

Understanding Filipino Adolescents: Research Gaps and Challenges

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ABSTRACT

Maiksi subalit masalimuot ang panahon ng kabataan sa buhay ng tao. Ang suliranin ng pagsasaayos sa mga problemang kaakibat nito ay nangangailangan ng ganap na pag-unawa sa kabataang Pilipino ng kasalukuyang panahon. Nais ibahagi ng papel na ito ang pagtutukoy sa mga mahahalagang isyu na karaniwang di natugunan sa mga nauna nang pag-aaral. Ilan sa mga suliraning pampananaliksik ay binigyang pansin at inaasahang mapupunan ang mga puwang na patuloy pa ring naiwan sa larangan. Ang mga kakulangang nais tugunan ay ang mga sumusunod na usapin: pagkakaisa sa pagpapakahulugan sa konsepto ng “kabataan” at sekswalidad; di-kumpletong datos ukol sa ugnayan ng bilang ng kabataan at bilang ng kabuuang populasyon; antas ng kamalayan ng mga *stakeholders* at kabataan mismo tungkol sa paglaki ng bilang ng huli; ang pangangailangan ng mga *stakeholders* ng napapanahon at bagong pagkaunawa tungkol sa antas, mga tagapagtakda, at kahihinatnan ng sekswalidad ng kabataan, pati ng kanilang *fertility at reproductive health*; at, ang kanilang kamalayan at pakikilahok sa mga gawaing panlipunan. Ilan sa mga rekomendasyon ay ang pagkakaroon ng pambansang sarbey sa mga bagong erya ng pag-aaaral kaakibat ang kwalitatibong pananaliksik, pananaliksik pampatakarán (*policy research*) at *operations research*. Ang artikulo ay isang pagtatangka sa paghahanap ng mga pamamaraan upang maimulat sa mga kabataan at sa lipunang Pilipino ang kahalagahan ng maturidad at pagbibigay ng mga *safety nets* sa ating mga kabataan bilang gabay sa transisyunal na panahong ito sa pagitan ng kanilang pagiging mamamayan na may sapat na gulang.

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Proverbs 22:6

*Train up a child in the way he should go
and when he is old, he will not depart from it.*

I. INTRODUCTION

Adolescence is a fleeting period in an individual's life. It is a short but enjoyable time in one's life when there is a social safety net. For instance, there is the assurance of universal education which prevents adolescents from being forced to work since they are supposed to be in the schools. They are guided along a path that is controlled or governed by laws that provide them with good and clean leisure, thus preventing them from being led to undesirable activities like prostitution and drug addiction. The reality, however, is that the social and economic problems besetting the country and the materialistic world they live in expose these adolescents to rape, incest, drug addiction, forced prostitution, child labor, dropping out from school and problematic parent-child relationships. To what extent have we been providing the social safety network to adolescents in the midst of these social and economic ills?

Adolescence is also the crucial stage in which values of maturity have to be introduced. It is a very short segment in one's life compared to adulthood or maturity. Yet during this short period, an adolescent is expected by society, especially adults and hopefully by adolescents themselves, to: (1) fully develop his/her self — acquiring full knowledge of one's growth changes (physical, psychological, emotional, social), building self-esteem and confidence, and maintaining healthy relationships with parents and peers; (2) undergo skill-building particularly critical and analytical thinking, firm decision-making, leadership; (3) be fully aware of social, political, economic and cultural issues and have the corresponding concerns; and (4) be active in community and political affairs. Considering all these expectations, it is thus necessary to address the question: How far have we been able to guide the Filipino adolescents today in their quest to become matured individuals for the society?

II. THE FRAMEWORK AND OBJECTIVE

Social research is a powerful tool to provide answers to the two questions posed earlier. It also unravels the complexity of adolescent life and the problems associated with it. It responds to the need for a more complete understanding of Filipino adolescents especially with regard to their sexuality, fertility and health which are the global concerns at present.

A lot of studies and programs have been focused on adolescents. However, given the complexity and the dynamic nature of the issues, it is helpful to keep on updating and identifying research gaps and challenges in understanding Filipino adolescents and in shaping a better Filipino society. As the philosopher John Stuart Mill (1947) stated, no one holds the complete picture of the truth but everyone holds a bit of the truth. For social science researchers, to complete the picture of this truth is the ultimate goal. All the stakeholders engaged in adolescent development from various areas, focuses, strategies and interests contribute to the molding of young adults so that they will be ready to assume later the responsibilities of mature individuals. Self development, skills building, awareness and concern of social, economic and political issues and active community participation are the immediate goals of all concerned stakeholders, and well-being is the ultimate goal. Specifically, the policy makers, program planners and implementors are always in need of newer and richer insights as they formulate policies, plans and specific strategies to address the rapidly changing problems of adolescents today.

This article aims to identify research gaps and challenges related to Filipino adolescents in accordance with the two questions raised earlier with regard to social safety networking and the introduction of values of maturity. It also attempts to suggest some ways to fill these gaps and to meet these challenges.

III. RESEARCH GAPS AND CHALLENGES IN ASSESSING CURRENT ADOLESCENT STATUS

A. On definition

1. Who are the adolescents?

The gaps and challenges on the definition of adolescents refer to the varying definitions of adolescence in terms of age group in years. As synthesized by the Commission on Population (POPCOM) task force organized for the Status of the Philippine Population Report 2001 (n.d.:2), the government implementing agencies have differing definitions as follows:

- Department of Health (DOH) - 10-24 years
- Department of the Interior and Local Government (DILG) - 15-21 years

- Department of Social Welfare and Development (DSWD) - 15-24 years
- Department of Labor and Employment (DOLE) - 15-24 years
- Technical Education and Skills Development (TESDA) – 15-24 years
- Department of Education, Culture and Sports (DECS)- 7-30 years
- National Manpower and Youth Commission – 7-24 years
- Council for the Welfare of children (CWC) – 1-18 years
- National Youth Commission (NYC) – 15-30 years
- POPCOM – 10-14 years as pre-childbearing years; 15-24 as reproductive years and 25-30 as young adult and marrying years.

Even among the non-government organizations concerned, differing definitions exist:

- Foundation for Adolescent Development Inc. (FAD) – 15-24 years
- PLAN International Southern Leyte – 13-17 years
- Family Planning Organization of the Philippines (FPOP) – 15-24 years

As for research studies, the 1982 and 1994 Young Adult Fertility Surveys (YAFS) undertaken in the Philippines consider those aged 15-24 years as young adults and those aged 15-19 years as adolescents. The Alan Guttmacher Institute (AGI, 1996:1) broadly defines adolescents "as 10-19-year-olds"; however, with the 1998 NDS, focus was given on the 15-19 age group in its analysis of adolescent reproductive behavior because the respondents in this survey were all women aged 15-49 years.

Obviously, implementing agencies and research studies have not been fully consistent in the definition, hence the gap in data availability. On the research side however, there are constraints in collecting information because of the sensitivity of many areas. For example, a survey questionnaire aimed at generating information on adolescent sexuality, fertility and reproductive health is not entirely suitable for adolescents below 15 years old. There are questions that are not applicable to most of adolescents below 15 years old but are applicable to 15 years and over. The challenge for research would then be to use different instruments or question items in collecting data for adolescents below 15 years and to extend the age group to 30 years to be able to provide DECS and NYC the information they need in monitoring and evaluating their

programs. The challenge for research and implementing agencies is to agree and to come out with a common and consistent definition of adolescence. One way to meet this challenge is to strengthen the partnership between researchers, government and non-government stakeholders as they discover the various perspectives and conceptualizations as to how adolescence should be defined, clarifying these prevailing conceptualizations, and examining the underlying reasons for such conceptualizations. In both quantitative and qualitative research, partnership between researchers and program implementors from the very start of the research as to the design of the questionnaires and definition and operationalization of variables may be another helpful way.

2. What is sexuality?

Sexuality according to the Webster's New World College Dictionary (Neufeldt and Guralnik, 1996:1230) is "the state or quality of being sexual" and 'sexual' is "of, characteristic of, or involving sex, the sexes, the organs of sex and their functions, or the instincts, drives, behavior, etc. associated with sex". The term sexuality has been either too narrowly or broadly defined. A narrow definition is viewed in terms of wrong connotations especially among cultural groups where the discussion of sex remains taboo. Even certain sectors of the Filipino society share this narrow view of sexuality. The Population Education Program of the Department of Education, Culture & Sports (1997), views sexuality as "a basic dimension of one's personhood which includes: (1) self-understanding of one's maleness or femaleness; (2) attitudes towards one's body and that of others; and (3) a means of communication and intimacy with another." A social science perspective of sexuality considers the role of culture and socialization. The self-understanding of one's maleness or femaleness, the attitudes towards one's body in relation to others and communicating and establishing intimacy with another are mainly achieved through socialization. Socialization is the process by which culture becomes a part of the individual and the young are fitted into an organized society and the individual acquires a personality. Have these meanings been the core in the information, education and communication of Filipino adolescents? Have these meanings been the meanings of implementing agencies? Have these meanings been internalized by Filipino adolescents? These are the challenges faced by social science researchers. These questions imply a gap and a challenge to both researchers and implementors in coming out with a shared view of sexuality. Again, the partnership in research between researchers and implementors is suggested here especially in addressing one specific

research question that remains inadequately answered : What has been the nature, type and content of the sexuality education taught to Filipino adolescents at home, in school, by media and by their peers?

Areas under sexuality as defined above and in which Philippine data are available refer to reproductive behavior. They include sexual relationships before or outside marriage, marriage during adolescence, childbearing during the adolescent years and contraceptive use among the adolescents. Mothers' perspectives on adolescent issues and problems are both reproductive health and non-health related. The adolescent sexuality situationer available concentrates on specific areas. What is lacking is the linking of these areas to create a more complete picture as upheld by the social science perspective discussed earlier.

B. On Profile of Adolescents in Relation to Total Population

1. On Adolescents Profile

The 2000 Census is the most recent source in updating the trends in the profile of adolescents. However, data by age and sex are not yet available at the time of the writing of this article. This is the gap researchers and implementors face and have no control. They have to wait until such data are available because census and survey data are the most reasonable sources for adolescents profile. Because of the cost involved, census is taken in 5 or 10 years and survey is performed within the censal period provided money is available. The censuses in the country took place in 1903, 1948, 1960, 1970, 1975, 1980, 1990, 1995 and 2000. The national demographic surveys were conducted in 1968, 1973, 1978, 1983, 1988, 1993 and 1998. These are the sources of trends in the profile of adolescents in relation to total population. In short, the relevant research gap is the lack of timely national data to update such trends. However, it must be underscored here that these activities are greatly dependent on available funds for their implementations.

There are several related areas which have not been addressed in great detail by researchers but three are worthy of particular mention. The first area relates to **educational performance of adolescents** today which could be approached in many ways. One way is to compare the adolescents with the older generation in terms of educational attainment as data permit to come out with meaningful trends. According to the AGI (2000) findings based on the 1998 NDS, most (85%) adolescent Filipino women have had a basic education irrespective of urban-rural residence or region. They are (81 percent) 1.6 times more likely than

women aged 40-44 to have at least seven years of schooling. A similar analysis can be done using previous NDSs to arrive at a historical trend. Another way is to come out with a similar historical trend in terms of secondary and college participation rate, cohort survival rate and drop-out rate for private and public schools.

The second area pertains to the overall magnitude of **adolescents in special groups** such as tribal or indigenous groups, adolescents engaged in child labor, adolescents in areas of armed conflict, adolescents engaged in prostitution and those in the streets. The Street Children Project of Medecins Sans Frontieres-Belgium (n.d.), an agency providing health services to street children, noted that the increasing number of STD cases and teen-age pregnancies among street children is alarming, and that there is a need to control their occurrences and prevent their complications. Based on the June 23-26, 2000 National Fact Finding Relief and Medical Mission of Kalinaw Mindanao in Central and Western Mindanao and the personal observation of Lyda Canson, head of the Development of Peoples Foundation (n.d.), there were several young and old women victims of violence and traumatization. The National Statistics Office (NSO) 1995 Survey of Children 5-17 years old (NSO, 1998) estimated 14.8 percent overall child labor incidence, with 2.4 percent working among those aged 5-9 years, 17.1 percent working among those aged 10-14 years and 33.7 percent among those aged 15-17 years. Prostitution has long been a social problem in the country but because of its sensitivity, there has been no inkling as to the magnitude of adolescents in prostitution. Research in this second area is indeed very challenging as available studies are still few.

The third area refers to the **overall status of health of adolescents**. In addition to reproductive health, the general health of adolescents today needs to be known. As the adolescents are the country's future leaders, knowledge of their general functioning and well-being is important. Measures of their physical and mental health, social and role functioning are useful in determining the type of health care to be provided. Several health surveys, ranging from brief to lengthy instruments are available and one of them can be adopted to address this issue. Examples of these survey instruments are the McMaster Health Index Questionnaire (Chambers, MacDonal and Tugwell, 1982), the Functional Status Questionnaire (Jette, Davies, Cleary et al., 1986), the Index of Well-being (Patrick, Bush, and Chen, 1973), the RAND Health Insurance Experiment (Brook, Ware, Davies-Avery, et al., 1979), the National Health and Nutrition Examination Survey (Wan and Livieratos,

1978) and the Medical Outcomes Study Short-form General Health Survey (Stewart, Hays and Ware (1988).

The fourth area is **adolescent migration**. Sex and human trafficking worldwide is getting worse. There are no national data on the number of adolescent migrants (internal and international) and as to what type of occupation they have at the destinations. Studies so far have been mostly done only in these places. There is a need for more in-depth examination of the push and pull factors of adolescent migration and its consequences both in the destinations and the origins.

2. On Awareness of the Implications of a Large Adolescent Population

Globally, the adolescents aged 10-19 numbered nearly 1.1 billion in 1995, making up one-fifth of the world's population. In the Philippines, 15.5 million are Filipino adolescents comprising 22.6 percent of the Philippine total population. These Filipino teenagers have already entered their reproductive age and thus will bring the population momentum to a very high, if not the highest ever, level. Hence, it is very important to be aware of their reproductive and sexual health problems. Moreover, they badly need parental support and guidance during this crucial period. Yet, the social changes taking place make it doubly difficult for parents, teachers, other stakeholders to assist adolescents and prepare them for the future. Social research is vital in discovering ways and strategies to face this challenge.

Another research question relates to the extent of awareness of these implications. For instance, are all stakeholders aware of the effects of a large adolescent population? Are adolescents themselves aware of and concerned with such implications? It may be useful to obtain empirical evidence of the proportion of stakeholders and adolescents who are not sufficiently aware of or concerned about the problem. The reasons for such level of awareness should also be studied.

C. Selected Main Research Findings on Adolescent Sexuality, Fertility and Reproductive Health to Contextualize Related Research Gaps and Challenges

In tackling the research gaps and challenges with respect to Filipino adolescent sexuality, fertility and reproductive health in the succeeding section, I put together selected main findings from the analyses made by several authors under the following eight (8) areas:

1. Latest status of Filipino adolescent sexual debut and sexual practices
2. Marriage during adolescence
3. Childbearing during the adolescent years
4. Contraceptive use among the adolescents
5. Contraceptive and religion
6. Reproductive health problems, religion and health services utilization: the youth perspective
7. Mothers and service providers' perspectives on adolescent issues and problems
8. Abortion views and religion

Some of these are also in Ogena's article in this present publication series. However, the selected findings in this article, though not exhaustive, are presented to set the discussion of some related research gaps and challenges in the proper context. I confine the main findings on two national and two sub-national data sets. One national data set is the 1994 Young Adult Fertility Surveys (YAFS), a national survey of young adults, male and female aged 15-24, which was conducted by the University of the Philippines Population Institute (UPPI) with funding from the United Nations Population Fund. The other national data set pertains to the 1998 National Demographic Survey (NDS) conducted by the National Statistics Office (NSO) and Macro International (MI) in collaboration with the Department of Health (DOH), UPPI and other concerned agencies in the Philippine government with funding from the U.S. Agency for International Development and DOH. The value of relevant recent data on the perspectives of mothers on adolescent issues and problems has made me to include two other sub-national data sets to underscore the research gaps and challenges. These two sub-national data sets are the 2000 Rapid Appraisal for Friendly Care Foundation and the 1999 Baseline Study on Reproductive Health-Knowledge, Attitude and Behavior for the Family Health Management by and for Poor Settlers (FAMUS) project of the Philippine-German Health Cooperation. The first data set, which I gathered, covers Mandaluyong City, Makati City, Manila City, Pasig City, Pateros and San Juan. The other data set covers urban and rural areas of Butuan City, Dasmariñas, Cavite and Lucena City and purely rural areas of San Francisco, Quezon and Valencia, Bukidnon. I

served as a research consultant, analyst and report writer for this data source.

1. Latest Status of Filipino Adolescent Sexual Debut and Sexual Practices

The 1994 YAFS discloses the following findings on the level and patterns of premarital sex experience among the Filipino youth aged 15-24 years and the relationship between premarital sex and religion (Raymundo and Berja, 1995; 1996; Xenos, Raymundo and Berja, 1999):

- a. Around 18 percent of the youth (26 percent of males and 10 percent of females) have ever engaged in premarital sex;
- b. Among all females, about 21 percent have had "serious relationships" or intimate relationships. Among males 38.6 percent have had such relationships (Xenos, Raymundo and Berja, 1999: 39-40);
- c. Unsupervised homes are the most popular venue for sexual debut of the youth;
- d. Ten percent of first sex was without the girls' consent;
- e. As to timing of first premarital sex:
 - i. At age 18, 22 percent of the boys but 8 percent of the girls have had sex;
 - ii. At age 21, 45 percent of the boys but 18 percent of the girls have had sex;
- f. Boys are more likely to have premarital sex if they are Catholics;
- g. Girls are more likely to have premarital sex if they are not religious; and
- h. The majority of the married youth population report that they began their unions either by living-in or by elopement, still to be considered a premarital period if formal union is the reference.

In analyzing the same 1994 YAFS data, the AGI (2000) reveals that many Philippine youth have sex by age 20 both within and outside of marriage. The rates differ for men and women and by urban/rural residence.

2. Marriage during Adolescence

Based on the 1998 NDS, the AGI (2000) discloses that nationally, over one in four young women enter their first marriages before age 20. However, over half of less educated women do so. Close to half of young women in the Eastern Visayas and Central Mindanao and Autonomous Region of Muslim Mindanao (ARMM) combined also marry before age 20.

Today, fewer women marry in their teens compared to a generation ago whether they reside in the rural or urban areas or in any of the major islands of the country. Among the less educated however, there is no difference between the present and older generations.

According to the 1994 YAFS, one out of five Filipinos is married by age 19 and the rate of teen marriage may be declining slightly from a decade earlier (Balk and Raymundo, 1999).

3. Childbearing during Adolescence

Establishing the trend in age-specific fertility rates (ASFRs) for women aged 15-19 from the 1993 and 1998 NDSs, fertility among adolescent women declined by about 8 percent in the past five years, from a rate of 50 per 1,000 women per year in 1993 to a rate of 46 per 1,000 women in 1998 (NSO and MI, 1999, Table 3.3, p. 36). AGI (2000) reveals that two out of every ten young women have their first birth before age 20, and four in ten do so among the less educated. More women today delay childbearing past their teen years compared to a generation ago. The reverse is true among less-educated women. Young women today generally want smaller families.

Based on the 1994 YAFS (Balk and Raymundo, 1999), more than one-quarter of all women have begun childbearing by age 20. Rural women start childbearing at younger ages than urban women. Less-educated women are more likely to bear children in their teenage years than their better-educated counterparts.

4. Contraceptive Use among Adolescents

The 1998 NDS discloses that contraceptive use, especially of modern methods, is low among Philippine teenagers irrespective of urban-rural residence, education and region (AGI, 2000). About two out of five sexually active adolescent women have an unmet need for contraception, again irrespective of urban-rural residence, education and region except Southern Tagalog showing about 60 percent level of unmet need.

5. Contraception and Religion

On the adolescents' attitudes towards the relationship between contraception and religion, the 1994 YAFS also reveals the following (Raymundo and Xenos (n.d.):

- a. The majority of them, including 67 percent of the Catholics, think that their religion favors contraception;
- b. A significant portion – close to one third – of the youth in each religious group also expect their future contraceptive behavior to be influenced by the teachings of their religion; and
- c. Over 90 percent of the respondents in every group believe the government should provide family planning service, and some 80 to 90 percent think it proper that these services also be provided to the youth.

6. Reproductive Health Problems, Religion and Health Services Utilization: the Youth Perspective

The main findings of the 1994 YAFS (Cruz and Berja, 1999: 58-69) on the prevailing reproductive health problems of young Filipinos, the relationship between reproductive health problems and religion, and the level of utilization of health services are:

- a. The majority (57.6 percent) of adolescents report ever experiencing a reproductive health problem sometime in their life and 24.3 percent had at least one serious problem;
- b. Women are more likely to have experienced any form of reproductive health problem although most of these are not serious such as dysmenorrhea, diminished desire for sex and irregular menstruation;
- c. While males are less likely to have reproductive health problems, they are more likely to have experienced serious ones. The most common problem, affecting about a fifth of males, is painful urination. This is followed by diminished desire for sex and itching in the genital area which is indicative of bacterial infection. Other serious problems reported although less prevalent include genital warts or ulcers, impotence, and penile discharge. Less serious problems noted include diminished desire for sex, premature ejaculation, delayed ejaculation, infection from circumcision, and inability to have orgasm;

- d. Adolescents who are non-Catholics or more religious reported higher levels of reproductive health problems;
- e. Among those who experienced serious reproductive health problems, males with pre-marital sex (PMS) experience were more likely to utilize health services compared with males with no PMS experience. The reverse is true among the females: those without PMS experience were more likely to utilize health services;
- f. Premarital sex patterns among Filipino youth generally indicate that once one gets initiated to premarital sex, a "repeat" either with the same partner or with another, is most likely;
- g. Categorizing adolescents in terms of their reproductive health profile shows that less than a third (31.2 percent) have a clean reproductive bill of health in the sense that they have not yet experienced any reproductive health problem and have not engaged in premarital sex. The greatest number are exposed to a reproductive health problem (40.9 percent) which could precipitate the former. Almost one in five (18.1 percent) reported that they were sexually active and had experienced some form of reproductive health problem; and
- h. While at least 18 percent reported having experienced both premarital sex and reproductive health problems, only five percent of the entire population had in fact utilized such services. And while only a third are living healthy lives (i.e. no exposure to sexual activity and reproductive health problems) almost twice as many (65 percent) claimed not to have utilized any form of health service.

7. Mothers and Service Providers' Perspectives on Adolescent Issues and Problems

The 1999 Reproductive Health Knowledge, Attitude and Behavior Study reveals that early marriage and unwanted pregnancy are problems of adolescents in the FAMUS areas as perceived by mother respondents (Cabigon and Divinagracia, 1999). The rapid appraisal in four cities and two municipalities of Metro Manila (Cabigon, 2000) discloses that early marriage and unwanted pregnancy are the most pressing problems of adolescents. The other major problems are illicit drugs, reproductive tract infections and induced abortions.

8. Abortion Views and Religion

The 1994 YAFS also provides the following main highlights as to the attitudes of the adolescents and young adults towards induced abortion (Cabigon and Choe, n.d.);

- a. Approval rate of induced abortion is very low (4 percent) among Filipino young adults , implying real adherence to moral values or conformity to the illegality of abortion and its being a taboo;
- b. In contrast to situations with medical complications, adverse social conditions as reasons for induced abortion have low rates of approval from young adults in the Philippines. The same pattern holds true among married women of reproductive age. This again may indicate either a firm adherence to moral values by most Filipinos or owing to abortion being virtually a taboo subject due to its moral, legal and cultural implications;
- c. Young adult men hold more liberal attitudes towards induced abortion than their women counterparts;
- d. Approval rate is lower among single men and women who are religious (either active in participating in religious activities or belonging to a family praying or going to church together;
- e. Religiosity to a lesser extent especially among women emerges as an explanatory factor of induced abortions for specific circumstances.

D. Research Gaps and Challenges in Adolescent Sexuality, Fertility and Reproductive Health

1. The Need for Quantitative Research and Corresponding Areas to be Further Explored

The main findings in the above selected eight areas reveal insights into the state of sexuality, fertility and reproductive health of Filipino adolescents. They are based on survey research, a research method to arrive at a general perspective of the current status of these three issues. So far, there have been only two national adolescent surveys undertaken in the country, done in 1982 and 1994. There is a need to undertake another national survey to obtain answers to the two main questions posed earlier and to examine the levels, determinants and consequences of adolescent sexuality, fertility and reproductive health. Apart from covering all the areas considered in these two previous national

adolescent surveys, the next national survey should address the following examples of specific questions:

- a. What are the main determinants of sexual debut (e.g. dysfunctional social relationships such as lack of parental care, peer pressure, rape, incest, prostitution) ? How do sexual relationships such as dating and courtship lead them to sexual debut?
- b. Is contraception used during premarital sex ? What method? Why?
- c. What are the prevailing consequences of premarital sex (e.g. teenage pregnancy, abortion, early marriage, or no pregnancy)? Why?
- d. Is abortion a prevailing result of premarital sex?
- e. How are sexual debut, sexual practices and sexual relationships affecting their health (reproductive tract infections, HIV/AIDS, abortion complications, infertility, early pregnancy and childbearing complications, smoking, alcohol consumption, drug addiction)?
- f. Has there been a difference between male and female adolescents with respect to awareness, attitudes and behavior towards sexuality, fertility and reproductive health? If yes, is it narrowing or widening? Why?
- g. How different are the sexual debut, sexual practices, sexual relationships and their consequences among adolescents by socioeconomic status, family headship, urban-rural, main island group, current schooling, gender and access to media?
- h. What is the level of awareness on RTIs/HIV/AIDS? Has there been a gap between awareness and behavior (e.g. Use of Protection)? How prevalent are RTIs/HIV/AIDS among adolescents?

My discussions with very experienced stakeholders and implementors of centering on reproductive health and sexuality reveal that young adults covered by such programs have progressed in self-development such as building their self-esteem and confidence, being aware of their body changes, establishing and nurturing relationships with parents and peers of the same and opposite sex, and having clear visions and purposes in life. Nonetheless, the adolescents need to be guided in terms of social

consciousness, social concern, and community participation. Quantitative research may be useful in generating this specific information needed.

Moreover, independent studies (e.g. those reviewed earlier) reveal that adolescents and young adults, particularly those 10-24 years old are exposed to various kinds of risk. Some of these relate to health risks which include giving births at early age, maternal mortality, spontaneous and induced abortions, sexually-transmitted diseases, HIV/AIDS and commercial sex. Other risks pertain to rape, incestuous relationships, maltreatment, drug addiction, parental abandonment, child labor or other types of adolescent abuse. Important determinants to such risks are multifaceted and there is a need to identify which ones play the greatest role in influencing the exposure to such risks. Quantitative research is the approach best suited to this need.

Furthermore, common sense dictates that casual and unprotected sex, curiosity, peer pressure, pre-marital sex and information gaps are just a few of the significant influential factors affecting an adolescent's behavior with regards to handling one's adolescent reproductive health (ARH) needs. The outcomes are teen pregnancies, births and maternal deaths, abortions, and STDs. Thus, innovations are needed to respond to these health needs. However, the types of innovations have to be tested before they are implemented on a wide scale to gain impact on ARH. Again, quantitative research is a useful tool in the testing of interventions.

There are however three criticisms raised with respect to some studies on adolescents during adolescent research fora and/or stakeholders' discussions within the country. First is that some researchers are traditionally positivist in their research orientation. There is a growing realization that positivism as an approach of studying social and behavioral phenomena guided by the belief that such phenomena can be studied through the methods employed by natural science (see for example Paredes-Canilao, 1999:26) is "...manipulative and violative of the rights and dignity of research subjects." Positivists tend to have some assumptions of the adolescents which mainly serve as the basis for formulating research hypotheses. Second is that most of the studies talk of a typical or average Filipino youth and do not emphasize the difference that exists among them, for example by socioeconomic status, access to media, main island groupings and the kind of family they belong. Third is that some researchers project themselves as the youth. Validating or arguing against these criticisms is a challenge that social science faces. In fact, these criticisms are directed primarily to quantitative research which is basically a positivist orientation.

The gender-sensitive and feminist methodologies discussed and edited by Sylvia Guerrero (1999) are relevant to the challenges in adolescent quantitative research. This handbook for health and social researchers demonstrates that quantitative research is indispensable in providing measurable social facts that can be generalized to the entire population of interest. Sample surveys which fall under quantitative research and are based on known probabilities are powerful tools in explaining the complex social phenomena (Cabigon, 1999). However, because of the unpredictability of human behavior, they need to be complemented by other types of research which the handbook deals in a much greater detail, as summarized in the succeeding subsection.

2. The Need for Qualitative Research and Corresponding Areas to be Further Explored

Nowadays, the prevailing norm in social research is that qualitative research complements quantitative research. This realization has greatly dominated the discourse on research methodologies in the 1990s (eg. Fonow and Cook eds., 1991; Reinharz, 1992; Rosenau, 1992; Ostrow and Kressler, 1993; UNFPA, 1993; Bailey, 1994; Baker, 1994; Denzin and Lincoln, 1995; Neuman, 1997). A more detailed treatment of most of the types of qualitative research is contained in the handbook mentioned earlier and edited by Guerrero (1999). Some of these methodologies are applicable to adolescent research. One particular type is participatory research wherein the adolescents themselves are directly involved because of the sensitivity of many of the issues. The 1994 International Conference on Population and Development (ICPD) Program of Action 7.7 as cited by Guerrero (1999:1) specially mentioned the involvement of adolescents in the leadership, planning, decision making, management, implementation, organization and evaluation of reproductive health services to women. Sanchez, Santos and Pacot (1998) is one example involving adolescents 15-24 years old in the research process. Examples of areas needing further exploration through various types of qualitative research, but which are not again exhaustive, are as follows:

- a. Causes and consequences of prostitution
- b. A more in-depth understanding of peer pressure on adolescent sexual behavior
- c. Causes and consequences of abortion
- d. Nature, causes and consequences of relationships between adolescents and their parents

- e. Search for sexual identity
- f. Violence against adolescents (incest, rape, child labor, among others)
- g. Survival, protection, development and participation rights of adolescents
- h. Adolescent views on life, love, health, family life, school, government and society.

3. Some Specific Considerations in Adolescent Research

Studies on policies is another challenge in adolescent research. The approach may be either quantitative or qualitative or both. The following are some questions needing answers in relation to the provision of social safety network and inculcation of values of maturity to Filipino adolescents today:

- a. What are existing policies that favor or are unfriendly to ARH(e.g. legal minimum age for marriage, prohibition of family planning to unmarried individuals)? What are the policies needed to address ARH?
- b. How large will the Filipino adolescent population be in the next 20 years? What will be the ARH future situation taking alternative scenarios on adolescent pregnancies, abortions, STDs,including HIV/AIDS?

Another challenge in adolescent research pertains to operations research which is defined according to Fisher et al., 1998:1) as "... a continuous process with five basic steps: 1) problem identification and diagnosis, 2) strategy selection, 3) strategy experimentation and evaluation, 4) information dissemination, and 5) information utilization ... designed to increase the efficiency, effectiveness and quality of services delivered by providers; and the availability, accessibility, and acceptability of services desired by users." The methods may also be either, quantitative, qualitative or both. Examples of operations research questions are as follows:

- a. What have been the successful programs/initiatives implemented specifically for adolescents (government and non-government)? On what areas have they been successful? sexuality? fertility? health including reproductive health? peer counseling? education? value formation? employment? advocacy? service delivery? What type of services?

- i. Where have they been implemented?
- ii. What has been their impact?
- iii. How much do they cost?
- iv. Are they appropriate for all municipalities and provinces of the country?
- v. What are the barriers to their implementation?
- vi. How have these barriers been addressed in other places?
- vii. What are some of the key ingredients to achieving success?
- viii. What actions can be done to improve further the successful implementation of such programs?
- b. What are the prevailing ARH barriers and how have they affected adolescent knowledge, attitude and behavior (KAB)?
 - i. Are there attitudinal barriers (e.g. towards gender, virginity, premarital sex, contraception and abortion) influencing adolescents' KAB?
 - ii. What are the cultural barriers (e.g. parental pressure) that affect adolescents' KAB?
 - iii. What are the social barriers (e.g. dropouts from school, poverty) that affect adolescents' KAB?
 - iv. What are the operational barriers (e.g. no access to FP, service providers scolding patients resorting to induced abortion, attitudes) that affect adolescents' KAB?
- c. What have been the nature, type and content of Information, Education and Communication (IEC) and Sexuality Education available to Filipino adolescents?
 - i. To what extent has formal and non-formal IEC been providing adolescents the necessary information on ARH?
 - ii. To what extent has information technology been providing adolescents information on ARH? How do adolescents obtain, process and use such information?

- iii. To what extent have parents been providing their children the necessary information on ARH? Do parents have adequate information on ARH?

IV. CONCLUSIONS

I have identified some research gaps and challenges in the further understanding of the Filipino adolescents today, in order to arrive at better ways of providing them a social safety net and introducing to them the values of maturity. As stated throughout the text, these gaps and challenges are not exhaustive. I consider all of them though as equally important. The next step, but already beyond the scope of this paper, is to fill these research gaps and to meet the challenges within a human development framework.

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