Incorporating Sexuality Education in the Public School System: Perceptions from the Philippines

Cover Photo: Six young girls walking alone through the crowded streets of Baseco (Victoria La Bella, 2013)

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Abbreviations

SRHR – Sexual and Reproductive Health Rights
RHA – Reproductive Health Act
RHB – Reproductive Health Bill
HIV – Human Immunodeficiency Virus
AIDS – Acquired Immunodeficiency Syndrome
STI – Sexually Transmitted Infection
RBA – Rights Based Approach
HBA – Health Based Approach
MBA – Morality Based Approach
CSE – Comprehensive Sexuality education
USD – United States Dollars
GDP – Gross Domestic Product
SLT – Social Learning Theory
CDT – Cognitive Development Theory
PDT – Psycho-social Development Theory
IPPF – International Planned Parenthood Federation
SIECUS – Sexuality Information and Education Council of the United States
UNESCO – United Nations Educational, Scientific, and Cultural Organization
UNICEF – United Nations International Children’s Emergency Fund
UNFPA – United Nations Fund for Population Activities
CDC – Centers for Disease Control
WHO – World Health Organization
DOH – Department of Health
DepEd – Department of Education
LGBT – Lesbian Gay Bisexual Transgender
NGO – Non Governmental Organization
GMA – Greater Manila
AFY – Adventure for Youth
CHAPTER ONE: INTRODUCTION

I first became interested in the subject of Sexual and Reproductive Health Rights (SRHR) when I traveled through developing countries and noticed the extreme poverty and sometimes near inhumane situations in which so many adults and their many children live. A similarity between the countries I visited was that they each had a high population growth rate and a low GDP. This led me to study ways to curb the population growth, as population growth seems to be tied to economic development and to poverty (Birdsall et al., 2001).

In December of 2012, the government of the Philippines passed a landmark law called the ‘Responsible Parenthood and Reproductive Health Act of 2012’, also known as the Reproductive Health (RH) Act. This act provides for government funding for contraceptives and sexuality education in the public school curriculum. According to this bill, sexuality education should be age appropriate and be taught to students ranging from ages 10 to 19, which is both primary and secondary school. The RH Act also provides for free or subsidized contraceptives, which will be stocked at government health centers and will be made available to the poor (DOH Philippines, 2011; GMA News, 2012).

Some of the main issues in support of passing the bill, were: the prevention of unintended pregnancies; the prevention of maternal deaths related to pregnancy; the prevention of infant mortality; the reduction of the abortion rate; an attempt to prevent the increase of HIV/AIDS cases; the avoidance of the negative impact of large families on poor families; and freeing women’s bodies from the bondage of politics and religious fundamentalism (Mello et al., 2006; Sales, 2012).

Even though the bill is now a law, the government is faced with fierce opposition to this act and to its implementation. One of its strongest opponents is the Catholic Church, which is a very powerful force in the Philippines. The Catholic Church believes that sexuality education in the school system will, among other things, promote promiscuity. Promiscuity and sex outside of marriage go directly
against the core values of the Catholic belief system. Therefore, the Catholic Church has strongly, and thus far successfully, opposed implementation of the RH Act.

Regardless of the Catholic stance and concerns, the bill was passed and the government must now attempt to decouple the act from the religious grip that is still pervasive and controlling in preventing it from getting implemented.

I decided to do my research on one of the important aspects of the RH Act. Since it is already known that the government is a proponent of the RH Act and thus a proponent of the integration of a sexuality education program in the Filipino public school system, and that the Catholic Church is an opponent of the RH Act and is strongly opposed to sexuality education as part of the Filipino public school system’s curriculum, I wanted to find out what the perception is of the Filipino people. What exactly is the ordinary Filipino person’s perception of incorporating a sexuality education program in the Filipino public school system? Additionally, what do they perceive the needs, challenges and recommendation to be? Since the ordinary Filipino person will be most affected by the incorporation of a sexuality education program in the school system, I believe it is important to find out what they believe and if they believe it is important and beneficial to them. Therefore, my research was focused on the perception of the Filipino people of the incorporation of a sexuality education program in the Filipino public school system.

The apparent impact of population growth on economic development, the relationship between sexuality education and population growth, and the absence of research of the perceptions of the Filipino people of the necessity and benefits of sexuality education in the public schools are what convinced me that research on this topic was necessary. If the perception of the Filipino people is that sexuality education in the public school system is necessary and beneficial to them, this RH Act will more likely be successful once implemented; if not, it may die out like so many other well-intended acts.
1.1 Purpose
The Philippines is an island country in Southeast Asia. It covers an area of 300,000 square kilometers and is the world’s 73rd largest country. Although Manila is the official capital, Quezon City is the most populous. The Philippines has an estimated population of 98 million people (World Bank, 2012), making it the 7th most populated country in Asia, yet its GDP (nominal) is only 2,792 (USD) per capita (World Bank, 2012). One of the ways to combat poverty is to educate people on responsible Planned Parenthood. The government of the Philippines is trying to accomplish responsible Planned Parenthood through the RH Act.

The purpose of this study is to acquire knowledge of the under researched perspective of the Filipino people for the necessity of sexuality education in the public school system. I wanted to research what students, teachers, and other key informants believe the needs, challenges and outcomes are for incorporating sexuality education in the Filipino primary and secondary public school system’s curriculum. Furthermore, this study sought to find out what the different stakeholders’ recommendations are for future improvements.

1.2 Research question and sub-questions:

My research question is:

“What are the perceptions of students, teachers, and other key informants concerning the needs, challenges, potential outcomes and recommendations of implementing a reproductive health education program in the academic curriculum of the public school system in the Philippines?”

My sub-questions are:

1. How do various actors identify the need for sexual and reproductive health rights of the Philippines, and what are the similarities and differences among these perspectives?

2. What are the perceived challenges of incorporating a sexuality education program into the curriculum, and how can these challenges be overcome?

3. What are the perceived outcomes of incorporating a sexuality education program into the curriculum?
4. What do the different stakeholders perceive the recommendations for future improvements to be?

This study incorporates theories and approaches from educational psychology and global debates on sexuality education. Furthermore, this study focuses on the perspectives of the different actors (e.g. students, teachers, and other key informants). Qualitative research methodology was used in collecting the data to address these questions through interviews, focus group discussion, and participant observations.

1.3 Relevance

In December of 2012, the government of the Philippines passed a landmark law, the ‘Responsible Parenthood and Reproductive Health Act of 2012’, also known as the Reproductive Health (RH) Act.

This research is relevant because it took about 14 years to get the Reproductive Health Bill (RHB) passed by both the Senate and the House of Representatives. The RHB was finally passed in 2012 and has since become a law. Because this is such a new law not much research has been done on the Filipino people’s perspective of the implications of incorporating a sexuality education program in the Filipino public school system.

The RHB passed because the government wanted to empower Filipino women from the poorest sections of society to be able to visit facilities operated by the Department of Health or the local government, and request information on family planning products or on contraceptives of their choice. The Filipino government wants to make an indigent married woman aware of her reproductive rights and provide her with the opportunity to make an informed decision concerning responsible family planning. The Catholic Church still heavily criticizes reproductive health education, which has made the RH Act highly controversial.
The Church’s fervent opposition to this bill has halted implementation of the RH Act, and thus halted sexuality education in the local school system (Lacson et al., 1997).

One of the reasons the Philippines remains one of the poorest countries in the world is that those with influence refuse to recognize the importance of sound reproductive healthcare (Baring & Ed, 2012; Padilla, 2010). Many have perceived this attitude toward reproductive healthcare as cruelty toward the poor. Some argue that the reason for poor people’s misery is that they just have too many children (Sales, 2012). According to some, providing reproductive information through government intervention is the most humane thing the country could do for its poor (Padilla, 2010). Some believe that governmental intervention will aid the poor in escaping the vicious cycle of poverty (ibid). Providing awareness of reproductive health and responsible family planning gives the poor options to manage their sexual behavior, plan the size of their families, and control their procreative activities. Some people suggest that the phrase ‘reproductive rights’ includes the idea of being able to make reproductive decisions free from discrimination, coercion, or violence (GMA News, 2012; Padilla, 2010).

According to statistics of the Department of Health in the Philippines, the mortality rate for Filipino mothers during childbirth increased over the past few years (2012). In 2009 there were 162 deaths per 100,000 live births, this number increased in 2011 when there were 221 reported deaths per 100,000 live births. These figures suggest that not only women but also children suffer from the lack of reproductive health care and awareness of access to maternal care (GMA News, 2012; Padilla, 2010). Children remain undernourished and uneducated because of their parents’ ignorance, lack of empowerment and unawareness of their rights and health care choices.

The RH Act addresses the guarantee of universal access to methods of contraception, fertility control, maternal care, and sexuality education. Even though all of these aspects are very important, this research will only focus on
incorporating sexuality education in the public school system by exploring the perceptions of local stakeholders on the topic.

1.4 Structure of the thesis.
The next chapter of this thesis, chapter two, will be about my theoretical framework as I discuss psychological and educational theories in combination with the current global sexuality education debates. Further, in this section I will include some brief forms of sexuality education and the major challenges that follow them. In chapter three I will discuss my research methodology and the strategies I used to collect my research such as sampling by location and my different techniques I incorporated throughout this process. Furthermore, the chapter will conclude with limitations and ethical considerations. In chapter four, you will find my qualitative data chapter. This gives the overall perceptions of the stakeholders regarding the incorporation of sexuality education into the Filipino education system. Four main aspects will be explored – Needs, Challenges, Outcomes, and Recommendations. Among these four aspects, each section will follow the same structure where all three main stakeholders will be addresses – Students, Teachers, and main Key Informants. This is the main chapter that addresses the main findings I have collected in order to answer my research question. My fifth chapter will be my final concluding chapter in which I will close out my thesis by giving a brief summary, reflect back to my theoretical framework, discuss recommendations for policy and practice, and suggest ideas for future research in the field.
CHAPTER TWO: THEORETICAL FRAMEWORK

The theoretical foundation of this research is mainly based on research in psychology and education. These studies are applicable to this research as they explain the underlying psychology behind the reasons for the need of sexuality education and the importance of sexuality education in helping individuals make informed decisions. In this chapter, I will address the three main categories of my framework, namely the Role of Education, Theories on Perceptions of Sexuality education, the Global Sexuality education Debates, Forms of Sexuality Education, and Challenges of Sexuality Education.

First, one can see how the role of education is a means to empower children and adults to make informed decisions about their sexual behavior and about responsible Planned Parenthood. These children and adults may then, in turn, become active agents of change in their societies and positively influence their surroundings. Educating a society can be seen as an investment in human capital. Although an investment in human capital is not the main approach, this thesis will further touch base on it in subsequent sections. Once a society is educated it will be more able to contribute to the environment and its surroundings. Understanding the importance of the role of education leads to my second category, namely the category of Theories on Perceptions of Sexuality education, which show the ways in which the cognitive development of adolescents is shaped and how the transformation of their minds in different developmental stages can change the way in which they see the world and their surroundings. It is therefore important to reach the Filipino people early on so they can become aware of what choices are available to them in each cognitive developmental stage. Furthermore, in the third category, namely the category of Global Debates, the main approaches to sexuality education that have already been implemented in other countries will be discussed. Theoretically, these approaches could be implemented by the Philippines as well.

These three main categories combined can give an overall understanding of how the perceptions of the Filipino people of the need for sexuality education, their
perceptions of the challenges of incorporating sexuality education in the school system, and their perceptions of the outcomes of a sexuality education program can be formed, and which practical approaches may later become recommendations by discussing the issues presented in global debates.

2.1 Role of Education
This research study will hone in on the implications of improving one aspect of education in the Philippines, namely sexuality education, and on the importance of a sound approach, namely through incorporating sexuality education in the curriculum of the public school system. Education in general should be used to empower children and adults to become active participants in the transformation of their societies (UNESCO, 2013). Sexuality education in particular should empower individuals to make informed decisions about their reproductive health, such as responsible family planning, the use and availability of contraceptives, respect for their bodies, prevention of HIV and unwanted pregnancies, just to mention a few. This will then initially result in the transformation of individual neighborhoods and eventually in the transformation of society as a whole.

Similarly, the process of learning should focus on the behaviors and values that allow people to live together in a world attributed by diversity and cultural pluralism. There is strong evidence that individual earnings, income distribution and economic growth are related to high cognitive skills (Hanushek & Wößmann, 2007). Large investments in human capital must be made in order for a country to achieve sustainable economic development. Investing in education and other aspects of human capital will lead to a long-term increase in economic growth (Cordoba & Ripoll, 2007). Investing in sexuality education, in particular, will most likely lead in the long run to a decrease in the population growth rate, which in the case of the Philippines seems to be a necessity to combat poverty. Education in general is a fundamental human right and promotes individual freedom and empowerment, providing large developmental gains. Unfortunately, poverty still deprives many people of these basic human rights (UNESCO, 2013).
Sexuality education, in particular, promotes freedom and empowerment in individuals because it helps them to make educated choices about their reproductive health, their bodies and the size of their families. Richer countries generally invest significantly more resources in education per person than poorer countries. This lack of opportunity for the poor creates a large gap in knowledge among the rich and the poor. Fortunately, in the Philippines, the government has made a decision to provide sexuality education in the public school system. This may potentially help close the gap in knowledge of reproductive health among the rich and poor. Opportunities, such as education, not only enrich someone’s personal development, it also could lead to improvement in productivity, creativity, and the progression of technological advancement (Hanushek & Wößmann, 2007). However, those countries that do not have the financial means to sustain these resources generally find it more troubling to grow economically as a nation. Therefore, it is inevitable that the role of education is highly important, mainly as a long-term investment in human capital, but also for benefits in economic stability. Education plays an important role in developing a nation and sexuality education in particular will play an important role in developing a nation where individuals are empowered to make educated decisions about their reproductive health.

2.2 Theories of Perception

This section will show how different learning and development theories can shape the way in which one perceives the world and his or her surroundings. I will relate this to sexuality education and how these perceptions can be accounted for by the transformation of people’s minds as they go through different stages of cognitive development. I will apply these concepts to the current situation in the Philippines as it relates to my research.

2.2.1 Social Learning Theory

Social Learning Theory (SLT) was developed by Albert Bandura (Bandura, Ross, & Ross, 1961). It claims that individuals learn within a social context by watching and imitating the behaviors of others. This theory claims that people learn behaviors from the surroundings and environment in which they find themselves.
(Bandura, 1977). SLT acknowledges the role of cognitive and behavioral influences on behavior but focuses mainly on the social influences of the individual’s behavior. SLT claims that behavior is learned through interaction with and observation of others. Certain reinforcements, such as a reward and punishment system, and an individual’s attitude, enhance behavior. This is the reason why parents attempt to control or stimulate their children’s social learning by either allowing their children to interact with other individuals or by preventing them from interacting with others (Saunders, 2005).

The practical application of this model is that an individual’s sexuality can be seen as a learned and socially constructed behavior (Gabb, 2004; Wight et al., 1998). SLT is especially important to the situation in the Philippines since the population growth rate is high and the GDP is low. By teaching the Filipino population how to change their sexual behavior and by providing them with choices, individuals may learn how to prevent unwanted pregnancies and in turn influence those individuals around them that socially learn from them through interaction and observation. Applying the SLT to the Philippines, it is assumed that the more individuals change their sexual behavior, the more people around them will also change their sexual behavior. This is accomplished merely by people observing each other and by people interacting with each other. Eventually this may lead to fewer or, preferably, no unwanted pregnancies and to responsible family planning. This may then lead to a lower population growth rate (Birdsall et al., 2001; Sales, 2012).

SLT relates to this study because it is possible that children learn gender-based promiscuous sexual behavior through the media and through observing other individuals in their gender-group. Gender-based SLT can be applied to sexuality education in the Philippines as a prevention-based tool. The goal of sexuality education is to change the individual’s behavior. By incorporating sexuality education in the Filipino school curriculum children will be exposed to a different angle on sexuality, one of prevention and healthy relationships between the genders. Applying the SLT, it may then be assumed that the individuals will most likely imitate what they learn about prevention, such as HIV prevention and
pregnancy prevention, about healthy relationships, and by learning to say "no" to peer pressure. According to the SLT gender-based sexuality education, it will help the Filipino children be much better equipped to deal with real life situations. SLT can be used to understand the current perceptions the Filipino people have toward sexuality education, so that those in a position of authority are better equipped to influence the Filipinos in making informed decisions. Gender-based sexuality education can be useful to ensure the individuals are taught subjects applicable to their particular gender.

2.2.2 Cognitive Development Theory
Piaget developed the Cognitive Development Theory (CDT), which categorizes a person's development into four pre-determined stages (Piaget, 1955). This theory claims that individuals become more aware and understand things and concepts more intricately and in a more developed way as they pass through the different stages of their development (Piaget, 1955). The Cognitive Development Theory has influenced several areas of educational research. It has also influenced sexuality education. Piaget claims that an individual's cognitive development occurs at several specific moments of transition and not merely as an individual process. The two stages Piaget identifies as concrete operational and formal operational stages are the stages that will be tied to institutionalized sexuality education (Piaget, 1955). These are the stages in his theory that apply to my study.

Piaget claims that in the concrete operational stage a person is able to identify different features of objects and is able to order them in a series along a single dimension, for example, according to size. In the formal operational stage, a person becomes aware of and concerned with hypothetical issues, such as the future, and with ideological problems (Piaget, 1955). This applies to my study because it would be in this particular stage of an individual's development that sexuality education on the topic of responsible family planning would need to take place in the Philippines. Piaget suggests that a person reaches a certain stage of cognitive development at a specific age. Therefore, educators in the Philippines need to be fully aware of what aspect of sexuality education needs to be taught at
a particular age. Although Piaget's study refers to children between the ages of 0-2 years old, one can relate this similarly to the 10-19 year old children that are being affected by the Filipino RH Act since it is the teaching principle that is the main focus here.

Brown and Eisenberg (1995) claim that cognitive development in the adolescent stage is strongly linked to behaviors that result in unintended pregnancies. They conducted their study by comparing unintended pregnancy rates among different age groups and then determined the level of cognitive development of the individuals in these groups. Brown and Eisenberg (1995) also highlighted the level of maturity of a child if sexuality education were to be successful. This relates directly to sexuality education in the Philippines because individuals will be able to absorb the content of the materials taught dependent upon their cognitive development. In order to combat unwanted pregnancies, it is important to teach sexuality education to individuals who are approaching this particular stage in their cognitive development so that they can make informed choices and prevent unwanted pregnancies.

According to Buston & Wright (2004), there is a direct correlation between the level of maturity of a child who receives sexuality education and the level of participation in sexuality education. This is important to understand for my study because when incorporating sexuality education into the public school system in the Philippines, the educators must tailor their subject matter to the level of maturity of their students. The more mature the individual, the more likely he or she will fully participate.

Many debates have taken place on the subject of the prime age of a child at which it should partake in sexuality education. This is the reason why the Cognitive Development Theory is important. It helps educators to know what materials they should use in each age group. If the educator knows the stage of cognitive development of the student, then he or she can determine what teaching materials the student will most likely be able to understand. It is not possible for
children to understand difficult materials if they have not reached a certain level of cognitive development.

According to Strange et al., it is important to realize that sexuality education should be gender based (2003). They claim that different genders prefer different materials in sexuality education. This may be attributed to the different levels of cognitive development in the different genders. The male gender leans more toward wanting to know the facts about sex, whereas the female gender leans more toward wanting to know about love and relationships. This difference may be explained by the distinction between the concrete and formal stages in cognitive development. The similarities between the findings of Strange et al. (2003) and the Buston & Wight (2004) studies regarding the maturity level in the individuals receiving sexuality education are what make it clear that the suitability of the teaching materials and the acceptance of the material is influenced by the person's cognitive development. This has a direct effect on sexuality education in the Filipino school system because educators need to tailor their teaching materials to the cognitive development stage of the student and to the gender of their students.

2.2.3 Psycho-social Development Theory
In the Psycho-social Development Theory (PDT), which was developed by Erikson (1959), eight stages are discussed that Erikson believed an individual should pass through from infancy to late adulthood. Each stage is characterized by the fact that the individual learns new skills and overcomes difficulties. Each stage builds on the successful completion of the previous stage in the life cycle. The idea is that an individual naturally progresses from one stage to the next. If the individual has not completed the previous stage, the individual will encounter unexpected problems at a subsequent stage. In Erikson's study, two directly opposing outcomes are suggested per stage. For instance, if an individual successfully fulfills a task in each stage, he or she will be mentally healthier than an individual who does not successfully fulfill these tasks in each stage. The stage that this thesis is mostly interested in that applies to this study is the fifth stage. In the fifth stage of Erikson's theory, identity and role confusion are addressed. This stage
takes place around the period of adolescence. According to the findings of his study, individuals who constantly look for their identity will have a bigger chance of getting excluded from the ‘mainstream’. These are the individuals who are more likely to drop out of school. The concept of searching for one’s identity relates to the stage of experimenting.

According to Gest et al. (1999) this pattern of behavior was strongly associated with teenage pregnancy. Their conclusion was that individuals who fit the ‘non-mainstream’ norm were more likely to engage in risky sexual behavior at an early age. This is an important finding for my study of sexuality education in the Philippines because these individuals need to be guided more closely in order for preventative measures to be successful. Following Erikson’s theory, it would be important to include issues of identity, roles, and relationships in sexuality education. It is also important to include the role of the different genders in sexuality education because this may help the adolescent experience their gender roles (Prendergast, 1996; Reiss, 1998; Measor, 2004). Experiencing gender roles could help these adolescents in achieving a sense of well-being and it could help contribute to their adjustment as an adult.

2.3 Global Sexuality education Debates
When it comes to global sexuality education programs, one can distinguish between a few main approaches, the Rights-Based Approach, the Morality Approach, and the Health Approach. However, in general, these approaches may vary depending on the country, state, and even district. Generally, national or local legislations determine the extent to what the sexuality education programs entail, but schools are often given substantial freedom and autonomy in crafting sexuality education curricula. This research will be framed between two major opposites in this debate. Namely, this will be comprised of Comprehensive Sexuality Education and ‘Abstinence-until-marriage’ Sexuality education.

2.3.1 Rights-Based Approach
Human Rights can best be defined as entitlements that belong to all individuals despite their gender, race, religious orientation, ethnicity, or socio-economic
status (UNFPA, 2013). Thus, this makes all individuals ‘rights holders’, and it is up to the duty bearers, generally termed as the government, to determine how to proceed with these rights. As the International Planned Parenthood Federation (IPPF) states, “A rights-based approach (RBA) combines human rights, development, and social activism to promote justice, equality and freedom. Implementing an RBA in youth sexual and reproductive health programs implies that young people are empowered to take action and to claim what is their due. An RBA involves increasing access to quality services and providing comprehensive gender-sensitive and sex-positive education for all young people. It’s about promoting and preserving human dignity” (2006). Furthermore, Blake (2008) argues that individual rights and entitlements include the right to sexuality education. He claims that young people are the best advocates of their own needs and they clearly mention sexuality education as being one of them. This view was shared similarly by the National Children’s Bureau (2004). In this publication, one can see that youth have a clear understanding of their own needs and that they wish to partake in more current education debates.

Braeken & Cardinal (2008) demarcated this approach as focusing on rights within cultural and social power dynamics, stating that sexuality education should address social inequality and exclusion. Moreover, they exemplified the RBA to be a way of teaching in which existing cultural and social power dynamics are studied around health and sexuality by promoting the concept of ‘right’. The RBA can be implemented in any sexuality education curriculum as it enables programs to be developed as long as the needs and rights of individuals are taken into consideration. This approach also portrays education as multifaceted political, social, developmental, and philosophical processes that can either contribute to current power relations or change them (Braeken & Cardinal, 2008; Liang, 2010). This is based on the belief that young individuals know their needs and can clearly voice their opinions. It also brought forth the fact that sharing individual rights among youth is vital. A noteworthy point of the RBA is that this approach suggests that youth would eventually be able to create informed negotiation plans with adults in order to demonstrate why and how their rights to such choices in life are dependent upon their happiness and development (Braeken & Cardinal,
Young individuals are no longer seen as helpless people, but as opinionated students with rights. This idea is supported by the United Nations on the Convention on the Rights of the Child (2010) stating the right of all children. This helps to claim significance on how a Rights-Based-Approach can prove its importance.

An RBA is significant for this study because one of the key informant groups engaged consists of young people, namely students. Their perception on whether sexuality education should be a part of the curriculum of the Filipino public school system is of utmost importance to the success or failure of the RH Act.

2.3.2 Morality-Based Approach

The idea of a Morality-Based Approach towards education is to help make children virtuous – honest, responsible, and compassionate. Furthermore, it is to turn students into mature adults who are informed and reflective about important and controversial moral issues. This can be rooted in the idea that we ‘must know how to position ourselves in this world’. Braeken & Cardinal (2008) claim that sexuality education is still tied to sexual morality and religion. Even though Lamb (1997) felt that sexuality education and morality education should be two separate entities, the trend to collaborate the two was soon acknowledged. This broader approach was also strongly supported by the Sex Education Forum’s claim (1992) that sexuality education should cover the exploration of attitudes and values (Thomson, 1997).

Moral values and beliefs are quite a sensitive issue however, as what is ‘morally right’ for one person may not be ‘morally right’ for the next. To illustrate, the moral beliefs of pre-marital sex are often a sensitive debate, especially in those countries that are generally more religious. One example is Fincham’s study (2007) where he conducted research to find out what the values were among Catholic schools in England. Interestingly, perceptions regarding sexuality education were negative due to limited information provided among these schools. Overall, the Morality Approach offers a wider view of sexuality education in comparison with other sexuality education debates.
Typically, morality is not a construction of free-floating subjective values, but rather grounded in traditions and cultures (Nord & Haynes, 1998). Therefore, one can see how it is generally the aim to embed moral principles and values into school systems, as research suggests this to be the environment that has the biggest influence on adolescents today (Francis, 2010). Since there is a strong demand for sexuality education in schools, the subsequent paragraphs will frame how sexuality education can still be taught without violating traditional and cultural moral values and behavioral codes of conduct among adolescents.

### 2.3.3 Health-Based Approach

Braeken & Cardinal (2008) described this approach as education that concentrates on apprehensions of unwanted pregnancies and sexually transmitted diseases. It has demarcated from a sexual and reproductive health point of view where the key emphasis is on reproductive capabilities and health outcomes. This was originally used as an assertive approach to confront health problems today. Rather than concentrating on sex prevention strategies, this approach allows individuals to face the facts and understand the health challenges and outcomes that could potentially arise if unsafe sex takes place.

Sexuality education that takes on the health approach usually focuses on specific and topical sexual health issues, as previously stated. There are many plausible teaching approaches within the health education perspective, and the rationale that may be established in a larger theoretical framework. Kirby (2007) researched the outcome of these Health-Based Approach programs in the United States and realized the success of such a program. Kirby (2007) acknowledged that awareness of sexual health problems indeed had risen among the public. Overcoming severe health issues is crucial to a society, so giving rise to this approach was both plausible and realistic. Furthermore, sexuality education should promote physical health (Reiss, 1995).

The Health-Based Approach, like any theoretical approach, has faced opposition and criticism. For example, this approach was delivered in a value-free and
objective manner. Braeken & Cardinal (2008) claim that programs, which concentrate on physical health outcomes, may pay less attention towards discussing gender inequalities, which may portray girls to be the inferior and susceptible victim. This ‘fear based’ curriculum, like the previous one, may indeed have the right motives, yet potentially might put too much emphasis on preventing undesirable health outcomes without addressing other important aspects of sexual health.

Aspects of the Health-Based Approach should definitely be incorporated into the sexuality education curriculum in the Philippines at the earliest age possible to raise awareness to the health risks involved in sexual activity.

2.4 Forms of Sexuality Education
This section will briefly describe two different forms of sexuality education that have been put into practice in order to provide an example of different approaches that are currently being used today. The following two are contradictory from one another – Comprehensive Sexuality Education and Abstinence Until Marriage Sexuality Education.

2.4.1 Comprehensive Sexuality education
This approach to sexuality education encompasses a wide-ranging and multifaceted theoretical debate on whether sexuality education should be taught already as early as primary school, with an elaborate continuation integrated in the curriculum up until high school. Comprehensive Sexuality Education (CSE) is a rights-based and gender-equitable educational form of sexuality, gender, sexual and reproductive health, and sexual behavior. It highlights the notion that sexuality plays an important role in people’s personal development and empowers young people to make autonomous and informed decisions, without undermining the idea that young sexual desire is natural and normal. However, it is still up to the individual to decide whether or not he or she chooses to engage in sexual activities and behaviors. It encourages students to withstand the pressure from others to have sex by helping develop personal attributes such as self-esteem, personal responsibilities, relationship skills, and respect for self and
others (Simson & Sussman, 2000). They state that children should begin receiving sexuality education as early as kindergarten (about 5 years old) which will continue until they are in 12th grade (about 18 years old) so that they can be provided with opportunities for developing skills as well as learning information that fits contextually into the current needs of youth today.

In the 90s, The Sexuality Information and Education Council of the United States (SIECUS) developed a number of guidelines on sexuality education, which closely resembles the comprehensive approach aforementioned. I will briefly touch base on the main objectives of this American approach, as it significantly exemplifies the strategies in which other sexually based programs have stemmed from (SIECUS, 2000). According to the guidelines in this approach, sexuality education should have four primary goals; first information, secondly attitudes, values and insights, thirdly relationships and interpersonal skills, and finally responsibility (Haffner & Yarber, 1991; Simson & Sussman, 2000). The first focuses on accurately informing an individual about human sexuality including aspects such as reproduction, anatomy, and sexual orientation. The second goal refers to providing opportunities to question, explore and assess people’s sexual attitudes and their families’ values and to develop insights about relationships with families and members of both genders. The third goal focuses on the development of interpersonal skills such as communication, decision-making, assertiveness, and peer refusal skills. The last goal refers to helping and guiding people to become responsible in terms of sexual relationships, including abstinence, resisting pressures, and the encouragement of using contraceptives.

2.4.2 ‘Abstinence-until-marriage’ sexuality education
The main opposing approach to comprehensive sexuality education is that of ‘Abstinence-until-marriage’ sex education (also known as ‘Abstinence-Only’). This approach encourages the abstinence of sex until marriage and often avoids the discussion of the use of contraceptives and disease prevention methods, but often when discussed will emphasize failure rates, and therefore justify its approach (Dailard, 2001; USDOH, 2002). In congruence with a plethora of other sexuality education curricula, Sex Respect: The Option of True Sexual Freedom is the prime
example of a curriculum developed which exemplifies the abstinence approach, and was used in over 2,500 schools in the USA in the 1996-97 school year.

The reason examples from the USA are incorporated is because the Philippines was a former colony of the USA. The American influence has left a major impact on the Philippines to this day. The curriculum’s goal was to emphasize the notion that abstinence until marriage was the morally right thing to do and that premarital sex could lead to ‘destructive and uncontrollable results’ (Simson & Sussman, 2000; Wellings et al., 2006). Furthermore, the curriculum claims that the use of condoms and other contraceptives has no use, could fail to provide the anticipated protection, and could even lead to health risks, whilst also asserting that they do not protect from emotional or psychological problems derived from having premarital sex. Moreover, it teaches that abortion is both morally and medically irresponsible, highlighting both physical complications that can result from abortions but also perceiving people who undergo abortions as ‘selfish’. Abstinence-based programs exaggerate health risks related to abortion, or the risks of pregnancies, despite the use of condoms, in order to deter individuals from sexual activity, and by doing so they actually disseminate misinformation.

This approach to sexuality education originated in the United States, treating individuals as innocent people so that minimum information about sexual relationships and education was given. Another term for this educational approach is sometimes referred to as ‘fear based’ education (Blake & Francis, 2001; Halstead & Reiss, 2003; Liang, 2010). It supports the concept of dating as a means to get to know one another better before marriage, but also asserts that a return to the traditional arranged marriages could be beneficial, claiming such marriages would likely put together two individuals of similar educational and economic background, and could therefore be more ‘harmonious’ than mixed marriages (SIECUS, 2001). Finally, it also provides little information about homosexuality, mentioning it only explicitly in relation to HIV/AIDS, thereby warning people to avoid homosexual behavior in order to prevent the spread of the disease (Kirby, 2001; USDHO, 2002).
The relationship of the Abstinence-Only program to the Morality-Based theoretical approach is that this program teaches that it is the ‘only morally correct option’ of sexual expression among teenagers and that there is only one set of values that are morally correct for all students (Lacson et al., 1997). It does not leave much room for children to learn about other ways of approaching the subject, which is why it remains a hot topic in the controversial debate today.

A Morality-Based Approach is important to this study because it seems to be the preferred type of sexuality education, if any, by the religious establishment in the Philippines. The common aspects of a Morality-Based Approach must be added to the sexuality education curriculum in the public schools in the Philippines especially since the fierce opposition of the Catholic Church is the main reason the RH Act has not yet been implemented.

2.5 Challenges of Sexuality Education
One of the main challenges to sexuality education is dealing with the parents of the students that will be receiving this education. The influence of parents on the education of their offspring is quite significant; it is often difficult for them to come to terms with the idea that their child will need to learn about reproductive health. The perceptions and rationale that justify why parents prefer for their children not to learn about sex at a young age is logical, however not always practical in a world where teenage pregnancies are rampant, and population growth is ever increasing (UNFPA, 2012). Fentahun et al. (2012) conducted a research study that measured the perceptions and attitudes of parents when recognizing the benefits of a sexuality education curriculum. After having a thorough understanding of what exactly this program would entail, and the implications it would have on their child, parents were much more likely to allow their child to take part in the sexuality education program. This shows that once an individual is given the background and practicalities of a program such as this, their views tend to be more favorable, rather than just bluntly announcing that their child will be given courses on sex (Fentahun et al., 2012).
The second main challenge to sexuality education is that teaching social skills relevant to sexual behavior in classroom settings requires special expertise in program design and in delivery by teachers (Schaalma et al., 2004). Teachers are often reported as not feeling equipped to teach sexuality education (ibid). It is absolutely pertinent that those who teach these courses are confident about the subject matter and are able to create an atmosphere of trust and safety. A more theoretical approach takes its starting point at the questions that young people raise in general. In such an approach, the teacher is open to the different experiences and insights that students express, and can use these as the basis of learning. Generally, this is framed in more disciplinary terms and requires teacher confidence and a knowledge base that can be deployed when necessary (Bernstein, 2000; Schaalma et al., 2004; Goldman, 2012). The challenge however, is whether teachers can be attributed with such capabilities that make them suitable to teach in social contexts that may be intimidating in a debate about sex, or see this entirely in terms of imposing the prevailing norms, whether compatible with the values of the constitutional order or not (Bernstein, 2000; Francis, 2010).
CHAPTER THREE: RESEARCH METHODOLOGY

In this chapter, different research methods will be discussed to provide a broad depiction as to how the data was collected. My techniques consisted of an analysis of related documents regarding sexuality education, semi-structured interviews, a focus group discussion, and participant observations. Furthermore, this chapter also discusses how the data is analyzed, and the limitations and ethical considerations to my research.

Before delving into the aforementioned techniques, however, I will first provide a brief description of each location, followed by the respective respondents I interviewed in each area. For example, my participants came from a variety of organizations, from governmental offices and NGO’s (non-governmental organizations), to high schools and community leaders (See Table 1 for demographic background of participants). Furthermore, I was interested in exactly what the position was of each stakeholder, along with his or her age, sex, and religion (which will be explained later in the analysis). The reason I describe the following three locations in detail is to depict an illustration that will guide the reader to better understand the results of the respondents which will come later after first seeing them in context of their living situations.

3.1 Sampling by Research Location

In total, I conducted 20 interviews and 1 focus group between three different areas within close proximity to the metro-Manila area. These three areas were Baseco, a small underdeveloped compound surrounding part of the Manila Bay, Quezon City, an industrialized and rather wealthy city, and Binan City, which can best be described as a more balanced combination of the two. My rationale for choosing these three areas to work with is I wanted a cross-section of society. I methodologically chose this because when comparing demographics, education systems, and perspectives among participants, these three areas would allow me to see generally the whole spectrum of views dealing with my topic.
3.1.1 Baseco Compound

Baseco is a compound just outside of the capital city, Manila. It lies in one of the poorest and most underdeveloped districts in the whole country. This is a major slum area where children run around freely with no adult supervision. Furthermore, due to the dense population and scarcity of resources, it is known as a dangerous place for scavengers as there is not enough food to supply the ample amount of inhabitants. Continuing, it is also a port along the Manila Bay, where seamen will come dock their boats for the night waiting for poor young girls from this compound to come and sell themselves for 5 pesos per night (USD 0.12 cents) in order to have money for food. Due to the fact that Baseco is located along a port, it has become a convenient place for sex trafficking to take place, causing even more crime, danger, and poverty in this area.

In this area I spoke with 1 health counselor, 1 physician, 1 health official, 2 NGO presidents, 1 community developer, and 1 LGBT leader. The reason I chose each of these participants was to get a very wide range of different sexuality education perspectives based on the role of the subject in their respective communities. Most were health related participants with an active career and background on reproductive health, but I was also interested in respondents of all ages, which is why this cohort was between the ages of 22-56 years old. Furthermore, this was the location where I conducted my focus group as well.

3.1.2 Quezon City

This city is the National Capital region of the Philippines, being one of the wealthiest and most densely populated cities in the country. In short, this city is home to many government officials, the House of Representatives, and two of the most elite universities in the country. Quezon City was chosen as an integral part of this research for its educational institutions and a more highly educated population (98% literacy rate). Several private schools can be found here in, which make it an interesting contrast from Baseco. Crimes rates are much lower here, causing this to be known as one of the ‘safer areas’ in the Philippines.
In Quezon City I went to a progressive all girls’ private university that focuses on gender equality and sexuality education, namely Miriam College. These respondents generally had highly educated responses to my questions and were very informed of reproductive health. Here I spoke with 2 female students, 19 and 21 years old, who were both following the Gender Studies Program at the their university. Furthermore, I interviewed 1 male intern, 24 years old, who previously also graduated from a highly prestigious university in the Philippines, who now interns at a private company also in Quezon City. His research was highly informative as has many connections and good friends working in the Senate.

3.1.3 Binan City

Binan City is the head location of the NGO I was working with, which is where most of my respondents came from. This is a suburban residential community with close proximity to metro-Manila, and is one of the most susceptible places for investments, industries, and other such economic functions, due to the progressiveness of this area. Therefore, it was of particular interest to study out the changes that this community made in order to become such a competitive middle class area increasing not only growth in the business sector, but also through higher academic standards, which often suggests an increase in quality of life. This area is just one of many examples in which small cities are becoming more developed, making this area of respondents a good case study to use in my research as they are not totally developed yet, but are on the right track.

In Binan City, I interviewed 1 principal, 4 teachers, and 5 students. The ages of these subjects ranged from 13-42 years old. Here it is clear that it is a rather young-middle age cohort of pre-dominantly females. These subjects were recommended to me from the NGO I was working with since they had an office near the school, which provided me with access to the students. All participants in this area came from the same public high school, namely Binan High school. This middle class society is a good medium between the poor slums of Baseco and the wealthy high rises of Quezon City.
### Table 1: Demographics of Participants

<table>
<thead>
<tr>
<th>Organization</th>
<th>Stakeholder</th>
<th>Location</th>
<th>Age</th>
<th>Sex</th>
<th>Religion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dept. of Health</td>
<td>Health Counselor</td>
<td>Baseco</td>
<td>56</td>
<td>F</td>
<td>Catholic</td>
</tr>
<tr>
<td>Dept. of Health</td>
<td>Physician</td>
<td>Baseco</td>
<td>41</td>
<td>F</td>
<td>Catholic</td>
</tr>
<tr>
<td>Dept. Social Welfare</td>
<td>Health Official</td>
<td>Baseco</td>
<td>37</td>
<td>F</td>
<td>Catholic</td>
</tr>
<tr>
<td>NGO - World Vision</td>
<td>NGO President</td>
<td>Baseco</td>
<td>22</td>
<td>F</td>
<td>Evangelical</td>
</tr>
<tr>
<td>NGO - Kabalikat</td>
<td>NGO President</td>
<td>Baseco</td>
<td>43</td>
<td>M</td>
<td>Catholic</td>
</tr>
<tr>
<td>NGO - Urban Poor</td>
<td>NGO Comm. Developer</td>
<td>Baseco</td>
<td>30</td>
<td>F</td>
<td>Seventh Day Adventist</td>
</tr>
<tr>
<td>Org. of LGBT</td>
<td>LGBT President</td>
<td>Baseco</td>
<td>31</td>
<td>M</td>
<td>Catholic</td>
</tr>
<tr>
<td>Binan High School</td>
<td>Principal</td>
<td>Binan City</td>
<td>28</td>
<td>F</td>
<td>Catholic</td>
</tr>
<tr>
<td>Binan High School</td>
<td>Teacher - Math</td>
<td>Binan City</td>
<td>29</td>
<td>F</td>
<td>Catholic</td>
</tr>
<tr>
<td>Binan High School</td>
<td>Teacher - English</td>
<td>Binan City</td>
<td>42</td>
<td>F</td>
<td>Catholic</td>
</tr>
<tr>
<td>Binan High School</td>
<td>Teacher - Chemistry</td>
<td>Binan City</td>
<td>28</td>
<td>M</td>
<td>Catholic</td>
</tr>
<tr>
<td>Binan High School</td>
<td>Teacher - Health</td>
<td>Binan City</td>
<td>24</td>
<td>M</td>
<td>Catholic</td>
</tr>
<tr>
<td>Binan High School</td>
<td>Student</td>
<td>Binan City</td>
<td>13</td>
<td>F</td>
<td>Latter-Day Saints</td>
</tr>
<tr>
<td>Binan High School</td>
<td>Student</td>
<td>Binan City</td>
<td>15</td>
<td>F</td>
<td>Catholic</td>
</tr>
<tr>
<td>Binan High School</td>
<td>Student</td>
<td>Binan City</td>
<td>15</td>
<td>F</td>
<td>Catholic</td>
</tr>
<tr>
<td>Binan High School</td>
<td>Student</td>
<td>Binan City</td>
<td>15</td>
<td>F</td>
<td>Catholic</td>
</tr>
<tr>
<td>Binan High School</td>
<td>Student</td>
<td>Binan City</td>
<td>15</td>
<td>F</td>
<td>Catholic</td>
</tr>
<tr>
<td>Arms Corporate</td>
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<td>24</td>
<td>M</td>
<td>Catholic</td>
</tr>
<tr>
<td>Miriam College</td>
<td>Student</td>
<td>Quezon City</td>
<td>21</td>
<td>F</td>
<td>Agnostic</td>
</tr>
<tr>
<td>Miriam College</td>
<td>Student</td>
<td>Quezon City</td>
<td>19</td>
<td>F</td>
<td>Catholic</td>
</tr>
</tbody>
</table>

#### 3.2 Research Techniques

The research techniques that were used to collect data in his study were analysis of official documents, interviews, focus group discussion, and participant observations. Each of these techniques combined help formulate a broader depiction of delving into my sample, by using more than one method to research the issue at hand. Furthermore, I also used a fieldwork log book which was helpful in recording notes of daily conversations, observations, cultural surroundings, changes in my environment, and other such necessary logs that I felt would be relevant to my research topic.
3.2.1 Analysis of Documents

The documents that I analyzed consisted of reports from the Philippines Department of Health, Department of Education, local newspapers and websites containing information on Sexual and Reproductive Health Rights in the country, political debates and opinions from polls on social media webpages, the Official Filipino Constitution (enacted in 1987), and lastly the Responsible Parenthood and Reproductive Health Act of 2012. Combined, these documents served as an integral part of my methods in that they strongly provided reliable information and supported communication between all stakeholders – from the government down to the people.

3.2.2 Interviews

Semi-structured interviews were held on a confidential one-to-one basis, except when English translation was needed. When necessary, I would bring a local friend who was both bi-lingual and very objective when it came to reproductive health. The translator was reliable and trustworthy, as I double-checked over his interviews with a second translator via means of listening to the voice recordings. In the interviews, each participant was asked a set of 17 questions and their answers were carefully recorded with a voice recorder. On average, each interview lasted about 30 minutes. When interviewing youth, they generally were very shy, yet polite, giving shorter answers and sticking strictly to the questions they were asked, whereas older respondents generally provided more extensive answers to the interview questions, allowing room for personal stories and lengthy dialogue. In 5 of the 20 interviews, other people were present in the room while the interview was in session. Often when this was the case, they would ask to join in the interview, and I would leave it up to the respondent.

Several interviews commenced with snacks and a drink, as subjects enjoyed welcoming people into their respective environments with warm hospitality. I noticed in many instances that this ‘broke the ice’ more simply, and the conversation came almost effortlessly. Filipino people are known for their hospitality and easy conversation, and they made sure I knew it was deeply embedded in their culture. I stressed the fact that this was a casual interview, and
tried refraining from a formal interview to create an open atmosphere. A common concern I came by was whether this information would be left confidential, and what I would do with the results. Once explaining it was purely for educational purposes, they agreed shortly into continuing, as they seemed to enjoy knowing that their responses would help towards research in their country. One participant felt very uncomfortable halfway through the interview and stated that the questions were too personal. She left the interview in tears, and we had to continue it at a later time when she felt more secure talking to me about such a sensitive topic as sexual and reproductive health. Once all interviews were collected, they were then transcribed verbatim and categorized into documents based on location.

3.2.3 Focus Group

In my focus group, 4 boys and 5 girls were chosen from a local public elementary school in the Baseco Compound, all who were between the ages of 8-16 years old. These children are not the same ones that have been previously shown in Table 1. The LGBT leader, who also participated in an interview, offered to help facilitate this session, and also to provide translation if necessary. I started with snacks and an icebreaker, where I separated the participants into two teams based on their gender. Each team was then given paper and pen and was asked to write down all related terms that came to mind when hearing ‘Sexual and Reproductive Health’. Further, they were asked to draw a stick figure and circle the areas of the reproductive system, and other such anatomical areas. It turned into a great success and the girls and boys liked competing against each other to show off who knew more about this subject. The session lasted about 45 minutes as a wide variety of teenage appropriate questions that dealt with dating relationships, anatomy, contraception, and the like, were asked about. The point was to test their knowledge on what they were taught and where they learned it. Their perspectives on each topic differed greatly, which was probably due to the co-ed environment, and the vast age difference.

One difficulty that I encountered was that many students felt uncomfortable talking about reproductive issues in a co-ed setting at a young age. They showed
signs of shyness and embarrassment, so I would often crack jokes and take the edge off every time another sensitive issue came up. Additionally, focus groups do not work as effectively in a group of 9 students. I was unaware of the fact that 9 students were joining the session, as I was originally informed that only 5 students maximum would be attending. Another difficulty was that some things needed to be translated, which would get the students off topic, as I would talk quietly with the translator to the side of the classroom. In the meantime, the students would engage in loud chatter amongst themselves and it would be hard to get their attention back on answering the question. Overall, they were cooperative and well behaved, and I ended the session with snacks and one final game. I was later informed that the students talked about the focus group even days after it was over and were discussing their thoughts and ideas on what they learned during it.

I would like to state that the focus group will not be included in any data chapters as it was a way to understand overall perceptions before conducting interviews. I wanted to put together an interactive group setting where participants could talk freely among one another. This was the reason I chose to do a focus group – to see the interactions among different genders about sexual issues at a young age. For clarification reasons, this focus group will not be analyzed in the same manner as the interviews.

3.2.4 Participant Observation

After many of the interviews, I was often invited into the participant’s homes for dinner and to continue the conversation with their friends or family. When this was the case, I would not bring an interview guide or voice recorder, so the conversations were not officially documented, yet they did still contribute to the experience and led into more open discussions relating my topic to the big issues in their country such as politics and religion. I felt this created a more in-depth environment outside of formal conversations. I would observe them in their natural settings where they felt most comfortable, whether I was in their home, or I went to their school playground to watch them engaging in activity with one
another. This gave me a chance to understand them better in the context of their socio-economic status and family life.

3.2.5 Data Analysis and Presentation

This section comprises the way in which I analyzed my qualitative data through means of transcriptions and coding process. The following sections will illustrate the process I used in order to organize and structure my interviews.

To start, all taped audio recordings from the interviews were uploaded to the computer and transcribed verbatim. This took the longest amount of time over anything else in this research to make sure that interviews were accurately transcribed. Once all transcriptions were completed, they were uploaded to a program called TAMS Analyzer Software. This software enabled me to organize my interviews based on category of stakeholder to provide me with a clear overview of all of my respondents. Next, I developed a preliminary code list that I came up with through the patterns I noticed in the interviews. Several key words came up repeatedly in the interviews such as Religion, Church, Gender, Culture, and Social Class. Using these as guidelines, I then developed more specific sub-codes throughout the coding process and added them to all necessary transcriptions.

Once all of my codes were established, it was clear which patterns could be made and also how to discern between the various similarities and differences among each respondent. For example, this program allowed me to type in a code and see which quotes it was used in and who said what using this code. This made the process very smooth and efficient. During the coding, I especially looked out for Perceived Needs, Challenges, Outcomes, and Recommendations, which are the main four questions that this research aims to answer (See Section 1.4).

I understand that this research is very subjective and that the codes were determined based on my own personal analytical inclination. I am aware that my experiences with what I have learned in school about Sexual Health and how I
personally perceived it may have affected my results and what I chose was important to code or to leave out.

Lastly, in Table 2 below, a list of all the main codes that were used for the research were organized into a structured visual. These main codes comprised the basis of my research. It is important to notice that although many of these codes make up the main Needs, Challenges, Outcomes, and Recommendations, these codes overlap on another on many occasions. Although several codes could have been interpreted to fit all four major categories, I organized them based on how they fit they best in one category, based on the context of what they said. Referring back to their quotes many times was very important for me to ensure that their code was categorized into the right place. For example, the code ‘Education’ could fit under all four categories – it could be seen as a Need, Challenges, Outcome, and also a Recommendation. Therefore, I placed it into my analysis where it fit best based on the context of their quote.

Table 2: List of Main Codes

<table>
<thead>
<tr>
<th>LIST OF CODES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contraception</td>
</tr>
<tr>
<td>Family Planning</td>
</tr>
<tr>
<td>Economic Growth</td>
</tr>
<tr>
<td>Education</td>
</tr>
<tr>
<td>Population</td>
</tr>
<tr>
<td>Empowerment</td>
</tr>
<tr>
<td>Gender Equality</td>
</tr>
<tr>
<td>Awareness</td>
</tr>
<tr>
<td>Accessibility</td>
</tr>
</tbody>
</table>

3.3 Limitations
There were quite a few limitations in this study. To start, the sample size was fairly small, with only 20 participants due to the lack of time. Secondly, the notion of sexual health is a highly sensitive subject in the Philippines and many are not very comfortable discussing such a taboo topic. For example, gender or religion
limitations often prevented a respondent from answering completely, or feeling like they were allowed to talk about a sexual issue without going against their faith in the Catholic Church. Sometimes they felt uneasy talking about the ways in which they disagree with their own Church because they thought God might punish them or maybe their answers would not stay in confidence. Boys and girls did not like to discuss their answers in the presence of one another, yet there was not always a room for them to split up, so we would talk quietly one-on-one, while making sure the rest in the room were not listening. Thirdly, some interviews were done outside in a very loud and boisterous environment (especially those conducted in Baseco), and the audio recorder could not pick up everything that the respondent said due to street disturbances. On another note, sometimes the respondents did not seem to entirely understand the question I was asking them and I needed to find a (hopefully reliable) translator creating an unforeseen language barrier on some questions. Lastly, I felt that sometimes participants were not completely honest and would give an answer that they felt was the ‘socially acceptable answer’, despite whether they really agreed with it or not. This is a major limitation as it is hard to recognize the transparency in their responses.

3.4 Ethical Considerations

Prior to the data collection, the procedure of this research was approved by the department of International Development Studies at the University of Amsterdam. A written proposal was sent to a supporting supervisor who is a professional in the field. Full discussions with lengthy explanations were carried out with other professionals in this department to ensure total transparency and purpose. Moreover, all of the data collected in this research was confidentially acquired, and the codes were done in an anonymous manner. When audio recordings for my interviews were conducted, a written form of consent was signed when necessary and was also approved by the Department of Education in the Philippines. Before any given interview started, I gave a brief overview of my topic to inform the respondent of my reasons for interviewing them. Evidence to these measures can be heard on the voice recordings that were taped.
When listing respondents in an organized table above (See Table 1), no names were given that would reveal one's identity. Only representations, such as 'Teacher 1,' 'Student 3' or 'Local NGO Official'. During the focus group though, some identifications were revealed, but in order to eliminate any breach of ethical considerations, they were coded anonymously.

Overall, the objectives of this research were clearly outlined for all respondents. All procedures were done in an orderly and confidential manner, and all data was handled only by myself.
CHAPTER FOUR: INCORPORATING SEXUALITY EDUCATION INTO THE FILIPINO EDUCATION SYSTEM

These next five sections refer to the different perspectives of the stakeholders when asked about the integration of sexuality education in the primary and secondary public school system in the Philippines. Stakeholders discussed a wide variety of copious needs, challenges, and outcomes that they perceived to be of particular interest when discussing sexual and reproductive health related issues. Furthermore, they also provided recommendations, based on their views, when looking for improvements. Lastly, aspects of economically related issues were also drawn from their interviews and will be discussed in this section. Some perceptions may overlap as the stakeholders had similar answers to certain questions; yet they had very different responses to other questions. The stakeholders will be categorized into three main sub-groups: Students, Teachers, and Key Informants. To avoid confusion, the term ‘key informants’ will be used to describe any of the participants in NGO’s, government officials, and community builders as described previously in Table 1 (See above).

In the sub-sections below, it is very important to notice that there is a research question at the start of each new sub-section. These research questions are the same ones that were previously addressed in Section 1.4. This chapter will aim to answer all of these respective questions.

4.1 Needs
The following section deals with my first research question concerning the perceived needs of the participants.

[Research Question 1]: “How do various actors identify the need for sexual and reproductive health rights of the Philippines, and what are the similarities and differences among these perspectives?”
4.1.1 Perceptions of Students

All five high school students expressed that they felt a need for a sexual and reproductive health program. These students claimed that this was mostly because of their experiences with friends or family members who had gotten pregnant early on and how they were uneducated on how to properly raise the child. The students discussed in length what their personal feelings were regarding the content and subject matter they believed would be most helpful to them as youngsters. They also expressed concerns about needing to improve family ties even though they, as Filipino children, are strongly guided by their families their entire lives. They found the influence of parents on their children to be very strong and saw family bonds to be of utmost importance. One girl (13 years old) even stated that:

“The guidance of parents is still the most powerful weapon against early teenage pregnancies.”

Furthermore, the students collectively came to a consensus that an open and transparent relationship with their parents was imperative in order to avoid the sexual pressures that they are faced with today. They felt strongly about discussing with their parents the effects and benefits they believed they could receive from engaging in sexual acts, yet they also wanted to be aware of the potential consequences that could arise from engaging in these acts. Students reported a strong need for information regarding reproductive health since they did not feel they were learning enough in school to prepare them for real life situations where they would need to decide whether they wanted to engage in sexual activities or not. Furthermore, they felt a strong need for learning refusal skills and other practical necessities, since they felt that the social media only shows the positive sides of sex, and not the negative effects it can have on the youth if they were forced to engage in it. This need of learning assertive refusal skills was brought up repeatedly in the different interviews.

Moreover, students felt that boys and girls should learn differently about reproductive health. To illustrate, boys should learn the technicalities of the
ejaculation of semen and fertilization of an egg. Girls should learn about their period cycle and about the times that they are most and least fertile. Girls and boys should both learn about the reproductive systems of the opposite sex, and gender specific teaching should be provided in a separate classroom setting. Students reported that they believed they needed to be made aware of all available forms of contraception, and that there should be a clear emphasis on the truths and fallacies of such contraception. Gender specific education was a paramount concern because students felt that high school is the average age where they start learning about their sexual orientation and preference. For example, they are learning whether they like boys or girls and whether or not they even like having sex. As one female student (21 years old) responded:

“Everything happens in high school.”

Furthermore, another main finding was that the sexual and reproductive health needs tend to differ among individuals based on their socio-economic status. One example includes the perception that women in lower social classes do not think they need contraception, which is possibly why they are less interested in learning about reproductive health. Moreover, they believe that women of lower social classes might not understand the impact of their actions, due to having received no or lower education. The perception was that these women had less knowledge, which creates even more of a need in these lower socio-economic areas for sexuality education. Therefore, the apparent need for gender specific sexuality education is only one side of the problem, whereas socio-economic-specific education is the other side of the problem. Education should be catered according to the needs of the respective area people live in, and should be delivered based on the perception that not every demographic area has the same reproductive health needs. Besides sexuality education, the lower classes also need food, shelter, healthcare, etc. But the middle class is different because they generally already have these things.

One last major finding was that students acknowledged the fact that sexuality education was very important, however their teaching methods were very
different. Few reported that the place where you learn about sexuality education is of most importance. For example, these students felt that maybe this type of education should be offered at home rather than at school. Some students felt very close to their parents and would rather learn from them than from a teacher, whereas other students did not feel as comfortable with their own families but were more interested in learning about sexuality from their friends’ parents, as long as it was not from their own parents, or from their teachers.

In this section, it is clear that students find it very important to have close relationships with their family and peers. Students mention having an open and transparent relationship with their parents, learning refusal skills when dealing with peer pressures from their friends, and also learning about sexuality education from their parents, their friends’ parents or in a school setting. This shows how strongly youth feel about deeply rooted, healthy relationships at a young age. It is surprising to see the emphasis that they placed on family and relationships. Students also mentioned that they would prefer gender specific sexuality education.

Based on their answers and perspectives it is evident that students seemed to prefer a Morality-Based Approach to sexuality education. This approach stresses sexuality education from a moral perspective as students highlight how family values play a major role, and that they feel a need for learning about sexuality in a home setting where they value the views of their parents and can learn from someone they have a closer relationship with. It can be assumed that students are more likely to participate in sexuality education sessions when they are being taught the family values of what is morally ‘right’ and ‘acceptable’ by their parents rather than in a school setting where they may not agree with the value system of the teacher.

The Psycho Social Development Theory stresses that gender specific sexuality education is very important when teaching students about sexuality related issues. It can be determined from the answers given by the students that this theory is accurate on regarding the gender specific sexuality education. Students
mentioned that they wanted gender specific topics and that they also wanted to learn about each other. Therefore, this theory should be taken into consideration by educators when trying to find the best program possible for their students, as their students clearly find gender issues to be of great importance.

4.1.2 Perceptions of Teachers
The teachers differed greatly in their perceptions of what the sexual health needs were concerning education. Their perceptions were based on what they noticed in their respective classrooms, which shows that their answers will surely differ depending on the subject that they teach. They also differed in what they believed their own needs were in effectively teaching on subjects concerning sexual health. One teacher reported that there are a lot of prostitutes in the Philippines, as women try to create jobs for themselves in order to provide for their families when their husbands cannot or won’t. One female high school principal (28 years old) reported that:

“In order for those women to make money they must prostitute their bodies every night. They get their body used because their job is to provide sexual entertainment for the men. How are we going to protect their health for them to minimize sexual contact with anyone, especially with the men who have STD’s like herpes and AIDS? If they are educated about having sex, and about the many consequences of having a lot of sexual contact with different men, they can be able to protect themselves from any health risk brought about by sex. As a teacher, I am here to educate. And I think the biggest sexual need here in the Philippines, especially at my school is to educate. That is the very reason why I do what I do.”

Another teacher (female, 42 years old) reported that sexuality education is something that should not be taught as it is a “sin against God to learn about sex.” She felt very strongly about preserving her faith and she did not feel that there could be a compromise without going against her religion. She informed me that learning about sex can be as serious as committing the act itself as “once you visualize impure sexual images in your head, you pay the same price to God as if you were to actually have committed the act itself.” She quoted herself with biblical
scripture and explained that children should just learn to keep their hands to themselves.

Education is seen to be one of the driving forces of development as investments in human capital are an essential need in expediting economic growth. Empowering individuals, making them aware of their rights and teaching them about the social and physical attributes of sexual relations could be one of the most important investments in the Philippines. Teachers reported that poverty levels remained high, and the amount of children per household were overly abundant. They stated that families look for whatever job opportunities they can find – whether it is selling fruit, or selling their bodies. Overall, teachers reported about the pressures they have in transferring accurate knowledge to their students in the classroom, as they feel responsible for their students’ educational needs. Therefore, accurate information dissemination is highly important, and the main focus should be on educating the teachers on how to appropriately and effectively teach their student about sexual and reproductive health. This subject should be taught in a manner that would make students feel like they could be open and in a manner that makes students feel respected. Although not all teachers agreed with this way of thinking, the majority concurred.

Teachers disagree on what a sexuality curriculum should entail, whether sexuality education should be taught at all, and on how to best deliver this program. Teachers’ differing morals determine their differing behavior towards this subject of sexuality. As one teacher prefers to stick to the Abstinence-Only education approach, the others seems to prefer a Comprehensive Sexuality education approach. Since teachers have not yet reached agreement on what they believe is “right” and what is “wrong” from a moral perspective, and students can’t wait for them to reach a consensus because they need sexuality education now, it seems that a Health-Based Approach should be followed for now. At least the students will learn about the health risks, sexually transmitted diseases, sexual products and pregnancy prevention. In the meantime teachers should be mandated to attend sexuality sessions where they can learn on how to get more comfortable teaching a sexuality program and come to grips with their personal value system.
and with reality. The Abstinence-Only Approach one of the respondents seem to propose is not very realistic, and it has not worked yet, otherwise the Philippines would not be faced with the problems it is experiencing now regarding its rapid population growth rate, unwanted and unplanned pregnancies, STDs etc.

4.1.3 Perceptions of Key Informants

Key informants covered a wide variety of perceived needs as many informants came from various departments and organizations. These issues ranged from educational needs to guidance from the Catholic Church. These informants felt that education reform was the main approach that was needed to turn around a society as a whole, and more specifically, sexuality education to transform the children of a society. The guidance of the Catholic Church was a major perceived need, but many did not feel that they had the power to do anything about this. Therefore, they informed me that they do not bother becoming apprehensive of what the Catholic Church does as it is out of their reach. To start, I will quote one female official from the Department of Health:

“The benefits of sexual health [education] are that individuals can care for their bodies and have time for their families. Because when you are married and you are an early pregnancy, every year will bring more things to worry about. So even if you are using contraception, you still need a plan for your next child, and with this contraception, that can be possible. Then individuals can go to school if they would like, even if they already have kids. People can really learn to plan with contraception.”

This official believed that sexual health education is important even for married women. He stated that married teenaged girls, which is not uncommon in the Philippines, should learn about contraception so that they can delay and or space their pregnancies. In this way the teenaged girl still has a chance to attend and finish school before getting pregnant.

A representative of the Department of Social Welfare reported a similar need. This person stated there was a particular need for reproductive health education,
one of preventing early (teenage) marriages, which is frequently the cause for teenage pregnancies (even if it is in wedlock). This representative believed that marrying at a young age reduced an individual’s chance of finishing school and being able to provide for him or herself if something were to happen to his or her spouse. They reported that often women do not realize the impact of marrying young, which is embedded in their culture, and that they should learn about the complications that can arise, as well as understanding the responsibilities of taking care of their bodies. This representative believed that what was really needed was a campaign on reducing pre-marital encounters to avoid teenage marriages. He reported that this starts on a practical school-based level by restricting interactions of boys and girls on the playground, as playgrounds were said to be the ‘sex hub’ in poorer areas. This so-called ‘sex hub’ is a good example of why a program that stresses an abstinence-based approach only will not work. As has been determined in the Social Learning Theory, social influences are crucial and students learn by observing others. So if students are only being taught to abstain from sex until they are married, yet they are confronted daily with the promiscuous behavior of others, they will more likely imitate the behavior they observe than obey the rules of abstaining. On the contrary this example of the playground being likened to a sex hub shows the desperate need of educating students about sexual issues and consequences far beyond abstinence-only.

This shows that a Comprehensive Sexuality Education program is more suitable than an Abstinence-Based program only. Teaching students to abstain is a good approach, yet it cannot be the only concept students are taught since children in primary and secondary schools are obviously already engaging in sexual acts. Whether they want to look cool, explore their curiosity, or purely out of a lack of understanding of what sex is (Bandura, 1977), the fact remains that children are already exposed to sexual acts and are already sexually active and need to be taught to be responsible.

One pattern that was recognized in respondents (especially in those that worked in health-related fields) was that there was a major need for contraception use.
They reported that people would do as they pleased regardless of their knowledge of sex. Informants often described the lack of knowledge that women had of the possibility of using such contraceptives like birth control pills or condoms to prevent pregnancies. They reported that often women either do not know of this option, they cannot afford it, they do not know where to get it, or they do not realize the benefits of it. Also, officials have reported that the women who do actually know about contraceptives feel uncomfortable buying it because then people would know that they were being sexually active. Further, the health officials reported that women in the Philippines are often against the use of artificial family planning methods due to the influence of the Catholic Church. According to these health officials the Catholic Church tells them that contraceptives cause cancer. There is a need not only in dissemination of contraceptives, but also for concentrating on scientific information, which will in-turn, hopefully diminish this myth.

One respondent, a well-known and respected physician in her community, shared her response to what the Catholic Church said:

“We are a Catholic country. Our people listen to the [Catholic] Church for guidance. What the press tells us is what people do – no questions asked. I am a doctor but I cannot help people understand the benefits of contraception unless they want to hear it. And when the Catholic Church tells them they will get cancer if they use it, they do not want to hear it.”

Respondents from local NGO’s also addressed their struggles with informing the public about appropriate measures to take when dealing with reproductive health. They expressed that they wished to prevent the spreading of sexually transmitted diseases, but their work is made difficult because the Catholic Church challenges them. Although they feel that they have effective reproductive health programs going on in their area, they wished to see a larger decline in STD rates, confirming the major need for local NGO’s to have a more powerful voice against the Church.

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This section will conclude by honing in on the responses of key informants regarding power relations between the Church and State and how the Church is using the concept of cancer as a 'fear based' way to prevent children from wanting to use the universally distributed contraceptives (which is the other major need as reported by key informants). By instilling a misleading fear in children, the Church seems to attempt to force individuals into an Abstinence-Based approach. The Church discourages the use of contraceptives and maintains the unrealistic expectation that children will not engage in sexual activity. The Church promotes Abstinence-Only and highlights the unfavorable health consequences that could arise if one uses contraception and therefore that individuals should abstain from sexual activity so as to avoid these health consequences. Despite the efforts of Filipino doctors, as was shown in the previous quote, the Church has used their powerful influence to speak louder than the doctors who are specialized in the health arena, and as a result, the Filipino people are receiving inaccurate information.

4.2 Challenges
The following section deals with my second research question concerning the perceived challenges of the participants.

[Research Question 2]: “What are the perceived challenges of incorporating a sexuality education program into the curriculum, and how can these challenges be overcome?”

4.2.1 Perceptions of Students
Challenges were mentioned fairly often throughout the interview process. Often times when a student would bring up a challenge, it would result in a real-life example of a friend, or his or her personal story. One of the students (15 years old) told me a lengthy anecdote about two friends of hers who ended up dating casually, and shortly after the girl became pregnant. The student informed me that often kids do not realize what they are getting themselves into and this is a major challenge for them. The reason why this is such a great challenge is because it is very difficult to teach healthy dating relationships when students are not
interested in learning. One female student (19 years old) elaborated on this and stated that:

“Rich kids learn more easily because they have better facilities and more opportunities, but the poor kids are too hungry to even go to school so when they are they do not care to listen during class.”

Another student said that creating a safe environment conducive to learning is difficult because the whole class needs to be engaged in order for it to be effective. If some students are in the back of the class making jokes, other students will also get distracted. Her experiences were that other students then would begin to feel awkward asking about sex, especially since it is still seen as a taboo subject, and when given the opportunity, many times they do not even know what questions to ask. Moreover, she experienced the boys to be very immature and rude to the teacher as they would make jokes and not take health class seriously. Another student (13 years old) reported that she felt a major challenge was that girls lacked power over their own bodies. She continued by saying that women are dying due to abortion complications, but the State does not address these concerns. Therefore, empowerment, especially among women, since they are the one’s bearing the child, is seen to be a very important challenge when dealing with sexual and reproductive health.

Students with more affluent backgrounds are generally provided more opportunities than those of lesser backgrounds. This allows the richer students to develop and function on higher cognitive levels than those students who are seemingly ‘less fortunate’ and who are given fewer opportunities. As stated in the Cognitive Development Theory, if the teaching material is too high, students, who have not reached that cognitive stage yet, will not show an interest in the subject matter being taught. These students laugh and make jokes, which should be a sign for teachers that these students have a lower functioning cognitive level and are not yet able to participate in the classroom discussion (Piaget, 1955).
The other possibility as stated in the Cognitive Development Theory is that the maturity level of these students is too low. Although Piaget's study deals with children that are between the ages of 0-2 years old, I would like to clarify that it is more the principle I am focusing on here – which is that no matter what age an individual may be (whether toddler or teenager), if they do not properly develop (cognitively) then they will face more difficulties learning the same material in school that those who have maturely developed (cognitively) will be able to understand.

4.2.2 Perceptions of Teachers
Teachers seemed to face the most pressure when involved in sexual health, as they are the educators and felt most responsible for shaping their students into young, mature adults who could make wise and educated decisions. A very clear pattern was found in the analysis of teacher’s perceptions on what the underlying challenges were for them. Interestingly, the biggest challenge they are faced with is the fear of teaching sexuality education with neither in-depth knowledge of the subject matter nor adequate instruction on how to teach it. They are given the responsibility and are expected to know how to teach reproductive health. Many reported that those teachers who do receive training usually end up learning from a generic workshop about family life education, rather than instruction on how to teach sensitive subjects like abortion, homosexuality, and contraception. These are the topics teachers are most afraid of saying anything about for fear of saying the wrong thing. They were very humble in their answers and felt unsure of their ability to teach sexual health as elaborately as they believed the students were entitled to learn about. They did not want to teach a ‘watered-down program’ as they personally felt they were taught as children. Also, many stated that teachers often limit their lessons to ‘safe’ topics like anatomy or abstinence.

Furthermore, since reproductive health is not officially allowed in schools yet, the teachers must abide by the school policies, yet they must also be an insightful source of knowledge on the topic. This balance is an unrealistic expectation that seems nearly impossible. They reported that it was important for them to have a good relationship with their students first (as most claimed they already had) in
order for both parties (students and teachers) to feel comfortable talking about such a sensitive subject. Therefore, they wanted to be strategic in their teaching method and make sure that a specialist in the field first taught them effective sexuality education methods before transferring the information to their students. One teacher recounted that it was important to remember that educators are only teaching the children about reproductive health, but not encouraging sexual activity. This is a hard balance as students might think that the teacher is supporting sexual activity if he or she is teaching about it.

The challenges that teachers face can also be related back to the same challenges that were previously discussed in the theoretical framework in Section 2.5. This section discussed the issues that came up with teachers when needing to be fully equipped to deliver an effective sexuality education program, as they often did not feel qualified enough (Schaalma et al., 2004). This builds a major obstacle for teachers as they need to be open to allow professionals in the field to offer their skills and help on this matter.

It appears that a program that educates teachers should be based on the stages of development as laid out by the Psycho Social Development Theory. Teachers should learn what subject matter and in what detail they should teach students based on the psycho social stage their students are in. Teachers should also learn how to detect what stage their students are in. If there are students in the same grade but in different stages, which is not uncommon, they should separate them in order to give students age appropriate and psycho social stage appropriate sexuality education. This places a major responsibility on the teachers in learning to distinguish what subject matter is appropriate for their students individually.

### 4.2.3 Perceptions of Key Informants

Similar results as were found among teachers were also found among the different key informants when asked about their perceptions regarding the challenges of sexual and reproductive health. Most felt that more extensive and truthful media coverage was needed but that it was a major challenge to disseminate this information because of the opposing religious views among the
people in the country. They felt that if the media covered reproductive health truthfully and extensively the pressure would be lifted off of the teachers. The teachers would not be left feeling like they were the only actors involved in teaching sexuality education. The key informants stated that there should be a balance among other unofficial educators such as parents and the social media alike. The problem with unofficial educators like parents and social media though is that what they share with the youth is not always entirely pertinent, or may even be misleading at times, according to health officials from the Department of Health and from the Department of Social Welfare. Key informants reported that women were faced with social humiliation when they sought birth control pills, and felt ashamed having to buy them. Also the embarrassment of talking comfortably with one’s respective partner about sex was reported as a common fear.

Another major challenge is how to continue with the implementation of reproductive health education, and how to get it expedited into the curriculum of educational institutions. The process of integrating it into the curriculum is slow and informants are not sure that it would be implemented in the near future. It may still take many years. Some officials feared that children would become more curious after learning about sex which would in turn lead to more promiscuity. This, they felt, is something that cannot be avoided any longer and should just be addressed right away allowing the child to choose for themselves which acts he or she would engage in. After all, this is a personal matter for children, rather than a public one, and officials felt that they should not decide for children at what age they were ready to be sexually active.

One final challenge that was addressed was the lack of male interest in dealing with sexuality. The president of one of the local NGO’s noted that men often do not feel that this is an important topic to learn about because it is more about the woman and her body since she is the one who ultimately gives birth to the child. There have been many cases reported about the lack of male interest and currently they are unsure how to proceed with this.
Overall the key informants addressed challenges relating to gender-specific education, influence of social media, concerns to expedite the program, and challenges of early child promiscuity. First, regarding gender-specific education, one can see how this links to the Psycho-Social Development Theory, as gender roles are important for children to learn at a young age in order to find their true identity, and allow them to progress through their learning stages as they successfully complete each individual stage (Erikson, 1959). This could prevent them from searching for their identity and gender roles later on through sexual experimentation, which may incur serious consequences if one encounters confusion of their role (Prendergast, 1996; Reiss, 1998; Measor, 2004).

Furthermore, the influence of social media relates directly to the Social Learning Theory, which discusses the idea that children learn from imitating the behaviors of those in their environment (Bandura, 1977). If the social media, like the TV and Internet, expose children to sex and pornography at a pre-mature age, chances are that children will mimic these behaviors and become more promiscuous, which will work against efforts of a balanced sexuality education program. The only benefit the social media can offer is if these sexual images are positive and if healthy sexual images are being portrayed to children. Lastly, if parents view educating their children about sex as a challenge, as the theoretical framework of Section 2.5 states, then possibly if they first teach themselves how to adequately teach their child, they may be more in favor of it. Successfully educating children about sexuality issues should be a result of parents agreeing on learning together and breaking down the negative cultural stigma and taboo that is placed on sex; this could destroy the barrier of preventing the expediting of the sexuality education program in the schools.

4.3 Outcomes
The following section deals with my third research question concerning the perceived outcomes of the participants. Overall, the results were rather positive, which is encouraging and hopeful for this research.
4.3.1 Perceptions of Students

The perceived outcomes that students felt would take place from incorporating sexual health into their education system were unexpected. When I informed them of what their potential rights were, according to the Reproductive Health Act, their responses were fascinating. Overall, several of the girls reported that they would feel more comfortable purchasing contraceptives in a public store once people started to learn about sexual health and it no longer was a taboo. They felt good about the possibility of practicing safe sex (as opposed to unsafe sex) and about being able to better understand the boys and how to have a healthy relationship with them. When I informed them about the accessibility of contraception if the RH Act got implemented, they were excited to hear about how their concerns would hopefully be addressed, and they reported that they were positive about learning what their personal rights were. However, they were curious about how much their concerns would be taken into consideration and how effective a sexual reproductive curriculum would be. One female student (19 years old), perceived the outcomes as such:

“I am hopeful that we will start to receive proper sexuality education in school. However, I am really concerned about how the education will be administered, with regards to gender. Students should be more aware about how normal sexuality is, for example, so that they won’t grow up to be bigots or to be extremists about it like the Church teaches. Also I think a school-based curriculum will teach the truth about sexual health and other students will know that having sex without protection could give you STD’s or AIDS, which we are not learning right now.”

Another main outcome, as reported by students, was that they believed the rate of unintended teen pregnancies would drastically decline. Many girls admitted that even with a sexuality education curriculum at school, they still did not feel the need to experiment with boys and test their bodies out. They felt that this is a
subject that is highly important to be knowledgeable about, but many did not feel it would cause an increase in promiscuity, which is one of the main concerns of the Catholic Church.

It is interesting to notice that students see their need for sexuality education and that they believe that the outcome of such education is a positive one. The role of education is pertinent to a change in culture. Through education the culture could shift from a taboo-based culture concerning sexuality to a culture where sexuality is generally accepted as a “normal” part of life.

4.3.2 Perceptions of Teachers
The perceptions of teachers were also interesting in that their responses were rather positive as well. They reported that they believed the youth would become more responsible as individuals if they learned about reproductive health. They felt that the youth would become more cautious as they learned about the consequences. Further, they believed the youth would learn to choose their sexual partner wisely if they decided to engage in a sexual relationship. Some of the youth may not listen to what they would be taught and they might continue in their risky behavior. Some parents might not agree to let their child learn about sex, which would theoretically restrict the child from a thorough understanding of sexuality. The outcomes are uncertain and teachers felt that it was not up to them to decide what the child would choose, but that they could try to be supportive role models regardless. Another possible outcome perceived by the teachers was that the program would be a failure. Although this would be too soon to tell, it was good that they addressed their fear so that they could begin to prepare their lessons and so that they could prevent this from happening.

An outcome that was stated as a positive one was that teachers believed they would learn to stand up to the opposition of the Catholic Church. They would understand how to overcome the strong opposition that the church would try to apply to the faculty and Education Board to reject the program. One teacher felt more empowered after learning of the benefits that this could have on her students, and personally also felt empowered to stand up for what she believes,
Despite the efforts of the State or the Church. Although it is too soon to measure the outcomes, it is important to understand what the stakeholders perceive to be most important.

It is interesting to notice how in fact teachers seem to feel the need for empowerment themselves. They want to learn how to stand up to the controlling influence of the Church. It seems that teachers are more pessimistic about the possibility of implementing sexual education in the school system. It would be great if teachers would form a teachers group with a unified voice. The bigger the group, the louder the voice. Individually, they will not be able to accomplish anything against the control of the Church, but collectively they have a much greater chance.

4.3.3 Perceptions of Key Informants

One LGBT leader is the dominant figure in one of the main organizations in his town. He is highly respected for his boldness in advocating for reproductive health rights, especially same-sex relationships. He claims that he has started a group of fifty children in his compound that he teaches “the truths about sex”. He claims that he was hired and trained by the United Nations and that he is responsible for teaching as many of the youth as possible. The male LGBT leader (31 years old) discussed what the outcomes of his program were so far by stating that:

“I introduced the kids to what family planning is. I have gained their trust and they listen to me. I have been educating them for nearly two years now on the things they are not learning in school. We meet weekly and are open with one another about the sexual challenges we face and the unavoidable peer pressures. I told them to invite their parents to our next meeting, especially teenage mothers, and I even taught their parents about the family planning techniques we learned. The outcomes were that children were able to be more open with their parents about their concerns, and were not faced with such harsh criticisms from their parents like in the past.”
He claimed that his program was an example of sexuality education that showed promising results. He has been working with NGO’s to create educational efforts in their communities and teaching children the benefits and consequences of sexual health. Moreover, these NGO’s work with government branches (such as Department of Social Welfare and Department of Education) and appear highly educated with regards to a broad understanding of sexual health. Further, the president of this respectable local NGO (43 year old male) stated that:

“We will overcome the challenges of reproductive health if we continue monitoring and doing something because we are volunteering our time to do it. Our efforts will likely create positive outcomes on the children because we plan to work with them alongside their parents. Children are not the only ones who need to learn. They will start to be more knowledgeable of what sex is and we expect fewer pregnancies.”

NGO’s are some of the key informants who are certain that their efforts will be productive. This is because of the fact that local NGO’s in each area are generally well connected (according to the President of one local NGO) and that they generally have a well established reputation and are in good standing with the community. Among the different NGO’s, they felt that they could have a strong influence and are able to work with schools in offering help to teachers who are struggling with the idea of teaching sexuality education. The Department of Social Welfare and the Department of Education have spoken highly about many of the local NGO’s in their area, assuring me that NGO efforts generally are as great as their respective reputation. One outcome could be the added pressure that is put on these NGO’s, which in turn encourages them to perform in a good and reputable manner for the people in their communities.

One of the observations made is that not only students but also parents need sexuality education. Teachers, as stated earlier, also mentioned that they would like instruction. It seems that since the whole topic of sex has been taboo for so long in the Philippines, people are just now willing to admit that they have questions and could use instruction on the topic of reproductive health. Whether it is instruction on how to successfully teach it or just instruction on how to apply
it to their own lives, it seems that there is a dire need to bring the topic of reproductive health out of the darkness and into the light.

4.4 Recommendations

The following section deals with my fourth research question concerning the perceived recommendations of the participants.

[Research Question 4]: “What do the different stakeholders perceive the recommendations for future improvements to be?”

To avoid any ambiguity, it is important to notice that this section contains the recommendations suggested solely by my participants, whereas the following chapter will address my personal recommendations. Discerning my participants’ recommendations separately from my own will provide a clearer understanding of this section.

4.4.1 Perceptions of Students

Students pointed out that sexuality education is only as effective as their teachers are. They noted that the most important age to learn about sexual health was in their first year of high school (about age 14) because before this age, most youth did not feel they were exposed to situations where they could possibly compromise their values. This age is recognized as the age when students are most curious and parents have the least influence on their child. Furthermore, this is the age that girls generally go through puberty (on average) and if girls start to learn about sex before they get their periods they may show a lack of interest because they may not have any relatable concerns yet. Also, students reported that girls and boys should learn about this in-depth and in different classrooms as the opposite sex. They believed that this should be taught cumulatively starting from age 14 until the end of high school, which is approximately age 18. This should be held in weekly sessions and should describe everything from reproductive systems to practical solutions to real-life problems, like refusal skills.
Another practical recommendation when incorporating sexuality education into academic institutions is that these institutions should not necessarily be the sole teaching area. In order to illustrate this, one female student (19 years old) suggested:

“I am ‘against’ sexuality education in school, but I am ‘for’ it if it were to be taught at home. Because for me, our country is a Catholic country. And it is part of our religion and culture that we must respect our religion. If they do not want it taught in schools, then that is fine. But we still need to learn. This is a good compromise, because for me, education must be taught at home by parents and not implemented in schools.”

Furthermore, students suggested that the Catholic Church should talk closely with the State to find common ground and to try to understand each other. Students believe that reproductive health education could be implemented while still keeping close ties to one’s religion, and respecting the seemingly conservative nature of their values. Moreover, students suggested that it did not need to be an ‘either-or’ approach, but that a healthy balance in transferring knowledge to a household setting would be appropriate, especially because this would be in line with the Catholic Church. In addition, some students suggested separating religion and government so that leaders could have their rules and laws without violating the other conflicting laws.

Students mentioned that reproductive health should be taught at home. However, the problem with learning about reproductive health solely at home is that not all homes have educated parents that can adequately teach their children. One cannot teach what one does not know. This would prolong the problems currently faced in Filipino society.

**4.4.2 Perceptions of Teachers**

Similarly to the students, teachers also reported finding it important to create a common ground between Church and State in order for both views to be taken into consideration, without one party needing to compromise in order to achieve
a common goal. The distinction between these two parties should be clear and should find a way to work together. Teachers suggested this, while also understanding that though this may be an unrealistic view for the time being, they would come up with practical recommendations to immediate the implementation of the RH act. One male health teacher (24 years old) recommended the following:

“The program should be taught every year starting in 3rd grade (8 years old) together with a biology program that goes into detail on the reproductive organs and processes of fertility. I think the program should progressively increase in difficulty and should have a medium length standardized test. The results should be tabulated in tandem with the biology course 40/70 making it impossible to pass biology without thoroughly understanding the content.”

Teachers seemed to share a common view when discussing the hopefully ‘soon to be implemented’ program. This view was that sexuality education must be accelerated in order to decrease economic costs and in order to make the knowledge transfer more permeable between sexes. They informed me that a program may also break the stigma of talking about sex and create an open forum that can increase learning and jump start the practice of safe sex. Another practical recommendation to this approach was to give away forms of contraception or to have centers where people can avail of them. Additionally, creating a synopsis or an executive summary of the most important points of reproductive health on a pamphlet and distribute these in the schools so that students would know the good that this could create. Surprisingly, even the most conservative teachers understood the benefit of prompt reproductive health legislation in order to progressively change the curriculum in their respective schools.

Starting reproductive health education at an early age as suggested by one of the teachers at age 8, seems to be crucial to the success of the legislation. Children are exposed to sex at an early age either through the social media, or through older siblings or through other ways that it is necessary to start teaching them about
reproductive health at a young age. This is where the Psycho Social Development Theory comes in place. The subject matter should be in line with the psycho-social development stage the child is in.

4.4.3 Perceptions of Key Informants
Most key informants were very positive about giving suggestions on an effective reproductive health program and seemed to enjoy giving their opinion on what needed to change. Their recommendations were lengthy and they seemed highly interested in getting as involved as possible about improving sexual health standards in the Philippines. To elaborate on this, two NGO presidents, the Department of Health, and the Department of Social Welfare all collaboratively agreed on the notion that sexuality education must especially be taught by all stakeholders. This means that parents, teachers, religious officials, government officials, and most importantly, social media, should all work together to teach age-appropriate education starting in primary school.

Their practical solutions were that parents should be able to teach their children by first taking their own sexuality education course at a community center as provided by local NGO’s. They should also learn how to monitor their children because apparently most sexual acts among children take place while the parents are not at home or while the kids are playing promiscuous games on the school playground during physical education classes. Next, teachers should be able to teach by first being trained by specialists, and then integrating sexual health into the biology curriculum. Religious officials should keep the values of the Catholic Church, but still agree to allow contraception. Government officials should agree to change the standards of the school, and work with superintendents and educators to create visually creative and interactive teaching approaches, such as involving skits with their students, or using video’s and textbooks alike. Lastly, social media should interactively incorporate free websites and distribute these links where students can learn on their own in a private setting, and be able to ask questions on a Q&A board. Lack of exposure to extensive media coverage may be what is preventing them from learning the reality. Currently, many of these websites are blocked in the Philippines, and even TV shows may censor out the
sex scenes to avoid children’s curiosity about sexual interactions, according to one key informant from the Department of Social Welfare.

These recommendations based on the key informants’ perceptions are a matter of opinion, but they were taken seriously by informants who felt that the youth in their respective areas were only being sheltered and were not able to experience realistic life situations. This could be crucial down the road when they would need to make important life decisions. Although they took their conservative culture into account, many NGO’s and government officials felt that it would take a radical change by the Catholic Church to allow such legislative changes to be ordained and deemed as a priority to expedite sexuality education.

All of the recommendations are important, yet the last recommendations by the key informants seem to be complete. Everyone needs appropriate education in reproductive health and everyone needs to work together in raising the next generation. Children are a country’s future, therefore it is especially important for a country to raise educated, informed and healthy children.
CHAPTER FIVE: CONCLUSION

In this final chapter, I will give a brief overview and succinct record of important findings. Further, I will discuss the ways in which my findings were linked to my theoretical framework. Next, I will give personal recommendations for policy and practice and then lastly I will relate my recommendations to future research. It is important to note that drawing conclusions from this qualitative study may be somewhat challenging due to the limitations of both time and resources available. Although there is a clear pattern in this thesis that one can conclude from, generalizations must be avoided, as this was a small-scale, qualitative study.

5.1 Main Overview and Findings

At the beginning of this thesis I gave a brief introduction to the Reproductive Health Act of 2012 of the Philippines. The angle of this research was geared toward understanding the perceptions that the local Filipino people have on this controversial law that has just recently been passed. Of particular interest was the perception the local Filipino people had of the need to incorporate the part of the act that mandates sexuality education in the public school system’s curriculum. There were several important indicators that this law could potentially have a positive effect on the Filipino people. This research aimed to investigate what these effects would be and if the Filipino people differed amongst each other in their views. Since it has been established that the government is a proponent of the Act and the Catholic Church an opponent, this thesis aimed to determine what the Filipino people themselves thought of this law, as they would be most affected by its implementation.

This study showed that the local people do indeed want this sexual education implementation, which makes this a very important study. This is important because the opinions of the Filipino government and Catholic Church have already been made known to the public, but the perceptions of the locals had not yet been established. Since it is the people who are going to be affected by this healthcare education, it is essential to research what they want.
I focused my research on the perceptions of three main target groups (students, teachers, and other key informants) on what these stakeholders perceived were the needs, challenges and outcomes of incorporating sexuality education in the curriculum of the Filipino public school system.

Moreover, I conducted my research by sampling stakeholders from three different locations in the Manila area belonging to three different socioeconomic groups – lower, middle, and upper class. I used techniques such as document analysis, semi-structured interviews, focus groups discussions, and observation.

The most interesting finding of this research was the positive results the Filipino people believed this Reproductive Health Act would have on the nation of the Philippines as a whole. The vast majority of respondents from all age, sex, socioeconomic status, and religions were in accordance with one another when it came to having a positive vision for change in the Philippines. Many felt that not only the exponentially high rate of teen pregnancies, early marriages, and abortions would decrease, but that implementation of this law would also provide a solution for economic growth. Additionally, individuals would be more likely to understand their gender roles. This relates back to Erikson’s Psycho-social Development Theory (1959) as individuals who understand their gender roles have a smaller chance of feeling left out of the societal mainstream. Those however who cannot find their identity tend to struggle with experimenting in society, especially sexually.

According to Gest et al. (1999) this pattern of behavior was strongly associated with teenage pregnancy. This is an important finding for my study of sexuality education in the Philippines because these individuals need to be guided more closely in order for preventative measures to be successful. Following Erikson’s theory, it would be important to include issues of identity, roles, and relationships in sexuality education. I think Erikson’s theory is very significant to this study, and I personally think that the gender struggle is a very difficult situation for youth to be in, but without an adequate understanding of their gender role in
society, and how to fit into the ‘norm’, it can pose many challenges. Fortunately this is something the RH Act will be able to address.

Furthermore, another finding was that overpopulation was brought up many times as a recurring concern among many respondents. They felt that by implementing this sexuality education program, many problems the people are faced with on a daily basis would soon have solutions, although they realized that since this RH Act is so new, it may be a while before they see long-term changes. Many reported that this gave them hope for future generations. All in all, their perceptions of the results of the RH Act, especially sexuality education implementation, were very positive. An interesting point is that the few who were against the RH Act only opposed it because they lacked an understanding of what the Act in fact stated. Once they realized they did not have to compromise their religious values in order to be a proponent of the Act, they too shared the similar positive perspectives as the majority.

Personally, I feel that the RH Act is a necessary building block for the education of the Filipino youth on the topic of reproduction. I think the information imparted by the Act to the populous will result in more intelligent decision making when concerning sexual intercourse. In turn, this can create the much-needed reduction in the population growth and improve the opportunities children have, which consequently can reduce poverty. Essentially the Act educates the youth on the science of reproduction and how it occurs. It also educates people to know the options they have to avoid pregnancy or to achieve it, depending on the case. The knowledge that this Act imparts should be considered a right and not something up for debate.

Moreover, I can draw the following conclusions of the data I collected regarding the perceptions of the respondents towards the needs, challenges, outcomes, and recommendations of sexuality education in the public school system. First, the main need shared by the participants was the need for a thorough curriculum, consisting of informative topics. They believed that this strict curriculum should be in place at the time the law that will provide sexuality education gets
implemented. Respondents shared concerns of a weak and uninformative program, which in turn would defeat the purpose of educating the public on reproductive health and sexuality. It was mainly women who raised this concern, although some of the men also felt strongly about learning about the topic of sexuality. The other main need was that family ties should be strengthened. Although Filipino families are known to be very close, many responded that the topic of sexuality is a major taboo among households and it is not generally something that is brought up within the average family, making it difficult for individuals to express concerns with people outside of the classroom setting.

Eliminating the topic of sex as a taboo, while also providing a conducive and effective sexuality education program, it is important to refer back to Piaget’s Cognitive Development Theory, which suitably suggests that a person reaches a certain stage of cognitive development at a specific age and this age determines a great amount of what they are capable of understanding. Therefore, educators in the Philippines need to be fully aware of what aspect of sexuality education needs to be taught at a particular age. If the educator knows the stage of cognitive development of the student, then he or she can determine what teaching materials the student will most likely be able to understand. It is not possible for children to understand difficult materials if they have not reached a certain level of cognitive development. Once sex can be openly discussed on an age-appropriate level, students will find that it is more likely that the negative stigma that sex has will soon become more of an everyday topic rather than an awkward classroom-only subject. I think Piaget’s theory is very important to this research and that his viewpoint should be taken seriously by those in power of implementing sexuality education.

Also, respondents perceived the challenges to be that implementing a sexuality education program would be no easy task and that practical concerns should be taken into consideration, such as the age range of the students who would get sexuality education and the extent to which they should be taught about sex. Older respondents feared that if students were too young when receiving sexuality education they would more likely become promiscuous. Referring back
to the theoretical framework in Chapter 2, this fear of promiscuity can be best linked to the Social Learning Theory, as certain behaviors, such as being promiscuous, can be a result of observing and imitating the behaviors of those in one’s environment. Unfavorable behaviors, such as engaging in sexual acts at a young age (such as primary or secondary school), can be observed and interpreted the wrong way by children where they actually see it as a positive reward to look and act seductively in order to have the power and control of being able to lure someone in without understanding fully what they are getting themselves into (Bandura, 1977). Bandura makes a very good point about how we learn from one another and that we can either have a very positive or very negative impact on someone, and vice versa. We do not always realize the ways that we can so easily be influenced by what we see in the news, advertisements, or even through friends and family members. Therefore, his theory is very important because depending on what children are exposed to; this can shape their behaviors without them realizing it. They are very likely to imitate what they are exposed to, so it very important to ensure that children are exposed to as much positive influence as possible, in hopes that they will mimic healthy and mature relationships.

Furthermore, it is understandable that parents may be apprehensive or unfavorable towards allowing their child a sexual education, yet as this thesis illustrated in the ‘playground as a sex hub’ example, promiscuity is inevitable as sexual acts are even happening at school. Therefore, positive behaviors should be taught so they can be imitated, which is where social media can have a great and healthy influence on youth in the Philippines today. Once children see great role models of women who protect and respect their bodies, they will hopefully imitate similar behaviors.

Additionally, the main outcomes of this law as discussed by the stakeholders were that the implementation of this law would have a positive effect on Filipino society as a whole and the results of this law would in the long run create changes in the Filipino people. Respondents believed that although it would be a lengthy process to bring about the positive changes, it would nevertheless be a beneficial
start in moving a step forward in the right direction. The implementation should be expedited and more progressive legislation should be put in place in order to decrease costs and have the program running as soon as possible.

Lastly, some recommendations that were repeatedly given were that sexual health should be a countrywide effort and that it should not be limited to a classroom setting for teachers to teach. Respondents suggested that the media help educate the public, and that campaigns should take place in the poorer areas where media does not reach. Respondents recommended that education should also be geared toward helping sex lose its negative stigma, especially in religious settings, so that young people can openly seek advice on real life issues. Also, almost everyone reported that parents should take a sexuality education course themselves, in order to know how to educate their children properly.

5.2 Recommendations for Policy and Practice

This study infers that the most disadvantaged group in the Philippines is comprised of poor women. In order for them to feel empowered, strict regulations should be in place, especially for these women, so that they can benefit most from a sexuality education program. My suggestions will prevent them from being at highest risk of early pregnancy and sexually transmitted diseases. To start, I recommend that school attendance be mandatory up to age 19 (since this is the oldest target age of the RH Act). To illustrate, The Netherlands makes it mandatory for children between the ages of 5 and 18 to attend school every day. Their strict attendance policy makes it very difficult for children to skip classes because if a child misses school that is unapproved by the school, a social worker or other such authorized official will come to the child’s house to have a discussion with the parents and/or the child, depending on the child’s age and may issue a steep fine. This mandatory school attendance will expose them to the sexuality education curriculum that is being incorporated in the public school system in the Philippines and which, as this study has shown, is essential in combatting teen and unplanned pregnancies, the high abortion rate, marriage at a very young age, and the contraction of HIV and other sexually transmitted
diseases. Also, a practical solution for the Philippines would be to offer free school lunches for those who can’t afford to buy their own lunch. This may be an incentive for children who are poor and hungry to want to go to school.

Also, community centers should have public facilities, such as computers, where individuals can study and learn how to research so they can get practical help about sexual issues. Furthermore, these community centers should host fun educational courses (regarding sexuality) on the weekends (again with food provided as an incentive) and should advertise their activities in the schools so that students are aware of such educational opportunities. Moreover, classes should also be taught for women at health clinics on how to protect their bodies. These classes should be given by skilled professionals who are able to competently provide women with a broad understanding on how to deal with violence, abuse, and other related issues they may be faced with. These women need to become empowered; they need to understand that they have a voice that can and should be heard.

These health centers should also give away contraception or provide other places where women can avail of them. These centers should also create a synopsis or executive summary about the most important aspects of sexual health (or the RH Act) onto a pamphlet and spread them around the community and in schools so that they know the good that the RH Act will create, and what their rights will be.

Furthermore, I suggest that it also be mandatory for women to take a self-defense class so that they may learn how to protect themselves. Rape is highly common, especially in the slums, and women need to know how to defend themselves. Those who teach these classes should be also trained and respected individuals – possibly from local NGOs. These NGO officials should be specially trained (or outsourced) in order to administer the best program possible and to avoid manipulation by the Church for the manner in which they teach their classes. Further, individuals should be taught a skill that they can use to make money. It can be very empowering for an individual to have responsibilities in their respective community.
Moreover, respondents reported that the influence of the Church had a significant impact on the outcomes of sexuality education. I would like to address this major concern here. First, the fact that sex is even a taboo in the first place makes it difficult to tackle this issue. I think that the Church and State should cordially respect one another, but when facing opposition from one another, it can have significant ramifications on the development of the population of the country as a whole. Therefore, I think the Church and State should work with one another, even if it means compromising values for the good of their country. I would suggest this be done by working closely with the Catholic Church to show statistics and real life scenarios on how their country is being affected not only by early teen pregnancies, but also by sexually transmitted diseases. The government needs to thoroughly explain to the Church that although abstinence should be maintained, those who do not wish to refrain from sex should be offered a solution to prevent such consequences. I do not think Abstinence-only is an effective approach at all, as the many examples of this research have shown how children are curious to what they are exposed to through social media and through their peers. Abstinence-only seems to be very misleading and portrays inaccurate information. It contradicts what society teaches (which is that sex is positive), leaving children confused, inquisitive, and wanting to experiment even more. Comprehensive Sexuality Education, on the other hand, seems very promising as it truly aims to educate and to give children the raw facts.

Other Catholic countries – Italy and Spain for example – have also gone through similar situations, and the Philippines can look to those government officials as to what exactly they did with regards to tackling this situation. Once this can be resolved, the multitude of other issues could tackled – such as allowing sex to openly be used in conversations (without negative stigma), allowing teachers to feel empowered to teach (now that they have the support of the Church), and enabling a healthy compromise for those who wish to learn and discuss sex without going against the confines of the Church.
Furthermore, I recommend that respected, independent groups get involved, such as the Institute of Medicine, which is comprised of reputable doctors and researchers that inform the Church that birth control is not just a convenience but is medically necessary to ensure women’ health and well-being. Birth control could lower pregnancy and abortion rates, and since the Catholic Church opposes abortion, this might be an idea they would want to focus their efforts towards. This could open many doors not only for contraception, but also sexuality education. Overcoming the opposing strength of the Church by working together is an important goal that should be achieved.

5.3 Suggestions for Future Research

Since sexuality education in the Philippines is still such a new topic, more research needs to be done to substantiate the findings of this research. This thesis can be used as a basis towards further contributions in the field, yet perhaps a larger study design would be greatly beneficial for anyone who wishes to continue on from this research. Additionally, since the sexuality education program has not yet been implemented, I propose that research is done after the implementation, as more of a program evaluation. It would be very interesting to see what the results of this program will be. This research has demonstrated an urgent need for drastic change in the Philippines. The importance of an elaborate and effective sexuality education program has been emphasized, but much research is still to be done.

Additionally, research on the role of the Church is very important on advancing SRHR in Catholic countries. Stimulating communication between the Church and the State is a topic that certainly could use more research. As previously mentioned, once this issue can be confronted, it could potentially pave the way for a multitude of other issues being overcome. For future researchers, I would suggest looking into SRHR strategies of other Catholic countries and see the ways in which they are working through similar problems, or what their future goals are. Once this can be related back to the Philippines, improvements are hopeful. Also, stimulating communication between parents and children is also important.
to investigate to prohibit sex as becoming a taboo around the house, so that when the time is right, children can easily be taught.

On that note, my concluding remark for future research is that there is still a great need for education and in particular sexuality education in developing countries, and I hope this thesis opens up the eyes of many to continue researching what the needs are and developing ways of meeting those needs.
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APPENDIX A: MAIN INTERVIEW QUESTIONS

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<th>Main Interview Questions</th>
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<td>What are your perceptions of integrating a comprehensive sexuality education program in the school curriculum?</td>
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<td>How do you identify the reproductive health needs of the youth?</td>
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<td>What are the perceived challenges of integrating a sexuality education program in the school curriculum?</td>
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<td>How can these challenges be overcome?</td>
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<td>What do you perceive the benefits to be of integrating a sexuality education program in the school curriculum?</td>
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<td>What do you perceive the outcomes to be of integrating a sexuality education program in the school curriculum?</td>
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<td>What do you know about the current Reproductive Health Act in the Philippines:</td>
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<td>What, in your opinion, are its main objectives with regards to educating the public?</td>
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<td>What recommendations would you give to most effectively implement sexual health issues?</td>
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APPENDIX B: MAP OF THE PHILIPPINES

Squared section denotes Manila region