor Out of School Adolescents

Items	Yes		No		Gender		Religion	
	f	%	f	%	X ²	p	X ²	p
1. Have you ever engaged in sexual intercourse? (n=347)	104	30	242	69.7	2.20	.157	3.176	.563
2. If you have already engaged in sexual intercourse, did you have sex in the last 3 months? (n=104)	54	51.9	49	47.1	1.40	.496	14.227	.043
3. If you have already engaged in sexual intercourse, at what age was your first experience?	f		%		.009	1.000	7.428	.043
9	1		1.0					
12	4		3.8					
13	5		4.8					
14	7		6.7					
15	18		17.3					
16	24		23.1					
17	26		25.0					
18	16		15.4					
19	2		1.9					
No response	1		1.0					
Total	104		100					
Mean	15.94							
SD	1.748							

Out of the 347 respondents, 30% have engaged in sexual intercourse. Out of this number, majority are males with 62% respondents as compared to female with 38% respondents. More than half of the sexually active urban poor out of school adolescents were found to have engaged in sexual intercourse in the last three months. The mean age of first sexual experience among the respondents is 16. The ages 15, 16 and 17 were found to be the most common ages on which these adolescents had their first sexual experience (Table 3).

Table 4. Practices on Sexuality in terms of Sexually Transmitted Infections among Urban Poor Out of School Adolescents (N=103)

Items	Once		More than once		Never		Gender		Religion	
	f	%	f	%	f	%	X2	p	X2	p
1. Have you ever had a sexually transmitted Infection?	5	4.8	5	4.8	93	89.4	.785	.875	2.445	.774
	Yes		No		Don't know					
2. (On the last occasion) did you seek treatment?	8	88.8	1	11.1	0	0	.321	1.000	.141	1.000
3. Did your sexual partner (any of your partners) also obtain treatment?	2	25	4	50	2	25	.889	1.000	1.905	1.000
4. Where did you seek treatment?	f		%				1.333	1.000	1.143	1.000
<i>Supermarket</i>	2		25							
<i>Pharmacy</i>	3		37.5							
<i>Government Hospital/ Health Center/ Clinic</i>	3		37.5							
Total	8		100.00							

Only 103 of the sexually active respondents were able to answer the questions on STI. Among these respondents, only 10 answered that they had sexually transmitted infections once or more than once. Out of the 10 respondents who had previous infection, 8 were able to seek treatment but only 2 had their sexual partners seek treatment as well. Out of the 8, 4 did not have their partners treated and 2 were not aware if their partners sought treatment. The results could be linked to the available resources in the community like the presence of health centers, nearby government hospitals, pharmacies and supermarkets (Table 4).

Table 5. Practices on Sexuality in terms of Contraceptive Use among Urban Poor Out of School Adolescents (N=104)

Items	Yes		No		Don't know		Gender		Religion	
	f	%	f	%	f	%	X2	p	X2	p
1. The last time you had sexual intercourse; did you or your partner use a condom?	19	18.3	74	71.2	10	9.6	3.00	0.243	3.99	.679
2. If you will have sex again in the future, do you plan to use a condom?	37	35.6	47	45.2	17	16.3	1.30	0.493	8.46	.191
3. Which methods of contraception have you or your sexual partner used?	f		%							
<i>Pill</i>	14		13.5				10.99	.001	5.351	.133
<i>injection</i>	12		11.5				16.22	.000	2.245	.506
<i>Condom</i>	50		48.1				6.318	.016	1.419	.750
<i>Withdrawal</i>	34		32.7				.157	.830	21.77	.000
<i>None</i>	21		20.2				.292	.626	5.897	.115
	Yes		No							
	f	%	f	%						
4. For males: did you ever get a girl pregnant? (male=64)	15	23.4	47	73.4					3.45	.411
5. For females: did you ever become pregnant? (females=37)	27	67.5	10	25					3.10	.571
6. What happened to the pregnancy? (females = 27)	f		%						5.95	.245
<i>Currently pregnant</i>	5		8.5							
<i>Miscarriage</i>	2		7.4							
<i>Live birth</i>	16		59.3							
<i>No response</i>	4		14.8							
Total	27		100.00							

Out of the 104, 18.3% of the respondents used condoms during their last sexual intercourse. On the other hand, 35.6% of the respondents plan to use condom if they would have sexual intercourse. The results indicate that there is an increase in risky behaviours among urban poor adolescents. The most popular contraceptive methods used by the urban poor out of school adolescents are condoms which ranked first with 48.1%, followed by withdrawal and contraceptive pills with 32.7% and 13.5% respectively. Least popular contraceptive method used is the injectable with only 11.5%. Out of the 64 males who had sexual intercourse, 23.4% have impregnated their partner and out of the 37 female respondents who had sexual intercourse, 27 got pregnant while 3 respondents had no response to the question (Table 5). In an unpublished study of Pangalangan (2009), reasons for not using contraceptives among young people in Metro Manila were lack of information about contraception, concern about contraceptive side effects, cost of contraceptives, information and services, wanting to have children, partners'/spouses' disapproval of contraceptives, using contraceptives would make sex "less thrilling" and religion.

4. CONCLUSIONS AND RECOMMENDATIONS

The level of knowledge on sexuality in contraception is related to gender. No relationships were found between the level of knowledge of the respondents on pregnancy, sexually transmitted infections and their gender and religion. No relationship between the respondents' sexual activity and their personal profile variable except for age of first sexual intercourse and religion. There was also no relationship between the respondents' practices on sexuality in terms of sexually transmitted infections and their personal profile variable. But there is a significant relationship between practices on sexuality in terms of contraceptive use of pills, condom and injectable against the gender of the respondents and between the use of withdrawal and religion. Hence, there is a need for an adolescent reproductive health care focused on urban poor out of school members of the community. Mothers of these adolescents should be included on health education programs. Information dissemination and drives should be strengthened by the community health centers. Families should be encouraged to be involved with their adolescent children.

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