PATTERNS AND DETERMINANTS OF YOUTH HEALTH-SEEKING BEHAVIOR

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The 1994 Young Adult Fertility Survey (YAFS) has shown that many Filipino Adolescents have Reproductive Health Problems (RHPs) but do not seek medical care when they experience serious problems. Moreover, the study shows a relatively low but significant level of premarital sexual activity particularly among male adolescents. Yet contraceptive practise remains low with condoms mostly commonly sourced from drugstores and withdrawal as their preferred FP methods. The findings tend to suggest that the adolescents are unaware of the dangers posed by their sexual exposure and their RHPs, thus their reluctance to seek medical assistance. These have clear implications for policies and programs designed to improve the well-being of adolescents.

Introduction

The reproductive health needs of adolescents are of particular concern today because of increasing evidence of premarital sex activity and early coital debut. Since most of these sexual encounters are reportedly unprotected, a host of undesirable consequences such as unwanted pregnancy, childbirth and infection with sexually transmitted diseases (STDs) among others, are likely to ensue. Almost all gynecological diseases can be found during adolescence. Yet treatment is often unsought because young people do not understand the risks involved, are unaware of the symptoms, or fear the stigma of visiting a clinic.

The International Conference on Population and Development (ICPD) held in Cairo in 1994 recognized the need to develop a reproductive health program to serve the needs of both women and

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men, including adolescents. But while the Philippines is a signatory to the new program of action adopted in the ICPD, it maintains a Family Planning Program (PFPP) which excludes adolescents, unmarried women and couples from FP services. In the meantime, there is clear indication of an increasing number of adolescents engaging in premarital sex (PMS) and in need of relevant information and health care services to help them deal with the negative consequences of their sexual activity.

Who are these adolescents in need of reproductive health and FP services? Where do they seek them? This paper attempts to shed light on this issue by focusing on the health seeking behaviors of adolescents based on the results of the 1994 Young Adult Fertility Survey (YAFS). This study is significant in giving an updated picture of the adolescent's health and health behaviors which can then serve as inputs in determining appropriate policies and programs for the young. The dearth of existing materials in this particular area makes this undertaking all the more pressing and relevant.

Objectives

This paper measures the health-seeking behaviors of the adolescent population, particularly those engaged in sexual activity, and who have experienced any reproductive health problem in their lifetime. In particular, it aims to address the following: (1) the extent of reproductive health problems among adolescents and the overall coverage of medical service among those at risk; (2) FP service coverage among sexually active adolescents and the proportion of FP services attended to by government and private sectors; (3) the variation in reproductive health/FP service coverage among diverse sectors of the adolescent population; and (4) factors determining the variation in utilization of health and FP services.

Data and Methodology

For this analysis, health-seeking behavior refers to medical health service utilization among those with any reproductive health problem

as well as the FP service utilization of sexually active adolescents. In the survey, respondents were asked whether they ever experienced any of a list of reproductive health symptoms and the kind of treatment they had for each condition. The levels of reproductive health problems therefore represent the self-reported health assessment of the adolescents on any of the indicated reproductive health symptoms. Here, it was assumed that respondents recognized these symptoms and knew if they had them. Requests for clarification were answered by the field interviewers. Annex I provides a brief description of the reproductive health symptoms employed in the study and the corresponding working definitions used. Reproductive health problems are classified as "serious" and "less serious" as defined below. Such categorization was done in consultation with local and international reproductive health experts. It should be noted that such a classification was unknown to the respondents at the time of the interview.

Serious Reproductive Health Problems	Less Serious Reproductive Health Problems
Male	**Male**
painful urination penile discharge genital warts/ulcers painful intercourse impotence	diminished desire for sex low sperm count infection from circumcision itching in genital area delayed ejaculation premature ejaculation inability to have orgasm
Female	**Female**
painful urination vaginal discharge painful intercourse pre-eclampsia ectopic pregnancy abortion	diminished desire for sex dysmenorrhea irregular menstruation

Health service utilization among adolescents who ever experienced any reproductive health problem includes consulting a health professional for any problem. This does not include those who approached other traditional sources of health service such as the "hilot" or who employed self-medication.

On the other hand, analysis for the FP service utilization focused on two subsamples of the population including those (1) who reported having PMS experience and (2) who are currently married, not currently pregnant and are using some form of FP. Such grouping makes it possible to compare the service utilization of adolescents in a premarital sex arrangement with more sporadic sexual encounters and with the married who engage in regular sexual intercourse. The analysis will not include the experience of married males who were not asked about their current FP practice. However, married males who reported having PMS experience were asked about their source of FP service and are included in the analysis. Similarly, currently pregnant women were not eligible for questions on current FP use and were excluded from the analysis save those who reported having PMS experience. Inquiry on the methods used and their sources of supply provided the necessary information for the analysis of their service utilization. In determining the level of FP service utilization, those who reported using rhythm and calendar methods were excluded since the questionnaire sought to know the "source of supplies" which would include both information and supplies.

FP sources are classified into three broad areas patterned after the categorization used in the 1993 National Demographic Survey report. These include: (a) public sector (FP center, health center/ Rural Health Unit or RHU); (b) Medical private (private/company doctor, drugstore) and (c) other private (hotel/motel, partner, friend, other). When referring to FP service utilization in this paper, only those who used the regular sources (i.e. a and b in our definition)are referred to although the drugstore is highlighted at some point.

The final section of the paper looks into the health-seeking behaviors of what may be considered a "high-risk" group of adolescents: those who are sexually active and have ever experienced a reproductive health problem. For this subsector, health service utilization is defined as seeking either medical or FP services. A logistic regression analysis is employed to inquire into the possible determinants of their health service utilization.

Discussion of Findings

A. Reproductive Health

Reproductive Health Problem: Level and Differentials

It has been observed that at any given time, a woman in a Less Developed Country (LDC) is more likely to have at least 1 reproductive health problem (Population Today, 1995). This seems true in the Philippines where the majority (58 percent) of adolescents reported a reproductive health problem experienced sometime in their life and 24 percent reported at least one serious problem (Table 1). Women were more likely to have had a problem than men with a 74 percent prevalence which is almost double that of the males at 41 percent. However, when males complain of a reproductive health problem, it is more likely to be a serious one.

Married people were more likely to report contracting a reproductive health problem than single people. Single women were the least likely to have experienced a serious reproductive health problem and married women were by far the most likely. Married men were only slightly more likely to have experienced a serious reproductive health problem than single men. Among single men and women, more than half of those with a reproductive health problem had experienced only one type of problem. In contrast, 66 and 78 percent of all married men and women who reported any reproductive health problem had experienced two or more different problems.

Results also indicate that those who come from urban areas, have higher education, with some population education (Pop-ED), were non-Catholics or more religious, reported a higher level of reproductive health problems. The non-Catholics, the less religious and those who had Pop-Ed were more likely to have experienced serious reproductive health problems. In the case of the latter, it is possible that those with Pop-Ed exposure are more likely to recognize the symptoms for a more accurate level of reporting. Among women, those who were doing housework were most likely to have experienced a serious problem while students were least likely to do so. The males show a different picture where no significant differential is observed across the different main activity groups. While urban adolescents are more likely to have contracted a reproductive health problem, those coming from the rural areas are more likely to report a serious one, which could be due to differentials in the reporting accuracy.

There are regional variations in the level of serious reproductive health problems among the youth. Moreover, regional variations are distinct between gender lines (Table 2). Categorizing the regions according to HIGH, MODERATE and LOW levels of serious problems is shown below. Regardless of sex, there is a consistently high level posted by Region 2 and CAR, which are predominantly rural areas. Similarly, Region 8, a predominantly rural and economically depressed area, figures among those with a high level of serious RH problems among female adolescents.

	Males	Females
High SRHP	II, CAR, XI	II, III, VIII, CAR
Moderate SRHP	I, III, IV, V, X, XII, NCR	I, IV, X, XI, XII, NCR
Low SRHP	VI, VII, VIII, IX	V, VI, VII, IX

Where: Low (≤20%), Moderate (>20% and <35%), High (≥35%)

The YAFS-II survey asked respondents several questions about their premarital sexual experiences. Men were more likely than women to report such experiences: 26 percent of all male respondents reported having engaged in sex before marriage compared with 10 percent of all females. For single respondents, sexual experience was

not correlated with the incidence of reproductive health problems in general, although such did have an effect on the incidence of serious problems (Table 3). Twenty eight percent of single respondents with sexual experience reported at least one serious reproductive health problem, compared with 19 percent for those with no sexual experience. Among married respondents, premarital sexual experience did not have a strong effect on the percentages reporting reproductive health problems.

Among females, "dysmenorrhea" or painful menstruation figured as the most common reproductive health problem reported while painful urination and premature ejaculation ranked highest among the never married and married males (Table 4). One positive note is perhaps the fact that the majority (55 percent) of those who ever experienced any problem had less serious ones. Only a little over 12 percent had serious problems while the remaining third (33 percent) experienced both serious and less serious problems (Table 5).

Medical Service Utilization

Study findings highlight a serious gap in the effort to respond to the health needs of adolescents posing a threat to the health and welfare of the young. This is clearly seen in the low proportions of health service utilizers vis-a-vis the population at risk. While more than half of adolescents claim to have experienced a reproductive health problem, only 16 percent sought medical attention. Among those with serious problems, 27 percent sought health care (Table 6). Women were more likely to seek health care than men. Even as an equal proportion of males and females experienced a serious reproductive health problem, women were by far more likely to seek medical attention. Apparently, females are less of risk takers when it comes to their health. In terms of marital status, married women were much more likely to seek health care than single women. There was very little difference in the health care-seeking behavior between single and married men.

Among those with serious problems, those with Pop-Ed utilized health services more than those who claimed no Pop-Ed exposure. Adolescents in the lowest rung of the educational ladder were also least likely to seek medical attention. These findings highlight the positive role of education in general and Pop-Ed in particular, in encouraging healthy habits and behaviors among adolescents. Moreover, those women who were either working or doing housework were most likely to have sought treatment while the students were least inclined to do so. Urban residence is also associated with greater access to health care which may be a reflection of the urban advantage in the availability of health services. Regional differentials highlight low health service access in the Mindanao area where less than a fifth of those who admitted to a serious reproductive health problem sought medical attention (Table 6).

Among single respondents, premarital sexual experience appeared correlated with differential health care seeking behaviors for men and women. Among single men with a serious reproductive health problem, 20 percent with sexual experience sought health care, compared with 17 percent without such an experience. Among single women who had experienced a serious reproductive health problem, only 18 percent of those with sexual experience sought health care, compared with 24 percent of those without such experience. Married respondents were equally likely to seek medical care for a reproductive health problem whether or not they reported premarital sexual activity (Table 3).

The findings show that adolescents are not only underserved in their health needs but also indicate significant differentials in health seeking behavior across given categories, aggravating their already disadvantageous position. This is disturbing since some serious problems such as penile/vaginal discharge, painful intercourse and genital sores or warts are symptoms consistent with a reproductive tract infection (RTIs). RTIs include sexually transmitted diseases such as gonorrhoea

and syphillis among others, which could lead to severe health repercussions without immediate and effective treatment.

It is easy to speculate that the adolescent's reluctance to seek medical attention partly derives from the existing laws on health care and advice for the young. Historically, the near universal rule has been for "minors" to have the consent of their parents or another adult before obtaining health care and advice. The experience in many countries is that this rule has tended to inhibit young people from seeking health care and has made medical and health care personnel overly cautious about providing care to them (Paxman, J. 1985).

Determinants of Medical Service Utilization

In a logistic regression, we predicted the use of medical health services among adolescents with a serious reproductive health problem and found education and the number of serious problems as factors with a significant effect for both males and females. In particular, those with the highest educational attainment displayed the greatest propensity to seek medical services compared with those of a low educational attainment, other things being equal. Moreover, having more than one serious reproductive health problem is associated with a significantly greater propensity to utilize health services compared to those with just one (Table 7). In contrast with the males where only education and the number of serious reproductive health problems emerged as significant factors determining their propensity to seek medical services, more determinants figure among females including sexual experience, age, place of residence, education, main activity and number of serious reproductive health problems. As an adolescent woman gains in years, the more likely she is to seek medical services. Married women with premarital experience are also more likely to seek medical attention as compared with their single sisters with no sexual exposure. Other factors which predispose adolescent women to seek medical assistance when afflicted with a serious reproductive

health problem include urban residence, high educational attainment and having more than one serious reproductive health problem.

B. Family Planning

Typology of Premarital Sexual Behavior

A typology of adolescents with premarital sex experience indicates that generally, the moment one gets initiated into premarital sex, a "repeat" either with the same partner or with another, is most likely (Table 8). Differential behavior is noted across the sexes and marital status. Among married women, repeated sexual encounters confined to a single partner is clearly the modal premarital sex behavior. Males, regardless of their marital status, are involved in riskier premarial sexual encounters because of their tendency towards having multiple partners. This is also confirmed by their mean number of sexual partners where males had almost twice that of their female counterparts. Generally, the singles present a more conservative picture with the majority of the sexually active reporting one-time sexual experience and the females reporting more moderate sexual behavior. The latter is indexed by their tendency to limit their sexual encounters to one partner or to just one sexual encounter. This gender differential in premarital sexual behavior is telling of our country's social norms for sexual behavior where male promiscuity seems socially condoned.

FP Use and Coverage of FP Service

Given that pregnancy is a function of timing rather than frequency of intercourse implies that each premarital sexual activity carries the risk of premarital pregnancy. Apparently however, this is ignored by adolescents whose use of contraceptives increases with the number of sexual partners but not necessarily with the frequency of sexual encounters (Table 9). Worth highlighting is the apparent feeling of "invulnerability" among those who reported having a sequel of premarital sexual encounters limited to just one partner where contraceptive use is as low as among those who engaged in sex only once.

Data reveal a low level of contraceptive use among sexually active adolescents with a less than twenty percent level of usage among those who had premarital sex once or a series of sexual encounters confined to one partner. This increased to almost a third among those involved with more than one sexual partner. The spontaneous nature of the premarital sex experience, particularly the first one, perhaps accounts for their high dependence on withdrawal and condoms which together account for 70 percent of methods used. Interestingly, there is increasing acceptability of rhythm and calendar methods among those who have repeated sexual encounters solely with their first sexual partner.

Among adolescents with premarital sex exposure who utilized some form of contraceptive method (except for rhythm and withdrawal), almost two-thirds used the public sector, private doctor and drugstore while the rest relied on informal sources such as friends, partners or a motel. The popularity of the drugstores which served more than half of the sexually active adolescents is expected, considering the high acceptability of condoms among them. This is also expected, given a situation where unmarrieds are not part of the target clientele of government FP services, making drugstores and other private sources viable alternatives. It is a bit surprising to note however, that a small but significant proportion found relief from the public sector, given that the young and unmarried are not part of the target clientele of the Philippine FP Program although they could be provided service if sought.

What is immediately apparent in the data is the variation in the FP use and service utilization between those who practice premarital sex and those currently married. For one, the former are less dependent on effective methods such as pills, which is the main method for currently married women (63 percent). The latter's preference for the more effective/modern method can be attributed to the nature of sexual exposure which is more constant and would therefore call for a more effective method. Moreover, while the pre-maritally sexually

active are more drawn to the the drugstore and other private sources, most (84 percent) of the currently married women patronize the public sector.

Differential analysis reveals the expected pattern of behavior where urban place of residence, older age (20-24), higher education, Pop-Ed exposure and being married are all associated with a higher level of FP use and service utilization. Exceptional patterns are noted such as gender where males exhibited a higher proportion of FP use yet had a relatively lower proportion who utilized the government and private sources of FP. This may be due to their high reliance on condoms which are mostly sourced from the pharmacy instead of the other formal sources of contraceptives. Similarly, while Pop-ED reinforces FP use, this is not necessarily so with respect to use of private and government contraceptive outlets (Table 10).

Generally, the same patterns emerge for the currently married women although they have a higher level of FP use, with their level of service utilization almost double that of their premaritally sexually active counterparts. The positive relationship between education and Pop-Ed in both FP use and service utilization indicates the modernizing effect of exposure to new ideas and technology (Table 11).

Health-seeking Behavior of the High Risk Group

Sexual activity, particularly if unprotected, is closely interrelated with reproductive health problems because some of these are symptomatic of STDs. Generally, reproductive health problems require medical attention not only to minimize complications but also to reduce, if not prevent, the spread of the disease. Hence, it is appropriate that the following discussion puts focus on the health-seeking behaviors of a "high risk group of adolescents" defined in this study as those who are sexually active and have ever experienced a reproductive health problem.

The unmet need in health services for the youth is clearly shown by the glaring mismatch between health needs and use of services.

While at least 18 percent reported having premarital sex and reproductive health problems, only 5.1 percent of the entire population in fact utilized both FP and medical health services. And while only a third are living healthy lives (i.e. no exposure to sexual activity and no reproductive health problem), almost twice as much (65 percent) claimed not to have utilized any form of health service.

The fact that the majority of our adolescents are either sexually active or have experienced a reproductive health problem or both underscores the need to make health care information and services available to the youth. It is unfortunate to note however, that while adolescents numbered over 13.7 M and comprised about 20 percent of the population in 1995, adolescent medicine and gynecology services are not yet available. This seeming lack of attention to this sector of the population is not only true in our country however. To this day, adolescent medicine is a medical specialty existing in only a limited number of countries while adolescent gynecology services, a subspecialty of obstetrics and gynecology, is offered in even fewer countries worldwide (Creatsas, 1995).

Determinants of Health Service Utilization

What are the determinants of health seeking behaviors among adolescents who claimed to have experienced any form of reproductive health problem and are sexually active at the same time? Gender variations are noted although certain variables consistently figure for both sexes including education, type of current residence, religion and main activity. Other variables which figured significantly include age and marital status for females and Pop-Ed exposure among males. Whereas a higher education is likely to reinforce the woman's health-seeking behavior, it has a dampening effect on their male counterparts. Males who have had some exposure to Pop-Ed however are more likely than those who did not to avail of services when exposed to the risks of premarital sex and reproductive health problems. Similarly, a married woman is more than twice as likely as the unmarried to utilize existing health services while the reverse

pattern is observed among their male counterparts. While non-Catholic males have a greater propensity to seek services when at risk, the reverse is true among females where Catholics exhibit a greater predisposition to utilize health services compared with their non-Catholic sisters.

A group more in danger than the "high risk group" earlier defined include those who are sexually active and report having experienced any serious reproductive health problem sometime in his/her life. How is the latter's health-seeking behavior compared with the former?

A look at this subgroup reveals that the number of significant determinants lowered from 5 to 1 with Pop-Ed as the only significant factor determining the male's inclination to seek health services. This suggests that differentials in background variables do not seem to impact on health seeking behaviors among males who are both sexually active and have experienced any serious reproductive health problem. A similar pattern is observed among females although it shows the stronger effect of age, marital status and current residence. Being a student also has a significant impact on the the health service utilization of women although the negative direction of the relationship can be a function of age since it is very likely that those who are still in school might be younger and therefore would be less likely to seek health attention.

Conclusions and Implications for Policy

Findings show a fairly high incidence of reproductive health problems and sexual activity among Filipino adolescents and a low incidence of treatment and utilization of FP services for all population groups.

Such findings imply that Filipino adolescents are in need of more reproductive health care and that there is need to do more research to find out why they are getting so little reproductive health care now. Are they not seeking health care because they do not

realize what their symptoms mean or recognize which symptoms are important? The effect of Pop-Ed suggests that this may be the case, thus implying the need for greater efforts towards education and public awareness campaigns. The higher service utilization among the urbanites could also indicate differential access to health services across geographical areas within the country. It is also interesting to find out whether adolescents do not seek services because this are not available to them, i.e. availability of facilities and cost of services. Results which show low levels of health care particularly among single females engaging in premarital sex suggest that young people could be too embarrassed to seek reproductive health care even if this were available to them.

Future studies can therefore focus on the types of health care services available to and utilized by adolescents. Other non-traditional sources of health services utilized by this sector of the population such as remedies from family and friends, and other traditional healers or "hilots" who remain popular sources of health services in the country particularly in the rural areas, could certainly be an interesting area of exploration in the future. Attempts to establish an accurate incidence level of reproductive health problems among adolescents are likewise recommended to improve upon the prevalence levels provided by the current study.

The study likewise highlights a relatively low but already significant level of sexual activity among the youth. This is marked by a greater male promiscuity as indexed in the proportion engaged in premarital sex and in the number of sexual partners. While males may initially appear worse off, this will eventually put women in a position of increased risk of infection particularly because the study shows a low proportion of condom use. Only about 23 percent among single and married males in the same sample reported ever use of condoms, currently the most effective defense other than abstinence against the transmission of incurable, viral, sexually transmitted diseases (O'Toole Erwin, 1993).

The study reinforced earlier observations on the low level of contraceptive use among adolescents and a still lower proportion of FP service utilization. Their preference for drugstores as well as other private sources manifests their willingness to pay more in exchange for privacy and is perhaps telling of the weight of social pressure on the adolescent's behavior.

It seems evident that adolescents are unaware of the dangers posed by their sexual activity as well as by their reproductive health problems, hence their reluctance to seek medical assistance. It follows therefore that there should be massive health and public education campaigns targetting this sector of the population. Particular focus may be given to the dangers of PMS and other preventive information such as health promotion and attention to personal hygiene. The significance of early diagnosis and prompt treatment of reproductive health problems should likewise be emphasized.

Table 1: Profile of Adolescents by Reproductive Health Problem by Marital Status and Sex

	Male			Female			Total
	Single	Married	Total	Single	Married	Total	
% with any RH problem	39 (4731)	50 (526)	41 (5257)	71 (4295)	82 (1327)	74 (5622)	58 (10879)
Number of RH problems							
1	55	34	52	54	22	46	48
2	27	22	26	36	23	22	31
3+	18	44	21	9	55	21	21
Mean	2	2	2	2	2	2	2
(% with serious RH problems)	24	26	24	15	54	24	24
Mean number of serious RH problem	1	1	2	0	1	0	1
Mean number of less serious RH problem	1	2	1	1	2	1	1
Medical service utilization (%)*							
-among those with RH problem	15	15	15	11	32	17	16
-among those with serious RH problem	19	22	20	23	41	32	26
-among those with less serious RH problem	9	7	9	9	14	9	9

* Medical service utilization- those who consulted a doctor/health personnel for any of their RH complaints.

Table 1a: Most Common RH Problems

Top 2 most common RH problem:	%
Never married, Male	
painful urination	56
itching in the genital area	34
Married, Male	
premature ejaculation	51
painful urination	42
Never married, Female	
dysmenorrhea	83
irregular menstruation	50
Married, Female	
dysmenorrhea	69
diminished desire for sex	53
Most common serious RH problem:	
Never married, Male	
painful urination	56
Married, Male	
painful urination	42
Never married, Female	
painful urination	18
Married, Female	
painful intercourse	42

Table 2: Percentage of Young People in the Philippines who Reported having Experienced Reproductive Health Problems

Background Characteristics	Percentage with any Problem			Percentage with a Serious Problem		
	Men	Women	Total	Men	Women	Total
Total	41	74	58	24	24	24
Age						
15-19	40	71	56	25	18	21
20-54	42	78	60	24	33	29
Marital Status						
Single	40	71	54	24	15	20
Married	50	83	73	26	55	46
Current Residence						
Urban	43	78	61	25	25	24
Rural	38	68	53	23	24	24
Education						
Low	38	70	52	23	29	26
Medium	44	77	61	26	33	30
High	40	73	58	24	18	21
Main Activity						
None/unemployed	41	68	51	23	22	23
Student	38	71	56	24	15	19
Working	43	78	56	26	26	26
Housework	42	76	71	23	39	37
Religion						
Catholic	40	73	57	24	24	24
Non-catholic	43	78	62	29	27	28
Religiosity: attend church						
Less than once a week	41	76	56	24	30	26
At least once a week	40	75	60	25	23	24
Population Education in School						
Had population education	44	77	63	27	24	25
No population education	36	67	49	22	26	23

Region	Percentage with any Problem			Percentage with a Serious Problem		
	Men	Women	Total	Men	Women	Total
I. Ilocos	34	70	52	27	22	24
II. Cagayan Valley	59	82	71	47	43	45
III. Central Luzon	53	83	69	30	36	33
IV. Southern Tagalog	39	78	59	21	25	23
V. Bicol	35	61	49	25	20	22
VI. Western Visayas	23	59	42	10	11	10
VII. Central Visayas	23	80	52	12	13	13
VIII. Eastern Visayas	38	75	56	14	40	26
IX. Western Mindanao	38	49	43	15	13	14
X. Northern Mindanao	48	67	58	28	22	25
XI. Southern Mindanao	54	83	69	40	34	37
XII. Central Mindanao	45	69	58	26	26	26
NCR	51	88	70	29	26	27
CAR	48	90	69	43	42	42

*Low= no schooling, highest educational attainment is elementary, currently either in or out of school.
Medium= highest educational attainment is high school, currently out of school.
High= highest educational attainment is high school but currently in school or college.

Table 3: Profile of Adolescents by Sexual Activity and Reproductive Health Problem

	Not Sexually Active (Single without PMS)	Sexually Active				TOTAL
		Single w/ PMS	Married w/o PMS	Married w/ PMS	Total	
% w/ RH prob	55	50	72	74	64	58
No. of RH prob						
1	56	44	22	26	30	48
2	33	30	23	23	25	30
3+	11	25	55	51	44	21
Mean	2	2	3	3	3	2
% w/ serious RH problem	19	28	46	47	39	24
% w/ serious RH prob among those w/ RH prob.	34	55	63	63	61	42
% utilized medical* service	12	16	29	28	25	16
% utilized medical* services among those w/ serious RH problem	20	22	38	38	34	26
% utilized medical* services among those w/ less serious RH problem	8	9	13	12	11	9

% utilized medical service among those w/ serious RH problem

	Male Single	Female Single
with premarital sex	20	18
without premarital sex	17	23

* Utilized medical services- those who consulted a doctor health personnel for any of their RH complaints

Table 4: Most Common Reproductive Health Problems: Percentage of all those Reporting a Reproductive Health Problem who Mentioned a Specific Problem

Respondent Group	Problem	Percentage Reporting
Never-married men	painful urination*	56
	itching in genital area	34
Married men	premature ejaculation	51
	painful urination	42
Never-married women	painful menstruation	83
	irregular mentruation	50
	painful urination*	18
Married women	painful menstruation	69
	diminished sexual desire	53
	painful intercourse*	43

* Indicates a serious reproductive health problem.

Table 5: Distribution of those with Reproductive Health Problem by Type of Problem Experienced

Among those who ever had RH Problem:
12.2% have ever experienced serious RH problems only
54.9% have ever experienced less serious problems only
32.9% have ever experienced both serious and less serious RH problems
15.5% have experienced more *serious than less serious* RH problems
68.1% have experienced more *less serious than serious* RH problems
16.4% have experienced equal number of *serious and less serious* RH problems

Table 6: Percentages of Young People in the Philippines who Experienced a Reproductive Health Problem and Sought Medical Treatment

Background Characteristics	Percentage with any Problem Who Sought Treatment			Percentage w/ a Serious Problem Who Sought Treatment		
	Men	Women	Total	Men	Women	Total
Total	15	16	16	20	32	26
Age						
15-19	15	10	12	19	21	20
20-24	15	25	22	21	40	33
Marital Status						
Single	15	11	13	20	23	21
Married	15	32	29	22	41	38
Current Residence						
Urban	15	17	17	20	34	27
Rural	15	15	16	19	30	25
Education						
Low	10	16	14	12	29	21
Medium	15	21	19	21	37	30
High	18	14	15	22	30	26
Main Activity						
None/unemployed	16	16	16	23	28	25
Student	17	11	13	20	23	21
Working	13	19	17	19	37	25
Housework	14	23	23	17	37	35
Religion						
Catholic	15	17	17	20	33	26
Non-catholic	23	15	18	19	31	26
Religiosity: attend church						
Less than once a week	14	17	16	23	33	29
At least once a week	18	17	17	18	32	24
Population Education in School						
Had population education	18	18	18	23	35	29
No population education	12	14	13	15	28	21

Region	Percentage with any Problem Who Sought Treatment			Percentage w/ a Serious Problem Who Sought Treatment		
	Men	Women	Total	Men	Women	Total
I. Ilocos	22	14	17	23	28	25
II. Cagayan Valley	19	19	19	20	32	26
III. Central Luzon	19	20	20	26	37	33
IV. Southern Tagalog	16	15	15	24	34	30
V. Bicol	14	19	17	16	35	25
VI. Western Visayas	16	18	17	25	47	36
VII. Central Visayas	12	11	11	18	43	32
VIII. Eastern Visayas	10	11	11	18	13	15
IX. Western Mindanao	15	6.7	11	23	12	18
X. Northern Mindanao	14	10	12	17	21	19
XI. Southern Mindanao	7	15	12	8	23	15
XII. Central Mindanao	10	14	13	7	28	18
NCR	15	22	20	20	41	31
CAR	26	31	30	29	51	41

Table 7: Logistic Regression of Reproductive Health Utilization (among those with serious RH Problems)

Variables	Odds Ratio	
	Male	Female
Sexual Experience		
Single w/o premarital sex (Reference)	.	.
Single w/ premarital sex	0.99	0.53
Married with premarital sex	0.79	1.70**
Married w/o premarital sex	0.91	1.46
Age (years)	0.99	1.15***
Place of Residence		
Rural (Reference)	.	.
Urban	0.98	1.30*
Education		
Low (Reference)	.	.
Medium	1.4	1.38
High	2.05*	1.67*
Main Activity		
Housework (Reference)	.	.
Student	1.05	0.74
Working	0.67	0.99
Unemployed	1.02	1.55**
Religion		
Non-catholic (Reference)	.	.
Catholic	0.73	1.13
Religiosity		
Not religious (Reference)	.	.
Religious	1.17	1.24
Population Education		
No population education (Reference)	.	.
With population education	1.30	1.28
Number of Serious RH Problem		
1 (Reference)	.	.
2+	2.08***	1.96***

***p < 0.001

** p < 0.01

* p < 0.05

Table 8: Typology of Youth with Premarital Sex

Type of Youth with Premarital Sex	Male		Female		
	Single	Married	Single	Married	Total
Had premarital sex only once	43	24	46	22	35
Had repeated sex with only one partner	12	39	46	76	33
Had multiple sex partners	45	37	9	3	32
Mean number of sexual partner	4	5	2	2	4
TOTAL	100.0	100.0	100.0	100.0	100.0
(Number of cases)	(1035)	(298)	(88)	(449)	(1871)

Table 9: FP Service Utilization of Sexually-Active Adolescent by Type of Sexual Experience

FP indicators	Had PMS only once	Premarital Sex			Married Women excluding currently pregnant
		Repeated sex only 1 partner (last sex)	Multiple partners		
			Last sex with 1st Partner	Last sex with other Partner	
% who used FP	20	19	31	33	31
FP method used	(130)	(112)	(181)	(194)	(317)
Pills/IUD	20	22	22	22	63
Rhythm	2	13	6	6	13
Withdrawal	36	49	39	36	20
Condom	35	14	31	32	3
Others	7	2	2	4	1
TOTAL	100	100	100	100	100
(N)	(130)	(112)	(180)	(193)	(304)
% who utilized FP services among FP users*	65	77	63	64	99
% who utilized FP services among FP users**	-	10	8	6	88
Source of FP services					
Public sector	7	32	7	5	84
Private doctor	2	3	1	1	5
Drugstore	66	53	55	59	10
Other private	23	13	36	35	1
TOTAL	100	100	100	100	100
(N)	(68)	(38)	(96)	(110)	(200)

*includes those who availed of FP services/supplies from public sector, private doctor and drugstore among FP users except those whose FP method are rhythm and withdrawal.

**excludes drugstore.

Table 10: FP Use and FP Service Utilization among those with Premarital Sex

Characteristics	% who used FP		% who used FP services among FP users1	
	Percent	Number	Percent	Number
Total	26	(1940)	9	(273)
Current Residence				
Urban	31	(1150)	10	(178)
Rural	20	(790)	9	(95)
Age				
15-19	24	(514)	8	(83)
20-24	27	(1426)	10	(190)
Sex			**	
Male	32	(1370)	7	(230)
Female	11	(570)	19	(53)
Marital Status				
Married	35	(1163)	13	(74)
Single	13	(777)	8	(198)
Education	***			
Low	15	(381)	5	(37)
Medium	25	(842)	10	(116)
High	35	(676)	9	(113)
Religion				
Catholic	26	(1532)	10	(238)
Non-Catholic	32	(139)	3	(35)
Religiosity				
Attends religious services...				
At least once a week	27	(917)	11	(140)
Less than once a week	26	(754)	8	(100)
Population Education	**			
Had Pop-Ed	32	(1197)	8	(190)
No Pop-Ed	16	(743)	11	(82)
Main Activity	**			
None/Unemployed	29	(328)	10	(51)
Student	38	(386)	10	(73)
Working	25	(820)	6	(106)
Housework	14	(407)	18	(44)

1FP service utilization = used public and private sectors among FP users (except those using withdrawal and calendar)

Table 11: FP Use and FP Service Utilization among the Currently Married Women (Except those Currently Pregnant)

Characteristics	% who used FP		% who used FP services among FP user [1]	
	Percent	Number	Percent	Number
Total	31	(1011)	89	(201)
Current Residence				
Urban	40	(463)	89	(84)
Rural	25	(549)	88	(117)
Age			*	
15-19	20	(194)	87	(23)
20-24	34	(818)	89	(178)
Education			*	
Low	23	(278)	91	(47)
Medium	31	(537)	92	(103)
High	44	(194)	80	(51)
Religion				
Catholic	32	(778)	90	(169)
Non-Catholic	24	(70)	79	(33)
Religiosity				
Attends religious services...				
At least once a week	30	(517)	86	(96)
Less than once a week	34	(331)	88	(68)
Population Education				
Had Pop-Ed	35	(579)	86	(127)
No Pop-Ed	26	(432)	94	(73)
Main Activity				
None/Unemployed	29	(97)	96	(22)
Student	42	(33)	83	(6)
Working	33	(140)	88	(34)
Housework	31	(742)	88	(140)

[1]FP service utilization - used of public and private sectors among FP users (except those using withdrawal and calendar)

Table 12: Profile and Health-seeking Behavior of Adolescents who are Sexually Active and Have Reproductive Health Problem

Profile of all Rs
31.2% have no RH problem and are not sexually active 18.1% have RH problem and are sexually active 40.9% have RH problem but not sexually active 9.8% sexually active but without RH problem (68.8% have RH problem or sexually active)
Health-seeking behavior of those who are sexually active and have reproductive health problems
5.1% utilized both FP and RH services 20.3% utilized RH services but not FP services 9.4% utilized FP service but not RH services 65.3% did not utilize either RH or FP services

Table 13: Logistic Regression of FP and/or RH Service Utilization (among those who are sexually active and have RH Problem)

Variables	Odds Ratio	
	Male	Female
Constant	-2.60	-4.26
Current Age (years)	1.08	1.14**
Marital Status		
Single (Reference)	..	..
Married	0.76	2.26**
Current Residence		
Rural (Reference)	..	..
Urban	1.01**	1.44**
Education		
Low (Reference)	..	..
Medium	0.92**	1.02
High	0.98**	1.30*
Religion		
Catholic (Reference)	..	..
Non-Catholic	1.26*	0.76*
Main Activity		
None/unemp./(Reference)	..	..
Student	1.21**	0.68
Working	0.88**	1.49*
Housework	1.16**	1.10
Population education (pop-ed)		
No pop-ed (Reference)	..	..
Had pop-ed	1.46**	1.10

***p < 0.001
** p <0.01
* p <0.05

Table 14: Logistic Regression of FP and/or RH Service Utilization (among those who are sexually active and have RH Problem)

Variables	Odds Ratio	
	Male	Female
Constant	-2.81*	-4.58***
Current Age (years)	1.10	1.18***
Marital Status		
Single (Reference)	..	..
Married	0.81	2.18***
Current Residence		
Rural (Reference)	..	..
Urban	1.03	1.48***
Education		
Low (Reference)	..	..
Medium	1.02	1.05
High	0.91	1.30*
Religion		
Catholic (Reference)	..	..
Non-Catholic	1.32	0.84
Religiosity		
Not religious	..	..
Religious	0.97	1.01
Main Activity		
None/unemp./(Reference)	..	..
Student	1.29	0.68*
Working	0.93	1.63
Housework	1.04	1.07
Population education (pop-ed)		
No pop-ed (Reference)	..	..
Had pop-ed	1.38*	1.06

***p < 0.001

** p <0.01

* p <0.05

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