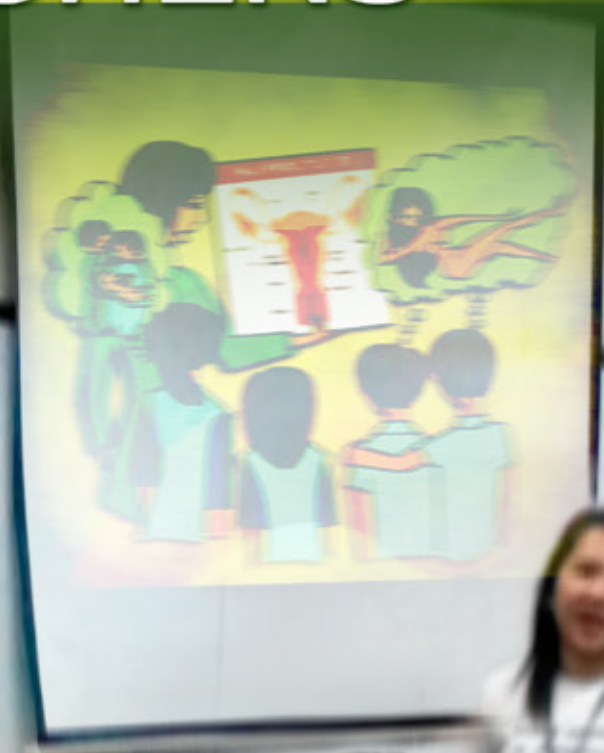


LISTENING TO OUR TEACHERS



A Study of the Views, Attitudes and Practices
of Teachers and Parents in Catholic High Schools
Regarding Reproductive Health, Responsible Parenthood
and Sexuality Education

“Listening to Our Teachers”

**A Study of the Views, Attitudes and Practices
of Teachers and Parents in Catholic High Schools
Regarding Reproductive Health, Responsible Parenthood
and Sexuality Education**

Social Development Office
Ateneo de Zamboanga University

in partnership with

Gender Research and Resource Center
Western Mindanao State University

Zamboanga City
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LIST OF ACRONYMS

ARH	Adolescent Reproductive Health
ARMM	Autonomous Region for Muslim Mindanao
CBCP	Catholic Bishop's Conference of the Philippines
CEAP	Catholic Educational Association of the Philippines
CSD	Catholic schools run by the diocesan clergy
CSL	Catholic schools run by lay
CSRM	Catholic schools run by religious men
CSRW	Catholic schools run by religious women
FP	Family planning
GAD	Gender and development
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
IUD	Intrauterine device
LAM	Lactational amenorrhea
LGBT	Lesbians, gays, bisexuals and transsexuals
NCR	National Capital Region
NEDA	National Economic Development Authority
PCPD	Philippine Center for Population and Development
PHDR	Philippine Human Development Report
POPDEVED	Population and Development Education
PTCA	Parent-Teacher Community Association
RH	Reproductive health
RP	Responsible parenthood
SC	Supreme Court
SDO	Social Development Office
SE	Sexuality education
UNDP	United Nations Development Programme
UPPI	University of the Philippines Population Institute
WHO	World Health Organization
YAFS	Young Adult Fertility Survey

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Family, friends and loved ones



FOREWORD

Adolescence, the period of transition between childhood and adulthood, can be a time of tremendous growth and great promise as well as a time of turbulence and confusion. It is crucial for adolescents to go through this period with positive attitudes and behaviors that they can nurture and manifest for the rest of their lives. That is why it is disturbing that the results of the 2013 Young Adult Fertility and Sexuality Survey point to some worrisome trends in the thinking and practices of young Filipinos when it comes to this aspect of human development.

Released recently by the University of the Philippines Population Institute and the Demographic Research and Development Foundation, the study notes that 32 percent of young Filipinos between the ages of 15 to 24 have had sex before marriage. Seventy-eight percent of them had unprotected sex during their first sexual encounter.

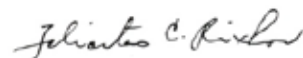
The study also reveals that teenage pregnancy among those aged 15 to 19 has doubled to 13.6 percent in 2013 from 6.3 percent in 2002. The United Nations Population Fund, on the other hand, finds that from 1999 to 2009, teenage pregnancy in the country rose 70 percent from 1999 to 2009, one of the highest rates of teenage pregnancy in southeast Asia.

Ideally, these are challenges that parents and teachers should address together. Except that, as this study done by the Ateneo de Zamboanga University and the Western Mindanao State University found out, both of them are not confident enough to take on this responsibility. Apart from this core finding, the study is significant in many ways. It involved teachers and staff of Catholic schools and parents who send their children to these schools. The study allowed them to articulate their thoughts on who should teach sexuality education, what should be taught for different school levels, and how it should be taught. It presented recommendations for school administrators to seriously consider so that their guidelines are in sync with national policies on reproductive health and Catholic teachings on family life.

The study is a rather bold initiative on the part of Fr. Albert Alejo and his team, considering that it comes in the wake of divisive debates even among Catholic schools on the appropriateness and morality of teaching sexuality education in schools. They went to the parents, teachers and staff of the participating Catholic schools and facilitated an open and healthy discussion on various issues regarding reproductive health and sexuality education. And more importantly, the study team listened to what they were saying and reflected them in their recommendations.

Rightly or wrongly, the perception is that sexuality education in Catholic schools is limited “on the teaching of modesty, purity, chastity, and morality,” something that is inadequate in a world where children and young people are exposed to sexual contents in many forms, and not all of them accurate. What is true, the study reveals, is that Catholic schools are open to going beyond traditional Church teachings on sexuality. Their teachers are willing to learn – they in fact want to be trained on how to teach reproductive health and sexuality education – so they can convey knowledge and life skills to their students that will help them develop positive attitudes and behaviors on sexuality.

The Philippine Center for Population and Development (PCPD) is honored to have extended support to the conduct of the study. We hope that other Catholic schools will have access to this study and to its findings and recommendations. The insights and lessons it has generated can be valuable in designing the kind of sexuality education appropriate for Catholic schools. More importantly, it offers the path to the production of a more responsive curriculum that addresses the needs of today’s young people.



Felicitas C. Rixhon

Executive Director

Philippine Center for Population
and Development

Introduction

“The new reproductive health law’s provisions on sexuality education will mean we have to prepare schools and school teachers, many of whom are themselves uncomfortable and/or poorly informed about the many topics that fall under sexuality education.”

— Dr. Michael Tan, *medical anthropologist, newspaper columnist*

Rationale

On 21 December 2013, President Benigno Aquino III, without much fanfare, signed into law Republic Act 10354 or the controversial Responsible Parenthood and Reproductive Health Act of 2012. This law intends to provide universal access to reproductive health care services and information. For artificial FP methods, only commodities approved by the Food and Drug Administration should be made available. It also aims to prioritize poorer households as identified by the National Household Targeting System for Poverty Reduction. In addition, the Law provides sexuality education that is age-appropriate to the youth and their stage of development.

Malacañang has declared that by signing RA 10354 into law, President Aquino “closes a highly divisive chapter of our history—a chapter borne of the convictions of those who argued for or against this Act, whether in the legislative branch or in civil society.” Albeit temporary this closure “opens the possibility for cooperation

and reconciliation among different sectors in society: engagement and dialogue characterized not by animosity, but by our collective desire to better the welfare of the Filipino people.”¹

This study aims to contribute to raising the quality of this “engagement and dialogue” by listening to teachers. Why study schools? Why the faculty and staff of Catholic schools? Why now? Lastly, what is there to listen to?

Why focus on schools? Reproductive health and population development projects have often focused on communities. Section 14 of the Law provides for Age- and Development-Appropriate Reproductive Health Education.²

¹ Angela Casauay . ‘President Aquino signs RH bill into law’. Posted on 12/28/2012 5:48 PM | Updated 01/03/2013 5:29 PM. <http://www.rappler.com/nation/18728-aquino-signs-rh-bill-into-law>. (6 January 2013)

² SEC. 14. Age- and Development-Appropriate Reproductive Health Education. – The State shall provide age- and development-appropriate reproductive health education to adolescents which shall be taught by adequately trained teachers informal and nonformal educational system and integrated in rel-

This poses repercussions on schools. Although Section 14 does not compel private schools to adopt the curriculum to be designed by the Department of Education (covering sex and reproductive health education), Catholic schools should remain in consonance with national policies that are aimed toward nation building.

Schools are in contact with young people, their parents, and the wider community. They offer facilities that can be made accessible to neighboring groups. Schools yield tremendous influence on local communities.

Teachers are expected to provide sexuality education to the young. However, there is an apparent lack of effort to check the level of understanding and knowledge of reproductive health among school teachers and staff members and their attitudes towards reproductive health practices. There is no program to respond to the teachers' own needs and to tap their potential contribution to the continuing discussion. The law does not mandate private schools (including Catholic schools) to develop curricula to teach sex education or to adopt the DepEd curriculum, but it encourages efforts aimed at contributing to the students' knowledge of reproductive

health and sexuality. In particular this is imperative for Catholic schools. In this light, the knowledge, attitudes and practices of Catholic teachers should be better understood.

A medical anthropologist, Dr. Michael Tan, candidly believes that *"schools need to tackle sexuality education because you get to the kids with their peer groups, getting them to exchange information and views, with adult guidance. Sexuality education in schools also means getting to the kids whose parents refuse to talk about sex and sexuality at home, and there are many of them."* Dr. Tan asserts the need to expand our notion of sexuality education beyond condoms and sex gadgets and the *"birds and the bees"*. He stresses that sexuality education consists of life survival skills that will make an important difference to children with regard protecting themselves from sexual abuse, falling in love and experiencing heartbreaks, handling *"I want to marry you" looks, children learning to be gender-sensitive, caring and responsible in their relationships.*"³

Why listen in particular to faculty and staff of Catholic schools? The faculty and staff of Catholic schools play a particularly critical role. They are important members of the Church which has taken a strong stand on health and population issues. Recent public statements by professors from some Catholic universities may represent not just an activist stance of public intellectuals, but a plea to have their own personal views heard. How will faculty members from less well known educational institutions express their voice?

evant subjects such as, but not limited to, values formation; knowledge and skills in self-protection against discrimination; sexual abuse and violence against women and children and other forms of gender based violence and teen pregnancy; physical, social and emotional changes in adolescents; women's rights and children's rights; responsible teenage behavior; gender and development; and responsible parenthood: Provided, That flexibility in the formulation and adoption of appropriate course content, scope and methodology in each educational level or group shall be allowed only after consultations with parents-teachers-community associations, school officials and other interest groups. The Department of Education (DepED) shall formulate a curriculum which shall be used by public schools and may be adopted by private schools."

³ Michael L. Tan, "Sex education, life education" in Manila/Philippine Daily Inquirer | Asia News Network – Wed, Dec 19, 2012 12:00 PM PHT/ <http://ph.she.yahoo.com/view-sex-education-life-education-040003247.html> (7 January 2013)

Why listen to students' parents? If there were a single purpose for putting up schools, it would be to benefit the education and welfare of students. As individuals growing into adulthood, students have many concerns regarding their own understanding of reproductive health. Their concepts of sexuality affect overall population issues. On the other hand, parents should not be isolated from the ways by which schools address concerns that surround reproductive health, responsible parenthood and sexuality education. In fact, parents have their own concerns.

Why is this urgent and timely? As expected, opponents to RA 10354 challenged the Law in the Supreme Court, which declared the Law as “not unconstitutional” on 8 April 2014. As these legal milestones unfold, it can be safely presumed that a modified version of this “landmark legislation” will be implemented nationwide, paving the way for adjustments in institutions including and especially Catholic Schools. These institutions cannot continue to operate on a “business as usual” basis. In preparing for this eventuality, we believe that the faculty and staff of schools and the parents themselves, aside from policy makers and school administrators, should actively participate in formulating policies that will affect them in their professional work as well as in their personal life.

And what is there to listen to? Reacting to the “defeat” of the Catholic Church influence in society, some parties are calling for “vengeance”. However, Cardinal Luisito (Chito) Tagle, in his well-applauded intervention during the recent Synod of Bishops, appealed for a quieter and humbler Catholic Church that will listen more in her participation in the public sphere. In his view, although Catholics account

for the majority in the country’s population, the Catholic Church in the Philippines cannot speak from a position of power. *“The sufferings of people and the difficult questions they ask are an invitation to be first in solidarity with them, not to pretend we have all the solutions... (The people) can resonate and see the concrete face of God in a Church that can be silent with them, as confused as they are.”* He contextualizes this in the Asian culture. *“We in Asia are very particular about the mode... so you may be saying the right things but people will not listen if the manner by which you communicate reminds them of a triumphalistic, know-it-all institution... I know that in some parts of Asia, the relative silence and calm of the Church are interpreted as timidity, but I say ‘no’ – they make the Church more credible.”*⁴

This research project aims to explore the current status of faculty and staff in Catholic schools and that of parents of students, with regard to reproductive health, responsible parenthood and sex education. The product of this undertaking seeks to serve as an important reference in aid of designing programs that cater to the needs of the faculty and staff and to tap their potential contribution in this area.

⁴ “Cardinal-designate Tagle calls for quieter, listening Church.” <http://www.news.va/en/news/cardinal-designate-tagle-calls-for-quieter-listening>. 2012-10-24 Vatican Radio. See also Rev. Harold Parilla, Cardinal ‘Chito’ Tagle: What may Filipino Christians expect from his leadership?file:///C:/Users/ACER/Pictures/TAGLE%20cardinal-chito-tagle-what-may-filipino-christians-expect-from-his-leadership.htm 1 December 2012 (accessed 5 January 2013). For a challenge, see Mary Racelis, “A listening Church?”, in *Philippine Daily Inquirer*, 8:38 pm | Monday, July 2nd, 2012 / <http://opinion.inquirer.net/31851/a-listening-church>.

Context

The Philippines has a total population of 92.09 million as of 2010,⁵ marking a tremendous growth from the year 2000 when Filipinos numbered 76.3 million. The country now ranks as the 12th most populous nation in the world⁶. Catholics account for the majority of the Philippine population, unlike the situation in neighboring countries in the Asia-Pacific region.

The UNPD (2013) notes wide disparities in incomes and quality of life across regions and sectors in the country. “The number of poor people remains high (26.5% of the total population, including 10 million women, lives below the poverty line).” Life expectancy at birth is 69 years. However, despite the large mass of poor population, the Philippines has fared relatively well in terms of its Human Development Index (HDI) compared to other nations in Southeast Asia (UNDP 2013). However, “while the 2010 Philippines Millennium Development Goals Progress Report indicates improvements in promoting gender equality, reducing child mortality and malaria, it also points out that the overall situation of the Millennium Development Goals is not encouraging. There is a strong likelihood that the Philippines will not reach the Millennium Development Goals with regard poverty, education, maternal health, HIV/AIDS and environment. With limited coverage of prevention services, combined with prevailing strong stigma and discrimination, the Philippines is one of seven countries worldwide where HIV prevalence has increased by more than 25% between 2001 and 2009” (ibid).

⁵ 2010 Census on Population and Housing

⁶ UNDP (2013). About the Philippines. Retrieved from <http://www.ph.undp.org/content/philippines/en/home/countryinfo/>

Mindanao

Mindanao which hosts the research sites for this project is the Philippines’ largest island, covering a massive land area of 95,000 sq km (36,680 sq mi). Based on a 2007 survey, it is home to 21.5 million people, almost a quarter of the total population of the Philippines. Some 27 indigenous cultural communities live in the area, together with migrants from Luzon and the Visayas.⁷

Today, Christian settlers form the majority of the Mindanao populace. The combined Muslim and Lumad tribes are in the minority, with the former accounting for around 19%. While outsiders may view Muslims and Lumads as unitary ethnic categories, both are composed of distinct and disparate tribes that speak their respective dialects and have been known to fight among themselves for territory. Twenty-one (21) tribes comprise the Lumads. On the other hand, there are 13 Muslim ethnic groups, the two most dominant being Tausog and Maguindanao.⁸

By 2020, Mindanao is envisioned to be peaceful and socially-inclusive with a strong and sustainable agri-industrial and resource-based economy that is competitive, ICT-driven, and responsive to local and global opportunities. Drawing from its rich natural resources and strong human potential, Mindanao is expected to strengthen its niche as the country’s agri-industrial base and frontier for tourism and mineral industries in the next decade. This evolution will be supported by ICT innovations

⁷ National Economic and Development Authority (2010). “Mindanao Strategic Development Framework 2010-2020”. pp 5.

⁸ Health Research Agenda of Mindanao: A Zonal Report 2006-2010

and advancements, encouraging greater economic productivity that will generate employment and empower the poor to participate in the growth process (NEDA, 2010)⁹. However, with reference to the UNDP report of 2013 (the latest at the time of writing this report), achieving such vision within this timeframe is not certain. It is apparent that many development gaps remain.

In the 2012-2013 PHDR¹⁰, not one province in Mindanao landed a spot in the Philippines' 10 richest provinces based on HDI levels. Instead, at least three provinces were among the global report's 10 bottom provinces with HDIs comparable to those in countries with poor human development. Sulu ranked the lowest in 1997, with Agusan del Sur and Sarangani ranking 7th and 10th bottom provinces. In 2009, five provinces in Mindanao replaced those in the list of 10 bottom provinces, with Sulu still being the poorest based on HDI levels. These provinces included Lanao del Sur, Zamboanga del Norte, Davao del Norte, Tawi-Tawi, Maguindanao and Sulu (PHDR, 2013)¹¹.

Concurrent Studies

YAFS 4. This project commenced while the Young Adult Fertility Survey 4 (YAFS 4) was on going. In its fourth phase, YAFS has been

extensively used in shaping policies at all levels in various institutions, in support of programs related to youth sexuality and reproductive health. The project has considerable magnitude in terms of scope of content and geographical coverage. YAFS 3 had a nationwide coverage and included regional representations of Filipino youth, Muslim and non-Muslim. The results of YAFS 4 are much anticipated given the project's much broader study of sexuality and reproductive health among the Filipino youth.

The initial results of YAFS 4 were already available at the time of writing this report. As expected, the study revealed more detailed findings on the sexuality of the Filipino youth. YAFS 4 provides statistical figures on the youth's practices concerning sexuality and reproductive health, including sexual activities such as pre-marital sex, unprotected sex, commercial sex and media exposure and their effects on sexual behaviors.

Global Survey on Roman Catholics. On 31 October 2014, the US-based National Catholic Reporter (NCR) reported that the Vatican had asked national bishops' conferences around the world to conduct wide-ranging polls among Catholics on their opinions concerning the teachings of the Catholic Church on contraception, same-sex marriage and divorce.

Archbishop Lorenzo Baldisseri, Secretary General of the Vatican's Synod of Bishops, asked the conferences to conduct the polls "immediately as widely as possible to deaneries and parishes so that inputs from local sources can be received." This was an initiative "to gather information in preparation for the October 2014 Extraordinary Synod of Bishops on the Pastoral Challenges of the Family in the Context of Evangelization". It is worth mentioning that

⁹ National Economic and Development Authority (2010). "Mindanao Strategic Development Framework 2010-2020". pp 3

¹⁰ Philippine Human Development Report 2012-2013

¹¹ According to the PHDR 2012-2013, both sets of provinces at the bottom in 1997 and 2009 showed very poor performance in the income component of the HDI even as their health and education components can be considered of medium-level achievement. Sulu's HDI of 0.266 was almost as bad as those of Niger (0.261), Democratic Republic of Congo (0.239), and Zimbabwe (0.140).

the results of this global survey were released in February 2014, with the Philippines as the only country selected to represent the Asia-Pacific region. The polls' findings revealed the views of Roman Catholics on current social issues that confront the Catholic Church, including gay marriage, divorce, and marriage among priests, to name a few.

Call for Initiatives among Catholic Schools

There are at least 1,252 Catholic schools throughout the Philippines, the majority being members of the Catholic Educational Association of the Philippines (CEAP).¹² There is a need to clarify the views, practices and awareness levels of faculty, staff and parents regarding reproductive health, as they are expected to instruct young students on sex education. This is a critical issue because they belong to the Catholic Church which has a strong position on health and population issues. Commenting on the SC's decision on the

constitutionality of the RH law on 8 April 2014, CBCP President Archbishop Socrates Villegas said, *"It has also stood on the side of the rights of parents to teach their children"*.¹³

A number of development initiatives have been undertaken to address issues surrounding population and development. However, much of these efforts are community-based, and little attention is given to schools where teachers and staff can be assets in contributing to better understanding of population and development. Meanwhile, it is worth mentioning that the Office of Population Studies Foundation at the University of San Carlos has worked with the Philippine Population Center for Population and Development (PCPD) to design teaching modules on population and development education for Catholic schools. The book serves as a reference material for lessons in population and development and human sexuality and responsible parenthood. While it was originally developed for Catholic schools, it also presents universal values and evidence-based and scientific facts, thus making it useful for non-Catholic schools as well. To date, it is being used by public schools in at least eight regions of the country.

The Vatican announcement, which came during the data collection for this study, affirmed this initiative as a modest contribution to Cardinal Tagle's call of for a more humble and a more listening Church. We are listening to our teachers.

¹² CEAP is the national association of Catholic educational institutions in the Philippines founded in 1941. Members include universities and colleges offering academic and continuing education programs that are at par with foreign schools in the USA and Europe. Majority, however, of its members numbering around 700 are mission schools offering basic education to the country's poor and the marginalized. CEAP is a voluntary organization which operates through regional educational associations located in the 16 regions of the country. It is commissioned to advance and promote the teaching function of the Catholic Church. It contributes towards the attainment of the objective, "the total development of the human person" through a Catholic orientation in accordance with the norms of the Church, consistent with national development goals as expressed in the Philippine Constitution. (Source: <http://www.ceap.org.ph/cms/WhoWeAre.aspx>)

¹³ "CBCP: Law truly watered down" in The Philippine Daily Inquirer. 9 April, 2014. Retrieved from <http://newsinfo.inquirer.net/592899/cbcp-law-truly-watered-down>

This shows the need for a program dedicated to tending to the teachers' own needs and tapping their potential contribution. In order to provide evidence that will support the development of such a program, a **baseline study** should be carried out.

OBJECTIVES

This project aimed to determine the current status of faculty and staff in Catholic schools as well as that of the students' parents, in relation to reproductive health. Specifically, it aimed to:

1. determine the knowledge, attitudes and practices of faculty, staff, parents of students, regarding reproductive health, responsible parenthood and sexuality education;
2. determine the linkages among knowledge, attitudes and practices concerning reproductive health, responsible parenthood and sexuality education, and various socio-economic and demographic variables among the faculty, staff, and parents;
3. identify the needs of faculty, staff and parents in relation to reproductive health, responsible parenthood and sexuality education;
4. present recommendations that are useful in (a) designing programs to respond to the needs of faculty, staff and parents; (b) shaping institutional policies that are in harmony with national policies and Catholic teachings in reproductive health and population development; (c) developing pedagogical tools for reproductive health, responsible parenthood and sexuality education; and

5. identify further research agenda in relation to reproductive health, responsible parenthood and sexuality education in Catholic schools and similar institutions.

PROJECT IMPLEMENTOR

The Social Development Office (SDO), the social development arm of Ateneo de Zamboanga University, carried out this project under the auspices of the Philippine Center for Population and Development (PCPD) and in collaboration with the Gender Research and Resource Center of the Western Mindanao State University. SDO worked with various institutions within the university and outside to implement and assist in broad-based social development projects in the Western Mindanao region and beyond.

SCOPE OF THE STUDY

Given the descriptive nature of the study, this project does not attempt to test hypotheses on the factors of views, attitudes and practices on reproductive health, sexuality education and responsible parenthood. In addition, the statistics are meant to describe different segments of the study respondents based on a pre-determined set of variables.

The research was conducted in five (5) regions in Mindanao, namely Zamboanga Peninsula, Autonomous Region for Muslim Mindanao (ARMM), Caraga, Davao Region and Northern Mindanao. Although all the research sites are located in Mindanao, this project was not intended to be exclusively a Mindanao study. Instead, it addressed different views, attitudes and practices of faculty, staff and parents of



students in Catholic high schools that belong to congregations or archdiocese that have a network throughout the country. It was assumed that the schools selected for this study operated under the rules and regulations of

their respective school systems. However, it is noteworthy that the diverse socio-cultural context of Mindanao provides an interesting backdrop to the findings of this study.

Review of Related Literature

“The sufferings of people and the difficult questions they ask are an invitation to be first in solidarity with them, not to pretend we have all the solutions... (The people) can resonate and see the concrete face of God in a Church that can be silent with them, as confused as they are.”

– Cardinal Luisito “Chito” Tagle

Catholic Sexuality Education

Sexuality is a fundamental component in the personality of a human being. It is a mode for being, for manifesting and communicating feelings with other people, and for expressing human love. Therefore, sexuality is an integral part in a human being's education and personality development. “It is, in fact, from sex that a human person receives the characteristics which, on the biological, psychological and spiritual levels, make that person a man or a woman, and thereby largely condition his or her progress towards maturity and insertion into society” (S. Congregation of the Doctrine of the Faith, 1975) Sexuality characterizes men and women at the physical, psychological and spiritual levels, making a mark on the expression of each of these levels. Such diversity, linked to the complementarity of the two sexes, allows a thorough response

to God's design of the vocation to which each person is called.

Sexual intercourse, oriented towards procreation, is the maximum physical expression of the communion of love within marriage. Procreation loses its significance, exposes the selfishness of the individual, and is a moral disorder when it is divorced from the context of a reciprocal gift, a reality which the Christian enjoys, sustained and enriched in a particular way by the grace of God (S. Congregation of for Catholic Education, n. 5).

In describing the actual situation, the S. Congregation for Catholic Education of the Vatican notes:

“One can see - among Christians, too - that there are notable differences with regard to sex education. In today's climate of moral disorientation a danger arises, whether of

harmful conformism or prejudice, which falsifies the intimate nature of being human, ushered whole from the hands of the Creator.”

In order to respond to such a situation, one looks for suitable sex education from every source. While the necessity for sex education is fairly and widely held in theory, in practice there remain uncertainties and significant differences concerning persons and institutions responsible for sex education or the contents and methodologies of sex education.

Educators and parents are often aware of their inadequacy to teach sex education. The school is not always in a position to offer an integral view of sex education, which is incomplete if its focus is scientific information alone (S. Congregation for Catholic Education, n. 7, 8, 9).

In affirmation of the right of young people to receive sex education that is adequate to their personal requirements, Vatican Council II in the “Declaration on Christian Education” presents a perspective on which sex education must be set.

The Council states:

“With the help of advances in psychology and in the art and science of teaching, children and young people should be assisted in the harmonious development of their physical, moral and intellectual endowments. Surmounting hardships with a gallant and steady heart, they should be helped to acquire gradually a more mature sense of responsibility towards ennobling their own lives through constant effort, and toward pursuing authentic freedom. As they advance in years they should be given positive and prudent sex education “.

The Pastoral Constitution, “*Gaudium et Spes*,” in speaking of the dignity of marriage and the family, presents the latter as the preferential place for the education of young people in chastity.

However, since this is an aspect of education as a whole, cooperation between teachers and parents is needed to accomplish their mission. Therefore such education must be offered within the family to children and adolescents in a gradual manner, always considering the total formation of a person. (ibid, n. 14, 15)

In writing about the Vatican’s guidelines on sex education, Whitehead (1996) points out that any mention made of teachers in the TMHS is “practically confined to saying what they must not do: they must not (1) interfere with the child’s right to modesty and chastity; or (2) fail to respect the primary right of the parent. On the other hand, they *must* freely allow any child or young person ‘to withdraw from any form of sexual instruction imparted outside the home’ without penalties or discrimination.” Whitehead highlights that the strongest features of this papal document “is its insistence that parents should *remove* their children from school programs whenever this education does not correspond to their own principles. We can only speculate on the degree to which the document’s Roman authors understand that, in this country at least, some of the harmful programs from which children ought to be removed, according to their standards, are unfortunately found in *Catholic* schools, not only in public schools.”

Whitehead further offers four “working principles” based on the TMHS:

1. Human sexuality is a sacred mystery and must be presented according to the doctrinal and moral teaching of the Church, always bearing in mind the effects of original sin.
2. Only information proportionate to each phase of an individual's development should be presented to children and young people.
3. No material of an erotic nature should be presented to children or young people of any age, individually or in a group.
4. No one should ever be invited, let alone obliged, to act in any way that could objectively offend a person's modesty, or subjectively offend a person's own sensitivity or sense of privacy.

Sexuality Education: The CBCP's Standpoint

Under the independent article category in CBCP's website, a thorough discussion on sex education begins as:

"Sex education' is often discussed today, but mainly in order to include under this expression programs of information on human sexuality that are generally presented to children and adolescents in the context of schools. These programs would have as their objective furnishing enough biological information for children to avoid the heavy consequences of contracting sexually transmitted diseases, HIV/AIDS and unwanted pregnancies. This kind of sexual education is necessarily incomplete because it leaves to one side the relational, affective and spiritual aspects of human love. It further runs the risk, depending on the program and the philosophy of the teacher, of being excessively explicit and constituting merely an introduction to the practice of contraception and "safe sex.. Finally, the programs of sex education proposed in the

schools do not always take into account the immaturity of the students receiving it and can cause harm and upset them. There is also another aspect of sex education that is not often looked at and which is of capital importance, as Dr. Polaino-Lorente explains: sex education in the family. The Pontifical Council for the Family dedicated the document The Truth and Meaning of Human Sexuality: Guidelines for Education within the Family (8 December 1995) to this most important topic. The parents are the first persons responsible for the sexual education of their children. They can help them to better acquire the virtue of self-discipline and the importance of the other, which are essential for the human exercise of sexuality. They are the ones who can best introduce the child to the "beautiful love" that comes first from the heart and the mind before being expressed in the body (CBCP, 2011)."

According to CBCP, there are four cardinal points or dimensions in the education of human sexual conduct. These are generative, affective, cognitive, and religious:

"The generative dimension studies the way that sexuality is implicated in reproduction and the generation of new human beings. In this dimension, procreation and genitalia are studied. Actually, it is very common that the procreative dimension of sexual behavior is suppressed or frustrated.

The affective dimension shows that man and woman are, before all else, persons and for that reason, sexual behavior cannot be used only for pleasure. Sexuality and affectivity are necessary for each other.

The cognitive dimension highlights that the carnal union between man and woman demands an awareness and knowledge of each other, a commitment to give oneself, the link of mutual donation. The more you love someone, the more you want to know them.

The religious dimension, finally, shows that the generative human capacity would not be possible where it not for the intervention of the Being who makes it possible, and to whom it must be ordained.” (CBCP, 2011)

Some Studies on Knowledge, Attitudes and Practices of Teachers, Students and Parents on Sex Education and Reproductive Health

The first national survey of secondary school teachers of sex education in Australia showed that the majority of sex health teachers are female Health and PE teachers aged 20-39 (Smith A. et al, 2010). Some studies of sex education indicate that sex education consists of:

- Facts-based topics to include STIs, HIV/AIDS, safe sex practices, reproduction and birth control methods (Smith et al, 2010; Iyanimura, 2004), abortion, anatomy and sexuality in general (Risch & Lawler, 2003) and types of contraceptives (Asekun-Olarinmoye et al, 2007).
- Social aspects such as managing peer influence, relationships and feelings, alcohol and decision making, sexual activity and decision making and dealing with emotions (Smith et al, 2010)
- Abstinence (Smith et al, 2011) (Risch & Lawler, 2003)
- Church teachings about sexuality, dating, marriage, reproduction (Risch & Lawler, 2003)

Previous studies have also explored the perceptions of teachers on barriers to implementing sex education and policy requirements. Studies indicate some barriers such as time constraints and exclusion of sex

education in the curriculum (Smith et al, 2010); secondary school teachers’ attitudes on sex education in the light of approval or disapproval of sex education (Aniebue, 2007; Asekun-Olarinmoye et al, 2007; Iyanimura, 2004).

Parental Challenges in Sexuality Education

Among the many difficulties that parents encounter today, taking into account different social contexts, one that certainly stands out is the need to give children an adequate preparation for adult life, particularly with regard to education in the true meaning of sexuality. There are many reasons for this difficulty and not all of them are new.

While the family in the past did not provide sexual education, respect for fundamental family values nevertheless characterized culture as a whole, thus helping to protect and maintain such values. However, the decline of traditional behavioral models in the society at large in both developed and developing countries has deprived children of consistent and positive guidance, at a time when parents find themselves unable and unprepared to respond adequately. This situation has been made worse by an observable eclipse of the truth about man, which, among other things, exerts pressure to reduce sex as a casual, commonplace act. The mass media and society as a whole are sources of depersonalized, recreational and often incorrect information on sexual education. Such information does not take into account the different stages of formation and development of children and young people. The problem is aggravated by a distorted individualistic concept of freedom in a society that lacks the basic values of life, human love and family (The Pontifical Council for the Family, 1995).

In a UPPI study (n.d.) on parental involvement in adolescent health and development, an assertion has been made that parents are the primary influence in the development of young people; that they are the first socializing agent of their children. This lays the “groundwork in instilling basic values that will ensure the proper upbringing of their children. Furthermore, the study states that ideally the parents should also play a major role in providing information on sexuality and reproductive health to their children (UPPI, n.d.).

In a workshop conducted by the Foundation on Adolescent Development in 2003, Marquez (2004 in UPPI, n.d.) noted the adolescent participants’ expressed desire to be educated on sexuality by their parents. Although the adolescents themselves would like to talk to their parents about such concerns, communication between Filipino adolescents and their parents remains poor.

In the UPPI (n.d) study, parental involvement in rearing adolescent children is taken to mean that there is participation of both spouses, a situation that applies both in the province (Bohol) and cities (NCR). The study examines different variables of parental involvement, such as laying down rules on discipline and implementing them, the degree to which parents get along with their adolescent children, the amount of participation in activities and shared time, among others. One of the study’s findings states that a distinct difference between today’s youth and their parents’ generation is the current liberal access to information technology, including online entertainment, virtual relationships, and so on. The survey results indicate that more parents in the provinces than in the metropolitan area limit their adolescent children’s use of the internet, TV and video games. Another finding worth

noting is the parents’ belief that their being role models to their children reduce the possibility of their adolescent children engaging in both sexual and non-sexual risk behaviors.

Policies on Sexuality Education and Reproductive Health

The Women and Gender Institute (WAGI) of Miriam College conducted a study on the views of students and school officials on sexuality-related policies in both sectarian and non-sectarian schools in Metro Manila, providing important information on school policies pertaining to sexuality-related matters. The study reported on the existence of explicit policies on homosexuality in the participating schools and the importance placed on protecting the school’s image. “Even when outside the campus, teachers still call the attention of misbehaving students if they personally know the students or if the students can be identified because of the school uniform” (WAGI, 2004).

Sexuality and Reproductive Health of the Youth

In terms of situating the status of youth sexuality and reproductive health, this section deals with pertinent studies and literatures with particular focus on the Filipino youth. It is useful to provide a global perspective on youth sexuality in the new millennium.

The Advocates for Youth (2003) indicates that “at the beginning of the new millennium, about 1.7 billion people (more than a quarter of the world’s population) were between the ages of 10 and 24, with 86% living in less developed countries. Many youths worldwide have engaged in sexual intercourse and are at risk of sexually transmitted infections (STIs),

including HIV or of involvement in unintended pregnancy. Research-based reproductive health programs provide the youth with information, support, and services that they need to make responsible decisions associated with sexual health.” The following information from several sources helps us to draw global insights into youth sexuality and reproductive health.

- Premarital sexual intercourse is common and appears to be on the rise worldwide.
- Adolescent pregnancy and childbearing are associated with outcomes that are detrimental to teen health, including complications due to pregnancy, illegal or unsafe abortion, and death, especially in less developed nations.
- While over 90% + of teenage women in most countries in Asia, North Africa and the Near East, and Latin America and the Caribbean know of at least one contraceptive method, knowledge levels in sub-Saharan Africa are generally lower. Teens who have not yet engaged in sex are the least knowledgeable about contraception in every country in North Africa, except Nigeria.
- In most countries in the above mentioned regions, adolescents face significant barriers to using contraception. Service-related barriers include incorrect or inadequate information, difficulty in traveling to service centers and obtaining services, cost, and fear that confidentiality will be violated.
- Around the world, effective programs improve sexual health and promote healthy sexual decisions among young people. The following components are often included in effective programs:

- accurate information and age-appropriate services that focus on behaviors
- confidential contraceptive services that are youth-friendly
- culturally appropriate information and services
- gender-specific information and services that address young women’s needs and pay attention to inequalities in their relationships with the opposite sex
- services that are geared specifically to the sexual health needs of young men
- peer education and outreach
- activities to build skills in communication and negotiation
- involvement of parents and other community members

Sexuality and Reproductive Health of the Filipino Youth

The World Health Organization’s review of literature and projects covering 1995 to 2003 on sexual and reproductive health of adolescents and youths in the Philippines offers a comprehensive list of published and unpublished materials on this population group. One noteworthy lesson drawn from this thorough review is the possibility “to work with Catholic schools in promoting adolescent reproductive health (ARH) as long as the Government and the Church are culturally sensitive. For example, in promoting the campaign slogan “A-Abstinence, B-Be Faithful and C-Condom”, Catholic schools have replaced “C” with “live life like Christ” instead of “condom” (WHO, 2005).

The Demographic Research and Development Foundation’s (DRDF) project in 2013, known as the Young Adult Fertility Survey (YAFS), is a nationwide study of young Filipinos aged

15-24. From its initial focus on determining fertility, the study has broadened its scope and now covers sexuality and fertility, and risk behaviors and their determinants. YAFS4 is a study of the Filipino youth in the following areas: health and lifestyle; marriage; puberty, dating and sex; fertility and contraception; knowledge and attitudes towards marriage, sex and related issues; and reproductive health. The study concludes that “while there is improvement in non-sexual risk behaviors, sexual risk behaviors show a worsening trend. While premarital sex (PMS) has become more prevalent, the use of contraceptives/protection against STI remains low and unchanged from its 1994 level. A likely major contributor to the sharp increase in teenage fertility is the narrowing difference in the number of young men and young women engaging in premarital sex. New technologies have given rise to new sexual activities and new ways to meet sexual partners. This increases the risk of adverse consequences, bearing in mind the low level of contraceptive use and protection.”

In exploring the sexual dimensions of youth culture, Lanuza (2007) surveyed students in the College of Social Sciences and Philosophy (CSSP), one of the largest colleges in the University of the Philippines-Diliman. The study’s findings show that “CSSP students are not so different from the average Filipino youth. Lanuza has noted that the Filipino youth continues to place a high value on close family ties and is therefore wary of social changes that might disrupt this tradition. The sexual habits of CSSP students are shaped largely by their religious background (pp. 1).”

Another study sheds light on youth perceptions of sexuality and gender. WAGI conducted surveys and focus group discussions on gender

and sexuality among youth from sectarian and non-sectarian schools. The findings show that the students’ respective genders and schools significantly influence their knowledge of sex, gender and sexuality and their attitudes and behaviors. Similarly, their acceptance or rejection of certain sexual behaviors and relationships also vary. The study notes that the most commonly discussed sex-related topics are family planning, menstruation, contraception and pregnancy, while incest, homosexuality and lesbianism are least talked about (WAGI, 2004).

The study has also noted that “protecting the school’s image is a prime concern among school authorities in implementing policies and regulations related to the students’ sexual behaviors. This would explain the students’ reluctance to consult school authorities on issues and concerns related to sexuality.” This research provides important information on how students perceive non-teaching personnel and their reasons for such views. For example, students are apt to approach teachers rather than guidance counselors because of the prevalent notion that teachers are “credible, trustworthy informants about sexual health” (ibid).

Narrowing her study’s geographical scope, Echem (2009) extracted items used in the YAFS3 questionnaire and surveyed college students in Zamboanga City to examine their risky behaviors. In this study, she correlated risky behaviors (smoking, drinking and engaging in premarital sex) with gender. Despite its specific geographical scope, this study is a window to the situation of youth living in various places throughout the Zamboanga Peninsula and the island provinces of Basilan, Sulu and Tawi-Tawi. Higher educational institutions in Zamboanga City admit students from these provinces and cities. This study notes that factors which

foster engagement in risky behaviors do not differ between the sexes. Younger adults have liberal perceptions of marriage and engaging in sexual behaviors that are deemed risky. Close family relationships and religion do not deter young adults from engaging in sex-related risky behaviors. The study has also pointed to a close correlation between alcohol consumption and pre-marital sex. Echem recommended the need for systematic and regular updating of data on adolescent sexuality to track changes and patterns of sexual behaviors, among others, in the adolescent and young adult population.

In presenting and discussing changing conditions, issues, policies and programs on adolescent and youth reproductive health in the Philippines, Zosa-Feranil (2003) notes a broad-range of operational barriers to ARH. Among these are policy barriers to adolescent sexual and reproductive well-being; marital status used as basis for providing reproductive health services; limited access to correct information; and prohibiting school attendance by pregnant female teens, demonstrating the lack of policy on teenage pregnancy.

As for other aspects of youth reproductive health and sexuality, such as views on relationships, the 2010 National Youth Assessment indicates that “75% of young people aged 15-17 years are looking for healthy-boy girl relationship, increasing to 85% for the age group 25-30 years.” The same report shows that “19% of 15-17 year olds and 27% of 25-30 year olds think that same sex relationships are accepted in society. Across the different age groups, 57 to 62% think that lesbians, homosexuals and transgenders are now accepted in Philippine society, while 49 to 55% across all age groups think that divorce should be made legal.”

Definition of Terms: Gaps and Challenges

While studies of Filipino adolescents have been quite extensive, there is a need to increase awareness of challenges and concerns in understanding adolescent and youth sexuality and reproductive health, and to take relevant actions and research initiatives. Describing some of these gaps, Cabigon (1999) cites the confusing variety of definitions of “adolescents” (in reference to certain demographic segments) and enumerates the following definitions used by government agencies:

- Department of Health (DOH) – 10-24 years
- Department of Interior and Local Government (DILG) – 15-21 years
- Department of Social Welfare and Development (DSWD) – 15-24 years

She notes that definitions also vary among non-government organizations, including the following:

- 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

Cabigon notes that “implementing agencies and research studies have not been fully consistent in using these definitions, hence the gap in data availability (pp. 110).” It is worth mentioning that supplementing Cabigon’s work is Lanuza (2007) describing the category “youth” as a modern invention (pp. 5) and presenting changes in the definition of youth across time (Hall, 1904; Keniston, 1972).

As for the term “sexuality”, she observes that “it has been either too narrowly or broadly defined. A narrow definition is seen to arise from wrong connotations especially among cultural groups where discussions of sex remain taboo. Certain sectors of the Filipino society share this narrow view of sexuality (pp. 111).” To further illustrate the latter point, the Population Education Program of the Department of Education, Culture and Sports (Cabigon, 1999), 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 in relation to others; and (3) a means for 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. Through socialization culture becomes a part of the individual, and the young are fitted into an organized society and the individual acquires a personality. (pp. 111)”

Literatures show that the basis for sexual education is in accordance with the standards set by high institutions, such as the Vatican Council for the Catholic Sexuality Education. A review of previous works also indicates that youth studies on reproductive health and sexuality have been quite extensive. The review also indicates that there have been programs in place, although the authors assert that much requires further examination and some gaps need to be filled, so that addressing youth sexuality and reproductive health issues globally and nationally could be more effective.

It is worth noting that a number of studies to determine teachers’ perspectives of sexuality education have already been done outside the Philippines. However, very little is known about the situation of teachers, faculty and parents of students in Catholic high schools. Thus this undertaking hopefully provides a modest contribution to filling some information gaps in order to achieve the objectives set forth at the beginning of this project.

Study Framework

Using the model of culture as a system following Parsons, Shil, and Tolman (1962 in Lanuza: 2007), the three elements or subsystems of culture are examined. These include the cognitive and belief system, evaluative or value system, and expressive element or system of expressive symbols.

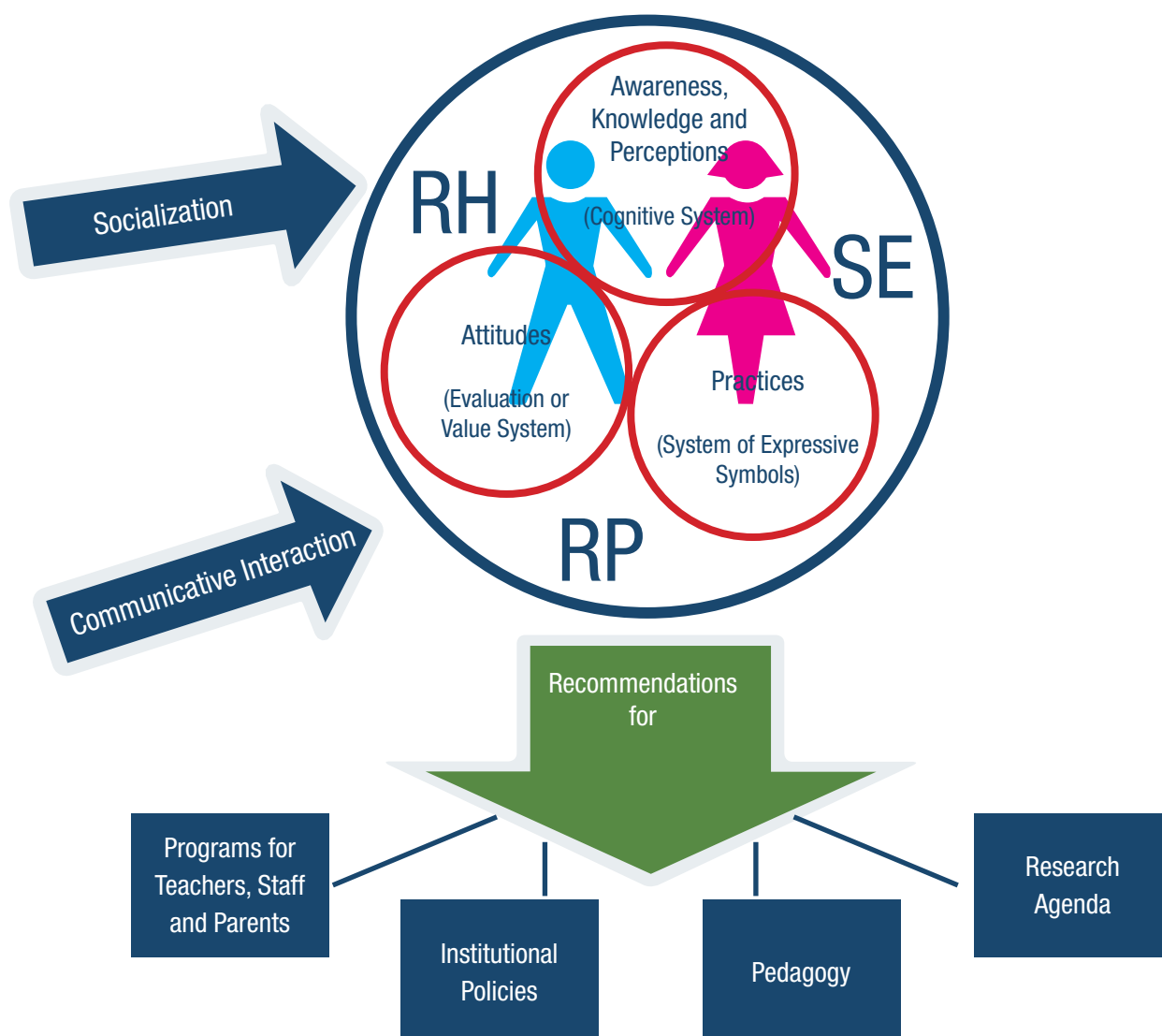
The cognitive element or belief system refers to ways by which to recognize external objects. The expressive element refers to ways of cathecting (investing emotions) on an external object with affective significance. The evaluative element involves “the various processes by which the actor allocates his (sic) energy among various actions with respect to various cathected objects in an attempt to optimize gratification” (ibid in Lanuza).

Lanuza points out that these subsystems roughly refer to value orientation, belief system and attitudes. He takes note of the insistence that values, attitudes, and belief systems are products of cultural construction. They are products of the group’s attempt to wrestle and cope with problems associated with the contingencies of social life (Schaffer, 1997 in Lanuza, 2007). individual learns about

these elements of culture within the context of his or her social group's culture. They are transmitted through group socialization and communicative interactions. Communicative interactions, in turn, are carried out through discourses that embed and transmit beliefs, values, and attitudes. However, discourses are not homogenous but are as varied as the people who engaged in them. People express themselves in different ways that are not necessarily incompatible with each other (Lanuza, n.d., pp. 3).

Under this model subsystem of culture, awareness, knowledge and perceptions compose the elements of a belief system; attitudes are reflective of the evaluation or value system, and practices are the expressive element or elements of expressive symbols. By exploring these three subsystems among teachers, staff and parents of students in Catholic high schools, particular recommendations are drawn on how to work with these groups of individuals to deliver sexuality education to young people. These recommendations are based on socio-cultural realities within Catholic schools and beyond.

STUDY FRAMEWORK



Methodology

“The Church is not opposed to sex education. Personally, I believe it ought to be available throughout the children’s upbringing, adapted to different age groups. In truth, the Church has always given sex education, although I acknowledge, it hasn’t always been adequate.”

– Pope Francis

This study used an eclectic approach to exploring the views, attitudes and practices of teachers, staff members and parents of students in Catholic high schools. The methods for data gathering and analyses utilized quantitative and qualitative approaches.

SELECTING THE SCHOOLS

A total of nine schools participated in this study. Three schools were selected for each sub-category of Catholic schools: 1) run by religious men, and 2) run by religious women. Two were run by their respective archdioceses, and one by lay.

School selection was based on the following inclusion criteria:

- a. Student population size of at least 1,000 students (in basic education)
- b. Part of a network of schools in the country
- c. School catering to specific economic class (e.g. night high school)
- d. Willingness of the school to participate

For the purpose of reading this report, we have designated the following acronyms to mean:

CSRM – Catholic school run by religious men

CSRW – Catholic school run by religious women

CSD – Catholic school run by diocesan clergy

CSL – Catholic school run by lay

CONDUCTING THE STUDY

Pre-data collection

During the project’s initial stage, the research team invited experts (i.e., specialists who would provide substantive inputs on law or the legal bases for the RH and SE, fine-tuning of research design, Catholic bases in the teaching of SE, Catholic school administration related to SE, RH and RP). Such inputs were eventually used to refine the research design and identify essential contents to be included in the research instruments. Care was given in drafting the self-administered survey questionnaire to ensure that the items on SE, RH and RP were evenly spread out to elicit views, attitudes and practices of the intended respondents.

The survey instrument underwent two revisions. The first revision entailed peer-administration of the survey form, while the second involved pre-testing of the survey with some teachers and staff from a Catholic high school that was not included in this study. Around five parents were also requested to accomplish the form. All comments were noted and used as a guide for the final revision of the form.

In the second month of the project, the team sent invitation letters to nine target respondent schools to participate in the study. Emphasis was placed on the anonymity of the schools. A positive response was received from only one school within the same month. Hence, a second set of invitation letters was sent to other selected schools, with an attached endorsement letter from the National Office of the Catholic Educational Association of the Philippines (CEAP). It is worth mentioning that prior to the fieldwork the team had informed different CEAP regional offices that have jurisdiction over selected member schools regarding this study. The team received confirmation from six more schools at least a month after the second invitation was sent out. Two schools were eventually selected using the study's inclusion criteria to replace the other two that declined to participate in the study.

The Respondents

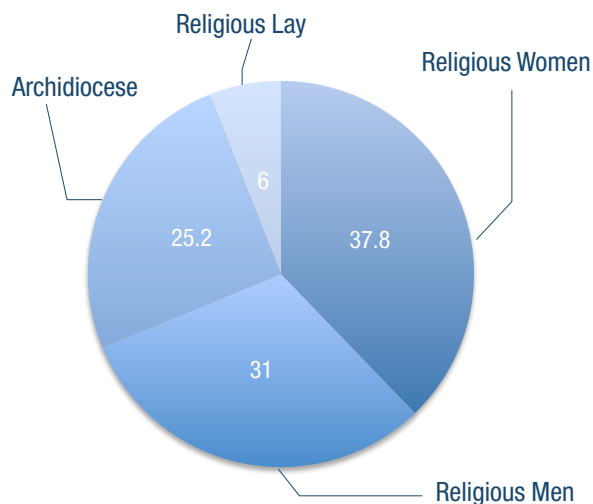


Fig 1. Distribution of respondents by type of Catholic school

A total of 516 respondents answered the questionnaires (1,000 was the intended total number of respondents). Of these, 37.8% were from Catholic schools run by religious women (CSRW), 31% by religious men (CSRM), 25.2% by the diocesan clergy (CSD) and 6% by religious lay (CSL).

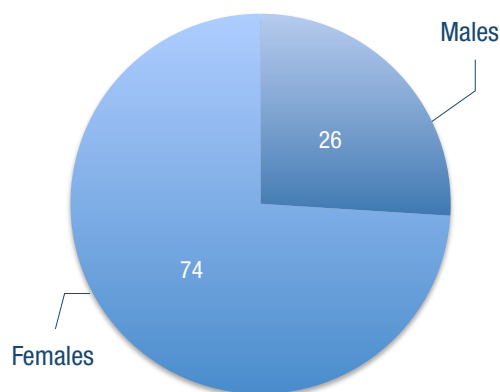


Fig 2. Distribution of Respondents by Sex

A large majority of the survey respondents were female.

More than half (54.2%) of the respondents were married in church; 9.3% were married in

civil rites, and 6.2% in a Sharia court. Of the respondents, 24.6% were single, while the rest represented small percentages of respondents who were separated, co-habiting, annulled or divorced and widowed. See Figure 3.

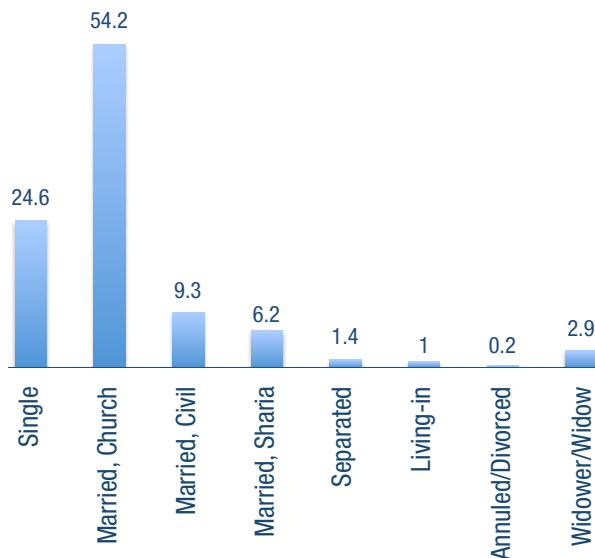


Fig. 3. Distribution of respondents by marital status (%)

The majority of the respondents were Catholics (81.6%), followed by Islam (10.6 %), and non-Catholics (i.e., Christians and Protestants, 6.6%).

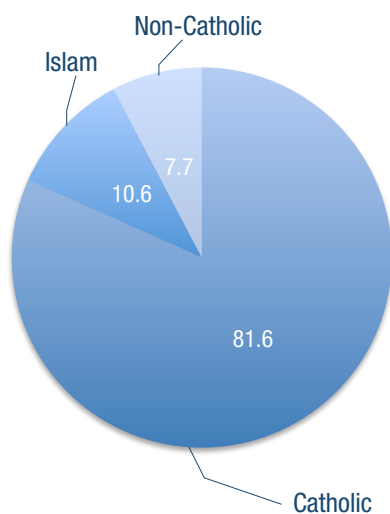


Fig. 4. Distribution of respondents by religion (%)

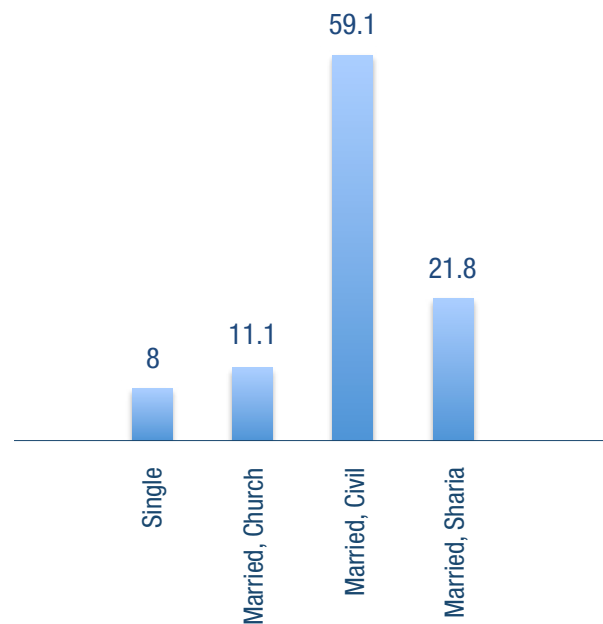


Fig. 5. Distribution of respondents by educational Achievement (%)

Slightly more than half of the respondents were college graduates (59.1%). A significant number were taking graduate courses (21.8%), and respondents who achieved college level constituted 11.1 percent of the respondents. About 8 percent of them only acquired secondary education.

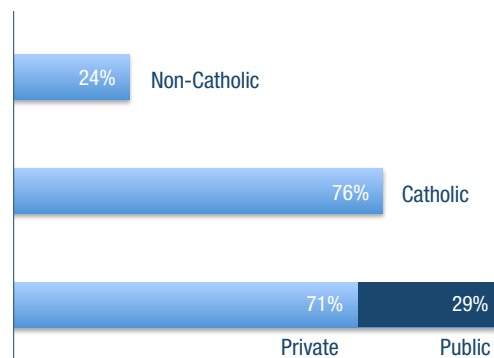


Fig. 6. Distribution of respondents by type of school attended

Most of the respondents graduated from private schools (71%), with 76% graduating from Catholic schools and 24% from non-Catholic schools. Only 29% came from public schools.

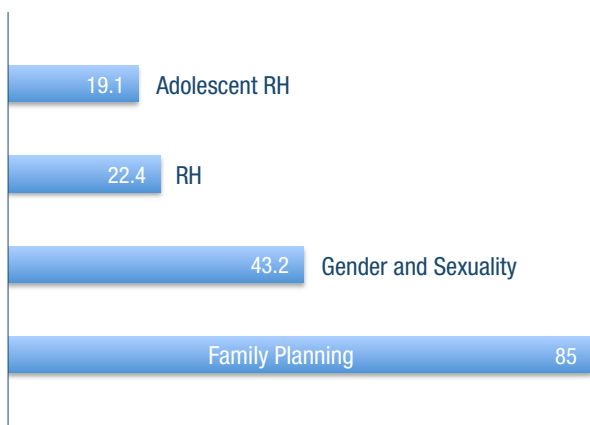


Fig 7. Percentage Distribution of Trainings that Respondents Attended

Most of the respondents (85%) attended training in family planning only, with a few attending training in gender and sexuality and a handful in reproductive health and adolescent RH.

Participants in the focus group discussions (FGDs) included men and women who belonged to the following groups:

- a. high school teachers of different subjects (Religion/CLE, Math, Science, English, MAPE, EPP)
- b. staff (librarian, guidance counselors, maintenance and security personnel, finance office staff, lab personnel)
- c. parents of high school students

Key informants included the following:

- School Director
- High School Principal
- Assistant Director
- Assistant High School Principal – students' formation program, academics
- Campus Ministry/Spiritual Director

- Human Resource Director
- Prefect of Students or Students' Moderator (school disciplinarian)
- Head of Faculty

Data Collection

Three techniques were used to collect data:

1) **Survey.** A set of self-administered questionnaires was distributed to respondents (teachers, staff and parents) who were selected through multi-stage random sampling.

2) **Focus Group Discussion (FGD).** Teacher and staff representatives and parents were invited to share their personal views and insights regarding SE, RH and RP, as well as suggestions to address the issues that were identified. Three focus group discussions (FGDs), that is, one each for the teachers, staff and parents were conducted in every school. However, two FGDs for parents were cancelled in two schools that were affected by tropical storms. A total of 25 FGDs were conducted.

Each FGD had around 8 to 12 participants, except in one school where only three parents showed up as heavy rains prevented many of them from attending. A facilitator used an FGD guide composed of seven open-ended questions to lead the session which was documented by an assistant.

3) **Key Informant Interviews (KII).** These consisted of in-depth interviews among key school personnel, including high school administrators and principals and, in some cases, individuals whom school administrators or coordinators had consulted, taking into consideration their knowledge of SE, RH

and RP issues pertaining to adolescents, and their willingness to openly to discuss these. These individuals were also considered for their knowledge and ability to formulate recommendations to improve different approaches to teaching sexuality education. A total of 17 in-depth interviews were carried out.

Research Instruments

A self-administered survey questionnaire was formulated to elicit data on views, attitudes and practices on RH, SE and RP. The items in the questionnaire covered the following topics:

- development of a person from childhood to adolescence
- meanings of RH
- family planning (includes both artificial and natural methods)
- gender and development
- marriage and cohabitation
- divorce and remarriage
- sexual behavior
- STDs, HIV/AIDS
- responsibilities of parents
- roles and teachings of Catholic Church on SE
- parent/teacher-adolescent child relationship
- sexuality education
- human reproductive anatomy and physiology

The open-ended questions in the FGD guide explored different meanings of RH, SE and RP, and included RH, SE and RP topics, focusing on concerns as to who should teach SE and how it should be taught. The guide also covered suggestions or recommendations to address the identified issues. The contents of the in-depth

interview guide were similar to those of the FGD guide.

Experiences in Data Collection

The research team gathered both quantitative and qualitative data from the respondent schools, enabling the FGDs to serve as a venue for open discussions of matters that were considered by some respondents as taboo or “*kuyaw nga*” (frightening) in the Bisayan dialect. Expressions of gratitude were common at the end of the FGDs, especially among staff who felt that these provided an opportunity to openly discuss human sexuality issues. The respondents’ readiness to share their knowledge and experience of RH, SE and RP was duly noted.

Some surveys were conducted in designated rooms and opened with a serious and silent atmosphere. Quickly a chuckle from a respondent triggered an exchange of jokes regarding the respondents’ sexual experiences. A lively interaction ensued among the respondents, men and women alike, as they teased each other on what were supposed to be “male” and “female” sexual attributes. Many of the respondents commented that they did not expect to be asked directly about their sexual experiences.

A few respondents in some schools sought to clarify a question about their age when they first had sex. “*By sex, will that also include oral? Anal? Petting? Kissing?*”

The research team ensured that the principles of anonymity and confidentiality were exercised strictly throughout the project. For this reason, the identities of respondents and participating institutions are not revealed in this study.

Respondents' Feedback on the Survey

Asked about their thoughts on the survey, the respondents revealed the following:

- Some respondents realized the need for them to review and be familiar with many topics related to reproductive health. This holds true in determining their knowledge and awareness of basic human reproductive anatomy and physiology.
- Questions were straightforward and some respondents felt that they were “talking to a professional.” Others felt that they did not expect many of the questions to be asked.
- Others felt that they gained more knowledge about SE, RH and RP after completing the survey.

- Many indicated that they were encouraged to reflect on realities related to reproductive health and what the Church should do about these issues.
- Further attention should be given to the importance of knowing the RH bill and its implications.
- Some respondents felt some sense of fulfillment for contributing to this research as study participants.

Data Analysis

Data collected from the survey were statistically analyzed using frequency, percentage and mean count as criteria. Bi-variate analysis was further utilized in the cross-tabulation of data. Textual analysis was employed in the analysis of FGD and interview transcripts to determine the themes and patterns of responses.

Survey Results

“Taken together, these findings suggest an extraordinary disconnect between the church’s basic teachings on the fundamental issues of family and pastoral responsibilities and the viewpoints currently held by many of the world’s more than 1 billion Catholics.”

— Global Survey on Roman Catholics
by Bendixen and Amandi International (Vatican)

If, according to the fresh global survey commissioned by the Vatican, many Catholics from around the world have “extraordinary disconnect” from the Church’s basic teachings related to sexuality and the family, what about our teachers from Catholic high schools? And what about the parents of their students? We needed survey questions. Our questions were taken from the cues given to us by our invited resource persons during the orientation seminar workshop we conducted for our research team. We asked them to elaborate the Catholic teachings on sexuality and sexuality, legal implications of the new RH Law on private and Catholic schools, practical concerns of school administrators. One resource person actually interviewed sample school heads before speaking to us!

This section therefore offers several glimpses of teachers, and parents’ views, attitudes and practices on a number of aspects of sexuality education, reproductive health and responsible parenthood. Again, it is good to mention what the previous chapter has already expressed--that the respondents actually felt they had benefitted from taking time struggling and

giggling with the questions. From the initial feeling of intimidation upon seeing the 11-page questionnaire, teachers and parents alike appreciated having participated in such a learning confrontation with something as close to them as their own sexuality.

On Reproductive Health

Table 1. Knowledge of male physical changes during puberty (multiple answers, %)

Change of voice	93.2
Growth of underarm and pubic hair	90.5
Body growth	89
Enlargement of Adam’s apple	84.7
Skin becoming more oily	80.6
Penile discharge	61.4
Enlargement of the scrotum	55.6

The majority of respondents know most of the male bodily changes that occur during puberty, like change of voice, growth of body hair (underarms and pubic area), marked body growth, enlargement of the Adam’s apple and oilier skin. However, some respondents do not consider penile discharges

and enlargement of the scrotum as part of these changes during puberty. Table 1 details the percent distribution.

Table 2. Knowledge of female physical changes during puberty (multiple answers, %)

Development of breast	92.6
Onset of menstrual period	91.4
Growth of underarm and pubic hair	87.3
Skin becoming more oily	81.1
body growth	79.1
Vaginal discharge	74.7

Almost all respondents have knowledge of the different physical changes among girls during puberty. However, two out of ten respondents did not consider body growth and vaginal discharge as signs of female puberty.

In terms of the respondents' level of awareness of different problems encountered by adolescents during puberty, a little over half of the respondents believe that eating too much is more likely an adolescent problem (62.6%). This is followed by timidity/shyness (56.9%), irritability/anger (54%) and abdominal cramps (51.9%). However, more than half of the respondents are not aware that fatigue, depression and nocturnal emission are problems experienced by adolescents.

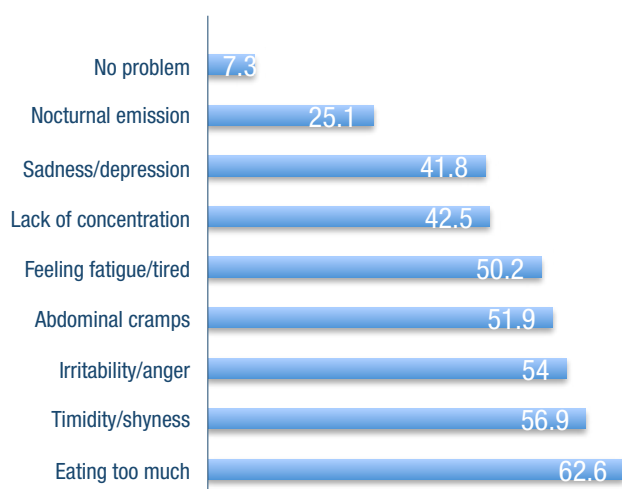


Fig 8. Problems Faced by Adolescents during Puberty (In Percent)

When asked about whether or not they had knowledge of the meaning of RH, almost all of the respondents (91%) said yes.

Table 3. Respondents' understanding of the meaning of RH (multiple answers, %)

Right of couples and individuals to decide freely and responsibly on family size and child spacing	71
Address human sexuality and reproductive processes	69
Complete State of physical, mental and social well-being	67
Responsible sex life	62
Right to make decision free of discrimination	52
Right to have information and access to FP	13

A large majority of the respondents understood the meaning of reproductive health as a right, a process, and a response to human sexuality and reproduction. It is not just the absence of illness but a complete state of well-being. However, quite a significant number of respondents did not consider the right to make free decision and information and access to family planning as part of the definition of RH.

Figure 9 shows that more than half of the respondents believe that there are days when a woman could get pregnant if she engages in sexual intercourse, compared with 44% who do not believe.

Seven out of ten respondents agree that a woman could also get pregnant during her first sexual intercourse.

Table 4 shows the respondents' perception of family planning and different methods of contraception. Generally, the findings reveal that the majority of respondents at least agree that successful family planning is associated

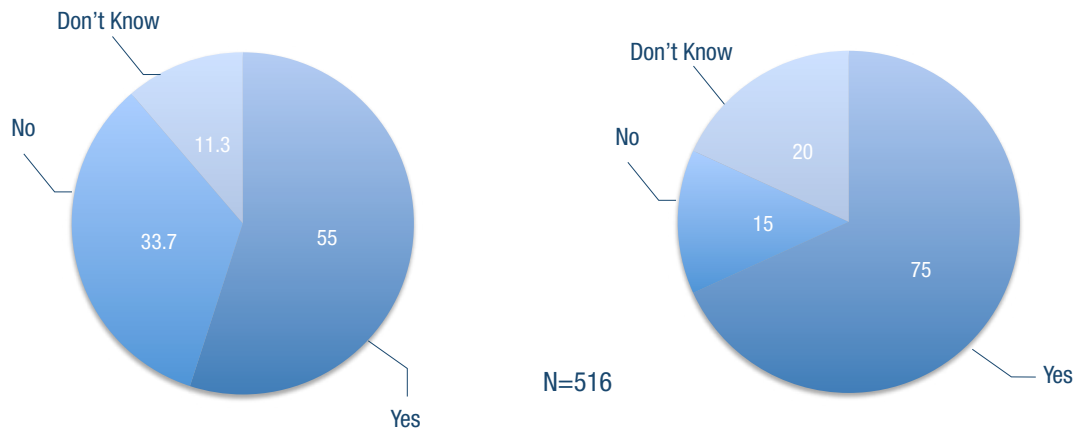


Fig.9. Are there days when a woman can become pregnant if she has sexual intercourse?
Or during her first sexual intercourse?

Table 4. Perception on Family Planning and Contraceptives (In Percent)

	*SA	*A	*DA	*SDA
1. Tubal ligation is the most efficient way to prevent unwanted pregnancy	16.8	37.4	28.8	17.0
2. Vasectomy is the best method to prevent unwanted pregnancy	11.5	33.6	35.9	19.1
3. Contraception enables women to control family size	23.2	54.6	14.5	7.7
4. Unwanted pregnancies can be prevented by using natural contraceptives	24.2	55.0	16	4.8
5. FP clinics must be accessible to everyone	50.9	42.7	4.0	2.4
6. Parents should be knowledgeable about methods of contraception both natural and artificial	62.7	33.3	2.2	1.8
7. Religion has the right to oppose the use of contraceptives as a family planning method	26.5	42.7	22.8	8.0
8. Unwanted pregnancies can be prevented by using artificial contraceptives	14.3	53.4	21.5	10.8
8. Every woman should have access to contraception	17.2	52.4	22	8.4
9. The number of children should be determined by legislation.	9.4	31.4	41.1	18.1
10. Abortion is morally acceptable in unwanted pregnancies	1.8	2.8	37.5	57.9
11. Abortion is an alternative to contraceptives	2.8	5.3	35.0	56.9
12. The decision to practice FP is the responsibility of women only	5.0	6.0	43.8	45.2
13. Responsible parents must seek help from FP clinics	39.2	51.5	6.4	3.0
14. Only well-trained staff should be employed in FP clinics	38.2	36.3	18.5	7.0

*SA – Strongly agree, A – Agree, D – Disagree, SDA – Strongly disagree (N=516)

with the use of contraceptives, whether natural or artificial. Hence, they perceive it as right and acceptable. Contraceptive use is also perceived as a solution to unwanted pregnancies.

Between tubal ligation and vasectomy, the former is considered a more efficient method of family planning.

The respondents also recognize the importance of access to and knowledge of family planning methods among parents, especially mothers. A large majority of the respondents oppose

the idea that family planning decisions are the exclusive responsibility of women.

Decisions with regards abortion are viewed similarly. However, more than half of the respondents believe that religion has the right to oppose contraceptive use. Moreover, a significant number believe that the State has the right to determine the number of children per family through legislation. The respondents also think that well-trained staff should be employed in family planning clinics, and that it is the parents' responsibility to seek help from these clinics.

Table 5. Level of awareness of FP methods (%)

	VL	L	SH	H	VH
1. Pills	6.8	4.7	20.7	18.5	49.3
2. Condom	8.6	6.3	17.5	20.5	47.1
3. Sterilization	20.4	16.0	24.6	14.8	24.2
4. Injectable	17.9	16.0	22.2	14.9	29.0
5. IUD	15.4	16.5	23.4	13.5	31.2
6. Emergency Contraception	30.1	18.4	24.9	9.6	17.0
7. Traditional Contraception	16.8	12.5	21.6	19.7	29.5
8. Withdrawal	11.3	7.7	18.9	22.5	39.6
9. Lactational Amenorrhea Method (LAM)	37.7	17.2	19.4	9.3	16.4
10. Rhythm Method	9.4	8.7	15.1	20.6	46.2

(N=516)

The survey reveals that more than half of the respondents have high to very high levels of awareness of most artificial family planning methods, like pills, condoms, IUD and injectables. Three out of ten respondents have low to very low levels of awareness of

male and female sterilization. Almost half of them need more information on traditional and emergency contraceptives as well as lactational amenorrhea method. A significant number have a high level of awareness of the rhythm method.

Table 6. Level of knowledge of family planning methods (%)

	VL	L	SH	H	VH
1. Pills	6.6	9.9	20.7	23.5	39.3
2. Condom	9.3	7.1	21.7	19.0	42.9
3. Sterilization	22.1	17.5	25.0	12.6	22.8
4. Injectable	20.1	16.7	26.9	12.1	24.0
5. IUD	18.6	17.2	25.2	12.0	27.0
6. Emergency Contraception	32.3	18.5	25.2	8.1	15.8
7. Traditional Contraception	18.6	15.1	21.5	18.8	26.0
8. Withdrawal	12.0	8.3	21.5	21.3	36.9
9. Lactational Amenorrhea Method (LAM)	40.5	17.3	19.1	7.5	15.6
10. Rhythm Method	9.1	10.4	16.6	21.2	42.7

(N=516)

Table 6 describes the respondents' knowledge of different family planning methods, revealing high to very high knowledge of artificial methods, like pills, condom and IUD. Most are relatively familiar with sterilization, emergency contraception and injectables. The findings also

show that more than half of the respondents have low to very low knowledge of LAM, compared with a high level of knowledge of some natural methods, like the rhythm method and withdrawal.

Table 7. Level of awareness of FP methods in terms of approval/disapproval (%)

	Approved and promoted	Approved but not promoted	Not approved at all
1. Pills	28.4	30.5	41.2
2. Condom	28.1	31.3	40.6
3. Sterilization	24.2	28.9	46.9
4. Injectable	17.5	27.9	54.6
5. IUD	19.3	31.0	49.6
6. Emergency Contraception	16.4	31.6	52.0
7. Traditional Contraception	46.7	27.7	25.5
8. Withdrawal	29.1	36.9	34.0
9. Lactational Amenorrhea Method (LAM)	28.8	29.1	42.1
10. Rhythm Method	73.8	20.1	6.1

(N=516)

The findings reveal differences in the response about the position of the Catholic Church with regard to family planning methods. The respondents believe that Church-approved

artificial methods include pills, IUD, condom and sterilization. However, their knowledge of which method is promoted or not varies.

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There is a slight difference in the number of respondents who believe that emergency contraception is not approved and those who believe otherwise. Most of the respondents are aware that the rhythm method is Church-approved and promoted. While 73% of the respondents know that traditional contraception is approved by the Church, 32% claim otherwise. More than half of

the respondents believe that withdrawal is approved by the Church; however, 37% believe that this is approved but not promoted.

Who decides on family size or child spacing? Figure 9 shows that 60% of the respondents agree that the decision should be the couple's, while 18% say that their spouse decides on this matter.

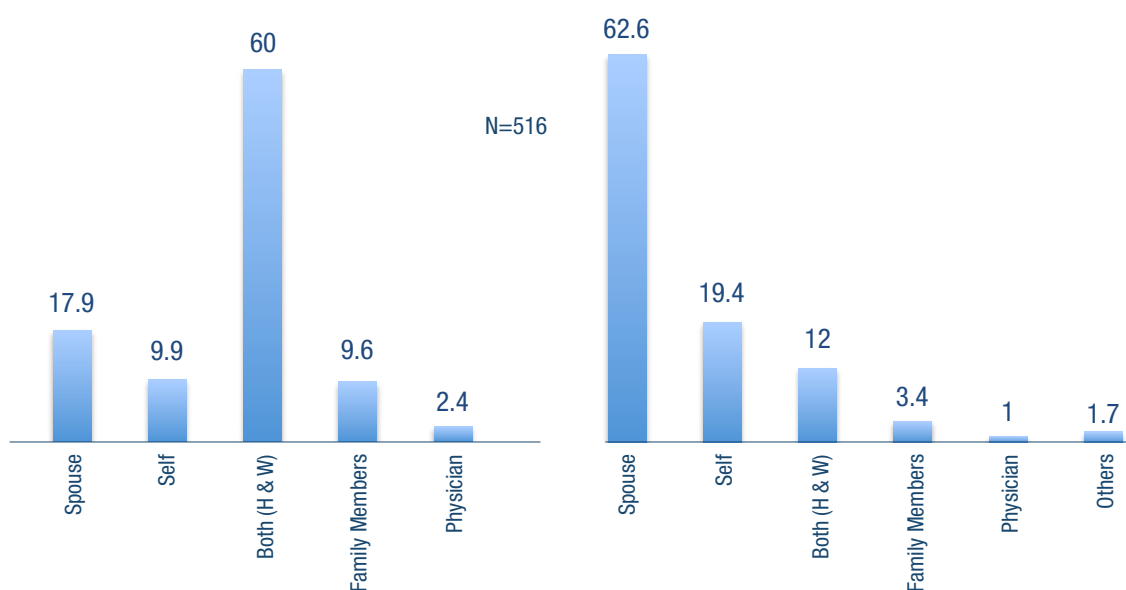


Fig. 10. Who decides on family size or child spacing? Who has the final say? (%)

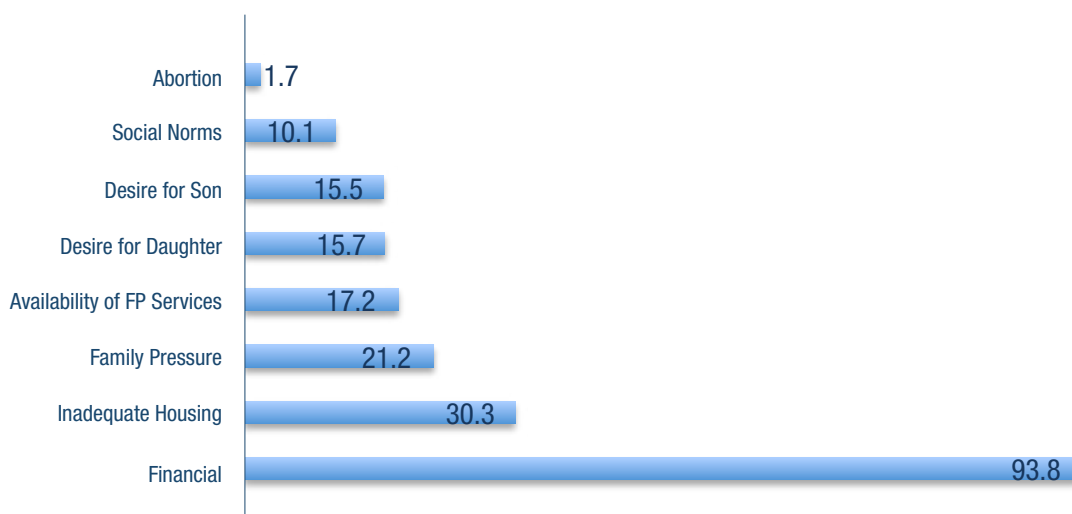


Fig. 11. Factors affecting decision making on the number of children (multiple answers,%)

Of the factors that affect the respondents' decision on the number of children, Figure 10 ranks the family's financial situation as a major factor, followed by housing, demands from the family and availability of FP services. The least factors considered were risk of abortion (given a history of miscarriages) and social norms.

Figure 11 reveals that almost three-fourths of the respondents claim that religion will not influence their decision to use family planning methods in the future. This implies that the respondents' choice of a family planning method is not influenced by its approval or disapproval by the Catholic Church.

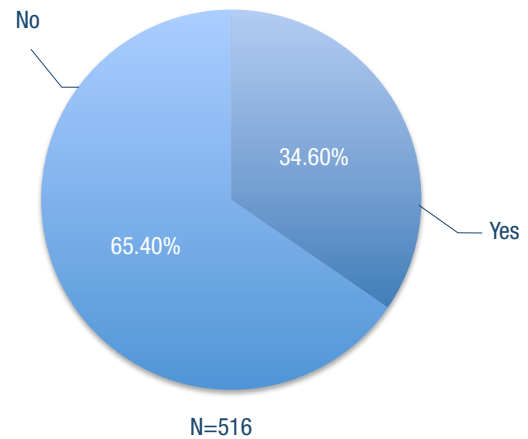


Fig. 12. Will religion influence the decision to use FP in the future?

On the average, the respondents engaged in their first sexual intercourse at the age of 23. The earliest sexual intercourse was at 12 years of age and 36 years for the latest (N= 368).

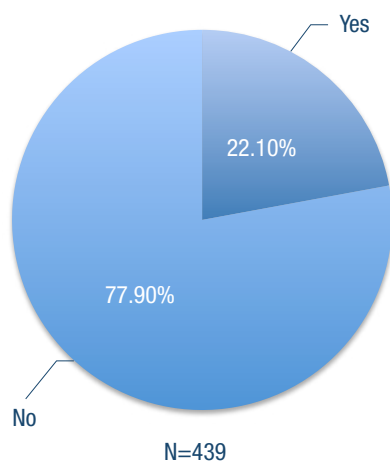


Fig. 13. Respondents who used FP method during their first sexual intercourse

The survey reveals that eight out of ten respondents did not use any contraceptives during their first sex, and among those who used (as shown in Figure 13), withdrawal (43%) was the most common method followed by condom (34%).

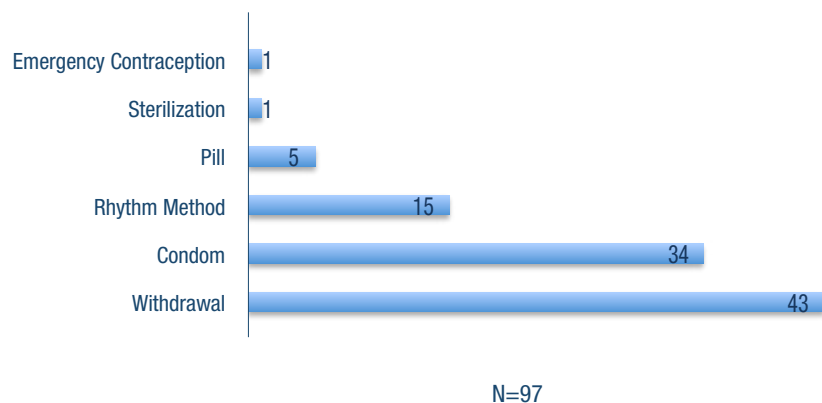


Fig. 14. Type of FP method used during the first sexual first sexual intercourse encounter

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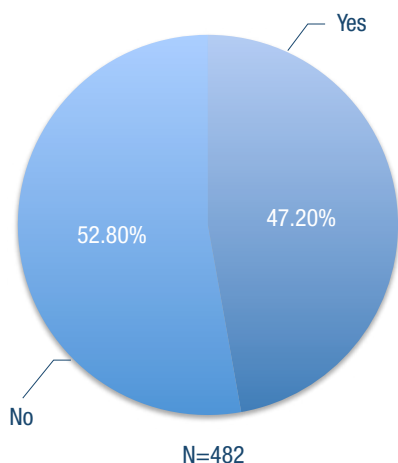


Fig.15. Currently Using FP?

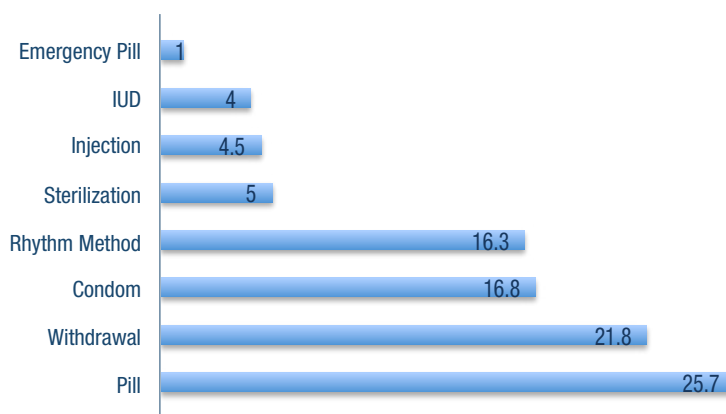


Fig.16. Currently Used Family Planning Method (In Percent)

Figures 15 and 16 reveal the status of the respondents in terms of using family planning and the kind of FP method used at the time of the survey. Data show that almost half of the respondents or their spouses are using contraceptives. The common FP methods used are pills (26%), withdrawal (22%), condom and rhythm method (16.8% and 16.3%, respectively). As for using FP methods in the

future, 62% of the respondents indicate that they would use FP in the future (see Figure 16).

As for sources of information about FP methods, government hospitals or health centers top the list (34.6%), followed by friends and relatives (33.4%), family planning clinics (28.8%) and private health practitioners (25.4%).

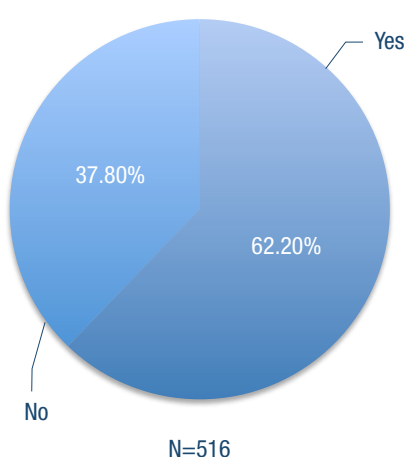


Fig.17. Intention to use FP in the future

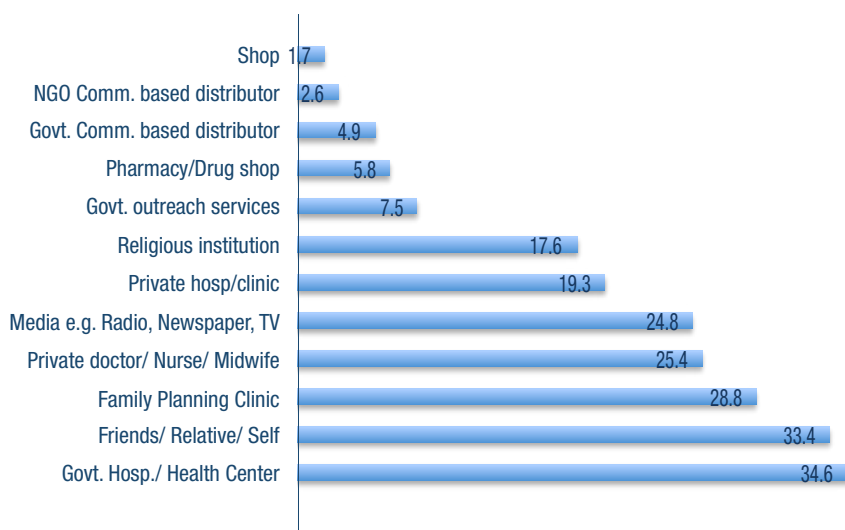


Fig.18. Sources of information about FP methods (multiple answers)

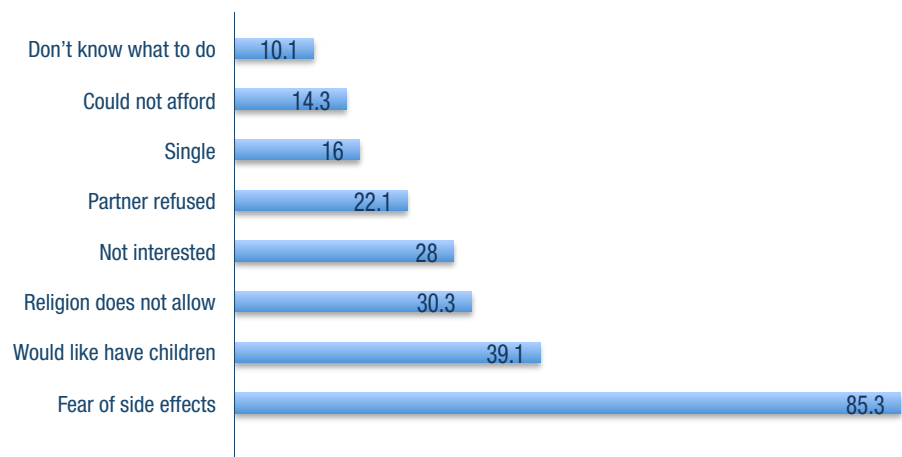


Fig.19. Three main factors that prevent respondents from using contraceptives (multiple answers, %)

Different factors prevent individuals from using contraceptives. The survey reveals three main factors: fear of side effects (85.3%), future plan

to have children (38.1%) and disapproval of FP by religion (30.3%).

Table 8. Gender Issues (In percent)

Gender Issue	SA	A	DA	SDA
Better if the man is the breadwinner	24.9	33.5	26.5	15.1
Household tasks shared equally	52.3	39.7	4.9	3.1
Sex as an obligation of the wife	7.17	24.80	45.29	22.75
Woman's life is complete if she has a child	27.0	34.2	26.3	12.6
Man's life is complete if he has a child	25.7	34.8	27.0	12.6
Husband is always the head of family	16.7	32.5	32.3	18.5
Wife cannot initiate sex with her husband	2.7	12.2	58.7	26.3
Woman's responsibility is to nurture children	31.0	40.9	18.6	9.5

(N=516)

Table 8 shows the respondents' attitudes towards gender relations. The results indicate that most of the respondents believe in gender equality (e.g., shared household tasks). However, more than half agree that the man is a better choice as breadwinner, while the

responsibility to raise children rests with the woman. The respondents' inconsistent attitudes toward gender roles are noted. In a sexual relationship, the majority of respondents believe sex is not a woman's obligation, although she can initiate sex with her husband.

Table 9. Attitudes towards marriage, divorce and remarriage (%)

Marriage & Cohabitation	SA	A	DA	SDA
Living- in is alright for couple	2.5	12.4	38.2	46.9
It is alright for unmarried woman to get pregnant	2.9	14.1	41.8	41.2
Married couples are happier than live-in couples	41.2	29.2	22.2	7.5
Married couples are happier than unmarried ones	28.5	30.4	31.4	9.7
Divorce & Remarriage	SA	A	DA	SDA
Couples with an unhappy marriage should separate	11.7	43.7	32.2	12.3
It is alright to remarry after separation/divorce	11.6	51.4	24.3	12.7
Support Divorce law	11.0	31.8	28.0	29.1

(N=516)

Table 9 shows that the majority of respondents do not favor cohabitation and pregnancy out of wedlock. They also believe that married couples are happier than live-in couples, although a significant number believe otherwise. A little more than half of the respondents believe

that couples with an unhappy marriage should separate, and a greater number agree to the right to remarry after separation or divorce. Almost six out of 10 respondents do not support a divorce bill.

Majority of the respondents became aware of sex between 11-20 years of age. This is the period of puberty where most of the adolescents were in transition to adulthood. Sexual

matters were most preferred to talk with spouse, friends and authorities like teachers and guidance counselor.

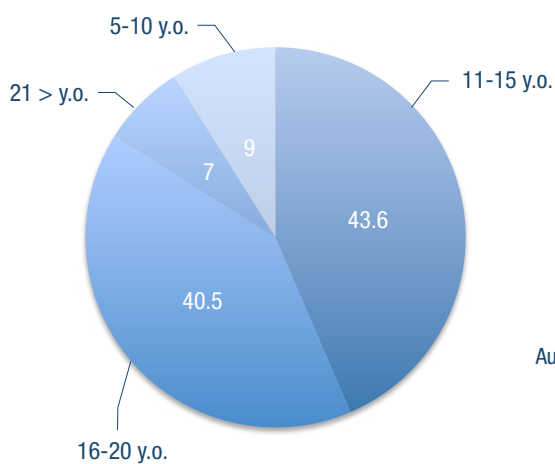


Fig. 20. Age when respondents became aware of sex (%)

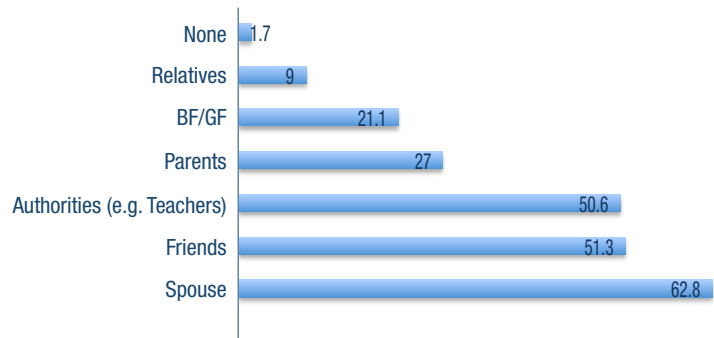


Fig. 21. Most preferred person to discuss sexual matters (multiple answers, %)

Table 10. Knowledge of HIV/AIDS (%)

Perception on HIV	TRUE	FALSE	DK
1. A person who has HIV is different from a person who is ill with AIDS	40.9	58.0	1.1
2. It is easier for a woman to contract the HIV virus than for a man during vaginal sex.	46.3	52.4	1.3
3. Pulling out the penis before a man climaxes keeps a woman from getting HIV during sex	16.3	81.7	2.0
4. A woman cannot contract HIV if she has sex during her period.	9.7	88.5	1.8
6. A pregnant woman with HIV can transmit the virus to her unborn baby	85.0	14.1	0.9
7. If you intend to get married to someone, it is alright to have sex with her/him without a condom?	56.87	42.49	0.64
8. Person with the AIDS virus should be ashamed of themselves	35.9	63.7	0.4

(N=516)

The respondents have poor knowledge of HIV/AIDS and do not know the difference between HIV and AIDS and their modes of transmission. More than half of the respondents do not know that persons infected with HIV will eventually develop AIDS. In addition, the majority believe that a woman can contract HIV during vaginal sex and that a test a week after sexual intercourse can detect the presence of the HIV virus.

A little more than half of the respondents believe that it is all right to have unprotected sex with the person whom you intend to marry.

A significant number of respondents also believe that individuals who have AIDS should be ashamed of themselves.

Figure 22 shows the respondents' definition of safe sex, as follows: avoidance of multiple sex

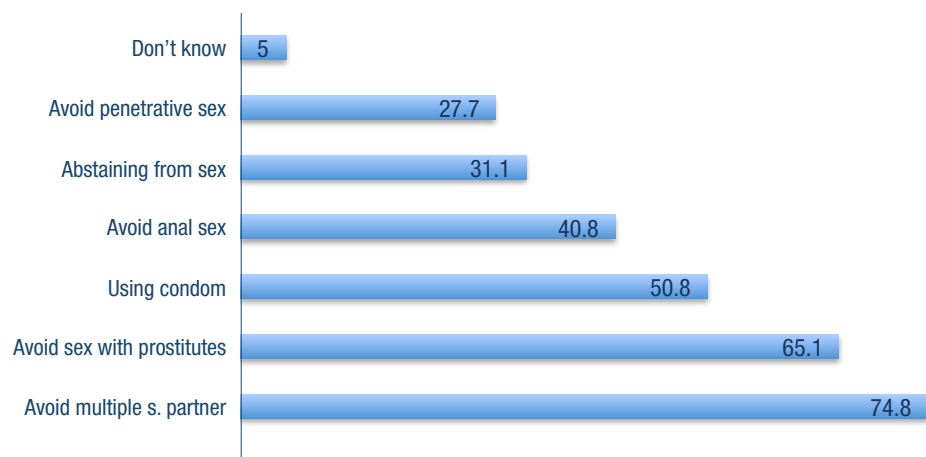


Fig.22. Definition of safe sex (multiple answers, %)

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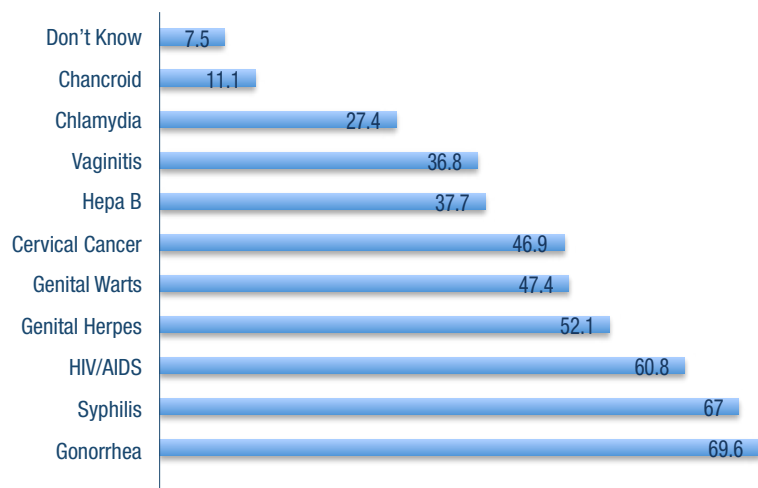


Fig.23. Awareness of STI (Multiple Answers)

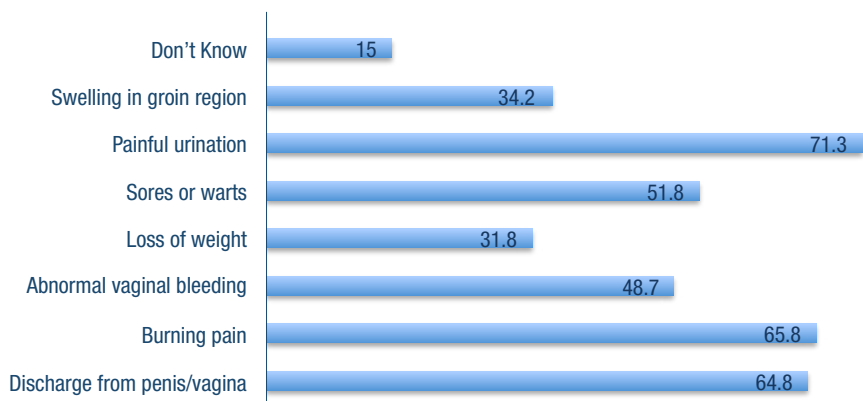


Fig.24. Awareness on signs and symptoms of STI (multiple answers, %)

partners and prostitutes, wearing of condoms and avoiding anal sex. Only three out of ten respondents believe that abstaining from sex is safe sex.

Of the respondents 87% have heard of sexually transmitted infections (STIs), the most commonly known among them being gonorrhea (70%), syphilis (67%), HIV/AIDS (61%), genital herpes (52%) and genital warts (47.45%). It is worth noting that 8% of the respondents have not heard of STIs.

The majority of respondents rank the top five signs and symptoms of STI as painful urination (71.3%), burning pain (65.8%), discharge from penis or vagina (64.8%), sores or warts (51.8%) and abnormal vaginal bleeding (48.7%). Of the respondents who have heard of STIs, 15 do not know the signs and symptoms of STI.

The majority of respondents (72.2%) ranked avoiding sex with a commercial sex worker as the first preventive measure, followed by condom use (56.1%), avoiding casual sex (54.5%), and abstinence (41.5%).

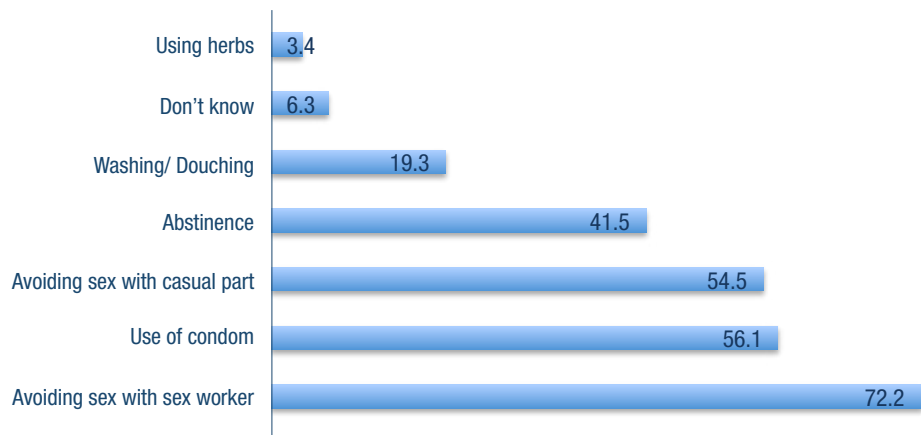


Fig.25. Perceived measures to prevent STI (multiple answers, %)

Table 11. Knowledge of the modes of transmission of STI (multiple answers, %)

	Yes	No	DK
Blood donation/transfusion	85.2	5.5	9.3
Using public toilets	37.6	45.7	16.7
Kissing	38.7	46.7	14.7
Unprotected sexual intercourse	84.6	3.7	11.7
Multiple sexual partners	92.1	1.9	6.0

Knowledge of the modes of transmission of STI varies among the respondents, with the majority (92.1%) believing that having multiple sexual partners can transmit STI. Others know that blood transfusion or donation is a mode of transmission (85.2%) and unprotected

sexual intercourse (84.65%). Four out of ten respondents believe that using public toilets (37.6%) and kissing (38.7%) are modes of STI transmission. Nearly 20% of the respondents do not have knowledge of the different modes of transmissions.

On Responsible Parenthood

Table 12. Perception on Responsible Parenthood (In Percent)

	SA	A	DA	SDA
Using artificial contraceptives	18.0	49.8	23.0	9.1
Using natural family planning	35.2	44.1	17.6	3.1
Only married couples ought to have children	30.8	34.6	30.2	4.3
Sexual activity outside marriage is the main reason for unwanted pregnancy	40.1	41.2	15.2	3.5
Children are primarily the responsibility of parents	72.3	25.4	1.4	0.8
Parents must be adequately prepared to meet the demands of parenthood	65.6	32.1	1.9	0.4
Financial status of parents must determine the number of children they could have	54.8	37.8	6.0	1.5
Natural contraception is essential in planning the number of children	38.1	55.2	5.4	1.3
Artificial contraception is essential in planning the number of children	18.5	49.9	24.1	7.5
Use of contraception whether artificial or natural is a prerequisite in family planning	29.2	53.9	14.6	2.3
Responsible parents seek help from the school if they experience problems in raising their children	20.9	51.9	24.1	3.1
Children should be informed about contraceptives	26.8	56.6	13.2	3.4
Parents must inform their children about the dangers of irresponsible sexual behavior	60.9	36.6	1.2	1.2
Parents must encourage children to discuss sexual in an open and honest manner with knowledgeable adults	45.7	47.0	5.4	1.9
Parents must inform children of the many pressures which can lead them to make bad choices related to sex	45.8	46.4	6.3	1.5

(N=516)

Table 12 illustrates variations in the respondents' perceptions of responsible parenthood. More than half believe that responsible parents should have a choice between natural or artificial family planning methods. Seven out of ten respondents strongly believe that only married couples should have children, although 31% disagree. In addition, the majority of respondents agree that unwanted pregnancy primarily occurs

outside of marriage, children are primarily the responsibility of parents and the financial status of parents determines the number of children they should have.

Similarly, the majority of respondents agree that parents should be adequately prepared to meet the demands of parenthood, and that it is the parents' role to inform their children of the

dangers of sex and to encourage them to discuss sexual matters in an open and honest manner in the presence of a knowledgeable adult. In addition, parents should inform their children of

the many pressures that can lead them to make bad choices related to sex. Some respondents (31.6%) disagree to artificial contraception as a family planning option for parents.

Table 13. Knowledge on the Roles and Teaching of the Catholic Church (In Percent)

	True	False	DK
1. Church decreed that parents are the principal educators of their children	88.0	4.1	8.0
2. Church decreed that parents have rights and duties to educate their children	92.9	3.9	3.2
3. First sexual information to be given to a small child is about pregnancy and the birth of a brother or sister	53.6	22.5	23.8
4. Boys are discouraged from being aggressive	48.5	29.8	21.7
5. Students of Catholic schools should be taught about RH, sexuality education and responsible parenthood in the Catholic way	86.7	5.9	7.4
6. Sexuality education and RH will result in sexual promiscuity if not taught in the Catholic way.	49.7	25.0	25.3
7. Training for parents to educate their children on sexuality and RH should be given by the Church	45.1	39.0	15.9

(N=516)

Table 13 shows the respondents' level of awareness of the roles and teachings of the Church. The majority of respondents are aware of the Church decree that parents are the principal educators of their children (88%) and that they are responsible for educating them (92.9%). Slightly more than half believe that it is not the Church that should train the parents to teach their children on sexuality and reproductive health (39%) while 15.9% have not expressed an opinion. There is an overwhelming support from the respondents that students of

Catholic schools should be taught about RH, sexuality and responsible parenthood in the Catholic way.

Fifty two percent of the respondents believe that the first sexual information to be given to a small child is about pregnancy and the birth of a brother or sister. Nevertheless, almost half of them do not agree and are not aware of this teaching. Of special interest are the respondents' opposite opinions on whether boys should be discouraged from being aggressive.

Table 14. Perceptions on marriage, sexuality and RH, and responsible parenthood (%)

	SA	A	DA	SDA
Sex outside marriage is sinful regardless of intention and circumstances	54.5	36.4	7.1	1.9
Marital relation is exclusive to a man and a woman	53.1	36.9	7.6	2.4
Sexual pleasure like masturbation is morally wrong	17.4	51.9	26.0	4.7
Human life must be absolutely respected and protected from the moment of conception	61.0	36.0	2.8	0.2
Use of artificial contraception is always immoral even in marriage	17.9	26.6	46.2	9.4
Regulation of births is one of the aspects of responsible parenthood	39.8	53.9	4.1	2.2
Periodic continence like rhythm or calendar method is morally acceptable	24.4	60.7	13.2	1.6
Parents are their children's first teachers on sexuality and RH	49.9	44.0	5.0	1.1
Most parents are equipped to teach their children about SRH	24.1	44.7	27.3	3.9
Parents should have the authority to remove their children from a sexuality class that does not conform with their values	14.6	45.0	33.6	6.8
Use of all forms of contraception is part of responsible parenthood	15.5	41.8	34.0	8.7
The role of teachers in sexuality education is only supplementary	38.6	57.0	4.1	0.2
Teachers are in authority more than parents to teach SRH	9.6	22.4	55.7	12.3

(N=516)

Table 14 illustrates the respondents' different perceptions of marriage, sexuality and reproductive health in the context of the Catholic Church. Findings show the respondents' clear agreement to the following: sex outside marriage is sinful regardless of intention and circumstances, marital relation is exclusively for a man and a woman, and human life must be respected and protected from the moment of conception.

Moreover, the majority of respondents also believe that regulation of birth is an aspect of responsible parenthood; nevertheless, their opinions on the type of contraception to be used

vary. A greater number of respondents believe that the natural method is morally acceptable while half of them deny that the artificial method is immoral. A significant number of respondents believe that using all forms of contraception is part of being responsible parents.

In addition, the respondents have different opinions on the roles and readiness of parents with regard sexuality education, although almost all of them agree that parents should be the children's first teachers in sexuality education and reproductive health and that teachers play a supplementary role. Only one-third believe that teachers are the authority.

Up to 68.8% of the respondents are convinced of the parents' readiness to teach SRH to their children although around 40% do not conform to the idea that they have the right to remove their children from any sexuality class that does not conform with their values. Seven out of ten believe that masturbation is a moral disorder.

The respondents describe their families as open (67.4 %), religious (59.5%) and without problems (46.5 %). Slightly more than half of the respondents with children never discussed reproductive health concerns with them.

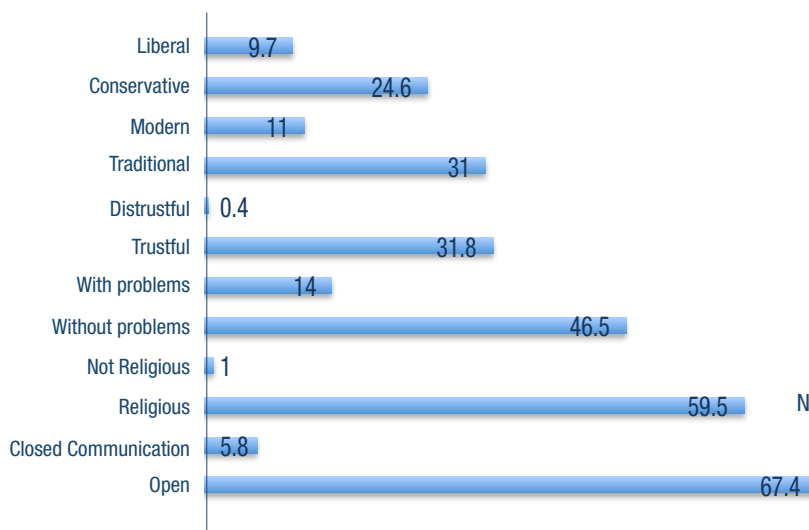


Fig.26. Types of Families of the Respondents (Multiple Answer)

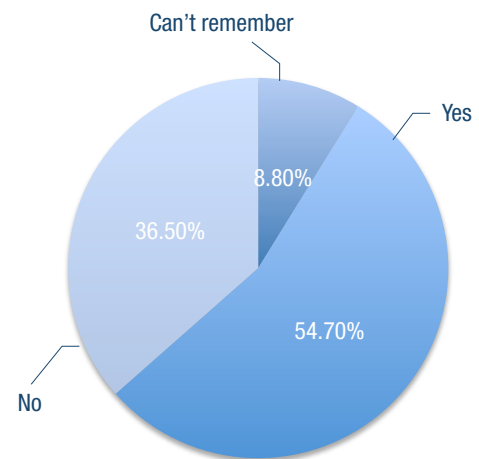


Fig.27. Discuss with Children Reproductive Health Concern (In Percent)

Slightly more than half of the respondents with children have never discussed reproductive health concerns with them.

A little over half of the respondents have noted that medical services to address ARH needs and medical practitioners specializing in ARH in their locality are adequate.

Table 15. Awareness of ARH services (%)

	Yes	No
1. Adequate medical services to address ARH concerns in the locality	55.4	44.6
2. Adequate medical practitioners specializing in adolescent health concerns	62.3	37.7
3. Need for medical practitioners specializing in adolescent health concerns	90.1	9.9
4. Do adolescents have sufficient knowledge of their reproductive health	30.8	69.2

(N=516)

However, almost seven out of ten respondents believe that adolescents in their locality do not have sufficient knowledge of their own reproductive health issues.

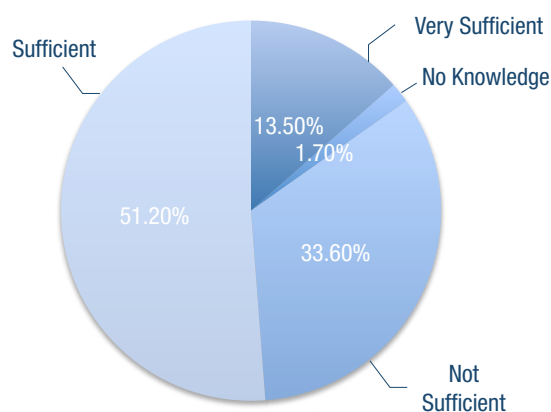


Fig. 28. Level of knowledge of ARH (%)

While six out of ten respondents believe that they have sufficient knowledge of ARH, a significant number do not. Sixty percent (60%) of respondents are aware that sexuality education is taught in schools and among respondents with children, 54% say that their adolescent children have never asked them about sex-related topics.

Half of the respondents (50.7%) reveal that they know little about sexuality and reproductive

The respondents believe that there is a need for a health practitioner to look into the needs of adolescents.

Table 16. Level of knowledge of ARH (%)

	Yes	No
Do you know if your adolescent is taught sexuality education in school	60%	40%
Did your adolescent ever ask you about sex related topics Only for Married R)	29%	54%

health and 11% claim they have not been informed about it at all. Asked to identify the persons from whom they want to learn about sexuality and reproductive health, the respondents have ranked the top four persons as follows: medical professionals, schoolteachers, friends of the same sex, and their mothers. The major topics they want to learn about are as follows: general information about sexuality, reproductive health and risks, sexual health and reproduction and contraception.

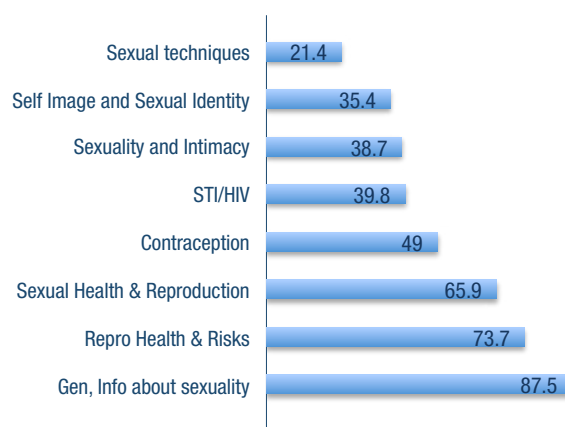
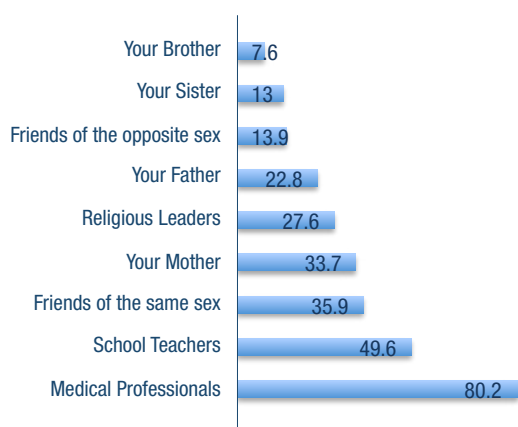


Fig. 29. Respondents' choice of persons to teach sexuality and reproductive health topics (%)

Table 17. Practices and attitudes towards sexuality (%)

	Yes	No	
Ever discuss sex at home while growing up	25.1	74.9	
	Yes	No	It Depends
Approve women having sex before marriage	8.2	67.2	24.6
Approve men having sex before marriage	12.1	56.2	31.7
	Yes	No	It Depends
	Yes, VI	Yes SI	No, NI
Is it important for a woman to be a virgin?	58.6	31.1	10.3
Men still consider virginity in the choice of a wife	44.7	41.0	14.3
Importance of virginity in the choice of a spouse	64.8	24.1	11.1

(N=516)

Seventy-five (75%) percent of the respondents reveal that sex topics have never been discussed in their homes while growing up. As for their attitudes toward purity, 67% do not approve of two men having sex before marriage while almost 30% express full approval or conditional approval depending on the reason. This observation relatively holds true for men too. The opposition to sex before marriage is expressed by the majority of the respondents, emphasizing the importance of virginity in the woman's roles as a mother and wife.

On the acceptability of unmarried mothers, six out of ten respondents believe that the society, neighborhood, family, friends regardless of sex are able to accept young unmarried woman.

In addition, the respondents expressed their opinion about the acceptability of unmarried mothers. Six of ten respondents opined that the society, neighborhood, family, friends regardless of sex could accept young unmarried woman.

Table 18. Acceptance of young unmarried mother

Will they accept young unmarried mother?	Yes %	No %
Society, in general	62.1	37.9
People in the neighborhood	56.3	43.7
Your family	58.6	41.4
Your female friends	68.3	31.7
Your male friends	64.5	35.5

(N=516)

On Sexuality Education

Table 19. Knowledge of the functions of the reproductive organs (%)

	%
Scrotum - pouch that holds the testis	75.3
Fallopian tubes - tubes through which eggs pass to the uterus	74.7
Vagina - birth canal	72.9
Ovary - organ where eggs are produced	67.1
Uterus - hollow organ where a fetus develops	66.6
Cervix - muscle at the base of the uterus	61.1
Testes - organ where sperms are produced	56.8
Penis - organ through which sperms pass to leave the body	56.6
Sperm ducts - tubes through which sperms pass from the penis	37.4
Epididymis - tubules that act as nursery for sperms	24.7

Table 19 reveals the respondents' level of knowledge of the functions of different reproductive organs. Three-fourths of the respondents have knowledge of the functions of the scrotum (75.3%), fallopian tubes (74.7%), vagina (72.9%), uterus (66.6%) and ovary (67.1%). Three out of five respondents know about the cervix (61.1%), testis (56.8%) and penis (56.6%). However, very few have correct answers about the functions of the sperm ducts (37.4%) and the epididymis (24.7%).

Table 20. Percent of Correct Answers on the Label of the Male Reproductive Anatomy

Penis	74.8
testicles	67.6
Scrotum	57.8
Urethra	48.7
Prostate glands	40.5
Vas deferens	33.3
Epididymis	29.1
Seminal vesicles	24.2
Cowper's gland	19.9

Table 20 shows the respondents' level of knowledge of the male reproductive organs,

based on their correct identification of these organs as follows: penis (74.8%), testicles (67.6%) and scrotum (57.8%). Less than half can identify the urethra correctly (48.7%), followed by the prostate glands (40.5%) and vas deferens (33.3%). Very few of the respondents know about epididymis (20.1%), seminal vesicles (24.2%) and Cowper's gland (19.9%).

Table 21. Correct identification of the female reproductive organs (%)

Vagina	89.5
Cervix	68.1
Fallopian tubes	66.4
Ovary	65.5
Uterus	33.9
Endometrium	29.5

Table 21 shows the respondents' level of knowledge of the female reproductive organs, based on their correct identification of these organs, as follows: vagina (89.5%), cervix (68.1%), fallopian tubes (66.4%) and ovary (65.55%) Only three out of ten respondents have correctly identified the uterus (33.9%) and endometrium (29.5%).

Table 22. Percent Knowledge on the Functions of the Reproductive Organ

	True	False	DK
Ovulation normally occurs around day 14 of the ovarian cycle	44.0	8.1	47.9
The scrotum helps maintain the testis' temperature cooler than body temperature	49.1	7.0	43.9
Fertilization of an egg normally occurs within the uterus	50.1	24.8	25.1
Semen is the fluid that contains millions of sperm	82.9	3.7	13.4
Secondary female sexual features are not essential to reproduction but likely function as sexual attractions	38.3	18.3	43.4
Estrogen is the hormone that is directly responsible for the development of the secondary male sexual characters	38.3	23.6	38.1
The primary male sex hormones is testosterone	66.8	4.9	28.2
Males produce new sperm throughout their lifetime	61.0	12.9	26.1
Sperm and urine can pass through the penis at the same time	36.7	39.7	23.6
Females produce new eggs throughout their lifetime	31.6	44.8	23.6
Fertilization occurs when genetic materials from an egg and sperm combine	79.7	4.4	15.9
Many sperms can fertilize a single egg	43.4	37.6	19.0

(N=516)

The respondents' level of knowledge of the functions of the reproductive organs shows that half are not aware that ovulation normally occurs around the 14th day in the ovarian cycle, (8% "False" answers and 47.9% "Don't Know or DK" answers). Following are the respondents' others answers: knowledge of the function of the scrotum, 7% "False" and 43.9% "Don't Know or DK"; process of fertilization (50.1% "True" and 25.1% "Don't Know or DK"; secondary female sexual features as sexual attractions (18.3% "False" and 43.4% "Don't Know or DK").

Most of the respondents wrongly believe or do not know that sperm and urine can pass through the penis at the same time (36.7%

"True" answers and 23.6% "False" answers). Up to 31% believe that females produce new eggs throughout their lifetime while 23.6% do not have any idea. Up to 43.4% believe that many sperms can fertilize a single egg. A greater percentage of respondents are not sure that testosterone (not estrogen) is responsible for secondary male sexual development (23.6% "False" answers and 38.1% "Don't Know" answers). It is worth noting that the majority of respondents are aware that fertilization occurs when the genetic materials from the egg and sperm combine (79.7%), that males produce new sperm throughout their lifetime (61%), semen contains millions of sperms (82.9%), and testosterone is the male sex hormone (66.8%).

Table 23. Perception on Sexuality Education (In Percent)

	Yes	No		
Ever heard of the term “Sexuality Education”	92.4	7.6		
	SA	A	D	SDA
Sex education will give adolescent the idea to begin sex early	11.1	25.3	46.6	17.0
Sex education should be taught only at home	4.8	11.7	65.1	18.4
Sex education goes against my religious beliefs	5.3	14.8	65.8	14.1
Teachers do not have enough training to teach such subject	9.9	42.4	38.0	9.7

(N=516)

Almost all of the respondents (92.4 %) have heard of the term sexuality education. Almost three-fourths of the respondents do not agree that sexuality education will give adolescents the idea to begin early sex, that sexuality education should only be taught at home (65.1% and 18.4%), and that sexuality education does not violate their religious beliefs (65.8% and 14.1%). Nevertheless, the respondents’ opinions vary on whether teachers have adequate training to teach sexuality education (52.3% vs. 47.7%).

Table 24. Priority sex education topics appropriate for high school (multiple answers, %)

Responsible boy-girl relationship	77.9
Changes in adolescence	76.3
How to say “no” to unwanted sex and what to do when it happens	72.1
Not getting pregnant early	71.7
Not having sex at an early age	68.3
Human sexuality	66.3
Responsible parenthood	58.0
Marriage	53.6
Human Fertility	52.5
Pre-marital sex	45.1
Family Planning	43.1
STI	39.5
What to do when pregnancy happens	36.6
Safe sex	35.9

The respondents articulated the top five (5) topics they consider appropriate to teach in sexuality education for high school; responsible boy-girl relationship (77.9%), changes in adolescents (76.3%), how to negotiate to unwanted sex (72.1%), how to avoid early pregnancy (71.7%), how to avoid early sexual activities (68.3%) and human sexuality (66.3%)

Table 25. Sexuality education subject areas that should be taught (multiple answers, %)

Sexuality education subject areas that should be taught	%
Religion/values education	78.7
Science	73.0
MAPEH	34.9
Social Studies	25.5
English	21.8
Practical arts/TLE	20.8
Filipino	9.7
Computer	6.7

The respondents’ believe that sexuality education should be taught in the top four subject areas: religion or values education (78.7%), science (73%), MAPEH (34%) and social studies (25.5%).

Table 26. Different opinions on sexuality education (%)

Percent on Roles on Sexuality Education	Yes, VI	Yes, SI	No, NI	DK
Role of teachers/parents in addressing sexuality issues	92.5	5.9	0.7	0.9
	Yes	No	DK	
Parents should be the one to teach their adolescent children about sexuality	76.1	16.6	7.3	
Teachers should be the one to teach adolescent students about sexuality	61.1	29.2	9.7	
	Agree	Disagree	DK	
Teachers' role in sexuality education is supplementary to the parents' responsibility to educate their children	90.1	5.3	4.6	

(N=516)

Table 26 describes the respondents' different opinions on how sexuality education should be taught in the school, with a large majority supporting the important role of parents and teachers in addressing sexuality issues (92.5%) and 76.1% believing that parents should be the ones to teach their adolescent children

about sexuality, while 91% believe that it is the parents' responsibility to teach their children sexuality education and that teachers play a supplementary role. Nevertheless, 61.1% of the respondents believe that teachers can also do the job.

Table 27. Roles of Sexuality Education (In percent.N=516)

Roles in sexuality education	Yes	No	DK
Teachers should invite parents to cooperate and actively participate in some aspects of a sexuality education program	81.5	8.6	9.9
Willingness to learn about sexuality and how to teach this to adolescents/students	88.5	4.8	6.7
Religion will prevail in case of conflict between religion and law	45.9	21.1	33.0
Parent should be kept informed of the content and methodology of all sexuality education topics	87.2	6.3	6.5

The majority of respondents encourage teachers to invite parents to cooperate and participate actively in some aspects of sexuality education (81.5%). They also believe that

parents should be kept informed of contents and methodologies (87.1%), and are willing to learn about sexuality and how to teach this to their children (88.5%).

LISTENING TO OUR TEACHERS

In addition, the respondents state that religion will not affect future decisions (21.2%), although some do not know if it will (33%). With regard knowledge of the Reproductive Health Law, 48.9% do not know about it and 33.8%

are not sure; 37.5% approve of the RH Law and 35.5% are not sure. However, on making contraceptives available in schools for free, 53% do not approve and 21.1% are not sure.

Table 28. Knowledge and perception of RH Law

	Yes	No	Not Sure
Do you have full knowledge of RH Law	17.3	48.9	33.8
Do you approve of the RH Law?	37.5	27	35.5
Approve to make contraceptives available in schools for free	25.9	53	21.1

(N=516)

Qualitative Study Results

“The insights that may emerge from this research may be useful in crafting future policies and programs. In this expression of support, CEAP prays for the success of this project in enriching our dialogue on the mutual link between school and society.”

– Fr. Greg Banaga, CM, CEAP President

The results in this section are from the FGDs conducted among faculty, staff and the students’ parents. Because of the commonality of themes at the FGDs in all the schools, the results represent collective views of teachers, staff and parents on SE, RH and RP. Some responses are quoted verbatim.

It should also be noted that the participants’ shared outlook on SE, RH and RP do not solely represent the views of one specific group (i.e., teachers, staff and parents). Hence, many revelations made in an FGD conducted among staff may have sprung from the participants’ own experiences as parents, for example. In the same light, it is unavoidable that a teacher who also happens to be a parent will have opinions that reflect her roles as a teacher and as a parent.

In a later section, data are gathered from in-depth interviews with school administrators and other key personnel.

Sexuality Education: Perceptions, Definitions and Understanding

Asked what comes to mind when they hear the term “sex education,” the respondents have come up with a variety of words and phrases as

A common theme among the teachers when asked about sexuality education concepts is the reference to the development of the human body from childhood to adolescence. Many associate sexuality education with providing the right information about sex. One CSRW

**SEX
EDUCATION...**
What comes
to your mind?

- Discipline
- Responsibility Planning
- Gender
- Sex
- Male, female, LGBT
- Family
- Population control
- Condoms
- Contraceptives
- Discipline
- Proper education
- Guidance

teacher believes that SE is a “*solution to wrong information...Sexual intercourse is knowledge. I was caught by my father watching R-rated movies when I was still young. He did not get angry because according to him it’s a learning experience for me.*” A CRA teacher reveals that when he hears the term “sexuality education,” “*sexual intercourse*” usually comes to mind, adding that this is not the case when he teaches religion and morality as what comes to mind is “*human sexuality.*” To others, SE means giving “*ideas to children on how to be responsible about sex... teaching the right values and educating them about sex...*”

Another CSRW teacher shares,

“Sexuality actually is not just contact between two persons. We should not teach our students that sexuality is all about physical contact. There should be values in a relationship, as between a boyfriend and a girlfriend. There must be no more than that because they are still young. We should inculcate in their minds that they are not ready. If pregnancy happens to them, our population will increase. If they want to abort the child, they will be forced to find ways and means to do so. While it is good to educate students about sexuality, but I think there are limitations.”

While many believe that human sexuality deals with the physical aspects of a human being, others value it as a “sanctuary.” Beyond associating SE with the functions of the reproductive organs, a commonly held view is that “SE involves gender, contraception, reproductive organs, intimacies and their effects...”

Some respondents believe that human sexuality deals with “*how an individual is able to be responsible, how the body could cope with pregnancy and how an individual should prepare emotionally and psychologically for parenthood.*”

One theme that has also surfaced when exploring SE views is that of being a “co-creator through sex”, as shared by a teacher who believes that “*sex is a way to become a co-creator of God. Sex is not only lust. It is part of the human call.*” A CRA staff explains in a similar tone:

“Sexuality education, ieducate ang mga bata ug sa atong kaugalingun. Ieducate nato unsa ang atong purpose as babai or as lalaki. Kani sexuality sa tawo is a gift from God. Kailangan natin inurture in a way na atong ipakita sa ilaha paunsa nato gigamit ang atong pagkababae og atong pagkalalaki. Diri man nato madevelop ang value of chastity. Mawala siya dinhi kung dili nato makuha ang atong purpose as a girl or as a boy. Dalawa lang jud ta gi-create sa Ginoo, female ug male [Sexuality education (is) teaching children in our way. We educate them about our purpose of being women or men. Human sexuality is a gift from God. We have to nurture it in a way that demonstrates how we use our femininity or masculinity. This is how we develop the value of chastity. It will lose (its meaning) if we do not understand our purpose as a boy or a girl. God created both male and female.]”

Some staff have made reference to “*controlling the number of children... parents should be educated... that is where family planning should come in.*” To others, sexuality education means teaching sex, engaging in it at the right time and right place.” Speaking as parents, other participants hold the common view that associates sexuality education with the parents’ knowledge of sexuality. “*As parents, we should teach children about body parts using real terms; instead of speaking of a ‘flower’, we should be honest and refer to this part as ‘vagina’, and so on.*”

A respondent views SE as a way to distinguish male from female, saying,

“Sexuality education is more on unsa ang sex nimu, unsa ang components ana, unsa ang mga factors na ginaconsider...Kabalu ka babae ka ba, lalake ka ba. Unsa ba jud ka? Tapos didto nimu makita na babai di-ay ko kay ma-o ni siya akong na-feel. Ikaw mismo dali ka malibug, unsa ba jud ko babai or lesbian ba ko o lalaki ba jud ko. (Sexuality education is more about what your sex is, what the components are and what are the associated factors to consider. You know you are a girl or a boy. What are you really? That’s when you see that you are a girl, because this is how I feel. You yourself can be confused, are you really a girl or a lesbian or am I really a boy?)”

-Staff, CRA

Some parents believe that sexuality education is *“more of informing teenagers what are their reproductive organs, anong use noon, and then, yun parang more on how, yung functions ng reproductive organs ng body natin* (more of informing teenagers what are their reproductive organs, what are their uses and how they function as reproductive organs in the body).” Another common theme among the parents when asked about their understanding of SE is the sexual differentiation between boys and girls. For example, one parent asked, *“Paano ma-identify ng child ang kanyang being a boy or a girl by what is given to him or her, like kung ganito ang kanyang organs, ganun dapat siya... she’s a girl or ganun... (How does a child identify himself or herself as being a boy or a girl based on what is given to him or her, that is, if his or her organ is like this, then he or she should be like this...that she is a girl...)”*

Reproductive Health Defined

Teachers believe that RH is a sensitive subject and that one *“should strike a balance between what documents say and actual experiences.”*

Similar to how SE is defined, some teachers believe that RH has to do with the development of the body and associate *“body care”* with *“awareness of one’s self and personal hygiene.”*

Teacher respondents from a CSRL associate RH with the following ideas:

“The structure of our reproductive system.”

“It’s about both female and male sex organs and has something to do with family planning.”

“It refers to a person’s well-being or condition in terms of reproductive health.”

Another prevailing theme when defining RH is taking care of the body, paying particular attention to changes during puberty. These common themes among teachers and staff are contained in a quote from a parent, as follows:

“Yung reproductive health yung informing the... specially sa mga, mga dalaga kung ano yung cycle na, menstrual cycle yun, yun sya.. Tapos what to do para to keep themselves healthy despite the menstrual period. Ganun din after ng puberty, what they have to be aware of, of the things that may happen like pwede na silang magkaroon ng baby. Para anong mga development nila sa kanilang mga body na kailangan nilang i-take care para hindi sila mag... hindi sila magkasakit or hindi sila...mag anong tawag nyan? Like mapunta into something na hindi pa dapat, having sex. [Reproductive health refers to informing the...especially girls, about their menstrual cycle. Then (it means) what to do to keep themselves healthy despite the menstrual period. Then after puberty, what they have to be aware of (like) things that may happen like being able to have a baby. For the development of their bodies – what they need to (do) to take care of themselves so they don’t ...so they won’t get ill or they won’t...what do you call that? ... like getting into something which is not appropriate, like having sex.]”

Parent, CSRM

Few respondents view RH as a concept dealing with contraceptives. The following observation is from a teacher respondent from a CSRW:

“I noticed your responses about RH are about personal care and hygiene. Just a clarification, RH (law) is about more than personal care and hygiene... It’s about maternal death... In the Philippines, there is a decrease in the cases of mothers who die related to child delivery. There is a decrease in maternal mortality rate.”

“Responsible parenthood, parang agreement yan sa dalawang mag asawa. You have to decide how many children you want para at least you have to give attention. Kanang more time to each other kasi kung medyo marami na, parang medyo hindi na ata ma-(provide) yung mga pangangailangan ng mga bata. [Responsible parenthood, (it’s an) agreement between couples. You have to decide how many children you want so at least you are able to give attention. It’s more time for each other, because if there are too many children, their needs can no longer be provided].”

Staff, CSRM

Responsible Parenthood

A Woman’s Poem¹

*When I met him;
I liked him.
When I liked him,
I loved him.
When I loved him
I let him.
When I let him,
I lost him*

A Man’s Poem²

*I saw her, I liked her.
I loved her; wanted her.
I asked her; she said No
I married her.
After sixty years, I still have her.*

Many respondents from the three groups believe that responsible parenthood (RP) refers to proper spacing or saving for the future, or “planning before having a baby” as one staff says. A common view of RP has been noted among the teachers, as follows:

The parents’ group believe that RP, beyond being a definition of family size and the couples’ decision that govern it, means taking into consideration the couple’s financial capacity to rear kids and “send them to good schools.” While agreeing, another parent shares another view:

“Ang akin it’s how you rear your children whether anong state yung buhay mo. You just make sure responsible parenthood is whether you have the means to raise them or ang importante is you raise them well with what you have lang. Kung poor ka it doesn’t mean that you cannot raise them well kasi you can. You can home school your children, naisip ko lang. You can home school your children or they can go to a public school so that you can guide them properly. Yung sa home, yun it starts in the home, they don’t have to go to an expensive school. I don’t have to send them to an expensive school or give them all their wants just to make me a responsible parent. [For me it’s how you rear your children regardless of your state in life. That you just make sure that a responsible parenthood (sic) is whether you have the means to raise them or the important thing is you raise them well with what you have. If you are poor, it doesn’t mean that you cannot raise them well because you can.

¹⁻² Ramirez, M.C. *Ed.). (2000). Sex-Talk with Kids and Teens, A Manual on Training Parents as Educators on the Truth and Meaning of Human Sexuality. Quezon City: Human Life International – Asia and Episcopal Commission on Family Life of the Catholic Bishops’ Conference of the Philippines presented in Population and Development Education: Teaching Modules for Catholic Schools developed by the University of San Carlos Office of Population Studies Foundation. (2009). pp. 204.

You can home-school your children, I just thought. You can home-school your children or they can go to a public school so that you can guide them properly].

Parent

Who Should Teach Sexuality Education?

Teachers have varying perceptions when it comes to identifying who should teach SE. Although some believe that parents should teach SE at home, while others believe that qualified teachers should handle SE.

To get a clearer understanding of what specific traits a sexuality educator in a school setting should have, all three respondent groups have cited the following:

- Married
- With good integrity
- With high moral values
- Doctors
- Nurses
- Psychologists
- Guidance counselors

Teachers from a lay-run Catholic school, adding that someone with experience in social work could also be a good SE teacher. Not all teacher respondents believe that teaching SE requires a marriage license. According to some teachers from a CRL, SE teachers need to be prudent when answering sex-related questions. Others have said that *“aside from being well-trained, they should also know how to manage some other issues, such as bullying or ignorance, by saying things like, “Hala! Bakit may pula sa likod niya?”*

The perceived lack of practical experience of married life or sex among single teachers is

believed to limit an educator’s capacity to teach SE. As one teacher said, *“Wala na man siyang experience of marriage or sex. Hanggang saan lang ang dapat nating ituro?”* (He or she does not have experience of marriage or sex. Up to what extent do we teach?)” Similarly, another teacher from a CSRW shares her thoughts on this matter by saying that single teachers *“need not only experience but also basic knowledge, skills, psychological preparation for the subject.”* From the same school, other teachers perceive that unmarried teachers would not be taken seriously by students when SE is being taught.

What about sexual orientation of teachers?

“I happen to be gay; will I be qualified to teach about the topic? Will I be credible to my student when I teach about relationships? I think we should clarify the issue that there are different kinds of sexual orientations. I think sexual orientation doesn’t matter as long as you have full respect of your students. You have standard and respect for yourself and student will respect you for what you are.”

- Teacher, CSL

Among the staff from a CSD, many believed that SE should be taught by the school as one According to many CSD staff, SE should be taught by the school. As a female staff puts it, *“Kasi pag sa parents parang ano, awkward talking about sex sa iyong mga anak. Siguro... pag girl siguro, pwede rin na ako magtalk sa kids. Siguro about sa same sex, yung mag boyfriend girlfriend na thing. Pero, pag long term na, mas maganda kung ang school kasi part siya sa lessons sa education. (...because for parents, it’s awkward to talk about sex with your children...maybe...if it’s with a girl, I can talk*

with the kids... maybe with the same sex, the boyfriend-girlfriend thing. But if it's for the long term, it's better if it's in school because it's part of the lesson of education.)”

A male staff similarly feels that having SE taught in school is better. He shared his experience: *“Normal sa parents ang bata mag-question. Para sa akin, I have three girls. Sa mga parts na about girl thing, di na ako makasagot kay di ko madadaanan yan. About menstruation ganyan, about crush crush. Sa part ng babae ba, di naman kami magka-crush ng lalake. Pero kung sa side ng lalake, medyo may alam tayo pero kung sa babae.. Kung sa opposite sex kasi, medyo hindi ako makarelate. (It's normal for parents to be asked by kids. But for me, I have three girls. ...regarding female body parts, I cannot answer because I have no experience... about menstruation, like that...about crushes. On the part of the girls, we don't have crushes on boys. But if it is on the male side, we have knowledge a bit, but if it's for girls...if it's with the opposite sex, I can't relate.)”*

Another reason why the school is a better choice to teach SE is because *“Kasi makinig talaga sila pag sa teacher. Tsaka mas, ano, yung pag deliver gani parang mas step by step kasi. (...because they will really listen to the teacher, and the delivery (of the subject matter) is done step-by-step.)”*

Although most of the staff thinks that SE should be taught in school, they add that it helps to have the initial SE at home with the parents. *“Mga basic siguro galing doon sa bahay, sa parents. (The basics can be taught at home by the parents.)”* Other non-teaching employees from another CSD support the idea that *“SE should start from home.”*

The parents have divided views as to who should teach SE. Some believe that the parents should be the primary educators, while others think that it should be the school. The following opinion represents the view that SE should be taught in the school:

“Sa panahon ngayon they have to send our children to school, kung tutuusin how many hours do they spend in school? Our children siguro almost 8 hours, 7-8 hours they're here. Tapos yung parents most of the time, even if they are not working they're out of the house na at 7:30. I don't see them so yung time na lang naming is like 4 maybe up to 9. So parang merong ano tawag nyan? Mag-cocompliment lang like maybe follow-up ko lang anak ko on what they learned, what did the school teach about this and this...tapos ganun tapos follow-up lang dito sa bahay para kung meron mang di naturo sa school still matututunan pa rin ng bata at home. [In these times, we have to send our children to school. Come to think of it, how many hours do they spend in school? Maybe almost 8 hours, 7-8 hours they are here. Most of the time, the parents, even if they are not working, are out of the house by 7:30. I don't see them, so the time left for us is like 4 maybe up to 9. So it's like having - what you call that? Complementing... like following-up with my child what they learned, what the school teachers taught about this... Follow-up at home so that in case there are things that were missed out in the school, the child can still learn from home.]”

-Parent, CSRM

As for collaborative teaching, many CSL teachers support their colleague's view that

“There should be a collaborative effort between parents and teachers. Parents should be the first to teach their child while the teachers can explain complicated topics. As for who starts first, it should be the family because parents should be responsible enough to teach health to their children.”

A CSD staff explains

“Dapat sexuality education comes from the school, home and religion, Dapat balanced. Dapat magkatugma kung ano binibigay ng teacher o parents mismo or previously. Sa sex education dito na pumapasok kung malaman natin ang reproductive health. Siyempre ini-input din ng school ang home kung papaano makukuha ang ganitong health. Sinusuportahan pa rin siya ng State. Sometimes ang government nagbibigay ng seminar on health. So kung na-master natin ang ganitong paraan dun pumapasok ang responsible parenthood then go back to sexuality education. Kung бага cycle siya. (Sexuality education should really come from the school, home and religion. It should be balanced. It should be consistent with what the teacher or parents themselves teach or have taught previously. In sex education, this is where reproductive health comes in. Of course we also give inputs at school and at home on reproductive health. The State supports that. Sometimes the government provides seminars for this aspect of health. When we master this process, that’s where responsible parenthood comes in then we go back to sexuality education. It’s like a cycle.)”

When teaching SE in school...

The series of FGDs show that many teachers, staff and parents support that SE could be integrated in all subject areas. Specific subject areas where it could be taught include the following:

- MAPEH – Music, Arts, Physical Education and Health
- Science (biology) wherein physical aspects of SE are discussed
- CLE/Religion/EP/Values Education

Some teachers add that even SE could also be taught in Languages and Math (due to its perceived nature “*highly logical and content-based*”).

Others suggest that SE should be treated as a separate subject to make it more focused.

A teacher respondent in a CSRW believes that SE is the responsibility of all teachers:

“I think (kwan), sexuality, ang topic sa children is the responsibility ng tanang teachers. Kay we get to deal with these children everyday. And kita ma-teach sa ila, kay not because single ako and I can’t teach. I am single, and I am, nabuhi ako ng sakto. So since nabuhi man ako nang sakto, hindi man siguro ako mag-uyauya sa akong kinabuhì, (I think, sexuality, as a topic for the children is the responsibility of all teachers because we get to deal with these children everyday and we teach them. Just because I am single doesn’t mean I cannot teach. I am single and I was raised well. Because I was raised well, I am not ashamed of my life.) I can tell you something about how I am I as a sexual being. And what and how you should do as a sexual being.”

How Should Sexuality Education Be Taught?

“We had an experience with my 5 year-old. The kid asked, ‘How do you make a baby?’ And the father answered, ‘When we sleep, we make the baby.’ And the kid said, ‘Okay you sleep I will watch how you make the baby..’ My husband laughed out loud..”

-Teacher, CSD

Challenges of Teaching Sexuality Education

A common observation that has surfaced during the FGDs is that the youth these days are far more inquisitive about sex compared with young people before. The following are some of the questions that the students asked:

“Ma’am, do girls also masturbate?”

“Is it okay to masturbate?”

“Ma’am, ‘di ba may anak ka na? Masarap ba Ma’am?” (Ma’am, isn’t it you already have a kid? Is it good?)³

Dealing with cultural taboo... what’s with the language?

The teachers, staff and parents who participated in the FGD agree that the cultural treatment of sex as a taboo topic could be a hindering factor to teaching SE. As noted in the FGDs, many respondents prefer to use substitute phrases like “*nag-aano*,” “*naga-kwan*”⁴ to refer to the act of sexual intercourse. Added to this is the difficulty to identify genital

organs in the local dialect, as a teacher says in the box below.

“Kung sa English ok lang... pero sa Visaya bastos jud.. pag English murag sosyal...”

-Teacher, CSD

Feelings of discomfort and awkwardness arise when answering sex-related questions, reducing the respondents’ confidence to teach SE. The large majority of respondents agreed that these feelings originate from their own upbringing. A teacher cites an example: “*We don’t talk man that gad at home kay, plus Mama sa una, ‘Sssshhhh! Ano man ang question nimo, di man amo!’* [We don’t talk about that (sex) at home, also Mama immediately says, ‘Sssshhhh! What is that question of yours; that is not right!]

A male teacher from a CSRW shares his thoughts and feelings with the group, saying, “I am not comfortable talking about it in class because of the cultural context.” Recalling his experiences while taking graduate courses, another teacher says, “According to my professor of my Master studies, we all have unhealthy minds. Therefore, a person who cannot talk about penises and vaginas is unhealthy, and that’s because we could not even afford to say such words.”

“I am not comfortable. Example, I explained, ‘The milk is produced by the mammary glands. Then they will ask, ‘Where is the mammary gland?’ I said it’s in the breast. They will ask where is the breast even though they know where it is. I have to translate breast to local vernacular. Sometimes my face turns red. I feel ashamed. I just think I am married. The girls get shy, but I tell them not to be shy. I tell them I breastfeed my baby”

- Teacher, CSRW

3 This English translation of the latter question is rather loose, and the general impression at a glance is that the inquiry is about whether or not it is good to have a child. In the context of this conversation, the student was more specifically pointing to the sexual experience. The Tagalog word “*masarap*”, when directly translated to English means “*delicious*” or “*palatable*”, which is akin to gustatory pleasure. But it is also used to refer to tactile pleasures and other sensory perceptions.

4 “*Nag-aano*” is a Tagalog phrase loosely translated in English as “doing something”. “*Naga-kwan*” or “*ga-kwan*” is a Bisayan phrase similar to “*nag-aano*.” Depending on the context of the conversation, “*nag-aano*” or “*naga-kwan*” can mean different things. In a regular or casual conversation, the phrase is the commonest substitute for any word or a phrase that the speaker either forgets or refuses to use. In the local context, if sex is the subject of conversation, a speaker will generally use “*nag-aano*” or “*naga-kwan*” to refer to coitus or any act explicitly or suggestively leading to it.

A male parent from a CSRW says, “It’s very difficult to discuss it especially since I have two daughters, one is in third year high school and the other in the second year of university studies. Sometimes during their early childhood we did not even let them watch movies with some sexual...we advise them that it’s bad.”

Fear Factor

To many respondents - teachers, staff and parents alike - discussing sexuality education and reproductive health with adolescents sparks concerns over opening a Pandora’s box. “*Fear na mabuntis ang mga bata...*”, says one teacher from an Archdiocesan school, explaining that providing adolescents with knowledge of human sexuality would spawn curiosity among them, leading to more sexual experimentation later. Similarly, a teacher from a CSRW says, “*So parang ang hirap mag-adjust ng kung ano ba talaga ang proper na idi-discuss, na para di sila ma-open sa mga kwan, inana gane ma-impluwensya sila.* (So, it’s difficult to decide on what to discuss properly so that they don’t become open to ‘kwan’ (sic), when they could be influenced.”

Another source of concern for teachers was their inadequacy to give information or insights on such a subject matter and the effect this could have. This respondent who teaches at a CSRW shares a sentiment that is common among many teachers from other Catholic schools, saying, “*It’s okay for me to teach, but I have fears. That fear is not being able to teach the subject properly – its impact on the kids. I feel that they will do it. That this will reach their parents and the parents cannot accept it. There is fear. If parents will have an open mind and accept, why not?*”

For some parents, their concern stems from the perception that their children are more likely to listen to teachers than to them. The teachers are aware of this. Says a male parent, “*So it’s good that we have a third party who will teach our children, because I think mas makikinig sila sa school kesa sa ami. At saka as kwan ng mga teacher mag-discuss, di tulad sa amin... baka sabihin sa amin ‘oh Daddy ano ba yan’... (they will listen more in school than to us. In addition, the teachers can better discuss it). It’s good that we have sex education in school... but in elementary I don’t think so, because if we teach this in grade school, they would focus on this because it’s new to them and they will not enjoy childhood activities. So it’s better in high school.*”

Conflicting Messages

In one of the FGDs a teacher from a CSL shared her personal experience when she told a student that sex should be for married couples only:

“Since we love each other and because we are married, it feels good to us. So you have to be much more responsible because you’re already hitting puberty stage. You’re already capable of reproduction so you have to take good care of yourself. If you’re not yet married, then don’t do it yet.”

A teacher from the same school shared her personal experience when asked about the acceptability of masturbation:

“I am a religious person so I if I will be asked if it is okay to masturbate, I will say ‘no’ and it’s because it is stated in the Bible. ‘Pero sabi ng science teacher namin ok lang daw yun, Ma’am?’ How am I going to reply to that? One says, it’s not okay while the other says it’s fine. So there is conflict.”

A teacher from a CSD shared her experience about a former student years ago who was suspended after being caught watching pornographic material in a cellphone. She said that the parents were nonchalant about the student's behavior when they heard of the news. *"My Papa says it was okay,"* the student told the teacher. Some teachers lamented, *"But sometimes kids act differently when they are at home... so even though we educate them well in the school, when they reach home it will be different..."*

Another experience by a teacher reflects this challenge in teaching sexuality education:

"Another experience also is with a Grade 4 kid, he asked his nanay on how to make babies. And the father said he prayed to God and God gave him a child... upon reaching Grade 6, he argued with the Science teacher because according to his dad they did not have a sexual intercourse but he was a gift from God."

-Teacher, CSD

Technology and Media: How do we keep up?

When confronted with reproductive health questions such as understanding fertile days and how the calendar method works, some teachers refer students to the Internet as a source of information. A teacher from a CSD says, *"I sometimes tell my students to consult the Internet about it."* Technology and media give rise to another common theme when teachers, staff and parents speak about the challenges of teaching sexuality education. *"But kids really are more advanced than us... simply because of the Internet... as early as Grade 4, they know about pornography..."* says a teacher from a CSD echoing this concern among the respondents.

Helping the Teachers, Staff and Parents

Amidst the challenges and dilemmas faced by teachers, staff and parents, the following suggestions are presented to make sexuality education easier.

Teachers:

Provide trainings. Although the majority of teachers have given their readiness to teach a rating of 7 in a scale of 0-10 (with 0 the lowest and 10 the highest), they nevertheless consider the need to provide training or refresher sessions to address the following:

- a. The need for teachers to overcome fear and feel confident and adequate to discuss all aspects of human sexuality, reproductive health and responsible parenthood among students. This also goes with the call for changing the traditional orientation which treats sex as a taboo topic.
- b. The need for Catholic schools to embrace openness in the social realities of the youth.
 - Strengthen home-school partnership in a way that enables parents or guardians to more actively participate and follow up in lessons related to RH and SE.
 - Based on a focus group from a CSD, teachers note that it is worth to create guidance and support groups or programs for parents and guardians that are tailor-fitted for special groups, such as single parents, guardians of children whose parents work overseas, and parents of students

with some concerns, for example, underachievers or those with disciplinary problems.

Parents:

- Design learning sessions that would help address the need for parents to feel comfortable in discussing human sexuality with growing children, especially with the opposite sex. This was more pronounced among male parents.
- Provide follow-up seminars beyond pre-Cana. According to some parents, Catholic parishes offer mandatory pre-Cana seminars prior to the sacrament of matrimony; however, they believe that single sessions are inadequate.

Staff

- Orient students about their role as non-teaching personnel with equal authority as their teachers when opportunities to provide sexuality education arise or when situations call for it. *“Dili man maminaw sa amo-a kay ang mga estudyante moingun man nga dili man sila graded.”*
- Non-censorship of certain RH contents in special forums or lectures. This is a suggestion from a CSD group sharing its experience in conducting lectures on HIV/ AIDS and STI for high school students. Higher authorities reviewing the seminar contents have requested to delete information on condom use as a way to prevent contracting HIV/ AIDS and STIs.

Perspectives from Other School Key Personnel

Key school personnel have drawn several insights into the importance of discussing SE, RH and RP. This section describes some of these views and attitudes, as well as practices by people who hold key roles in administering and implementing policies that directly affect SE.

Defining SE, RH and RP

“It encompasses the totality of a person, including his/her identity, what he/she really is - the development phase of an individual as he/she grows into adolescence and the things that he/she should know about and that should not be withheld from him/her - about the parts of the body especially as the person grows”

Director, CSRW

Sexuality education refers to understanding the terms sex and sexuality as meaning how we see ourselves, what it means to be male and female and how we relate to others. It includes not only facts about the human body and how it works, but also about emotions, feelings, attitudes, values, decision-making, relationships and communication.

Reproductive health refers to diseases, disorders and conditions that affect the functioning of the male and female reproductive systems during all stages of life.

Responsible parenthood is the will and ability of parents to respond to the needs and aspirations of the family and children. It is a shared responsibility of husband and wife to determine and achieve the desired number, spacing, and birth of their children, according to their own family life aspirations

and taking into account psychological preparedness, health status, and socio-cultural and economic concerns.”

Principal, CSL

Reproductive health is “*not only about the creation of offsprings but also about how you take care of yourself, including personal hygiene and sanitation. In teaching it, you should use the proper terms, if it’s about the vagina, then use the term “vagina” and not some childish words like ‘flower’. Some topics might tickle their minds but this is not something to be laughed at because this is an important topic. The parents should also follow-up. If not, the child might have misconceptions that what we teach in school is different with what the parents know*”.

-Assistant Director, CSRM

Who should teach SE?

An Assistant Director of a CSRM stressed that teaching SE is open to “anybody who is qualified to teach. A teacher who has his/her field of concentration, for example an English teacher, can teach for as long the person is duly trained and is very knowledgeable.” Responses from other key school personnel identify teachers who teach the following subjects:

- Values Education (Edukasyon Pagpapakatao)
- Araling Panlipunan (HEKASI)
- Home Economics
- Science (biology and botany)
- Health

A principal from a CSL explains that some competencies in the above areas “*already include topics related to sexuality education, reproductive health and responsible parenthood.*”

Other school administrators recommend the use of the Homeroom Guidance period as an appropriate venue to discuss SE, RH and RP. This provides students room to “*ask their questions and have discussions.*”

The key informants agree that it is better to integrate SE in appropriate subject areas rather than to consider it as a separate subject. As a School Director of a CSD explains, “*In my opinion, I’d rather have it incorporated in other subjects because it will be heavier if it will be a separate subject. Integrate it for example in science, like anatomy, or values education. It is better that way than treating it as one big subject, and they have to pass the exam.*” Another key informant, the Campus Ministry Director from CSRW, adds,

“It should be a team-up. The curriculum is collective. We learn from Biology, Physical Education and Home Economics. If it’s only focused on one subject, then it’s not integrated and applied. As sisters, we work together with the teachers in our formation. We try to guide by integrating spirituality.”

In terms of the qualities or traits of teachers who would teach SE, the informants have different perceptions. Two specific qualifications brought up by some informants include:

- Married
- Nurse

It should be noted that when choosing married teachers as the preferred SE teachers, some key informants have further qualified that they should be teachers with a happy marriage, so they can serve as good role models. A CSD school administrator asks, “*Will it be the parents? I think the best teachers will be the ones who are happily married.*”

As for nurses, an assistant principal from a CSRM believes that:

“As a qualification, it’s not quite right to say na dapat ang magturo lang nyan yung people na married... and somebody who has experience talaga, like a nurse. So hindi naman talaga pwede doctor magturo lang ganito. Gagawin niya pero ang nurse kasi marami na yan siyang natutunan so mas ma-share niya yun, mas meron siyang alam tungkol doon. So yun siguro siya kasi right now i think ang aming teacher sa health isang nurse. I don’t know with the others kung ano qualifications nila as health teachers kasi it’s very important also na aside from knowledge about it, you should also know how to deal with adolescence. (It’s not quite right to say that only married people qualify, but somebody who really has the experience, like a nurse, should also qualify. It’s not only doctors who will teach such. A male or female doctor can do it, but a nurse has more learning that he or she can share. He or she has more knowledge about this. So maybe that would be it, because I am thinking that our health teacher is a nurse. I don’t know what qualifications the others have as health teachers, but it’s very important to know how to deal with adolescents aside from having knowledge.)”

Some respondents believe that for as long as one can properly satisfy the students’ inquisitiveness, one can be an SE teacher. “You can answer in different ways as long as it is with prudence and in a way that the students will respect you,” a school director points out. Of particular interest are LGBT teachers.

“I find it unfair not to accept LGBT people in our school, even if they behave differently. They are just like us who can share ideas and suggestions that could be of help to institutions, which should be open-minded, open to changes, and are able to give constructive

criticisms. If we deal with them the same way we deal with others, they will realize that they are not entirely different from us. And they can grow the way they should.”

–Asst. Director, CSRM

In some schools, the integration of SE includes topics on family planning and contraceptives. A school administrator from a CSRM says, “Sexuality education is already incorporated in the health curriculum from grades 7 to 10. We include topics related to family planning and contraceptives.” An assistant principal in a CSRM comments that SE “is already slowly being given as a part of the curriculum in MAPEH. In Health there is a part there where this topic is taken up.”

In another CSRM, SE has been taught in non-academic classes. “The Psych Ed class is a non-academic class. If you go to another school, it’s like a Home-Room or Guidance Counseling class. We introduce topics on sexuality. The teachers meet them twice a month and we also meet with the teachers twice a month to respond to their needs or to help in their Home-Room classes. Therefore it becomes a teaching team effort.”

“We also do parenting programs. We invite people from outside to give talks to the parents, but unfortunately the parents who are interested and who attend the most are those who have no concerns. One of our teachers would write for students who are under strict probation to attend the seminar and workshop.”

Acknowledging Youth Realities: Challenges and Implications

Speaking of the awareness of Catholic school administrators and other key personnel of youth behavior especially that of adolescents, a campus Minister Director from a CSRW points out, “With the environment we have at this time,

I think we also have to partner with social media on how to explain sexuality education. There are already a lot of misconceptions about sexuality so this topic is really needed especially for children now that they are more exposed. They are also vulnerable to pornographic materials because of the ease of access to different kinds of media.” She agrees that adolescents these days are more expressive than the older generations in terms of demonstrating their affection. She believes that this is “already like a trend nowadays”.

A Faculty Leader from another CSRW explains being open as follows:

“We should be open to students if they ask you. Otherwise, they will be curious if you will not explain. I even received a report from one of the janitors that she saw a condom in one of the comfort rooms. I was alarmed as I did not expect a student to do that in the campus. I reported that to the Principal that we should be vigilant, because there is really something going on in our department. You have to find out why they did it. Of all the places, why in the campus? And how far do we educate our students because I’m sure in Rel Ed subjects, there are sexuality topics. How far do we educate and explain sexuality to our students? For example in my Rel Ed class in the third year, as a child, if your parents are separated, what will you do? That issue is related to the topic on moral decision. At least the students have an idea in making moral decisions. There should be a moment for discernment. We should not make abrupt decisions. You have to know what is the problem or issue, think of different options, consult others or experts and pray before you make a moral decision.”

Abortion

Abortion is a concern among high school students. Running a Catholic school with a predominantly Muslim (largely Tausug) student

populace, a school director has observed students and adolescents, as follows:

“They are as aggressive as any other youth. They get to experiment. They try...before, you don’t even get to touch their hands. Now they engage in public displays of affection. They don’t care whether they are Muslims or whatever, wearing a cover (turing) or whatever.

This case now, we just hope it was not aborted by the lola because it’s one thing that they could do and there are abortionists here. They drink something, inject something and worst of all, extract the fetus. The same scenario happens. They put priority on shame...⁵ Their concept when they get pregnant is not to put priority to life... The Muslims believe that we have the same values of life...but shame comes in. Sex is taboo. It’s not being talked about. There’s no open discussion, not even in families especially under the Muslim culture. We have many cases of teenage pregnancies, but they keep these to themselves.

We really can’t monitor abortion cases. They just happen. Last year during an interfaith retreat, there were ladies (who were) seemingly possessed.

After a retreat, there were several cases of students collapsing in school. We found out that these students have a history of relationships, pregnancies and abortions. I think the facilitators

⁵ Armando Tan quoted a Tausug proverb that says, “In makamatay ha tau sipug”, or usually translated, “the thing that kills a man is embarrassment”. He notes that while it is true that the sense of shame is part of the pan-Philippine culture pattern, the cultural emphasis is placed upon it, the manner in which it is expressed, its places in the hierarchy of values, and the extent to which people attach emotional significance to it vary greatly from one group or another. In Tausug understanding, shame (sipug) occupies a central position in the entire scheme of cultural values. In general, the Tausug concept of sipug implies notions of personal honor, pride, self-respect and self-esteem (Tan, 1981).

were not able to totally handle the issues of these students. They had issues that had no closure. They wanted the rooms to be blessed. We called an Imam to bless the rooms to drive away evil spirits. Later on we discovered. The teachers were the ones who managed to ask.”

Teenage/Unwanted Pregnancies

According to the principal of a CSRW, it is not helpful to expel students who conceive out of wedlock. In the school system, there is a referral system in case of teenage or unwanted pregnancies:

“That’s in the Christian formation. When the dean of student affairs, because of clearance purposes, discovers that a student is pregnant, she will be endorsed to me through the guidance office. After talking with the student, I will report it to the President’s Council because the pregnancy rate here is alarming. We actually have a higher rate compared to (our counterparts) Manila or Quezon. One of the possible reasons is because most of the students here come from the islands. They stay in dormitories without any parental guidance. We have a monthly program on this, about sexuality education; they will listen and be reminded but the solution I think will solely depend on them (students).”

Technology

“I think the basic challenge is due to media and technology. Our students are more aware of sexuality education. Although sexuality education is not integrated in the curriculum, values and issues related to it are sometimes injected in teaching. The greatest challenge for me will be at the high school level because students, as young as they are, are already participating in such activities. So it’s better to educate them in that aspect. We have to be

practical and to consider that sexual education is not only for adults but is also applicable to teenagers as early as the high school level...

With the introduction of media and technology, children nowadays are too exposed to these subjects. That is why for them, these are just ordinary everyday things. It’s not that the parents are teaching them these but they are just too exposed to them.”

-Principal, CSRW

How do we make SE easy?

Key informants have offered the following suggestions to facilitate SE implementation:

- Design capacity-building programs for teachers. This is not limited to enhancing knowledge base (course contents) but should consider broad areas of concern, such as self-awareness. Beyond structured classes, teachers also need to build on their interactive skills and effective preparations when confronted by students who ask sex-related questions upfront.

“First we should be knowledgeable about who they are. The teachers should be able to more or less integrate that in their lessons. That’s one thing they should integrate. But that’s also one of the things they have fear of imparting to the children because they themselves are not able to grapple with it.

As an administrator, I realize I need also to look into these and how to give/deliver this in class. I believe these things have to be brought out and talked about, to educate instead of withholding them. I think that would make things easier, for mistakes to be lessened because they understand. Their fear is that if you teach/educate them about

sex/sexuality they would know things, they would know how not to get pregnant and the fear is that they might try and engage in sex and go on with that and not get caught because the girl does not get pregnant anyway. I would think otherwise if the students are able to realize the value of being chaste and pure at an age when they are still young and do not understand hard truths and the responsibilities of being a mother. I think they will also refrain from sex, or delay. There are teachers who do not feel confident to teach. For example, a biology teacher teaching sexuality and reproductive organs has to post some drawings/pictures of the vagina and penis.”

-School Administrator, CSRW

“The school needs to create a program that caters to the diverse needs and levels of understanding of the students. There is also a need to train teachers on varied strategies in handling matters regarding these topics. Somehow these topics are not entirely unfamiliar to students because they have been introduced to these in science, home economics, and values education subjects. Perhaps, these only need to be intensified in a more objective manner. As a principal, I need to work closely in the training of teachers, creating programs and acquiring the right instructional materials to be able to strengthen meaningful learning among the students.”

-Principal, CSL

- Integrate SE in applicable subject areas
 - SE integration is not a new practice because it is believed to have been included in the curricula in the past.

“Integrated siya, first of all, we already have many subjects in a day sa curriculum, so if you

add another subject just to inform people or students about it, medyo mabigat na yan. Since ang direction is integration sa aming mga subjects pwede din yan maintegrate sa science, pwede maintegrate sa health na mga subject. May mga performance task kami, it’s difficult for the students if there’s another subject nanaman tapos may mga performance task, sa performance task nila nagkakaroon ng integration to comply with the requirements.”

-Asst. Principal, CSRM

- Ensure that SE is carried out in an age-appropriate and respectful manner. This refers to giving the right information at the right time. Some informants believe that premature transfer of some knowledge could be detrimental.

“I think this should be put in the right place in terms of curriculum so that it will be at the right time and at the right age,” a Principal from a CSRW said. A School Administrator from CSD also stressed, “You can answer in different manner as long as it is with prudence and in a way that the students will still respect you.”

- Use technology

“I believe in technology. People, the children in particular are very much interested in what technology can offer. I hope other materials regarding sexuality education will be made more accessible through technology, as for example, games and applications. At an early age, they will be oriented in basic education because the best way to get to the children of this generation is through technology.”

-Principal, CSRW

Respondents ask:⁶

(“If there are questions that you wish were asked in this research, what would these be?”)

- What topic in sexuality education should be assigned for each grade level or year level?
- How can the teachings of the Church be fused with modern-day practices in sex education?
- Does sexual education change the behavior of our children?
- What is RH all about?
- Can children understand and carry out their responsibility based on what they can learn from sex education?
- How can religious organizations help prevent sexual abuse?
- Is there really safe sex?
- Is the RH Law effective for the Filipino people?
- How can law and religion be of help to the Philippine population?
- What will happen if the Church approves and promotes contraceptives?
- What is your stand on homosexual activities?
- Why is abortion still prevailing nowadays?
- If a bill to legalize divorce in the Philippines for non-Muslim is submitted to Congress, will you support it?
- If RH is for health, why is there a need to promote oral contraceptives when there are concerns about their side effects?
- How can human sexuality, sexual reproductive and sexual education be fully understood by the students?
- On the role of the church – how active is the Church in disseminating these things to practitioners?
- How can a person live up to the teachings of the Church if he or she has gender issues?
- Are there available materials that a couple can read to improve their knowledge?

Suggestions from the respondents:

- *“Extend this research to non-sectarian schools and public schools.”*
- *“Teach sexual education to our children in order to give them knowledge of how to handle living in the future.”*
- *Address problems of teenage pregnancy – “Caraga has a high rate of this kind of problem.”*
- *“Religious organizations can help inform the people about reproductive health and sexuality education.”*

⁶ The questions are taken verbatim as written by survey respondents in the questionnaire.

LISTENING TO OUR TEACHERS

- Conduct studies on LGBT – *“There should also be a survey of homosexual acts.”*
- Training for parents – *“All areas concerning sexuality education for adolescents; parents should be well educated religiously.”*
- The Church should be the one teaching sexuality education . – *“The Church must be the one to teach sexuality education not the government”; “Training for parents to educate their children in sexuality and reproductive health should be given by the Church.”*
- Work in partnership with advocacy groups such as True Love Units Philippines, Inc., encouraging young people “to have sex only after a biblical marriage.”

Concluding Reflections and Recommendations

“The Church must continue to uphold the sacredness of human life, to teach always the dignity of the human person and to safeguard the life of every human person from conception to natural death. Although the Supreme Court has upheld the constitutionality of the RH law, it has ...upheld the importance of adhering to an informed religious conscience... It has also stood on the side of the rights of parents to teach their children. We cannot see eye-to-eye with our pro-RH brethren on this divisive issue, but we can work hand in hand for the good of the country”.

— Archbishop Socrates Villegas, *President, Catholic Bishops' Conference of the Philippines*

We have heard the needs of the teachers, parents and other people working in Catholic School communities. We have learned that the willingness to learn to become effective sexuality educators in the midst of the present realities of our growing children and the youth is strong. We have also learned of the sense of “disconnect” in the views, attitudes and practices on sexuality education, reproductive health and responsible parenthood. These facts warrant the putting in of resources towards meeting these needs. From the day-to-day interaction between parents and their adolescent children, to the teachers implementing their teaching plans and the other school personnel performing their indirect roles in educating students.

Now, instead of the usual “Conclusion,” we fill the rest of this last chapter with our personal synthesis and recommendations. During the course of our research, teachers

and parents who participated in the survey and interviews admitted that they actually felt enriched by the experience of having to ponder on some of the questions we dared to ask them. In the same way, we as researchers also felt some transformation in our personal views and attitudes. It is from here, at the meeting point of data gathering and analysis as well personal reflection, that we draw out our contribution toward some policy formulation and training design.

Listening to our Researchers: From Social Survey to Self Reflection

The pursuit of this project did not occur as a mere collective of research tasks. Since the early stage of the project, it was apparent that members of the research team vary in terms of their own views, attitudes and even practices

regarding sexuality education, reproductive health and responsible parenthood. Every team meeting was an opportunity to process these elements (views, attitudes and practices) given that the research team's composition is not homogenous – one with different sets of specialty, discipline, family and educational background, among others.

We realized that it was important not to dismiss these differences, because those helped how one positions oneself in the light of views, attitudes and practices in asking questions – both direct and indirect, during the critical part of data collection. The same degree of importance is given all throughout the rest of the research process.

In this section, we share our reflections – not as a collective team, but as individuals whose views, attitudes and practices on sexuality education, reproductive health and responsible parenthood may be similar or different from others.

Ruth Guerrero (Admin and Finance Officer)

To be part of the research team in this intriguing topic, RH research, brought me the dual feeling of enthusiasm yet with some reservations. Enthusiasm because I've to admit given the controversial issue on the RH Bill, the research is relevant and in response to the signs of the times. And as an educator, I believe, it's an important matter to learn and discuss about.

The feeling of reservation really comes from my own personal perspective of being a conservative when it comes to adhering to the teachings of the Catholic faith.

I know where I stand in the topic on RH... and I believe it will always be on the side of the teachings and mandates of the Catholic Church.

However, I cannot turn deaf to the anguish, struggles and practical concerns of some people, if not many.

The results of the study do (somehow) confirm the implicit sentiments of the Catholic faithful.

I recognize that people want to remain true and faithful to the Church, but some are confronted with much practical concerns, and thereby need to make some decisions, and at times, might go "contrary" to what the Church says, example family planning methods...

I cannot judge the morality of any fellow human being, in the end it's a matter between him and his God; her and her God.

And given the study, it confirmed to me that people desires to remain faithful, and therefore it's important for the Church leaders to begin to genuinely listen.

The RH Bill, for me, has somehow compelled the Church to really start to listen, or the Church may simply begin to lose the flock entrusted to Her care.

James B. Delos Reyes (Research Assistant)

Before this research endeavor started, my knowledge on what is contained on the RH bill was very limited and some may be inaccurate or limited to some extent. It goes true also with some Catholic social teachings even I spent most of my graduate and collegiate years in a Catholic school and knowledge on reproductive health and sexuality education. During the data gathering, aside from the challenges we encountered in the field like natural and man-made disasters to include flood, earthquake and typhoons, I realized that I am one with

our respondents. I was wrong and that there is more to reproductive health, RH Bill, concepts on Catholic teachings, sexuality education and responsible parenthood.

In this exploratory study, because of the partnership between PCPD and AdZU, it paved way and provided me as an educator and class moderator with the holistic view and understanding that RH, SE, and RP is an important part of the education of young people, and schools provide a safe context within which young people can learn about themselves and the wider world. One of my insights and reflection is that, as an educator, I cannot give what I do not have.

If my knowledge, perception and understanding of the topics involved in this study, how can I be competent and capable enough to handle concerns, queries and manager students who is under my care? Different changes were evolving during the adolescent stage. In this trying times and the development of different lines of communication and technology, it is more crucial that bits of information can be downloaded and accessed by students who will be on their own since most of their parents are working abroad. As second parents of these young people, their guardians and parents are expecting a lot to us educators who will be forming their children holistically.

Again, I am one with our respondents. Their experiences were seemingly similar and quite relatable. Their concerns, challenges and presuppositions were almost similar to what is inside of me, to what is my content and level of knowledge. Evident in this study and in some related literatures show that young people find it difficult to talk to their parents, teachers and even some classmates about sex, relationships, gender and reproductive health among others.

This makes access to RH, SE and RP in Catholic schools all the more important.

The research shows clearly that there is widespread support and active involvement from teachers, parents and staff of our respondent schools. This, when considered along with the strong message from the teaching, non-teaching and parents interviewed that RH, SE and RP should be provided in schools, points to the positive context within which it can be delivered.

While reflecting the complexity of school life at a time of great changes, it shows the immense commitment of teachers and principals to the welfare of the young people in their care. It is noteworthy that the educators in our respondent schools were very positive about the helpfulness of some programs initiated by their administrators to support the teaching of RH, SE and RP. One of the existing and immense support of PCPD is the publication of the book, POPDEVED Population and Development Education Module.

In one of my homeroom and guidance session with my moderating class, I used and infused some of the learning plans of the module. On my end, I have observed that it is evident that more proactive programs like seminars and fora, learning plans, modules and classroom activities and strategies for teachers and educators are needed to secure the full and appropriate RH, SE and RP education to students.

This exploratory study is timely and its recommendations are focused and clear. The evidence it provides will be invaluable in our ongoing work and mission to ensure that students in our schools have access to the appropriate RH, SE, relationships and sexuality education that meet their needs.

In this regard, I extend particular thanks to Fr. Albert Alejo, SJ, PCPD, my supportive colleagues in the research team headed by Ms. Liezl D.S. Camacho, teachers, and parents of students who participated in this research.

Muchisimas gracias for this wonderful learning experience!

Aurora G. Concepcion (Research Assistant)

As part of the research team I believe that sexuality education and reproductive health are crucial and sensitive issues because I was brought up in a very conservative Catholic and Muslim environment. My preconceived notion as a woman is that I see reproductive health as the promotion of the use of contraceptives and I see it as anti-women because not all men are willing to undergo procedures the way women do and most of the contraceptives are for women.

In addition, I consider women to be on the losing end because they carry the burden of unwanted pregnancy, abortion and teenage marriage which some of my college students have experienced. It came to a point wherein I asked myself if the religious education subject we teach is still applicable and effective or maybe the subject is already late because most of the young people did it already in their earlier age.

In the process of the data gathering, I was given the chance to ask questions and listen to the stories of parents and teachers like me. I discovered so many gaps in the issue of sexuality education and reproductive health. I found out that not all teachers are aware of the issue and not all parents know how to handle

questions being raised by their children. I was even brought back to the experience wherein I was asked by my son who was 5 year old then “*Mamay paano ako napasok sa tiyan mo*”? “*Saan ako lumabas*”? and many other questions which I fail to answer immediately because I was not prepared to do so.

In an important note I believe if parents and teachers like me are not ready to answer sexuality education questions, where will our kids and students get the information? With the booming multi-media materials and source, with the technology that we have...our children might get the wrong materials which may lead them to do what we don't expect them to do.

Rosalyn R. Echem (Researcher)

Being born Catholic, I was exposed to the teachings and doctrine of the Church, and for a long period of time I was religious. I have a strong belief that Catholic schools represent the face of the Church. This perception changed when I participated in this research. The relative average of awareness, knowledge and practices of Catholic schools on the Catholic teachings is a significant revelation of a complacent Church and blind obedient parishioners.

I have seen the ambivalence of the respondents between being a good Catholic and being an effective teacher. This attitude poses danger when a teacher has low knowledge of the subject matter like reproductive health and sexuality. A confused teacher or parent of his or her own sexuality will lead to confused students or children.

The findings of the study assent with previous family planning studies that most Catholics

are using modern contraceptives, despite the strong stand of the Church against artificial methods of contraception. The strong need for capacity building among the Catholic schools regarding reproductive health and sexuality is a strong expression to be relevant to the needs of time. The Church and religiosity appear to be non-preventive or protective factors for the Catholics in their moral decisions.

Liezl L. De Sosa-Camacho (Researcher)

I see sex as food. One thing that I find interesting in the socio-cultural environment of the Philippines is the obsession over two things: food and sex. Yet, so often, if not all the time, the two are not given the same treatment. Discussing sex still remains a taboo. But indulgence in food is to be taken as appreciating a bountiful blessing. Now I contextualize these thoughts into why sexuality education among the youth is important as to warrant substantial investment to even explore the views of teachers, staff and parents of students of Catholic high schools.

Sex, like food, is an essential part of every human being. Like food, it ensures the survival of our species. But I like to stress that sex is definitely way beyond the confines of the genitalia, much like eating is not just about the act of chewing and swallowing food. As an important dimension of every living person, sex in the human world is bounded by a set of rules – some are liberal, while others are highly restrictive.

Whatever these rules are, my thoughts, while engaging into this project, have been towards a strong sense of hope for sexuality education in Catholic schools – to be in touch with the realities of the youth RH and sexuality. That

sexuality education in Catholic schools is treated in a way that whatever and however one decides to act upon his or her own sexuality is a product of one's informed moral decision – one that encompasses knowing the consequences of one's actions and taking responsibility for those consequences.

To me, some of the findings of this study call for broadening the moral discussion of sexuality in Catholic schools. This should be encouraging. This means that we are looking at doors opening to raising the discussion on sexuality to a more substantive level – more than just saying that fornication is a mortal sin.

If chastity is a core value in Catholic sexuality education, then I surmise that we have an open invitation to look at the more serious moral implications of irresponsible sex – like teenagers bearing children when they are not ready to be parents, or having too many children and not being able to provide for them resulting to very serious repercussions in so many aspects.

In the context of knowledge, views and practices on STDs and HIV/AIDS as part of sexuality education and reproductive health, a significant percentage of our respondents believe that people with HIV/AIDS deserve condemnation. Let this be an invitation to our larger community to reflect upon how we perceive people with STDs versus people with diseases as a result of eating. STDs, like most forms of diseases, can be contracted accidentally or irresponsibly.

Let me go back to my introductory premise as sex likened to food. If I see sex as food, it means that our praxis surrounding both requires discipline. Discipline on food is quite a rarity to hear about in a food-centered Filipino culture. But once again, sex, like food, deserves the same kind of respect if we look at it as an essential element

of our overall health. The lack of responsibility in the exercise of our sexuality, like bad eating habits, makes us sick. And when we get sick, we affect our relationship not just with our own selves but also with the people around us.

In a society that has a penchant to cast a stone on a perceived sex-related sinner, I reflect upon those 10 years of my life getting basic education in a Catholic school. From the basic concepts of nutrition, I have learned to take care of my body in the aspect of food, much as I have learned to take care of myself by appreciating the basic concepts in reproductive health and human sexuality.

My personal view on sexuality education is not one that grounds itself on the prevailing, often stubborn, “moralistic” societal norms. But if someone insists such, to a point imposing, I must say that it is from a Catholic school that I have learned to see sex as food. I have learned that in a Catholic Christian teaching, there is a concept called capital sin. And as a form of defiance against the Supreme Being, lust and gluttony belong to the same category of sin – neither one is graver than the other.

Charissa Mae R. Ibanez (Research Assistant)

Discussions at dinnertime: opposing views about RH bill among family members and friends... character assassination on the proponents of the bill...division among religious and secular orders...these were common observations when the issue of the crafting of the RH Bill surfaced.

As a Catholic, I am aware that the Church upholds life and its propagation. But as an eldest of seven children, I have experienced struggles with the Church’s doctrines. When I was about 8 years old, already attending to the needs of

my younger siblings, I felt a sense of frustration, because I had to sacrifice play-time or even material need for my family. There were silent questions in my mind, or even unexpressed complaints about life. I felt back then that life was already unfair. The hardship, however, did not stop me from dreaming, and somehow, at this point in my life, I know, if it were not for those not so sunny days in my life, I would not be where I am now.

Still, I could not claim that all children of big families have found success or a better life. So, where does this led me? As I was growing up, I have more questions than answers, even up to this point.

Some of these questions are: “Do parents know their responsibilities?” “Do children know their rights?” “Are the Church leaders aware of the real struggle that each household experiences financially or spiritually?” “Who can help each family in their struggle to support life or to provide the basic needs of the family?” “Are the Catholics practicing artificial family planning sinful in the eyes of men and God?” “How many families or people share my own stories or ask similar questions?”

When I was asked to join the team to do this research, I felt very excited. I was looking forward to listening to the stories of people. I did not expect that my stories and questions and even feelings were shared by many others who I do not really know and who differ in gender and age. The experience I had being part of the research team was far richer than what I had hoped for.

As a secondary school science teacher, what I had experienced in class and struggled with in dealing adolescent students turned out to be shared, too, by colleagues in other parts of Mindanao. The struggle of teaching the discipline and the inclusion of values and

morality of masturbation and premarital sex were common. As teachers, we share the same question. Where do we stop delivering the discipline and begin caring or forming our students? When will the schools' administration start caring for us teachers and listen to our struggles and give us support?

And listening to the concerns and difficulties of LGBT teachers in handling this issue was humbling. The experience in this research was overwhelming and truly humbling.

As a Catholic, I deeply believe that the ministers of the Church should really find time to listen to the people. Perhaps the ministers could minimize highlighting some actions or decisions as sinful.

As a teacher, proper training on the discipline, formation and support from the administration will be very helpful.

As an individual, I have moral and social obligations to assist in the education and formation of my family members and most especially to youths I come in contact with.

I am deeply grateful to Paring Bert for this opportunity and trust, and I would also like to thank my teammates for the lessons and insights you have shared with me and taught me more than what is in the book.

Fr. Albert E. Alejo, SJ (Project Team Leader)

What can I say? First of all, I cannot believe we pulled this off, despite the earlier warning that we could probably not get enough respondent Catholic schools that would be willing to participate in this kind of research. But I was very glad when we even got the endorsement of the CEAP leadership! I appreciate the trust given to us by the Philippine Center for Population and

Development. I must also salute the gentle and competent inspiration of Archbishop Antonio Ledesma, SJ, as he patiently bridge the gap between Institutional Church moral guidance, social and scientific search for a viable alternative to popular contraceptive techniques as well as groundedness on grassroots experience of ordinary people.

I am also profoundly touched by the dedication of our research team, who did the task with professionalism, fun, and, towards the end, with personal self-transformation. In what follows, I would like to offer some personal synthesis and recommendations based on our survey, analysis, and consultation.

While the State and the Church are still debating on the residual aspects of reproductive health, our research signals that neither of them actually winning in the task of sufficiently informing the public about their own teachings, nor in effectively influencing their decision making. "Listening to our Teachers" direct us to some possible directions for reform. And the following recommendations, culled from our reflection and analysis of our data, may be considered seriously by those who have the burden---and the joy---of enhancing the wellbeing of their students and their families.

Recommendations: From Technical Information to Total Formation

Capture the moment! Now is the time to respond to the expressed needs and interest of teachers and parents. If there is one consensus among the teachers and parents, it is their willingness and interest to be better informed on reproductive health and to be better trained to teach sexuality education.

Objectively speaking, they need these trainings. A good number of them have confused notions of the biological dynamics of reproduction and of the ethics of sexuality. A significant number of teachers and parents have not attended Catholic schools, and some parents have reached only secondary education. This is a very clear indication that schools have the duty to educate their teachers and the parents of their students, and that a more sympathetic program will be welcomed by them.

Do not neglect non-teaching staff. This recommendation applies to the staff, some of whom are also parents. The non-teaching professionals and non-professionals in Catholic high schools represent a significant segment in the institutions' workforce. Even if they do not directly deal with the students in a conventional classroom setting, the knowledge, skills and attitude that they may gain in a comprehensive training program translates to enhancing their capacity to take care of themselves in the light of their own reproductive health. For some students, the non-teaching staff may actually be seen to be more approachable when consulting on sexuality and reproductive health matters. Training can provide an avenue for them to learn to be more confident and adequate in responding to students as they interact with them on a day-to-day basis.

Be clear on Church teachings while continuing the dialogue, debate and discernment with State agencies. There are still many questions on the actual implementation of the RH Law. It is wise to continue to engage other sectors of society, with both conviction and a more listening attitude. This is not just to avoid legal actions. It is also in respect of the current trend of having mixed gender orientations, religious, educational and

cultural backgrounds of our recruited faculty and staff. It is sad that while debates are very hot in the media and some public forums, the more basic teachings of the Church on sexuality in general and reproductive health in particular are not taught among the very teachers and parents who need them most in their everyday dealings with students and youth.

Approach adolescent reproductive health and sexuality in a realistic manner that promotes the well-being of the adolescent person without straying from the Catholic Church teachings. In the context of instituting policies, schools cannot be blind to current trends in ARH and sexuality. Amidst challenges in the youths' changing behavior and perceptions on sexuality, a review of existing policy may require a more listening attitude in addressing ARH issues. Our interviews reveal that some schools have already replaced old policies with those that are believed to be more helpful to the individual in the long term. It is fortunate that at this point, many studies from various disciplines are emerging. We need to learn from each one of them and allow them, with discerning eyes of course, to be more understanding of the young as they go through this exciting, enriching, and also risk-laden moment of their lives.

Ensure a more holistic policy related to sexuality education. The nature of Catholic sexuality education embraces a human person in a holistic fashion. Results of the survey indicate a significant number of respondents who are ambivalent of their views on gender roles. Thus, an advocacy for a more integrated policy means openness to incorporate other concepts such as gender sensitivity in designing programs for teachers, staff and parents. According to our study, many teachers and parents believe that sexuality education may

have to be taught as a separate subject, but it is most important that some aspects of it be integrated in all subjects. This requires that teachers may have to be trained to touch on the topic with sensitivity to how sexuality is also discussed elsewhere. If sexuality education is placed in biology or natural science, the teacher must not dismiss its spiritual and even doctrinal angle. A religion teacher need not evade the issue of mentioning the reproductive organs even in the vernacular when the opportunity to discuss sexuality already pops up during discussion on the sacraments. Social science teachers contribute a lot by revealing population statistics and other poverty issues, but without forgetting the cultural and spiritual values Filipino Catholics attach to children. And while social statistics may have to be learned even by science and religion teachers, they will have to be trained not confuse social trends with matters of conscience.

Integrate sexuality and spirituality. As Catholic sexuality education involves not just the biological but also the psychological, moral, social and spiritual dimensions of being human, there is a need for instructional and educational illustrations to be equally holistic. For example, diagrams of the reproductive organs must at some point also include the brain and perhaps images of other external influences like media or conscience. But more importantly, sexuality has to be connected practically and mystically to spirituality. Perhaps an important action point would be to offer not just sex education seminars to teachers, but “sexuality retreats” to the faculty, staff, and parents. Many retreats in the course of the years of service of the Catholic school faculty dwell on particular themes, such as eco-spirituality, family life, social awareness, prayer, developmental

stages, art and liturgy, among others. A “Sexuality and Spirituality Retreat” every couple of years would be a welcome option in the list of possible growth sessions.

Use of case studies for discussion and reflection. According to the level of the students’ developmental growth, they may have to be exposed to the case study method of teaching in making moral decisions. This may be especially appropriate to higher years. Teachers may then have to be equipped to handle these case studies. Our experience in focused discussions during the research reveals that telling stories allows people to process their own thoughts and learn from other people.

Make sure that seminarians and the religious get sufficient training in sexuality education. Eventually, the priests and sisters will be running schools and will therefore influence teachers and staff, as well deal with parents. They themselves must be well equipped to handle questions and be competent and confident guides, having gone through a deepened reflection on their own sexuality issues within and among themselves. They also need to be updated on the recent scientific, social and even legal aspects on integrating sexuality in their education ministry, not only to avoid future hurts and even scandals, but more importantly, to enhance the general well-being and spiritual growth of their constituencies.

Be sensitive to dynamics of local and formal languages. Especially during our FGDs, but also indicated in our survey, language plays an important role in sexuality education. In many cases, teachers may not be comfortable in using local terminologies for body parts. Resorting only to English terms, however, might not really be very

effective. Teachers and parents may have to be trained in being at home with the vernacular and contemporary “lingo” of the youth, and go beyond the initial unease in using the vocabularies of the region and of the age bracket of the students they are handling. The occasional “fun” in the process may actually be a way of opening the students to the “more serious” points of reflection.

Take advantage of technology. Students are abreast with technology. While this can be a posing challenge to a technophobic teacher as revealed in the FGDs and interviews, the same students are abreast with technology. While this can be a posing challenge to a technophobic teacher as revealed in the FGDs and interviews, the same technological tools that students use can serve as powerful instruments to deliver effective sexuality education.

Further research directions. In the course of our study, the limitations of our scope and the skipping of some questions became obvious to us. We could, for example, have asked more explicitly on the teachers and parents knowledge of the contents of the RH Law, but we failed to do so. Somebody else may want to pursue this angle. We could have also given more chance to draw out what questions teachers and parents find difficult to answer or feel awkward discussing with the young.

We can only propose now that we start our future seminars with questions like, “*Can you remember a question from your student or your teenage child that made you blush?*” If we were to pursue this project, we would also like to touch on the teachers’ awareness of sexual abuses experienced by their students, and probably link them with other social-sexual issues like human trafficking, gender discrimination, HIV-AIDS, parental separation, drug addiction, and even stress. We know that there have been many youth and media studies. But we still need a thorough content and semiotic analysis of the popular youth magazines, internet logs and web sites, many of which have sections on so-called “practical” advise on dating, enhancing sex life, trying new behavior, not to mention clicks that lead to pornographic hubs. In a very real sense, these powerful text and visual sites serve as the most available, easy-to-consult sexuality education manuals for many of the youths of today. And how is the “correct” sexuality education faring in comparison with these new classrooms? We would also like to expand our interests to include people’s changing views on physical exercise and diet, sports, mountain climbing, yoga, and virtual relationships, and see if we can then somehow allow these sexuality-related energies to flow into prayerful fun, respect for difference, environmental harmony, and, as Archbishop Villegas remind us, even love of country.

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APPENDIX A: CEAP's LETTER OF ENDORSEMENT



CATHOLIC EDUCATIONAL ASSOCIATION OF THE PHILIPPINES

7 August 2013

Fr. Albert E. Alejo, SJ
Research Team Leader
Social Development Office,
Ateneo de Zamboanga University
Zamboanga City

Dear Fr. Alejo:

Greetings!

We have read the concept paper of your study titled: **"LISTENING TO OUR TEACHERS": An Exploratory Study of the Views, Attitudes and Practices of Faculty, Staff, and Parents of Students of Catholic High Schools Regarding Reproductive Health, Responsible Parenthood and Sexuality Education.** Our office highly commends that you pursue this novel project.

As a response to Cardinal Tagle's call for "a more listening Church", we believe that this initiative contributes to a shared mission as we seek to have a better understanding of what we can do to address some of the issues that surround the reproductive health law and sexuality education.

CEAP leadership is confident that the members, particularly those that you seek to invite as respondent schools, will lend support to such an initiative toward a more "listening Church". The insights that may emerge from this research may be useful in crafting future policies and programs. In this expression of support, CEAP prays for the success of this project in enriching our dialogue on the mutual link between school and society.

Towards a more listening ministry,

A handwritten signature in dark ink, appearing to read 'Gregorio L. Bañaga Jr.', is placed above the printed name.

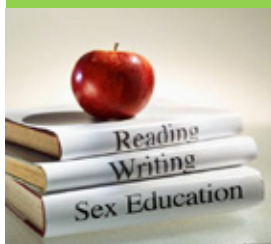
Fr. Gregorio L. Bañaga Jr., CM
President
Catholic Educational Association of the Philippines
Quezon City

APPENDIX B: SURVEY FORM



“The sufferings of people and the difficult questions they ask are an invitation to be first in solidarity with them, not to pretend we have all the solutions...(The people) can resonate and see the concrete face of God in a Church that can be silent with them, as confused as they are.”

--- Cardinal Luisito “Chito” Tagle



Dear Respondent,

Paz!

Thank you for responding to our invitation to what Cardinal Tagle calls a “listening Church”. *Responsible parenthood, sexuality education and reproductive health* have been subjects of interest, and this undertaking seeks to make a *modest contribution* to this call to a more listening ministry. In this regard, we seek to listen to you as you share your views, attitudes and practices on these subjects through this survey. We would like to request from you to answer the following questions as honestly as possible. We respect your need to maintain anonymity as a respondent, and we assure you that all answers shall be kept confidentially. To ensure the validity of your responses, please answer as honestly as possible. Kindly follow the guidelines below when accomplishing this form.

GUIDELINES IN ANSWERING THE SURVEY FORM:

1. Do not leave any applicable item unanswered.
2. This is not an I.Q. test. Please do not research for information nor check any related materials to answer items that ask for awareness and knowledge about certain concepts.
3. The knowledge, perceptions and practices asked in this survey should reflect yours alone. Please do not solicit for suggestions from any other person.
4. Please return accomplished form to the coordinator of your school on or before _____. (Coordinator:_____)

The Research Team



An Exploratory Study of the Views, Attitudes and Practices of Faculty, Staff and Parents of Students of Catholic High Schools on Reproductive Health, Responsible Parenthood and Sexuality Education

LISTENING TO OUR TEACHERS AND PARENTS

RESPONDENT IDENTIFICATION RECORD

☐ Parent ☐ Teacher ☐ Staff

Please answer the items in this questionnaire as honestly as you can. For items with numbers or letter codes, tick/ check the appropriate box or circle the code. Rest assured that all information shall be treated with utmost confidentiality.

About You

(R1) Region

[1] 9 [2] 10 [3] 11 [4] 12

(R2) Province

[] _____

(R3) City/Municipality

[] _____

(R4) Stratum

[1] Urban

[2] Rural

(R5) Type of School Ownership

[1] Religious women

[2] Religious Men

[3] Diocesan

[4] Religious Lay

(R6) Sex

[1] Male

[2] Female

(R6.1) Sexual Orientation

[1] straight male

[2] straight female

[3] Bisexual

[4] Gay

[5] Lesbian

[6] Transsexual

(R7) Civil Status

[1] Single

[2] Married (church)

[3] Married (civil)

[4] Married (sharia)

[5] Separated

[6] Living-in

[7] Annulled/divorced

[8] Widow/er

(R8) Total Number of Children _____

(R9) Boys _____ (R10) Girls _____

(R11) Religion

[1] Catholic

[2] Islam

[3] Non-Catholic Christian

[4] Others _____

(R12) Type of Work

[1] Teaching :

(12.1) Year Level _____

(12.2) Subject _____

[2] Non teaching:

(12.3) Position _____

12.4) ☐ Religious

12.5) ☐ Lay/ Non-Religious

(R13) Length of Service _____

(R14) Educational Attainment

[1] Elementary level

[2] Elementary graduate

[3] High school level

[4] High school graduate

[5] College level

[6] College graduate

[7] Graduate level

School Graduated from/

(R15) Last Attended

A.

[1] Private (Proceed to item B)

[2] Public

B.

[3] Catholic

[4] Non-Catholic

(R16) Please check as many trainings you have attended on the following:

[1] Adolescent RH

[2] RH

[3] Family Planning

[4] Gender and Sexuality

[] Others _____

Awareness, Knowledge, Attitude and Practice towards Reproductive Health

Let us talk about the development of a person from childhood to adolescence.

(AD1). What physical changes happen to a boy during transition from childhood to adolescence? (Tick as many.)

- [1] a) Body growth (growing taller, shoulder getting wider)
- [2] b) Growth of hair in underarms and around the pubic area
- [3] c) Penile discharge
- [4] d) Skin becoming more oily, pimples may develop
- [5] e) Change of voice
- [6] f) Enlargement of the Adam's apple
- [7] g) Enlargement of the scrotum
- [8] h) Others specify_____

(AD2). What physical changes happen to a girl during transition from childhood to an adolescence? (Tick as many)

- [1] a) Body growth (growing taller, shoulder getting wider)
- [2] b) Growth of hair in underarms and around in the pubic areas
- [3] c) Vaginal discharge
- [4] d) Skin becoming more oily, pimples may develop
- [5] e) Development of breast
- [6] f) Onset of menstrual period
- [7] h) Others specify_____

(AD3). What problems does a person face during transition from childhood to puberty? (Tick as many)

- [1] a) No problem
- [2] b) Abdominal cramps
- [3] c) Nocturnal emission
- [4] d) Feeling fatigue/tired
- [5] e) Eating too much
- [6] f) Sadness/ depressed
- [7] g) Irritability/ anger
- [8] h) Cannot concentrate on work/study
- [9] i) timidity/ shyness
- [95] j) I don't know
- [10] k) others specify_____

(AD4). Do you know the meaning of reproductive health?

- [1] 1) Yes
- [2] 2) No (If no, skip to item 6).

(AD5). What is the meaning of reproductive health? (Tick as many)

- [1] a) Complete state of complete physical, mental and social well-being
- [2] b) Absence of infirmity/illness
- [3] c) Addresses human sexuality and reproductive processes
- [4] d) Responsible sex life
- [5] e) The right of couples and individuals to decide freely and responsibly the number and spacing of children
- [6] f) The right to have information and access on family planning
- [7] g) The right to make decisions free of discrimination, coercion or violence.



(AD6). During a woman's menstrual cycle, are there days when she is more likely to become pregnant if she has sexual intercourse?

- [1] 1. Yes
- [2] 2. No
- [3] 3. Do not know

(AD7). Can a woman become pregnant the first time she has sexual intercourse?

- [1] 1. Yes
- [2] 2. No
- [3] 3. Do not know

(FPB). Please give your opinion about family planning and contraception. Just check your answer.

(FP). The following are about Family Planning. Please check whether you strongly agree, agree, strongly disagree or disagree on the following statements.

(fp1). Tubal ligation is the most efficient way to prevent unwanted pregnancies.

- [1] Strongly Agree [2] Agree
[3] Strongly Disagree [4] Disagree

(fp2). Vasectomy is the best method to prevent unwanted pregnancies.

- [1] Strongly Agree [2] Agree
[3] Strongly Disagree [4] Disagree

(fp3). Contraception enables women to control the size of their family.

- [1] Strongly Agree [2] Agree
[3] Strongly Disagree [4] Disagree

(fp4). Unwanted pregnancies can be prevented by using natural contraceptives.

- [1] Strongly Agree [2] Agree
[3] Strongly Disagree [4] Disagree

(fp5). Family-planning clinics must be easily accessible to everybody.

- [1] Strongly Agree [2] Agree
[3] Strongly Disagree [4] Disagree

(fp6). Parents should be knowledgeable about methods of contraception both natural and artificial.

- [1] Strongly Agree [2] Agree
[3] Strongly Disagree [4] Disagree

(fp7). Religion has the right to oppose the use of artificial contraceptive as a family planning method.

- [1] Strongly Agree [2] Agree
[3] Strongly Disagree [4] Disagree

(fp8). Unwanted pregnancies can be prevented by using artificial contraceptives.

- [1] Strongly Agree [2] Agree
[3] Strongly Disagree [4] Disagree

(fp9). Every woman should have access to contraception.

- [1] Strongly Agree [2] Agree
[3] Strongly Disagree [4] Disagree

(fp10). The number of children in a family should be determined by legislation.

- [1] Strongly Agree [2] Agree
[3] Strongly Disagree [4] Disagree

(fp11). Abortion is morally acceptable in unwanted pregnancies.

- [1] Strongly Agree [2] Agree
[3] Strongly Disagree [4] Disagree

(fp12). Abortion is an alternative to contraception.

- [1] Strongly Agree [2] Agree
[3] Strongly Disagree [4] Disagree

(fp13). The decision to practice family planning is the responsibility of women only.

- [1] Strongly Agree [2] Agree
[3] Strongly Disagree [4] Disagree

(fp14). Responsible parents must seek help from family-planning clinics.

- [1] Strongly Agree [2] Agree
[3] Strongly Disagree [4] Disagree

(fp15). Only well-trained staff should be employed in family planning clinics.

- [1] Strongly Agree [2] Agree
[3] Strongly Disagree [4] Disagree

9. Which of the Family Planning Methods are you aware and knowledgeable about? Please rate yourself from 1-5 where 5 refers to highest rate for awareness and knowledge and 1 as the lowest.

Which of these Family Planning Methods are approved and promoted by the Catholic Church? Which of these methods are approved but not promoted by the Catholic Church? Please check your answers.

(fpc1) Family Planning Methods

(p1). Pill

(p.1.1) Awareness [1] [2] [3] [4] [5]

(p.1.2) Knowledge [1] [2] [3] [4] [5]

(p.1.3)

[1] Approved and Promoted

[2] Approved not Promoted

[3] Not Approved

(c2). Condom

(c2.1) Awareness [1] [2] [3] [4] [5]

(c.2.2) Knowledge [1] [2] [3] [4] [5]

(c.2.3)

[1] Approved and Promoted

[2] Approved not Promoted

[3] Not Approved



(s3)c. Female/male sterilization

(s3.1) Awareness [1] [2] [3] [4] [5]

(s3.2) Knowledge [1] [2] [3] [4] [5]

(s3.3)

[1] Approved and Promoted

[2] Approved not Promoted

[3] Not Approved

(d4). Injectables

(d4.1) Awareness [1] [2] [3] [4] [5]

(d.4.2) Knowledge [1] [2] [3] [4] [5]

(d4.3)

[1] Approved and Promoted

[2] Approved not Promoted

[3] Not Approved

(iu5). IUD/coil

(iu5.1) Awareness [1] [2] [3] [4] [5]

(iu5.2) Knowledge [1] [2] [3] [4] [5]

(iu5.3)

[1] Approved and Promoted

[2] Approved not Promoted

[3] Not Approved

(e6) f. Emergency contraception

(e.6.1) Awareness [1] [2] [3] [4] [5]

(e.6.2) Knowledge [1] [2] [3] [4] [5]

(e.6.3)

[1] Approved and Promoted

[2] Approved not Promoted

[3] Not Approved

(tc7) i. Traditional contraception

(tc7.1) Awareness [1] [2] [3] [4] [5]

(tc.7.2) Knowledge [1] [2] [3] [4] [5]

(tc7.3)

[1] Approved and Promoted

[2] Approved not Promoted

[3] Not Approved

(w8) j. Withdrawal

(w8.1) Awareness [1] [2] [3] [4] [5]

(w8.2) Knowledge [1] [2] [3] [4] [5]

(w8.3)

[1] Approved and Promoted

[2] Approved not Promoted

[3] Not Approved

(lag) l. Lactational amenorrhea method

(lag.1) Awareness [1] [2] [3] [4] [5]

(lag.2) Knowledge [1] [2] [3] [4] [5]

(lag.3)

[1] Approved and Promoted

[2] Approved not Promoted

[3] Not Approved

23. The following are statements about sex roles, marriage, cohabitation and divorce/remarriage. Please indicate if you strongly agree (SA), agree (A), disagree (D) or strongly disagree (SD) by checking the appropriate column.

(gi)GENDER ISSUES

1.a. It is better for everyone if the man is the breadwinner and the woman takes care of the home and family.

- [1] Strongly Agree [2] Agree
[3] Strongly Disagree [4] Disagree

2.b. If a husband and wife both work full-time, they should share household tasks equally.

- [1] Strongly Agree [2] Agree
[3] Strongly Disagree [4] Disagree

3.c. It is a wife's duty to have sexual intercourse with her husband whenever he wants it.

- [1] Strongly Agree [2] Agree
[3] Strongly Disagree [4] Disagree

4.d. A woman's life will not be complete if she will not bear children.

- [1] Strongly Agree [2] Agree
[3] Strongly Disagree [4] Disagree

5.e. A man's life will not be complete if he will not have children.

- [1] Strongly Agree [2] Agree
[3] Strongly Disagree [4] Disagree

6. f. The husband should always be the head of the family and has the final say in decision making.

- [1] Strongly Agree [2] Agree
[3] Strongly Disagree [4] Disagree

7.g. A wife cannot initiate sex with her husband.

- [1] Strongly Agree [2] Agree
[3] Strongly Disagree [4] Disagree

8.h. Women are natural child care provider; therefore, it is their responsibility to nurture their children.

- [1] Strongly Agree [2] Agree
[3] Strongly Disagree [4] Disagree

(mc) MARRIAGE & COHABITATION

1a. It is alright for unmarried people to live together as couples even if they have no plans to marry.

- [1] Strongly Agree [2] Agree
[3] Strongly Disagree [4] Disagree

2b. It is alright for a woman to get pregnant even if she is not married to the father of the child.

- [1] Strongly Agree [2] Agree
[3] Strongly Disagree [4] Disagree

3c. In general, married couples are happier than live-in couples.

- [1] Strongly Agree [2] Agree
[3] Strongly Disagree [4] Disagree

4d. In general, married people are happier than unmarried ones.

- [1] Strongly Agree [2] Agree
[3] Strongly Disagree [4] Disagree

(dm)DIVORCE & REMARRIAGE

1a. A couple with an unhappy marriage should separate.

- [1] Strongly Agree [2] Agree
[3] Strongly Disagree [4] Disagree

2b. It is alright for a separated/divorced person to remarry.

- [1] Strongly Agree [2] Agree
[3] Strongly Disagree [4] Disagree

3c. If a bill to legalize divorce in the Philippines for Non-Muslims is submitted in Congress, would you support the bill?

- [1] Strongly Agree [2] Agree
[3] Strongly Disagree [4] Disagree

(sb)SEXUAL BEHAVIOR

1. At what age did you become aware of sex? _____

2. From whom did you first hear about sex?

- [] (a) mother
[] (b) father
[] (c) brother/sister
[] (d) male friends
[] (e) female friends
[] (f) boyfriend/girlfriend
[] (g) grandparents
[] (h) other (pls specify) _____

3. In your opinion, at what age do boys become sexually active? _____

4. In your opinion, at what age do girls become sexually active? _____

5. With whom do you **most prefer** to discuss sexual matters? Check all possible answers.

- [] 1. None [] 6. Parents
[] 2. Friends [] 7. wife/husband
[] 3. Relatives (aunt, uncle)
[] 4. Boyfriend/girlfriend
[] 5. Authorities (Teacher, Counselor, Nurse, Doctor, etc)

IV6. Do you think the following statements are true or false?

6.1 A person who has HIV is different from a person who is ill with AIDS

- [1] True [2] False

6.2 It is easier for a woman to contract the HIV virus than for a man during vaginal sex

- [1] True [2] False

6.3 Pulling out the penis before a man climaxes keeps a woman from getting HIV during sex.

- [1] True [2] False

6.4 A woman cannot get HIV if she has sex during her period.

- [1] True [2] False

Do you think the following statements are true or false?

6.5 Taking a test for HIV one week after having sex will tell a person if she or he has HIV.

- [1] True [2] False

6.6 Pregnant woman with HIV can transmit the virus to her unborn baby.

- [1] True [2] False

6.7 If you intend to get married to someone, it is alright to have sex with him/her without a condom.

[1] True [2] False

6.8 People with the AIDS virus should be ashamed of themselves.

[1] True [2] False

(ss)7. What does "safe sex" mean to you? (Check all that responses.)

- [] 1. Abstaining from sex
 [] 2. Using condom
 [] 3. Avoiding multiple sex partners
 [] 4. Avoiding sex with prostitutes
 [] 5. Avoiding penetrative sexual intercourse
 [] 6. Avoiding anal sex
 [] 7. Don't know
 [] 8. Other (specify): _____

(st)8. Have you heard about STDs or STIs? [1] Yes [2] No [3] Don't Know

(st)9. If yes, which infections have you heard of / do you know about? (Check all that apply.)

- [] 9.1 HIV/AIDS
 [] 9.2 Gonorrhea
 [] 9.3 Syphilis
 [] 9.4 Chancroid
 [] 9.5 Chlamydia
 [] 9.6 Genital warts
 [] 9.7 Genital herpes
 [] 9.8 Hepatitis B
 [] 9.9 Vaginitis
 [] 9.10 Cervical cancer
 [] 9.11 HIV-AIDS
 [] 9.12 Don't know/don't remember
 [] 9.13 Other (specify): _____

(st)10. What signs or symptoms suggest that a person has STI? (Check all that apply)

- [] 10.1 Discharge from penis/vagina
 [] 10.2 Burning pain or itching in penis/vagina
 [] 10.3 Abnormal vaginal bleeding
 [] 10.4 Loss of weight
 [] 10.5 Sores or warts on penis/vagina
 [] 10.6 Painful urination
 [] 10.7 Swelling in groin region
 [] 10.8 Don't know/don't remember
 [] 10.9 Other (specify): _____

(st)11. What can a person do to avoid getting STDs? (Check all that apply)

- [] 11.1 Use of condom
 [] 11.2 Washing/douching
 [] 11.3 Avoiding having sex with casual partners
 [] 11.4 Abstinence
 [] 11.5 Avoiding having sex with commercial sex workers
 [] 11.6 Using herbs
 [] 11.7 Don't Know/don't remember
 [] 11.8 Other (specify): _____

(st)12. Please tell us whether you think that Sexually Transmitted Infections (including HIV/AIDS, Chlamydia, etc.) can be transmitted in the following ways:

- A. Through blood donation/transfusion.
 [] 1 Yes [] 2 No [] 3 Don't Know
 B. Using public toilets.
 [] 1 Yes [] 2 No [] 3 Don't Know
 C. Through kissing.
 [] 1 Yes [] 2 No [] 3 Don't Know
 D. Through unprotected sexual intercourse between a man and a woman.
 [] 1 Yes [] 2 No [] 3 Don't Know
 E. Through unprotected sexual intercourse between men.
 [] 1 Yes [] 2 No [] 3 Don't Know
 F. Having multiple sexual partners.
 [] 1 Yes [] 2 No [] 3 Don't Know

(rp)RESPONSIBLE PARENTHOOD

The following statements discuss about the roles and responsibilities of parents. Please share your opinion on this matter. Please check whether you strongly agree, agree, strongly disagree or disagree.

1. Planned parenthood includes the use of artificial contraceptives.
 [1] Strongly Agree [2] Agree
 [3] Strongly Disagree [4] Disagree
 2. Responsible parents are those who are using natural family-planning.
 [1] Strongly Agree [2] Agree
 [3] Strongly Disagree [4] Disagree

3. Only married couples ought to have children.

[1] Strongly Agree [2] Agree
 [3] Strongly Disagree [4] Disagree

4. Sexual activity outside marriage is the main reason for unwanted pregnancies.

[1] Strongly Agree [2] Agree
 [3] Strongly Disagree [4] Disagree

5. Children are primarily the responsibility of parents.

[1] Strongly Agree [2] Agree
 [3] Strongly Disagree [4] Disagree

6. Parents must be adequately prepared to meet the demands of parenthood.

[1] Strongly Agree [2] Agree
 [3] Strongly Disagree [4] Disagree

7. The financial status of parents must determine the number of children they could have.

[1] Strongly Agree [2] Agree
 [3] Strongly Disagree [4] Disagree

8. Natural contraception is essential in planning the number of children in a family.

[1] Strongly Agree [2] Agree
 [3] Strongly Disagree [4] Disagree

9. Artificial contraception is essential in planning the number of children in a family.

[1] Strongly Agree [2] Agree
 [3] Strongly Disagree [4] Disagree

10. The use of contraception whether natural or artificial is a prerequisite in family planning.

[1] Strongly Agree [2] Agree
 [3] Strongly Disagree [4] Disagree

11. Responsible parents seek help from school if they experience problems in raising their child(ren).

[1] Strongly Agree [2] Agree
 [3] Strongly Disagree [4] Disagree

12. Boys and girls should be informed about contraceptives.

[1] Strongly Agree [2] Agree
 [3] Strongly Disagree [4] Disagree

13. Parents must inform their children about the dangers of irresponsible sexual behavior.

[1] Strongly Agree [2] Agree
[3] Strongly Disagree [4] Disagree

14. Parents must encourage children to discuss sexual matters in an open and honest manner with knowledgeable adults.

[1] Strongly Agree [2] Agree
[3] Strongly Disagree [4] Disagree

15. Parents must inform children of the many pressures which can entice them to make bad choices related to sex.

[1] Strongly Agree [2] Agree
[3] Strongly Disagree [4] Disagree

16. How long have you been married/cohabiting and living with your spouse/partner? _____

17. Is there an ideal age for men to get married?

[1] Yes [2] No (Skip to item 19.)

18. If yes, at what age should men get married? _____

19. If you have a son, at what age do you think he should marry? _____

20. Is there an ideal age for women to get married?

[1] Yes [2] No (Skip to item 22.)

21. If yes, at what age should women get married? _____

22. If you have a daughter, at what age should she marry? _____

THE ROLES AND THE TEACHINGS OF THE CATHOLIC CHURCH (cca)

A. What is your opinion on the roles and the teachings of the Catholic Church? Please check the statement if it is true, false or you don't know.

1. The Church decreed that the principal educators of children are their parents.

[] True [] False [] Don't Know

2. The Church decreed that parents have rights and duty to educate their children.

[] True [] False [] Don't Know

3. The first sexual information to be given to a small child deals with pregnancy and the birth of a brother or sister.

[] True [] False [] Don't Know

4. Boys are discouraged from being aggressive.

[] True [] False [] Don't Know

5. Students of Catholic schools should be taught about reproductive health, sexuality education and responsible parenthood in the Catholic way.

[] True [] False [] Don't Know

6. Sexuality education and reproductive health will result to "sexual promiscuity" if not taught in the Catholic way.

[] True [] False [] Don't Know

7. Training for parents to educate their children on sexuality and reproductive health should be given by the Church.

[] True [] False [] Don't Know

B. Please share your opinion on the following statement whether you strongly agree, agree, strongly disagree or disagree. Just tick the box.(ccb)

1. Sexual acts outside of marriage are essentially sinful, regardless of intention or circumstance.

[1] Strongly Agree [2] Agree
[3] Strongly Disagree [4] Disagree

2. Marital relation is exclusive to man and woman.

[1] Strongly Agree [2] Agree
[3] Strongly Disagree [4] Disagree

3. Sexual pleasure like masturbation is morally disordered when sought for itself, isolated from its procreative and unitive purposes.

[1] Strongly Agree [2] Agree
[3] Strongly Disagree [4] Disagree

4. Human life must be respected and protected absolutely from the moment of conception.

[1] Strongly Agree [2] Agree
[3] Strongly Disagree [4] Disagree

5. Use of artificial contraception, including pills, barrier methods, and other forms, is always gravely immoral, even within marriage.

[1] Strongly Agree [2] Agree
[3] Strongly Disagree [4] Disagree

6. The regulation of births represents one of the aspects of responsible fatherhood and motherhood.

[1] Strongly Agree [2] Agree
[3] Strongly Disagree [4] Disagree

7. Periodic continence, based on self-observation and the use of infertile periods, is morally acceptable.

[1] Strongly Agree [2] Agree
[3] Strongly Disagree [4] Disagree

8. Parents are the first educators of their children in terms of sexuality and reproductive health.

[1] Strongly Agree [2] Agree
[3] Strongly Disagree [4] Disagree

9. Most parents are equipped to teach their children about reproductive health and sexuality.

[1] Strongly Agree [2] Agree
[3] Strongly Disagree [4] Disagree

10. Parents should have the authority to remove their children from any sexuality education program that does not correspond to their own principles.

[1] Strongly Agree [2] Agree
[3] Strongly Disagree [4] Disagree

11. Using all forms of contraceptives is part of responsible parenthood.

[1] Strongly Agree [2] Agree
[3] Strongly Disagree [4] Disagree

12. The role of teachers in sexuality education is supplementary to the responsibility of parents to educate their children.

[1] Strongly Agree [2] Agree
[3] Strongly Disagree [4] Disagree

13. Teachers are in authority than parents to teach children about sexuality and reproductive health.

[1] Strongly Agree [2] Agree
[3] Strongly Disagree [4] Disagree

G. PARENT/TEACHER-ADOLESCENT CHILD RELATIONSHIP

G.1) There are different types of families. in your opinion, to which category your family belongs. Check your answers.

[] Religious [] Not religious
[] Traditional [] Modern
[] Liberal [] Conservative
[] Peaceful [] Violent
[] Trustful [] Distrustful

[] Open
[] Closed Communication

[] Without problems
[] With problems

G.2 Did your students/adolescent children ever discuss with you their reproductive health concerns?

- [] 1 Yes [] 2 No (Skip to item 5.)
[] 3 I cannot remember

G.3. Did you seek medical/health assistance to address this concern?

- [] 1 Yes [] 2 No

G.4 From whom did you seek medical assistance ?

- [] 1 Doctor, nurse/midwife
[] 2 Traditional healer
[] 3 Barangay Health Worker
[] 4 Others

G.5 Would you say that there are adequate medical/health services to address adolescent reproductive health concerns in your locality?

- [] 1 Yes [] 2 No

G.6 Are you aware that there are medical practitioners specializing in adolescent health concerns?

- [] 1 Yes [] 2 No

G.7 Do you think there is a need to have medical practitioners specializing in adolescent health concerns?

- [] 1 Yes [] 2 No

G.8 Would you say that your adolescent children/ students have sufficient knowledge about their own reproductive health?

- [] 1 Yes [] 2 No

G. 9 What about you, would you say that you have sufficient knowledge about adolescent health?

- [] 1 very sufficient
[] 2 sufficient
[] 3 not sufficient
[] 4 no knowledge at all

G.10 Do you know if your adolescent children were taught sex education in school?

- [] 1 Yes [] 2 No

G.11 Did your adolescent children ever ask you about sex and related topics?

- [] 1 Yes [] 2 No [] 3 N/A

G.12 At what age did your MALE adolescent children first ask about sex and related topics?

_____ [] Not Applicable

G.13 At what age did your FEMALE adolescent children first ask about sex and related topics?

_____ [] Not Applicable

(se)SEXUALITY EDUCATION

1. Do you think you are well-informed about sexual and reproductive health?

- [] 1.1 Yes, well informed
[] 1.2 I know a little about this,
[] 1.3 I am not well informed

2.If you had a choice, would you like to learn about sexuality and reproduction from the following: (Please tick as many.)

- [] a) Your father
[] b) Your mother
[] c) Your brother
[] d) Your sister
[] e) Friends of the same sex
[] f) Friends of the opposite sex
[] g) School teachers
[] h) Imam/Religious leaders
[] i) Medical professionals

3. What kind of information about sexuality would you like to get from these sources? Check as many.

- [] 1) General information about sexuality
[] 2) Contraception
[] 3) Sexual positions/techniques
[] 4) STI HIV
[] 5) Self-image and Sexual Identify
[] 6. Sexual Health and Reproduction
[] 7. Sexuality and Intimacy
[] 8. Reproductive Health and Risks
[] 9. Others please specify _____

4. Have you ever discussed sex at home as you were growing up?

- [] 1 Yes [] 2 No

5. Do you approve of...

5.1 Women having sex before marriage?
[] Yes [] No [] It Depends

5.2 Men having sex before marriage?
[] Yes [] No [] It Depends

6. What is your opinion about chastity? Please check your answer.

a . Nowadays, is it important for a woman to be a virgin?

- [] Yes, very important
[] Yes, somewhat important
[] No, not important

b . Do you think most men nowadays still consider virginity of a woman important in the choice of a wife?

- [] Yes, very important
[] Yes, somewhat important
[] No, not important

c. How about you, how important is virginity in the choice of your spouse?

- [] Yes, very important
[] Yes, somewhat important
[] No, not important

7. Do you think the following will accept a young unmarried mother? Please encircle your answer.

Society, in general

- [] 1 Yes [] 2 No

People in neighborhood

- [] 1 Yes [] 2 No

Your family

- [] 1 Yes [] 2 No

Your female friends

- [] 1 Yes [] 2 No

Your male friends

- [] 1 Yes [] 2 No



(ro)8. The Reproductive Organs

Match the functions of the organs. Letter Only.

(ro8)A. Functions

- ___1. Organ where sperms are produced
- ___2. Tubes that carry sperms from where they are produced to the outside of the body.
- ___3. Pouch outside the body that holds the testes
- ___4. Tubules that act as a nursery for sperm
- ___5. Organ through which sperms leave the body
- ___6. Organ where eggs are produced.
- ___7. Tubes that carry eggs to the uterus.
- ___8. Hollow organ where a fetus develops.
- ___9. Muscle at the base of the uterus.
- ___10. Birth canal.

(ro)9. A quick look at the human reproductive anatomy...

Instruction: Label each part according to the given choices. Write letter your answer adjacent to the arrow.

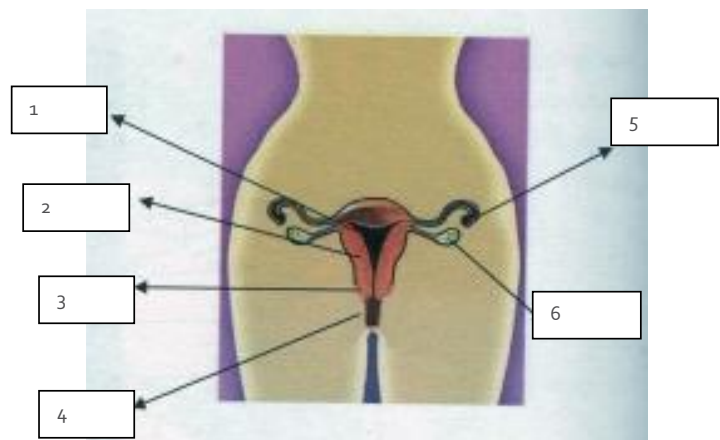
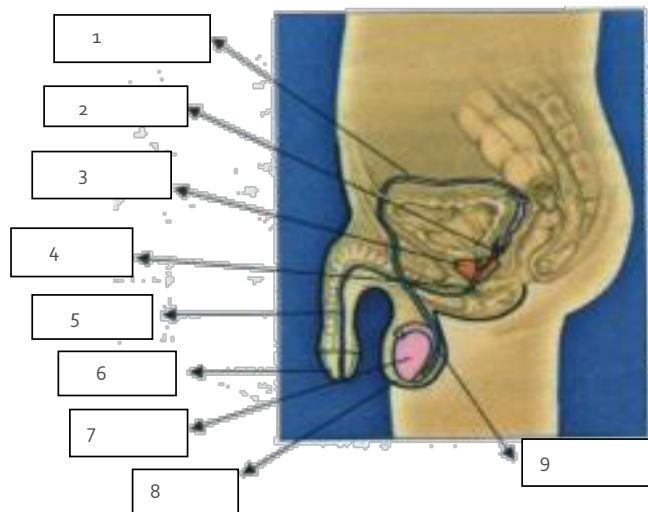
- | | |
|-------------------|--------------------|
| a) Vans deferens | f) Epididymis |
| b) Scrotum | i) Urethra |
| c) Penis | j) Testicles |
| d) Prostate Gland | k) Seminal Vesicle |
| e) Cowpers Gland | |

(ro)10. Instruction: Label each part according to the given choices. Write the letter of your answer adjacent to the arrow.

- | | |
|--------------------|----------------|
| a) ovary | e) endometrium |
| b) fallopian tubes | f) vagina |
| c) uterus | |
| d) cervix | |

B. Reproductive Organs

- a. penis
- b. sperm ducts
- c. scrotum
- d. uterus
- e. Fallopian tubes
- f. vagina
- g. epididymis
- h. testis
- i. cervix
- j. ovary



REPRODUCTIVE HEALTH

Sexuality Education

(se)11. Have you ever heard of the term "sexuality education"? ☐ Yes ☐ No

Sex Education

(se)12. Below is a list of statements that people make on sex education. Kindly check if you strongly agree, agree, strongly disagree or disagree.

A. Sex education will give adolescents the idea to begin sex earlier.

☐1 Strongly Agree ☐2 Agree
☐3 Strongly Disagree ☐4 Disagree

B. Sex education should be taught only at home.

☐1 Strongly Agree ☐2 Agree
☐3 Strongly Disagree ☐4 Disagree

C. Sex education goes against my religious beliefs.

☐1 Strongly Agree ☐2 Agree
☐3 Strongly Disagree ☐4 Disagree

D. Teachers do not have enough training to teach such subjects.

☐1 Strongly Agree ☐2 Agree
☐3 Strongly Disagree ☐4 Disagree

(se)13. The following statements are functions of the reproductive organs. Please check if you consider the statement as true or false. Check "don't know" if you are not sure.

(se)14. Ovulation normally occurs around Day 14 of the Ovarian Cycle.

☐1 True ☐2 False ☐3 Don't Know

(se)15. The scrotum helps keep the testes cooler than body temperature, a condition necessary for normal sperm production.

☐1 True ☐2 False ☐3 Don't Know

16. Fertilization of an egg normally occurs within the uterus.

☐1 True ☐2 False ☐3 Don't Know

17. A fluid that contains millions of sperm is called semen.

☐1 True ☐2 False ☐3 Don't Know

18. Female secondary sexual features are not essential for reproduction but likely function as sexual attractants

☐1 True ☐2 False ☐3 Don't Know

19. The hormone directly responsible for the development of the male secondary sexual characters is called estrogen.

☐1 True ☐2 False ☐3 Don't Know

20. The primary male sex hormones is testosterone.

☐1 True ☐2 False ☐3 Don't Know

21. Males produce new sperm throughout their lifetime.

☐1 True ☐2 False ☐3 Don't Know

22. Sperm and urine can pass through a male's penis at the same time.

☐1 True ☐2 False ☐3 Don't Know

23. Females produce new eggs throughout their lifetime.

☐1 True ☐2 False ☐3 Don't Know

24. Fertilization occurs when the genetic material from an egg and sperm combine.

☐1 True ☐2 False ☐3 Don't Know

25. Many sperm can fertilize a single egg.

☐1 True ☐2 False ☐3 Don't Know

On Reproductive Health and Sexuality Education

26. What topics on sex education do you think are appropriate for high school students? (CHECK AS MANY)

- ☐ 1) Not getting pregnant early
☐ 2) Changes in adolescents boys and girls
☐ 3) Human sexuality
☐ 4) Marriage
☐ 5) Human fertility
☐ 6) Responsible boy-girl relationship
☐ 7) How to say "no" to unwanted sex and what to do when it happens
☐ 8) Responsible parenthood
☐ 9) Family planning
☐ 10) Pre-marital sex
☐ 11) Safe sex
☐ 12) STIs
☐ 13) What to do when they get pregnant
☐ 14) Not having sex at an early age
☐ 15) Others _____

26.1 What subject area/s do you think reproductive health and sexuality education should be taught? (Check as many)

- ☐ 1) English
☐ 2) Religion/ Values Education
☐ 3) MAPEH
☐ 4) Computer
☐ 5) Science
☐ 6) Social Studies
☐ 7) Filipino
☐ 8) Practical Arts/ TLE
☐ 9) Others. Specify _____

(wse)27. The following statements talk about sexuality education and who you think is responsible for handling the subject matter. Please check your answer.

1. In addressing sexuality issues of your adolescent children, would you say your role as teacher/ parents is
☐ 1 Very important
☐ 2 Somewhat important
☐ 3 Not so important
☐ 4 Don't Know

2. In your opinion, should the parents be the ones to teach their adolescent children about sexuality?

[1] Yes [2] No [3] Don't Know

3. In your opinion, should the teacher be the one to teach adolescents about sexuality?

[1] Yes [2] No [3] Don't Know

4. Do you agree that the role of teachers in sexuality education is supplementary to the responsibility of parents to educate their children?

[1] Agree [2] Disagree [3] Don't Know

5. Do you trust other teachers to teach your own children about sexuality and reproductive health?

[1] Yes [2] No [3] Don't Know

6. Should teachers invite parents to participate actively and cooperatively in some aspects of the sexuality education program?

[1] Yes [2] No [3] Don't Know

7. Do you think you have enough knowledge on sexuality to teach your adolescent child/ren/ students?

[1] Yes [2] No [3] Don't Know

8. Are you willing to learn about sexuality and how to teach this to your adolescent children/student?

[1] Yes [2] No [3] Don't Know

9. If there is conflict between religion and law, religion will prevail

[1] Yes [2] No [3] Don't Know

10. In what areas of teaching sexuality education would you want to learn?

11. In what areas of teaching adolescents about sexuality education would you like to learn?

12. Is it important to you that parents should be kept informed on the content and methodology of any sexuality education that the school teaches?

[1] Yes [2] No [3] Don't Know

13. Do you have full knowledge of the Reproductive Health Law?

[] (1) Yes

[] (2) No

[] (3) I am not sure

14. Do you approve of the Reproductive Health Law ?

[] (1) Yes

[] (2) No

[] (3) I am not sure

15. Do you approve of contraceptives being made free and available even in educational institutions?

[] (1) Yes

[] (2) No

[] (3) I am not sure

HOW DID YOU FEEL ACCOMPLISHING THE FORM?

Answer/ Write below this box

What questions do you have in mind?

Write below this line

What question/s do have in mind about sexuality education, responsible parenthood, family planning or church teachings?

WRITE BELOW THIS LINE

Comments and Suggestions

WRITE BELOW THIS LINE

Muchisimas Gracias!

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APPENDIX C: ABOUT THE TEAM

Albert E. Alejo, SJ's interests match his academic, artistic and activist engagements. His publications include *Tao Po! Tuloy!* (indigenous philosophy), *Sanayan lang ang Pagpatay* (poetry), *Generating Energies in Mount Apo* (development anthropology), *Ehemplo* (social spirituality), and *Nabighani* (Tagalog translation of mystical poems). He has conceptualized several joint projects, including “*Konsult Mindanaw*,” (public peace consultation), “*Righting Mindanao History*” (correcting textbook misrepresentation), “*Ehem!*” (anticorruption), and “*Schools Serving Society*” (professionalizing extension programs of HEIs), among others. Fr. Alejo delivered the keynote lecture on “Peace Education” during the 2011 convention of the Catholic Education Association of the Philippines. His passion for communicating Church social teachings is reflected in the video documentaries that he has produced, namely, *Manggagawa, Kamanlilikha* (labor) in partnership with the Archdiocese of Manila Labor Center, *Pinakatagong Lihim ng Simbahan* (human rights and environmental stewardship) with the Institute of Church and Social Issues, *Ehemplo* (fighting corruption and integrity promotion) with Jesuit Communication Foundation, and *Good Trip* (socio-cultural analysis) with Communication Foundation for Asia. His MTVs, including *Meme na Mindanaw*, a lullaby for peace, can be accessed in You Tube. He got his PhD Anthropology from the University of London. In all his undertakings, “Paring Bert” tries to combine the balancing act of the academic and the sense of urgency of the activist with the playful freedom of the artist.

Liezl D.S. Camacho has extensive experience in implementing and managing research projects of the ADZU Research Center and other non-government organizations in the region supported by international aid agencies. Her most recent project involves an examination of the “*Integrated Social Empowerment Program*”, a grassroots participatory social empowerment model that is integral to governance. The program encompasses training of barangay government units and sectoral representatives of marginalized communities in Zamboanga City and Basilan Province that will lead to the development of local development plans. Another project is with a team for a research project which looked into gender-based violence among vulnerable populations affected by super storm Haiyan or Yolanda. This has been prepared for the International Organization for Migration (IOM). She has also been a resource person for capacity-building sessions, the most recent of which is a *Program Development Training for Tumikang Sama-sama (TSS)*, the third phase of the organizational development of TSS. TSS is a peace-mediating group in Sulu, which is under an umbrella project of the Center for Humanitarian Dialogue.

Rosalyn Romo-Echem, is currently the Director of Gender Research and Resource Center and Associate Professor V of the College of Liberal Arts of the Western Mindanao State University. As a women’s rights advocate, she conducts training on women’s rights and issues, gender and development, adolescent sexuality and reproductive health. As a researcher, she has authored and published several researches both local and national. She was part of the team that investigated gender-based violence in areas struck by superstorm *Haiyan or*

Yolanda, for the International Organization for Migration. Her work extends as a Chairperson of the Committee on Decorum and Investigation on Sexual Harassment cases of WMSU and as a member of the National Gender Resource Pool of the Philippine Commission on Women. She also serves as coach and mentor for the Fellows of the Mindanao Bridging Leadership Program of the Asian Institute of Management. As a faculty, she teaches social sciences subjects including research and statistics.

Aurora C. Gonzales is the Director of the Ateneo de Zamboanga Center for Leadership and Governance (ACLG). She has an A.B. Psychology degree from the Western Mindanao State University in Zamboanga City and a Master of Arts degree in Theology-Major in Pastoral Ministry from the Ateneo de Davao University. She has taught religious education for college students from 1995 to 2012. Her research interests include peace initiatives, good governance, risk assessment in the grass roots level, as well as university programs on social involvement and community extension services. She is also involved in conducting training seminars and workshops that focus on leadership and governance to CSOs and LGUs and youth formation.

James B. De Los Reyes is the moderator of *Animo Aguila* of the Ateneo de Zamboanga University where he teaches Computer Programming, Databases, E-commerce and Digipreneurship. From his original degree in Management Information Systems and a Certificate in Professional Education, James is now finishing his master's degree in education major in Educational Administration. Prior to his teaching profession, he has been engaged in an education development work focused on Mindanao specifically in some areas in ARMM through the Education Quality and Access for Learning and Livelihood Skills project of the United States Agency for International Development, implemented by a multistakeholders partnership called the Education and Livelihood Skills Alliance through the Philippine Business for Social Progress. A writing fellow in the 6th Western Mindanao Writers' Workshop, James likes to read and is an avid moviegoer. A singing prodigy whose voice lifts to the heavens, he also enjoys bowling, traveling and making new friends.

Ruth Romano Guerrero was trained to teach mathematics, but her varied involvement led her to also develop a passion for social development. She has been with the Ateneo de Zamboanga University for over two decades. She had served as a classroom mathematics teacher, class moderator, formator, student organizer and chairperson of the ADZU HS Mathematics Department among others. Currently she serves as the coordinator for the ADZU HS Social Action. She has a degree in Master of Science in Teaching Mathematics from the Ateneo de Manila University, and units in the degree of Doctor of Philosophy in Science Education, major in Mathematics from De La Salle University.

Charissa Mae R. Ibañez has rendered 15 years of teaching in ADZU-High School. She had her elementary education at the Malubal Elementary School, Zambowood, Zamboanga Sibugay, and her secondary education at Claret High School of Zamboanga City. In 2004, she earned her MS Chemistry Education at the Ateneo de Manila University. As the eldest of seven children, Cha has firsthand experience of both the hardship and the growth in maturity that often go with being part of a big family. She brings in these insights into this research project, a project that has, in return, nourished her teaching and personal life.

“The Church is not opposed to sex education. Personally, I believe it ought to be available throughout the children’s upbringing, adapted to different age groups. In truth, the Church has always given sex education, although I acknowledge, it hasn’t always been adequate.”

— **POPE FRANCIS**

“The sufferings of people and the difficult questions they ask are an invitation to be first in solidarity with them, not to pretend we have all the solutions... (The people) can resonate and see the concrete face of God in a Church that can be silent with them, as confused as they are.”

— **CARDINAL LUISITO “CHITO” TAGLE**

“Although the Supreme Court has upheld the constitutionality of the RH law, it has ...upheld the importance of adhering to an informed religious conscience... It has also stood on the side of the rights of parents to teach their children. We cannot see eye-to-eye with our pro-RH brethren on this divisive issue, but we can work hand in hand for the good of the country”.

— **ARCHBISHOP SOCRATES VILLEGAS,**
PRESIDENT, CATHOLIC BISHOPS’
CONFERENCE OF THE PHILIPPINES

“The new reproductive health law’s provisions on sexuality education will mean we have to prepare schools and school teachers, many of whom are themselves uncomfortable and/or poorly informed about the many topics that fall under sexuality education.”

— **DR. MICHAEL TAN,**
MEDICAL ANTHROPOLOGIST,
NEWSPAPER COLUMNIST



Gender Research and Resource Center
Western Mindanao State University



Social Development Office
Ateneo de Zamboanga University



**Philippine Center for
Population and Development**