



MIDTERM SURVEY REPORT

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On the cover: Anabeth Legaspo, a public nurse, discusses different forms of contraception at SIKAP’s community outreach activity in Cagwait, Caraga.

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Acronyms

AIDS	Acquired Immunodeficiency Syndrome
BARMM	Bangsamoro Autonomous Region of Muslim Mindanao
DSWD	Department of Social Welfare and Development
FP	Family Planning
GBV	Gender-Based Violence
GIDA	Geographically Isolated and Disadvantaged Areas
HIV	Human Immunodeficiency Virus
IDK	I don't know
IEC	Information, Education and Communication
IP	Indigenous People
IUD	Intrauterine Device
LAM	Lactational Amenorrhea Method
LGBTQI	Lesbian, Gay, Bisexual, Transgender, Questioning and Intersex
LGU	Local Government Unit
PMTCT	Prevention of Mother-To-Child Transmission
PNTA	Prefer Not To Answer
RHU	Rural Health Unit
SHE	Sexual Health and Empowerment
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infection
VAWC	Violence against Women and Children
VAWG	Violence against Women and Girls
WEA	Women's Economic Autonomy
WRA	Women's Reproductive Autonomy
WRO	Women's Rights Organization
WSA	Women's Sexual Autonomy

Introduction

The Sexual Health and Empowerment (SHE) project is a six-year (2018-2025) project co-funded by Global Affairs Canada (GAC), Oxfam Canada (OCA), Oxfam in the Philippines (OiPh), and Jhpiego. The project aims to empower women and girls in six disadvantaged and conflict-affected regions of the Philippines by (i) improving their knowledge and awareness of Sexual and Reproductive Health and Rights (SRHR); (ii) strengthening the capacities and skills of health service providers (HSPs) and health practitioners within the health system to deliver rights-based, comprehensive SRHR information and quality youth-friendly services; and, (iii) enhancing the capacities and effectiveness of women's rights organizations (WROs) and women's movements to advance SRHR agendas and prevent gender-based violence (GBV). The SHE project is implemented in association with OiPh and Jhpiego and through the efforts of 11 local partner organizations.

Between June and August 2021, Oxfam hired three external consultants to conduct the SHE project's midterm evaluation (MTE). For operational reasons, the MTE was divided into three independent consultancies: (1) Midterm Evaluation Qualitative Component; (2) Midterm Survey (MTS); and (3) Comparative Statistical Analysis of Baseline, Pulse, and Midterm Surveys. The first two items were commissioned to local consultants in the Philippines, while the latter was awarded to an international consultant.

This report presents the MTS results.

Context of survey implementation

Since March 2020, the Philippines' national and local government units (LGUs) have imposed a series of public health measures to reduce the spread of the novel coronavirus disease (COVID-19). These measures, which included travel, gathering restrictions, quarantines, and lockdowns, not only disrupted the functioning of the health care system by transforming care priorities and resource allocation, but also limited Sexual and Reproductive Health (SRH) service provision, increased barriers around health-seeking behaviours and restricted (and transformed) monitoring, evaluation, and research practices by severely limiting face-to-face interaction during data collection.

Objectives of the Midterm Surveys

The aim of the survey was to provide data to collect data needed to:

1. Track project progress towards key outcome indicators, and
2. Estimate the midterm scores of the SRHR Community Attitudes Index.

Methodology

Data collection was conducted using SurveyCTO mobile data collection platform, between April 26 and May 11, 2021. Due to COVID-19 restrictions, the MTS data collection process was carried out by phone (rather than in-person) using an adapted, shorter version of the original questionnaire and slightly different from those used in the two previous baseline and pulse surveys. All enumerators were trained using presentations and guides prepared by Oxfam and the research team to ensure the quality and consistency of the collected data.

The survey questionnaire consisted of the following seven sections: 1) Introduction and Informed Consent; 2) Respondent's Profile; 3) Knowledge of SRH; 4) SRH Sexual and Reproductive Health and ; 5) Attitudes towards SRHR; 6) Personal life and experiences, and 7) Awareness of SHE project initiatives on SRHR.

Consent was obtained from all participants during the introductory part of the survey, and in the case of minors, informed consent was also obtained from parents or legal guardians. Confidentiality was assured to all respondents. Ethical guidelines in research were followed during the data collection. Good practices and gender-sensitive approaches for research in gender-based violence (GBV) programs were observed.

The survey was conducted in 14 municipalities where the project is being implemented. The list of regions, provinces, and municipalities where the MTS was conducted is presented in Table 1.

Table 1. Survey locations

REGION	PROVINCE	MUNICIPALITY
Bicol Region – Region V	Masbate	Mobo
Eastern Visayas – Region VIII	Northern Samar	San Isidro
		Victoria
	Samar	Sta. Margarita
CARAGA – Region XIII	Surigao del Sur	Cagwait
	Agusan del Norte	Santiago
		Jabonga
BARMM	Lanao del Sur	Ganassi
	Tawi-Tawi	Bongao
		Sapa-Sapa
Northern Mindanao – Region X	Bukidnon	Sumilao
		Dangcagan
	Misamis Occidental	Clarín
Zamboanga	Zamboanga Sibugay	Buug

SAMPLE

The original sample size was calculated at 2001 respondents to ensure a 90% confidence interval and a 5.5% margin of error with validity at the municipal level. However, due to restrictions associated with the COVID-19 pandemic in the Philippines and the operational limitations derived, the sample methodology was changed to convenience sampling and sample size was recalculated based on the lists of participants from previous SHE project surveys and partners' activities, with a minimum size of 377 respondents and distributed equally among the 14 municipalities.

Since the topic of the survey is very personal and some people may find it sensitive, a snowball sampling strategy was used, in which respondents were asked to refer other potential respondents.

Due to the snowball sampling strategy, respondents did not necessarily have knowledge about the SHE project or past participation in any project activities. They were all people of reproductive age at the time of the survey (15 to 49 years of age), who provided informed consent, by themselves and/or through their parents or legal guardians in the case of minors.

A total of 2,080 people were called. Unsuccessful phone calls were mainly due to inactive, wrong, or incomplete numbers. At the end of the process, a total of 674 respondents were obtained. The total number of respondents by municipality and disaggregated by age and sex groups is summarized in Table 2.

Table 2. Survey Respondents

MUNICIPALITY	BOYS	GIRLS	MEN	WOMEN	TOTAL	% OF TOTAL
	15-19 YEARS OLD		20-49 YEARS OLD			
Bongao	4	7	20	18	49	7.3
Buug	8	19	10	15	52	7.7
Cagwait	7	24	20	40	91	13.5
Clarín	3	9	6	8	26	3.9
Dangcagan	7	8	5	10	30	4.5
Ganassi	16	18	16	52	102	15.1
Jabonga	4	9	18	23	54	8.0
Mobo	2	8	4	14	28	4.2
San Isidro	6	11	10	31	58	8.6
Santiago	2	12	10	18	42	6.2
Sapa-Sapa	2	1	5	9	17	2.5
Sta. Margarita	6	14	7	9	36	5.3
Sumilao	2	4	6	30	42	6.2
Victoria	6	14	14	13	47	7.0
TOTAL	75	158	151	290	674	
PERCENTAGE OF TOTAL	11.1	23.4	22.4	43.0		100.0

Due to the restrictions associated with the COVID-19 pandemic and the sampling method used the minimum number of respondents per municipality was not reached in all cases and an unbalanced distribution between age groups and sex was also recorded.

DATA ANALYSIS

Descriptive univariate analysis was carried out to analyze the data, particularly frequencies, proportions, and measures of central tendency (mean and mode).

Missing values (blank) and the response options “Prefer not to answer” (PNTA) or “I don’t know” (IDK), were excluded from the calculation of frequencies and percentages, but incorporated into the discussion when they add value to insights or recommendations.

The SRHR Community Attitudes Index for the SHE project is a measure of three dimensions (or variables): (1) Women’s Reproductive Autonomy, (2) Women’s Sexual Autonomy, and (3) Implementation of SRHR Policies. Each dimension is composed of 1 or more indicators. Each indicator is made up of a set of statements that are evaluated by the respondent using a 5-point Likert scale. The nominal responses were converted to ordinal responses that range from 1 to 5 to facilitate codification, and then transformed using the weights described in Table 3. All the responses are ordered in the way that what is the most desirable attitude appears first and has a higher score, except for statements related to the age of marriage that are reverse coded.

Table 3. SRHR Community Attitudes Index responses and weights

NOMINAL RESPONSE	ORDINAL RESPONSE	WEIGHTS	
		POSITIVE CODING	REVERSED CODING
Strongly disagree	1	0	1
Disagree	2	0.25	0.75
Neither agree nor disagree	3	0.5	0.5
Agree	4	0.75	0.25
Strongly agree	5	1	0

Then, for each dimension the total sum of the weighted responses was divided by the total number of statements. Statements with PNTA responses were not counted in the total number of statements. For the purposes of the SRHR Index, only those records with less than 15% of missing values were considered. For example, if there were 15 statements under one of the index dimensions, only those records with less than two missing values were included in the computation of the dimensional index.

The key outcome indicators are those included in the Project Management Framework (PMF) and are reported throughout the analysis when information is available.

Due to the nature and size of the sample, the analysis of the survey is limited to the group of respondents only, and therefore it is purely descriptive and cannot be generalized to the general population as a whole or by municipality or age-sex groups.

Results

The collected data describes the respondents and their knowledge and attitudes towards SRHR and GBV. This is an overall description of the 674 respondents. Data disaggregated by sex-age groups is reported as observations to the overall response, but it is not representative of the corresponding sex-age groups, i.e., boys, girls, men, and women, and differences observed among those groups are not statistically significant.

PROFILE OF THE RESPONDENTS

Out of a total of 674 respondents, 75 were boys, 158 were girls, 151 were men and 290 were women. Most of the respondents (95.4%) identified their gender as the same as their sex, and 4.6% identified themselves as members of the Lesbian, Gay, Bisexual, Transgender, Queer, & Intersex (LGBTQI) community. Among those who identified as LGBTQI, the majority (87%) were men (17) and boys (9).

Regarding ethnic identity and religious affiliation, 28% of the respondents self-identified as belonging to a specific ethnic group or as Indigenous People (IP), such as the Mamanwa, Manobo, Subanen, Higaonon, and Tausug tribes. Most respondents self-identified as Roman Catholics (58%) or Muslims (25%) and 13% said they professed a faith other than those specified in the survey.

With respect to marital status, most of the respondents (61%) stated that they were single or had never been married or did not live with a partner. 34% said they were either married (29%) or cohabitating (5%). Among those cohabitating, 83% were women. By age-sex groups, of the 158 girls, five were married at the time of the survey and three got married before they turned 18 years of age. One girl, whose marriage was annulled, was married at the age of 16 and another girl started cohabitating when she was 16 years old. In the case of boys, all claimed to be single. Most of the men were single (63%) and 31% were married. In the case of women, half of the respondents were married and 32% were single.

Among those married or living together, most of the respondents were married or started living together between the ages of 20–24 (38.1%), but a significant percentage were married or began cohabitating between the ages of 15–19 (33.1%). It is notable that there was one man who was married when he was 14 years old and two women who were married at the ages of 11 and 14 respectively. The average age when first married or when they started living together was 16.6 for girls, 21.7 for women and 23.6 for men.

Among those married, 41.1% of the respondents stated that their marriage was arranged by their parents, but among them, 93% said the decision was discussed with them and 94% said they gave their consent. Although a small number, it is notable that five women, one girl and two men were not included in the discussion of their marriage and five women and one man did not give consent to the marriage but were married anyway.

The highest educational levels attained by most of the respondents were college undergraduate (27%), followed by high school graduate (26.6%) and attending high school (25.8%). Most of the boys (85%) and girls (89%) are currently enrolled in school. Among the total number of respondents, 15% were college graduates.

Most of the respondents (64.4%) reported not having any source of income or being unemployed and this group includes those respondents who are currently enrolled in school (47.3%). There are 11 boys who are currently not in school and 5 boys among them who are working to earn an income. There are also four boys who are currently in school and working at the same time. Among the girls not in school, six were working at home, in domestic service, or in sales/services.

The majority of women are homemakers or stay in the household (15%) or specified other sources of income (14%) such as sari-sari store vendors, cell phone load dealers, Sangguniang Kabataan Chairman (Barangay Youth Official), street food vendors, and make-up artist. The men also have varied sources of income such as dance instructors, drivers, staff in a microfinance company, construction workers, barangay workers, and government employees.

Among the respondents reporting a source of monthly income (33%), most of their monthly incomes range from Php 5,000 to 10,000 (10.2%), Php 2,000 to 5,000 (11.7%), and less than Php 2,000 (6.5%). It is noteworthy that 66% of the respondents said that individually they had no income, but only 15.3% of the respondents stated that their household did not have any income. The difference can account for those who are not the breadwinners in the household. Most of the overall household incomes range from Php 5,000 to 10,000 (32.5%) and Php 2,000 to 5,000 (23.6%), which means that most households are below the 2021 poverty threshold in the Philippines, estimated at PHP11,975, on average, for a family of five per month”.

KNOWLEDGE ABOUT SEXUAL AND REPRODUCTIVE HEALTH

Data presented here correspond to men’s and women’s knowledge about the Human Immunodeficiency Virus (HIV), Acquired Immunodeficiency Syndrome (AIDS), sexually transmitted infections (STIs) and condoms, health decisions about oneself and one’s children, and pregnancies. There is also data on prevention, delay, and termination of pregnancy, which corresponds to survey questions about abortion and family planning methods and services.

AWARENESS AND EXPERIENCE OF HIV AND AIDS, AND STIS

Most of the respondents have heard of HIV or AIDS (92.6%). Among them, 52% believed that there is a possible cure for AIDS and 31% said no and 16% did not know. Most of the respondents (75.4%) knew that HIV can be detected using a simple test and 7.8% said the contrary. Although these are small percentages, it is notable that among the respondents 9.1% did not know whether HIV can be detected using a simple test. Between 7.4% and 7.7% chose not to answer.

69% of the respondents did not know other types of STIs. Among those who know other types of STIs (193 respondents, 31%), only 131 (68%) correctly identified signs and symptoms of STIs in a man and only 102 (52%) correctly identified signs and symptoms of STIs in a woman. Table 4 shows the distribution of responses by sex. Other than those listed for the survey, respondents mentioned additional signs and symptoms for men, such as warts, itchiness, fever, and rashes; and mentioned warts, burning sensation, fever, and skin disease in the case of women.

Table 4. Number and % Total of Identified Signs and Symptoms of STI in Men or in Women

SIGNS AND SYMPTOMS IN MEN	BOYS	GIRLS	MEN	WOMEN	TOTAL	% OF TOTAL
Discharge from penis	6	16	33	36	91	35%
Pain during urination	3	6	21	45	75	29%
Ulcer sores	2	7	17	31	57	22%
Others	3	8	13	13	37	14%
TOTAL MEN	14	37	84	125	260	100%

SIGNS AND SYMPTOMS IN WOMEN	BOYS	GIRLS	MEN	WOMEN	TOTAL	% OF TOTAL
Vaginal discharge	4	12	21	38	75	33%
Pain during urination	4	8	22	39	73	32%
Ulcer sores	3	5	18	27	53	23%
Others	1	3	11	12	27	12%
TOTAL WOMEN	12	28	72	116	228	100%
TOTAL MEN AND WOMEN						

Among the respondents, only three men and four women reported having had an STI. Two men and two women claimed having had an STI more than once. Most of the respondents (55.6%) said they know how to prevent STIs.

SEXUAL EXPERIENCE

Overall, about half of the respondents¹ said they had had sexual intercourse; 74% of women, 65% of men, 8% of boys and 9% of girls reported having experienced sexual intercourse. Although a small number, 5% of boys who experienced sexual intercourse were single, not married or cohabitating. Among the girls, 66% of those who said they had experienced sexual intercourse were single. In the case of the girls surveyed, being single does not necessarily mean that they are not having sexual intercourse. Table 5 shows the distribution of responses by sex-age groups.

Table 5. Number of Respondents who Experienced Sexual Intercourse

RESPONSES	BOYS	GIRLS	MEN	WOMEN	TOTAL	% OF TOTAL
Yes	4 (5%)	15 (9.5%)	98 (65%)	220 (76%)	337	50%
No	70 (93%)	142 (89.8%)	51 (34%)	68 (23.4%)	331	49%
PNTA	1	1	2	2	6	1%
TOTAL	75	158	151	290	674	100.0

According to the Philippines National Demographic and Health Survey 2017, “the median age at first sexual intercourse among women aged 25-49 is 21.2 years” and about 2% of girls experienced sex before the age of 15 and 14% before the age of 18². Data from the midterm survey showed that 50.3% of the respondents said they had their first sexual intercourse between the ages of 15 and 19. Although very small in percentage, it is noteworthy that four men and three women had their first sexual intercourse when they were 10 to 14 years old. The average age of first sexual encounter was estimated at 17.8 for boys, 17.6 for girls, 19.9 for men, and 20.2 for women. Table 6 presents the distribution of responses.

¹ This figure includes responses from girls, boys, men, and women.

² PSA, I., & International, I. (2018). Philippines National Demographic and health survey 2017. Quezon City: Philippine statistics authority (PSA) and ICF.

Table 6. Age at First Sexual Intercourse of the Respondent

AGE RANGE	BOYS	GIRLS	MEN	WOMEN	TOTAL	% OF TOTAL
10-14	0	0	4	3	7	2.1
15-19	4	15	42	107	168	50.3
20-24	0	0	38	83	121	36.2
25-29	0	0	11	19	30	9.0
30-35	0	0	2	6	8	2.4
TOTAL	4	15	97	218	334	100.0
MEAN AGE	17.8	17.6	19.9	20.2	-	-

AWARENESS, ATTITUDES AND USE OF MALE CONDOMS

There were eight statements about awareness, attitudes, and the use of condoms that respondents rated using a 5-point Likert scale to rate how much they agree or disagree with them. Responses on awareness, attitudes and the use of male condoms are summarized in Table 7.

The majority of respondents agreed that condoms are an effective method of preventing pregnancy (53% agree and 29% strongly agree) and disagreed with the statement that condoms can be used more than once (43% disagree and 26% strongly disagree).

Regarding attitudes towards the use of condoms, respondents agreed that condoms are suitable for casual relationships (45% agree and 16% strongly agree) and less suitable for steady, loving relationships (35% agree and 14% strongly agree). Around 75% of the respondents agreed that both the boy and the girl can suggest using a condom, although only half of the respondents disagreed with the statement that if a girl suggests using a condom, it means that she does not trust her partner (37% disagree and 13% strongly disagree).

On how embarrassing it is for a person to be seen buying condoms, the responses were almost evenly split between agreeing and disagreeing.

There were also some respondents who neither agree nor disagree with the statements about the use of condoms (between 7% and 11%). Although the percentages are small, this could indicate that there are still people who do not have a clear or informed position on the use of the male condom.

Table 7. Responses on Awareness, Attitudes and the Use of Condoms

STATEMENTS	STRONGLY DISAGREE	DISAGREE	NEITHER	AGREE	STRONGLY AGREE	MEAN
a. Condoms are an effective method of preventing pregnancy.	4%	7%	7%	53%	29%	3.99
b. Condoms can be used more than once.	26%	43%	8%	16%	7%	2.36
c. A girl can suggest to her boyfriend that he use a condom.	2%	13%	11%	50%	24%	3.79
d. A boy can suggest to his girlfriend that he use a condom.	3%	13%	9%	52%	23%	3.80
e. Condoms are suitable for casual relationships.	5%	19%	15%	45%	16%	3.49
f. Condoms are suitable for steady, loving relationships.	8%	25%	18%	35%	14%	3.23
g. It would be too embarrassing for someone like me to buy or obtain condoms.	14%	33%	9%	28%	15%	2.97
h. If a girl suggested using condoms to her partner, it would mean that she did not trust him.	13%	37%	18%	24%	8%	2.76

HEALTH DECISION MAKING PRACTICES

Most of the respondents (44%) said they make decisions about healthcare for themselves, and this percentage is higher in the case of women (52%) than in the case of men (50%). There is also a percentage who said that their mother makes the decision (26%) and the percentage is higher in the case of girls (46%) than in the case of boys (41%). In the case of those who are married or living with a partner, 8.8% said their partner made the decisions and 10.1% said they did it together.

Regarding where they go when they need medical care, the majority of the respondents said they go to the hospital, clinic and/or doctor (80%) and 34% of these individuals said they go alone. It is noteworthy that only 17% of boys and 8% of girls go alone, and this is probably the case because the consent of parents or guardians is usually required for healthcare-related decisions.

In relation to decisions about children's health, 43% of respondents said that their mother makes the decisions, including whether the child needs to go to the doctor. This is usually true among boys (68%) and girls (70%), who might need a parent's or guardian's consent and/or guidance to access healthcare services. There are a few who make decisions jointly with their partners (17%) and a few who decide jointly with their mothers (11%).

RESPONDENTS WHO ARE SEXUALLY ACTIVE

50% of respondents have experienced sexual intercourse and 29% disclosed that they were sexually active. Among those who are sexually active, most said that they have sexual intercourse three to six times a month (49.5%), and this is true for 42.9% of girls, 45% of men and 50.4% of women who are sexually active. Regarding the frequency of sexual intercourse, 8.2% preferred not to answer.

WOMEN EXPERIENCE WITH PREGNANCY

Among the female respondents, there were 216 females (48.8%) who have been pregnant at least once at the time of the survey, and it includes 9 girls. The average age of the first pregnancy was 21.3 years. 44% of the respondents had their first pregnancy between the age of 20 to 24, followed closely by those who had their first pregnancy between the ages of 15 to 19 (36%). Although a very small number, it is notable that there were respondents whose first pregnancies occurred when they were young adolescents: 2 women who were 14 years old, one girl who was 15 years old, three girls and four women who were 16 years old, and one girl and 15 women who were 17 years old. According to statistics from the Philippines National Demographic and Health Survey 2017, “the median age at first birth among women age 25–49 is 23.5 years. According to the same source, 9% of women age 15–19 have begun childbearing”³.

In the case of women who reported having been pregnant at least once, 82% had been pregnant between 1 and 4 times at the time of the survey and 18% five or more times. Among those who have been pregnant 5 or more times, 36% had their first pregnancy between the ages of 15 to 19 and 51% between the ages of 20 to 24. The distribution of results by age of first pregnancy and number of pregnancies is presented in Table 8.

Table 8. Age of First Pregnancy and Number of Pregnancies.

AGE OF FIRST PREGNANCY	NUMBER OF PREGNANCIES							TOTAL	%TOTAL
	1	2	3	4	5	6	7–12		
14	1			1				2	0.9
15–19	21	16	13	13	7	4	3	77	35.6
20–24	19	22	16	18	8	3	9	95	44.0
25–29	5	12	6	7	2			32	14.8
30–34	2	1	1	2	1	2		9	4.2
35			1					1	0.5
TOTAL	48	51	37	41	18	9	12	216	100
% TOTAL	22.2	23.6	17.1	19.0	8.3	4.2	5.6	100	

On the decision of how many children to have, 44% of the female respondents said they made the decision together with their partner, 31% said they decided alone, and 23% said their partner made the decision. Only one case was reported in which the decision was made by the mother-in-law and one case in which the decision was made by someone else (“other”). Among the male responses, 39% said they made the decision together, 36.5% claimed their partner made the decision alone, and 25% said that they made the decision alone. The distribution of responses by sex is presented in Table 9.

³ PSA, I., & International, I. (2018). Philippines National Demographic and health survey 2017. Quezon City: Philippine statistics authority (PSA) and ICF.

Table 9. Females and Male Responses on Who Makes the Decision about the Number of Children

RESPONSES	FEMALE RESPONSES				MALE RESPONSES	
	GIRLS	WOMEN	TOTAL	% OF TOTAL	MEN	% OF TOTAL
Respondent	2	65	67	31.0	13	25.0
Husband/Partner	2	49	51	23.6	19	36.5
Respondent & Partner jointly	5	91	96	44.4	20	38.5
Respondent's mother-in-law		1	1	0.5	0	0
8. Others		1	1	0.5	0	0
TOTAL	9	207	216	100.0	52	100.0

There were 18 female respondents who said that they were pregnant at the time of the survey, which included one girl and 17 women. In the last 12 months, there were 29 female respondents who gave birth, which included three girls and 26 women.

Regarding support from husbands or partners during the last pregnancy, most of the female respondents stated that their husbands provided them with help or support. The type of help or support provided was: saving money for an emergency (91.2%), planning for transportation (87.5%), deciding on the place of birth (86.6%), and helping with household chores (83.3%).

Among those who were not pregnant at the time of the survey and were sexually active, 33% said they would prefer not to have any more children and 28% would like to have another child. Among those who were pregnant during the time of the survey, 56% would like to have another child and 28% would rather prefer not to. It is noteworthy that 29% were undecided or did not know and 27% said they can't get pregnant anymore. The distribution of responses is presented in Table 10.

Table 10. Would you like to have another child?

	NOT PREGNANT NOW				PREGNANT NOW			
	GIRLS	WOMEN	TOTAL	% OF TOTAL	GIRLS	WOMEN	TOTAL	% OF TOTAL
Yes, have another child	4	26	30	15.2	1	9	10	55.6
Yes, have another child but later	1	24	25	12.7				
No more/prefer no children		65	65	33.0	0	5	5	27.8
Says she can't get pregnant		51	51	25.9				
Prefer not to answer		2	2	1.0				
Undecided/Don't know	2	22	24	12.2		3	3	16.7
TOTAL	7	190	197	100.0	1	17	18	100.0

Many female respondents who were not pregnant during the survey did not say or preferred not to say how long they will wait for another child (62.5%). Regarding those who did, 55.6% of female respondents who were not pregnant at the time of the survey claimed that they would like to have another child in the next 12 months. Of those who were pregnant during the time of the survey, 72.2% would like to have another child within the next 12 months. There were some girls who were not pregnant during the time of the survey who would like to wait at least two years (two girls), three years (two girls) and five years or more before having another child (one girl). The distribution of responses is presented in Table 11.

Table 11. Females on How Long to Wait for Another Child

	NOT PREGNANT NOW				PREGNANT NOW			
	GIRLS	WOMEN	TOTAL	% OF TOTAL	GIRLS	WOMEN	TOTAL	% OF TOTAL
0	0	11	11	13.6	0	2	2	11.1
1–6 months	1	14	15	18.5	1	6	7	38.9
7–12 months	1	18	19	23.5	0	4	4	22.2
2 years	2	9	11	13.6	0	2	2	11.1
3 years	2	5	7	8.7	0	1	1	5.6
4 years	0	5	5	6.2	0	0	0	0
5 years and more	1	12	13	16.1	0	2	2	11.1
TOTAL	7	74	81	100.0	1	17	18	100.0

Among female respondents who have been pregnant, 73% wanted to become pregnant at the time they did, including 6 girls and 151 women. A smaller percentage (17%) said they did not want to become pregnant at that time they did, including 3 girls and 34 women. Only 10% of respondents (21) said they wanted to become pregnant but later.

MEN ON PREGNANCIES

Among married or cohabiting men, 34% of the wives or partners have been pregnant at least once. According to men, the average age of wives or partners during the first pregnancy was 22 years, a very similar figure to that declared by women. However, the age range distribution reported by men is different, although this may be due to the difference in the size of the two groups. According to male respondents, wives or partners had their first pregnancy when they were 20 to 24 years old (36.5%) or 15 to 19 years old (36.5%). Although very small in number, it is notable that there were some respondents who said that the first pregnancy occurred when the wife or partner was a young adolescent: two were 16 years old and five were 17 years old.

Including the first pregnancy, Table 12 shows how many times the wife or partner of the respondent has been pregnant. Similar to what women declared, most wives or partners have had one to four pregnancies.

Among the men whose wives or partners have been pregnant, 39% said that the number of children they would like to have was jointly decided, 37% said the wife or partner made the decision and 25% stated that they made the decision alone.

Table 12. Partner’s Age during First Pregnancy and Number of Pregnancies

	NUMBER OF PREGNANCIES								TOTAL	% OF TOTAL
	1	2	3	4	5	6	7	8		
14									0	0
15–19	3	2	4	6	4				19	36.5
20–24	3	7	4	2	2	1			19	36.5
25–29	2	2	2				1	1	8	15.4
30–34	2	1	1	1					5	9.6
35 above		1							1	1.9
TOTAL	10	13	11	9	6	1	1	1	52	100.0
% OF TOTAL	19.2	25.0	21.1	17.3	11.5	1.9	1.9	1.9	100.0	

There were five men (9.6%) who disclosed that their wives or partners were pregnant at the time of the survey. During the 12 months prior to the survey, there were nine men (17.3%) whose wives or partners gave birth. Before the birth of the last baby, the majority of men respondents stated that they provided their wives or partners with the following types of help or support: saving money for an emergency (98.1%), planning for transportation (98.1%), deciding on the place where to deliver the baby (94.2%), and helping with household chores (90.4%).

For those whose wives or partners were not pregnant during the survey, 30% of male respondents would prefer not to have any more children and 43% would like to have another child now or later. Table 13 presents the distribution of responses.

Table 13. Number of Males who Like to have Another Child

	NOT PREGNANT NOW		PREGNANT NOW	
	TOTAL	% OF TOTAL	TOTAL	% OF TOTAL
Yes, have another child	13	27.7	2	40.0
Yes, have another child but later	7	14.9		
No more/prefer no children	14	29.8		
Says she can’t get pregnant	8	17.0	3	60.0
Prefer not to answer	13	27.7		
Undecided/Don’t know	5	10.6		
TOTAL	47	100.0	5	100.0

Among the men whose wives or partners have been pregnant at least once, the majority said they wanted a child at the time the wife or partner became pregnant (89.4%). This statement was also shared by three out of five men whose wives or partners were pregnant at the time of the survey.

ABORTION

45 respondents said they knew someone in the barangay who had an abortion in the last 12 months. Among them, there were 3 boys, 19 girls, 10 men, and 13 women, and 36 of them gave reasons why that someone had an abortion. Most said that the woman or girl was not ready for that kind of responsibility, others gave economic reasons and one said it would have affected the girl's or woman's education goals. Some said that the girl or woman did not want her parents to know about the pregnancy because the parents did not approve of the relationship or would be furious. There were also some who had an abortion because their partners would not take responsibility, it was an unexpected pregnancy, and/or they were ashamed of what the neighbours will say. Among the respondents, only one woman admitted that she had an abortion in the last 12 months.

CONTRACEPTIVE METHODS

The survey covered a range of contraceptive methods that can be used to plan, delay or avoid pregnancy. The survey shows that all respondents know at least one contraceptive method. Among them, 220 used to use (9 girls, 53 men and 158 women) and 121 (4 girls, 24 men, and 93 women) were currently using a contraceptive method. Five girls, 29 men and 65 women were not using any contraceptive method at the time of the survey.

Among the methods listed, 89% of the respondents have heard about the oral contraceptive pill, followed by the male condom (87%) and implant, IUD and injectable contraceptive. The most used contraceptive method is the oral contraceptive pill (92%), followed by the male condom (37%) and injectable contraceptive (22%). The majority of current users are using the oral contraceptive pill (53%), followed by the implant (22%) and the male condom (20%). The percentages of current use are significantly lower than those of past use.

Among those who are using contraceptive methods, girls prefer oral contraceptive pills (50%) or implants (50%), women prefer contraceptive pills (57%) or implants (22%) and men prefer the male condom (58%).

Table 14. Percent of Respondents who Heard of, Used in the Past, and are Currently Using Contraceptive Methods*

HEARD OF	% OF TOTAL	USED IN THE PAST	% OF TOTAL	CURRENTLY USING	% OF TOTAL
Pill	88.7	Pill	91.8	Pill	53.3
Male condom	87.2	Male Condom	37.3	Implant	22.1
Implant	68.1	Injectables	21.5	Male Condom	20.5
IUD	61.1	Implant	17.7	Injectables	18.9
Injectables	55.6	Female Sterilization	7.6	IUD	13.1
Female sterilization	30.3	Rhythm Method	7.6	Female Sterilization	4.9
Emergency contraception	23.7	Standard Days	3.8	Emergency Contraception	4.9
Rhythm method	21.1	Male Sterilization	1.9	Rhythm Method	4.9
Male sterilization	17.4	Emergency Contraception	1.9	Male Sterilization	2.5
Standard days	16.5	IUD	1.3	Standard Days	2.5
Diaphragm	16.3	Diaphragm	0.6	Diaphragm	0
LAM	9.5	LAM	0.0	LAM	0
Others	7.7	Others	3.2	Others	4.1

*Multiple responses

Among those who are using the contraceptive methods, the majority (117 out of 121, 97%) said they had discussed and decided together with their partner. In addition, there were 260 respondents (7 girls, 56 men and 197 women) who said that they discussed contraceptive use with their partners (95%), as well as labour or birth (89%), antenatal care (87.3%), post-natal care (84.6%), and childcare (84.6%). 51.5% said they have discussed prevention of mother-to-child transmission (PMTCT) of HIV with their partners.

KNOWLEDGE OF CONTRACEPTIVE METHODS

This section of the survey inquired about the level of knowledge on contraception, protection from STIs, and prevention of unwanted pregnancies and side effects. Among the contraceptive methods listed in Table 15, the majority of the respondents said they have a basic knowledge of male sterilization (84%), female sterilization (80%) and diaphragm (71%). Around 30% of respondents said they have good knowledge but were not very confident about oral contraceptive pills (31%) and male condoms (29%). Only 10% said they were very confident about oral contraceptive pills and male condoms.

Table 15. Respondents’ Level of Knowledge about FP Method

FP METHODS	BASIC KNOWLEDGE		GOOD KNOWLEDGE		VERY CONFIDENT	
	TOTAL	%TOTAL	TOTAL	%TOTAL	TOTAL	%TOTAL
Contraceptive Pill	396	59	209	31	69	10
Condom	413	61	194	29	67	10
Implant	447	66	177	26	50	7
IUD	460	68	175	26	39	6
Injectables	460	68	174	26	38	6
Diaphragm	478	71	155	23	41	6
Female Sterilization	541	80	117	17	16	2
Male Sterilization	563	84	101	15	10	1

Regarding knowledge about where to obtain contraceptive methods, most of the respondents (83.6%) said they knew the place to go. Among the sex-age disaggregated groups, 85% of women knew where to go, followed by 85% of boys, 84% of girls and 80% of men. Among the 121 respondents who were currently using a contraceptive method, the majority said they have obtained their current contraceptive method from the Barangay Health Centre (89%). Among the girls using a contraceptive method, three girls obtained it from the Barangay Health Centre and one girl obtained it from a midwife. Some also mentioned Rural Health Units, pharmacies, and private hospitals. One girl, seven men and 19 women, equivalent to 22% of those who were currently using a contraceptive method, claimed to have paid for the method they are currently using.

About counselling services, 233 respondents and their partners (35%) accessed these services in clinics. The most frequently used services were antenatal care (73.4%), labour or birth (73.4%), childcare (69.5%), post-natal care (68.7%), family planning (67.8%), and PMTCT/HIV (38.6%). People who were single at the time of the survey were excluded from this question. Table 16 summarized the level of satisfaction of those who accessed these services. As can be seen, the majority of respondents rated their experience as “satisfied” (43%) or “very satisfied” (41%).

Table 16. Number of Respondents on their Level of Satisfaction with the Received Counselling Service

	1	2	3	4	5	TOTAL	PNTA
	VERY UNSATISFIED	UNSATISFIED	NEITHER	SATISFIED	VERY SATISFIED		
Girls	0	0	0	3	2	5	1
Men	1	2	1	12	24	40	7
Women	3	2	6	85	69	165	15
TOTAL	4	4	7	100	95	-	23

ATTITUDES TOWARDS SRHR

Eight indicators on attitudes towards SRHR were considered. Each indicator was made up of a set of statements that respondents rated using Likert scales on how much they agreed or disagreed with each statement. The nominal responses were converted to ordinal responses that range from 1 to 5 to facilitate codification and then, frequencies and mean were calculated. Missing values and the PNTA response option were not included in the calculations. Results disaggregated by sex-age groups are presented in Table 17.

Table 17. Indicators of Attitudes Towards SRHR, Number of Statements and Mean

SRHR ATTITUDE INDICATORS	NUMBER OF STATEMENTS	MEAN				
		BOYS	GIRLS	MEN	WOMEN	OVERALL
1. Attitude towards VAWG	10	1.82	1.74	1.75	1.78	1.77
2. Access to Information and Services on Family Planning	8	3.46	3.54	3.67	3.66	3.6
3. Decision on Whether and When to Practice Contraception	4	3.2	3.27	3.45	3.37	3.345
4. Decision on Whether and When to Have Children/ Become Pregnant	3	2.96	3.13	3	3.14	3.1
5. SRHR policies	8	4.0	4.2	3.8	3.9	3.97
6. Decision on Sexual Initiation	8	2.19	2.14	2.28	2.22	2.21
7. Sexual Negotiation and Communication	8	3.96	3.91	3.94	3.98	3.95
8. Women's Decision Making	5	3.23	3.33	3.22	3.31	3.286

ATTITUDE TOWARDS VIOLENCE AGAINST WOMEN AND GIRLS (VAWG)

This indicator measures how acceptable it is for a husband to beat his wife or partner and is made up of 10 statements. The first five statements explore the respondent's view on whether it is justifiable for a husband to beat the wife or partner if a) She goes out without telling him, b) She neglects the children,

c) She argues with him, d) She burns the food and e) She refuses to have sex with him. A similar question was asked to all respondents, asking them to answer from the perspective of the women in their community. A high percentage of respondents, between 80 and 93%, stated in both scenarios, that they disagreed or strongly disagreed with the aforementioned statements.

However, a small percentage of respondents (less than 1%) said they strongly agreed when the wife or partner goes out without telling him, neglects the children, argues with him, or burns the food. From the respondents' point of view, none of the respondents stated that a husband can beat the wife or partner because she refuses to have sex with him. Figures 1 and 2 summarise the answers.

Figure 1. Responses to the question is a husband justified in hitting his wife/partner in the following situations?

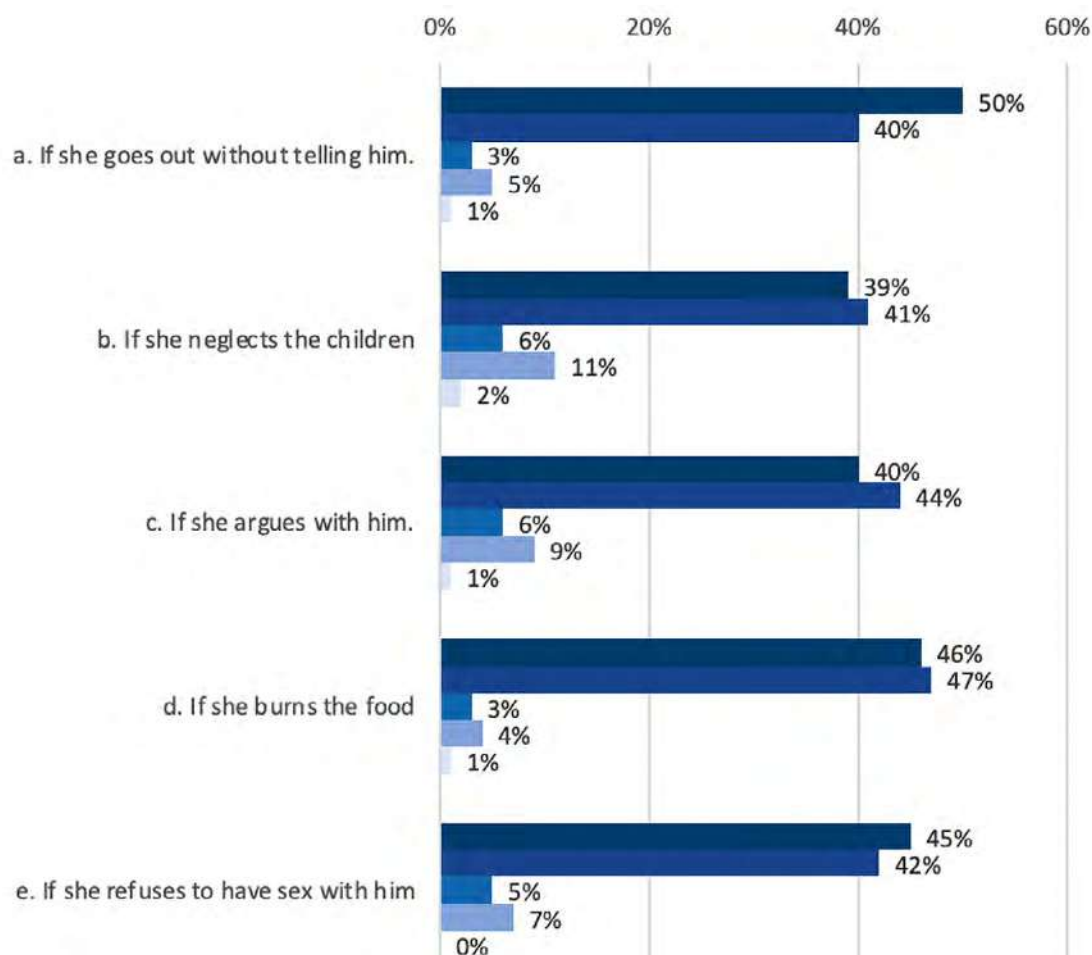
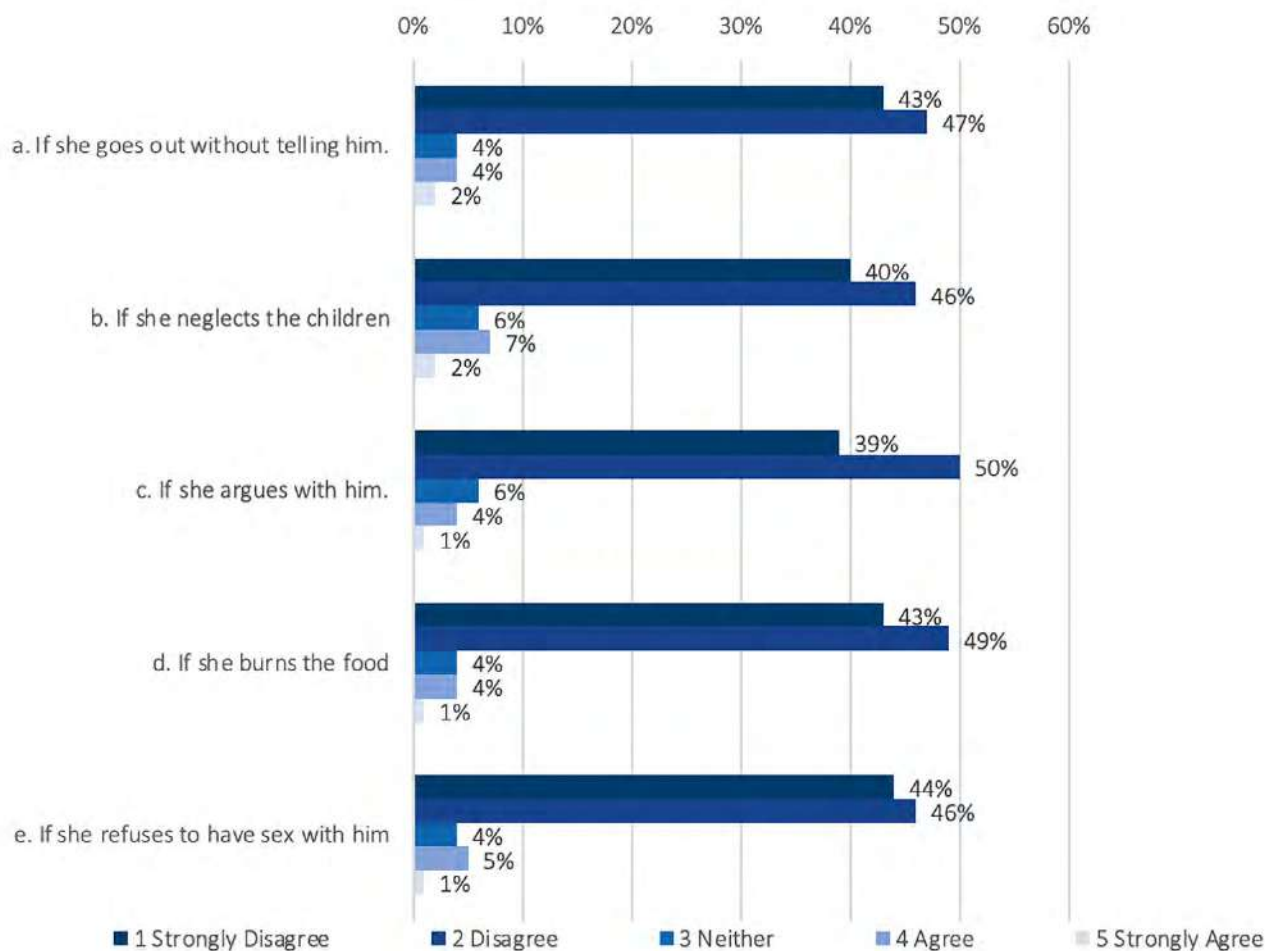


Figure 2. Responses to the question is a husband justified in hitting his wife/partner in the following situations? - From the point of view of other women in the community



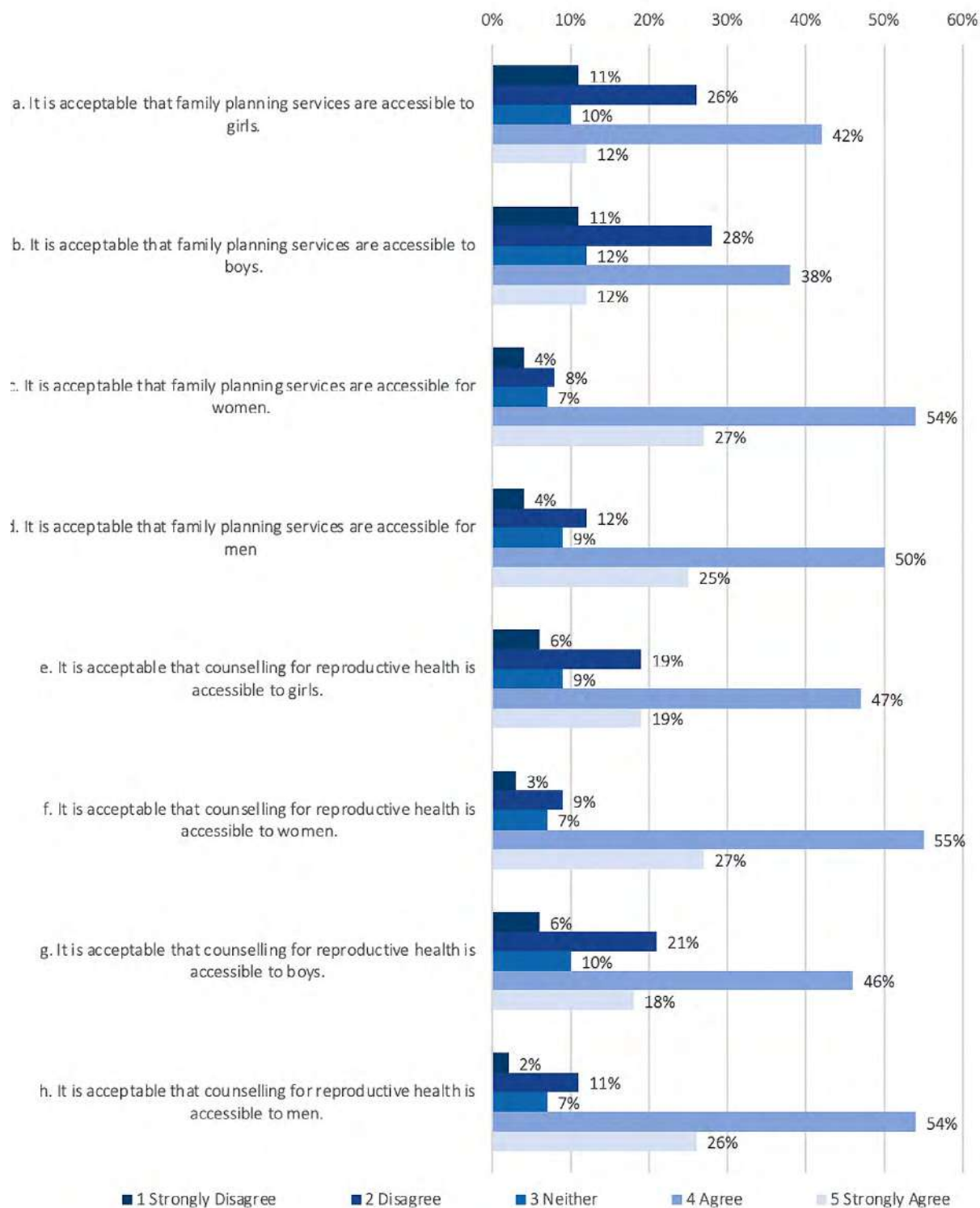
The average value for this indicator was 1.77 (see Table 17) indicating a negative attitude towards VAWG. For the majority of respondents, a husband beating his wife is not acceptable under any circumstances.

ACCESS TO INFORMATION AND SERVICES ABOUT SRHR

The Access to Information and Services on Family Planning indicator measures how acceptable it is for girls, boys, men, and women to access SRH services. Overall, between 50% and 80% agreed or strongly agreed with the statements that SRH services should be accessible to everyone, although the percentages are lower in the case of girls and boys accessing contraceptives services. Results are summarized in Figure 3.

The overall mean of this indicator was 3.6 (see Table 17), suggesting a moderately positive attitude towards accessibility of contraceptive services and counselling on SRH for boys, girls, men, and women.

Figure 3. Access to Information and Services on Family Planning

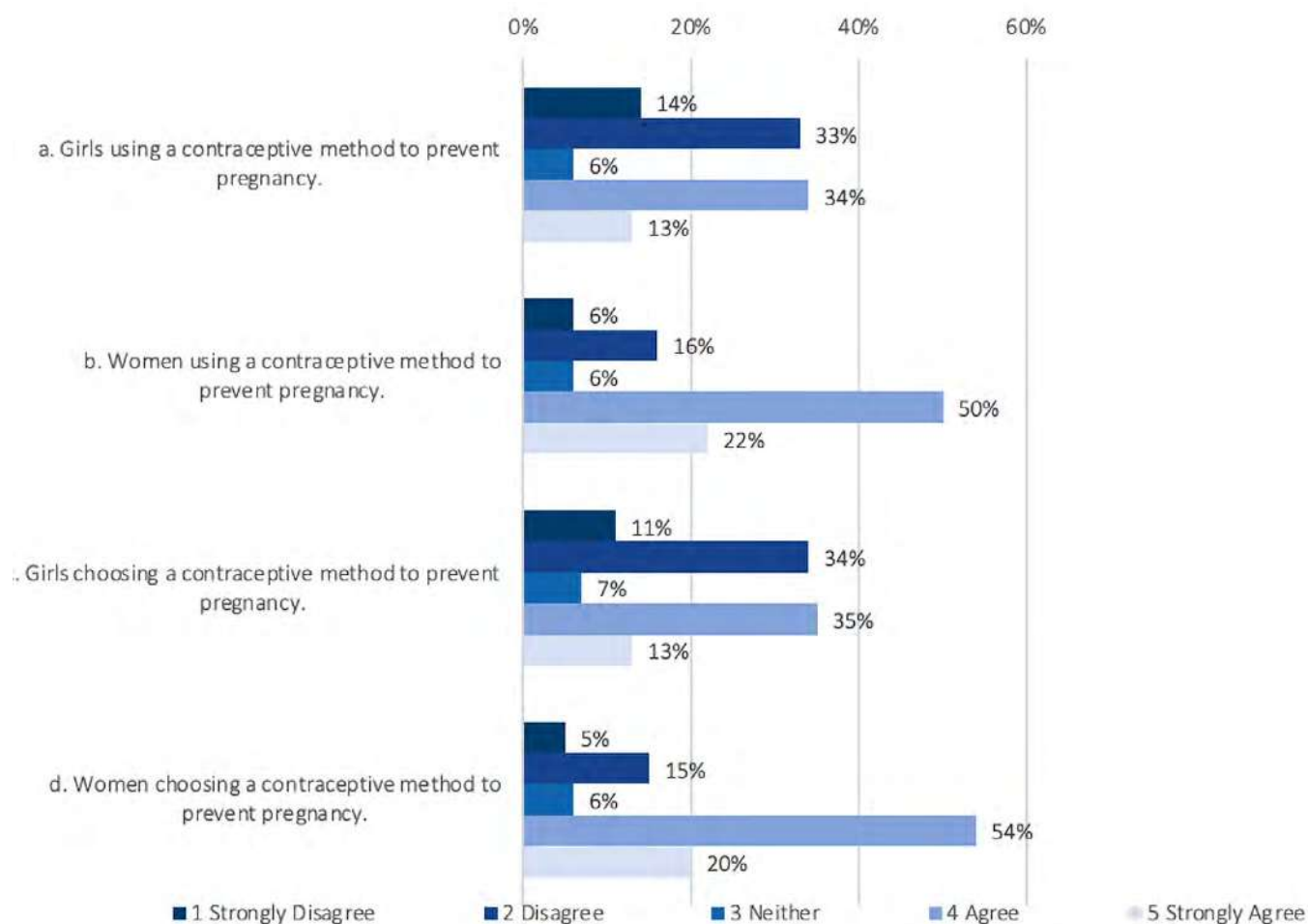


DECISION ON WHETHER AND WHEN TO PRACTISE CONTRACEPTION

The Decision on Whether and When to Practise Contraception indicator measures if the respondents agree or disagree with girls and women using and/or choosing contraceptive methods to prevent pregnancy. All four statements are listed in Figure 4.

Results show that less than half of the respondents agree or strongly agree with girls using or choosing contraceptive methods to prevent pregnancy. On the other hand, in the case of women using or choosing contraceptive methods, between 70% and 75%, of respondents stated they agreed or strongly agreed with the statements. The overall mean of this indicator is 3.37 (see Table 17) suggesting a positive attitude towards women using and choosing contraceptives, but a not supportive attitude in the case of girls.

Figure 4. Responses on attitudes towards women and girls deciding on the use of a contraceptive method to prevent pregnancy

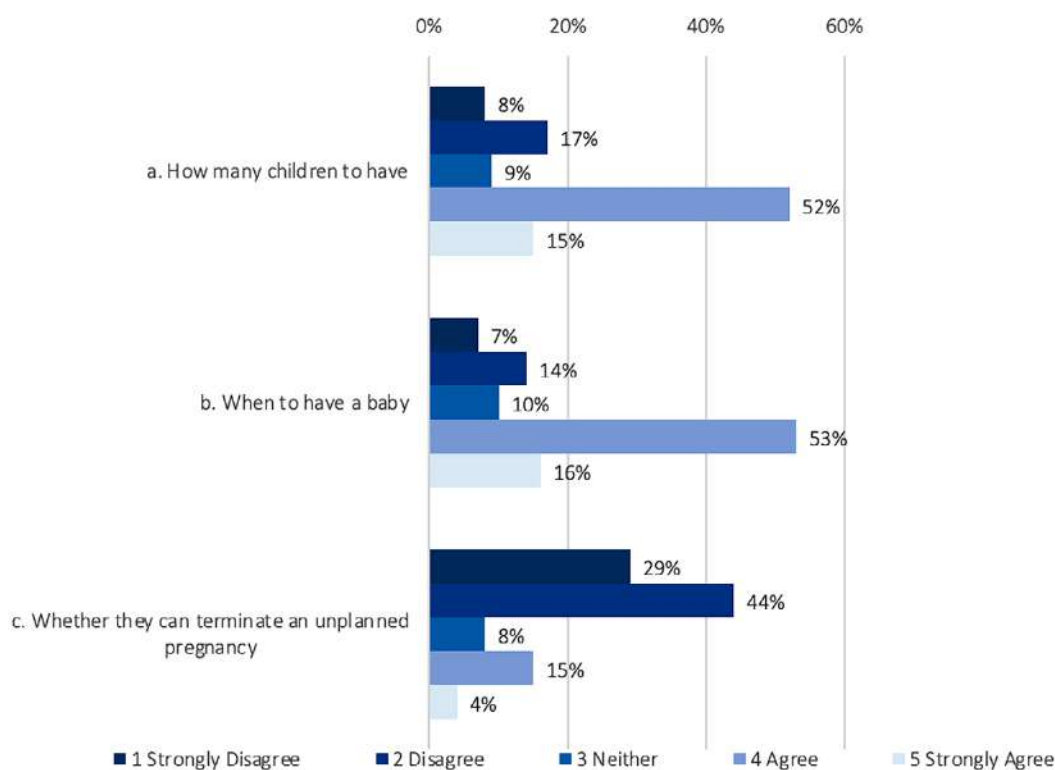


DECISION ON WHETHER AND WHEN TO HAVE CHILDREN/BECOME PREGNANT

This indicator measures if the respondents agree or disagree with girls and women deciding when to become pregnant, how many children to have, and when to terminate an unplanned pregnancy. On average, most respondents stated that they agreed or strongly agreed with girls and women deciding how many children to have (52%) and when to become pregnant (53%), but strongly disagree (29%) or disagree (44%) with girls and women deciding when to terminate an unplanned pregnancy. The results of these three statements are summarized in Figure 5.

The overall mean of this indicator was 3.14 (see Table 17) which suggests a moderate attitude towards girls and women deciding on how many children to have, when to have a baby, and whether they can terminate an unplanned pregnancy, although, it is important to highlight that this overall mean is strongly skewed by the negative attitude towards women’s decision to terminate an unplanned pregnancy.

Figure 5. Decision on whether and when to have children, become pregnant or terminate an unplanned pregnancy

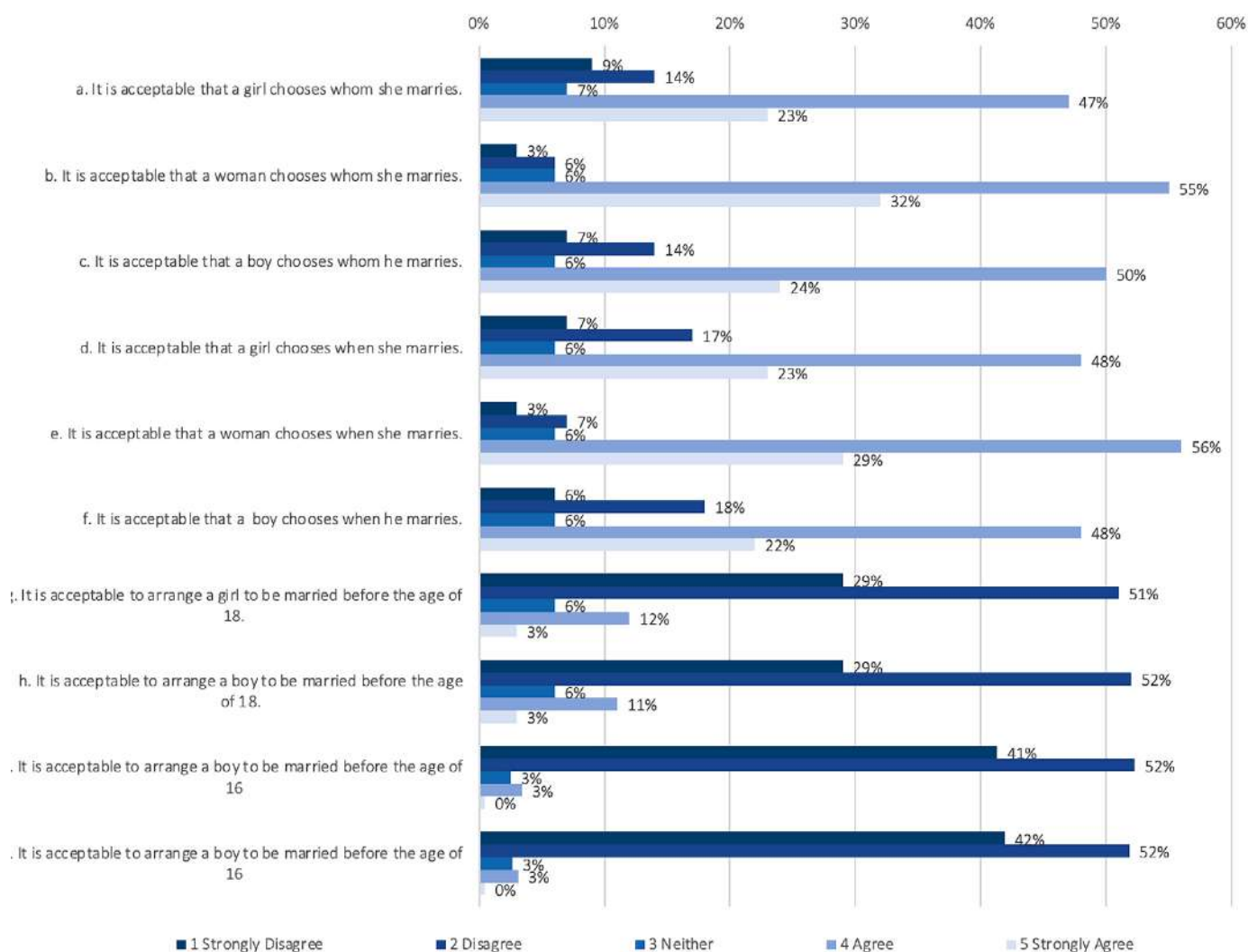


IMPLEMENTATION OF SRHR POLICIES

This indicator measures how acceptable it is for a woman, girl, or boy to decide whom and when to marry and how tolerable the community is of early marriage. Results show that between 70% and 87% of respondents agree or strongly agree with girls, boys and women deciding whom and when to marry, although the percentage is lower for girls and boys. Regarding early marriage, the majority of respondents disagreed or strongly disagreed with girls and boys being married before the age of 16 (94%) or 18 (80%). The results of this indicator are summarized in Figure 6.

The overall mean of this indicator is 3.97 (see Table 17) suggesting a positive attitude towards the autonomy of women, girls, and boys to decide whom and when to marry, and a strong rejection of early marriage for children under 16 and 18 years of age.

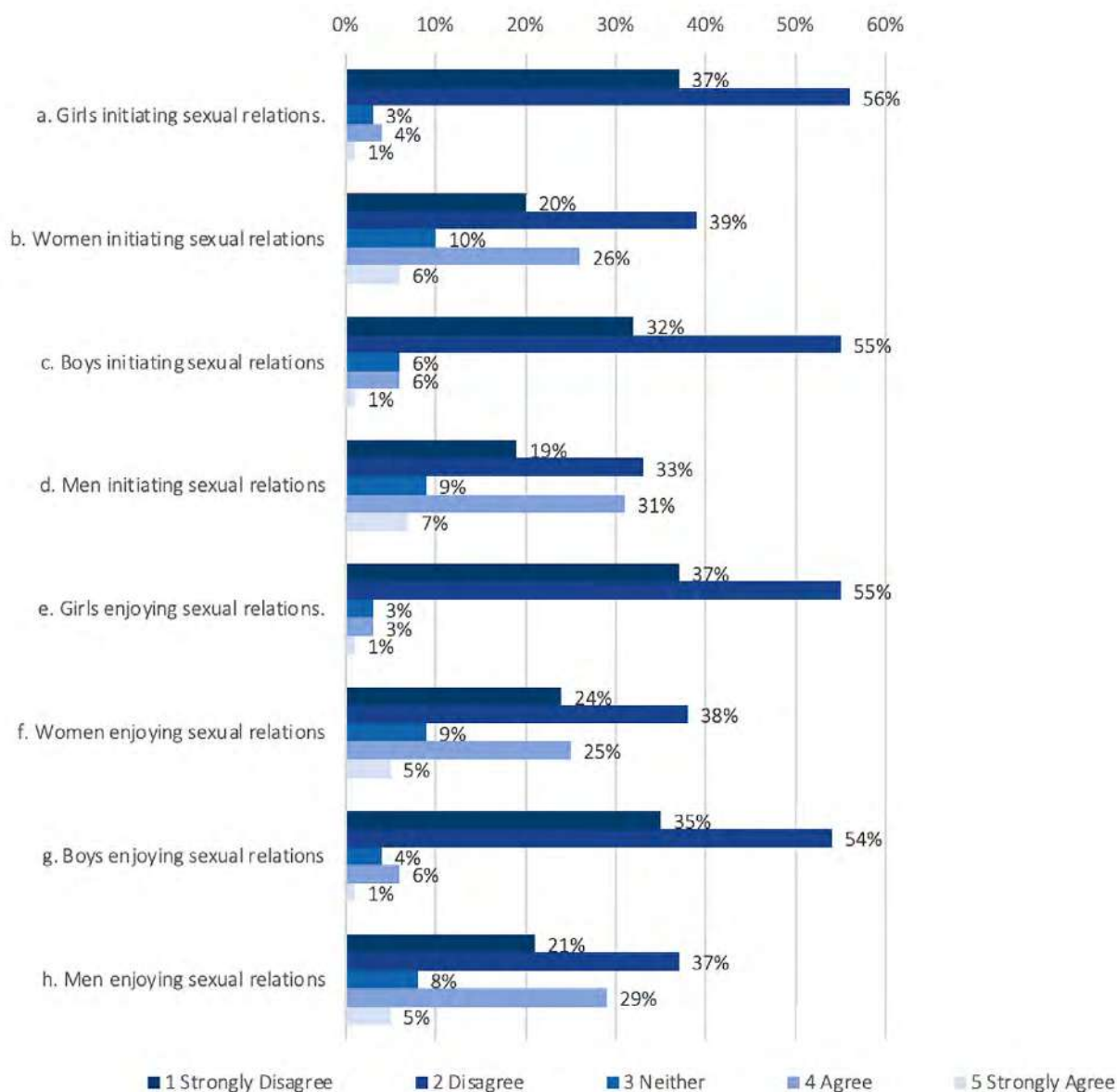
Figure 6. Implementation of SRHR Policies



DECISION ON SEXUAL INITIATION

This indicator measures how the respondents feel about girls, women, boys, and men initiating and enjoying sexual relations. Overall, the results show that most respondents have a negative attitude towards these statements, particularly in the case of girls and boys. The negative attitude is moderated when it comes to adults but is still dominant. Results for this indicator are summarized in Figure 7. The percentage of respondents who strongly agree or agree that boys and girls initiate or enjoy sexual relations is between 4% and 7% and between 30% and 34% in the case of women and men.

Figure 7. Initiating and Enjoying Sexual Relations

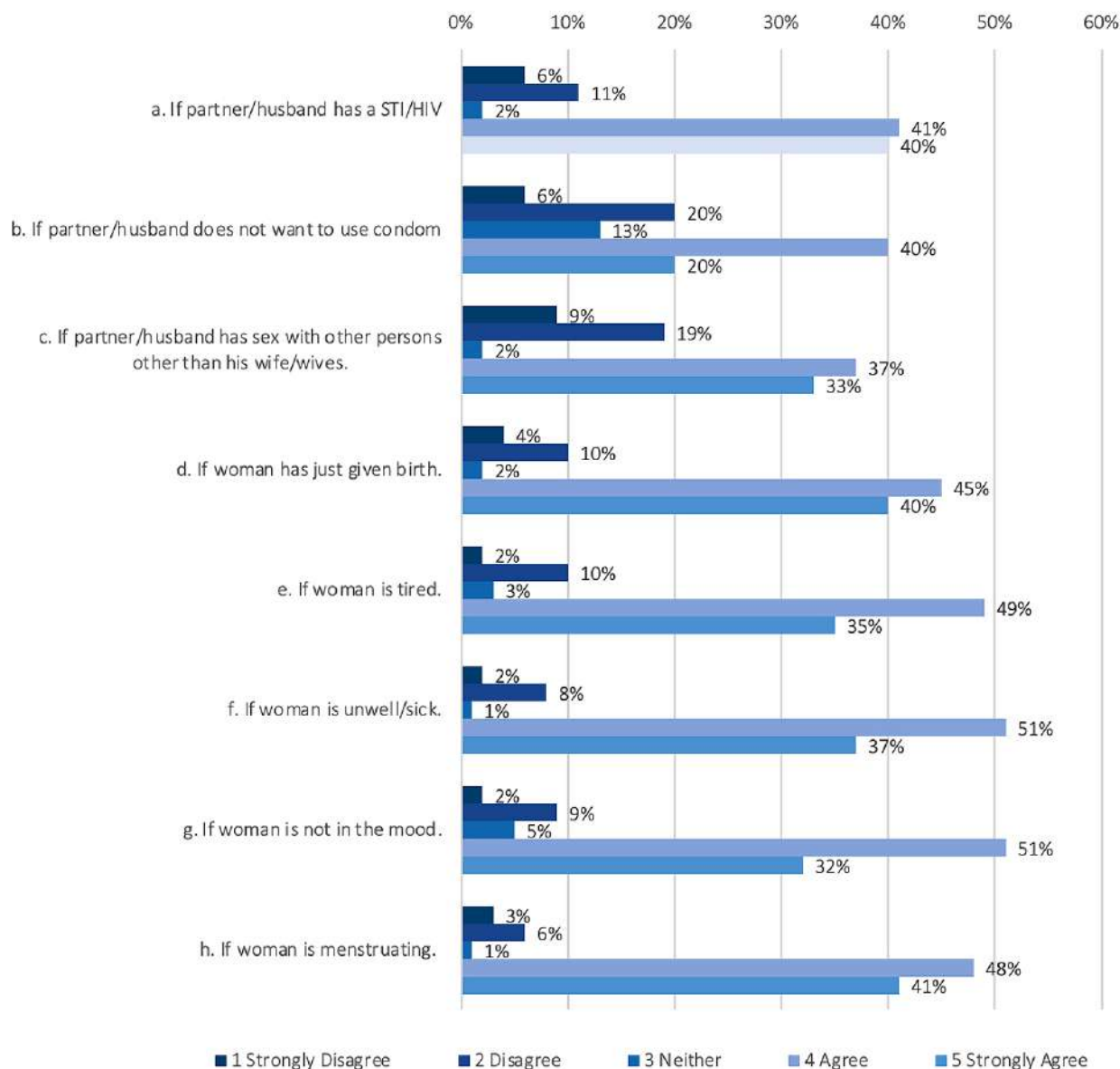


SEXUAL NEGOTIATION AND COMMUNICATION

The indicator measures how acceptable it is for a woman to refuse to have sex with her husband for reasons such as her husband having STIs, having sex with other women, not using a condom and if the woman just gave birth, is tired, is sick, is not in the mood, or is menstruating. Between 60% to 89% of the respondents agree with these statements, although in the case of the husband not using a condom or having sex with other people, the percentages are the lowest, 60% and 70% respectively. The results of this indicator are summarized in Figure 8.

The overall mean of this indicator was 3.95 (Table 17), which is one of the highest among all indicators. Suggesting a positive attitude towards sexual negotiation and communication and women’s sexual agency.

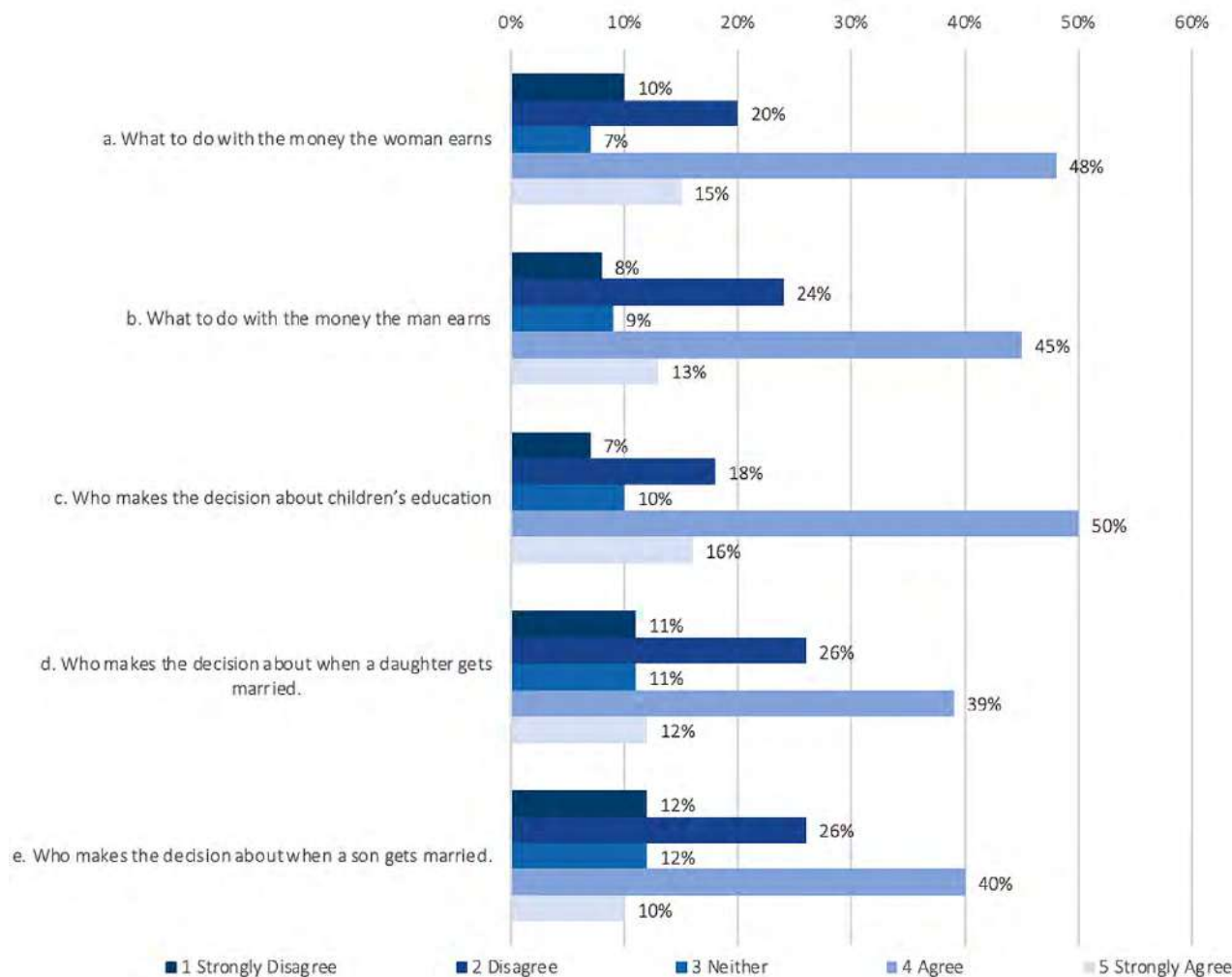
Figure 8. Sexual Negotiation and Communication



WOMEN’S DECISION MAKING

This indicator measures how respondents feel about women making decisions regarding their own or their husband’s/partner’s earnings, children’s education, and when the daughter or son should marry. The results show ambivalence in this respect, with only a moderate majority agreeing or strongly agreeing with these statements. The lowest percentages go to women deciding when children should marry. The overall mean of this indicator is 3.29 (see Table 17) confirming the erratic attitude towards these statements. The results of this indicator are summarized in Figure 9.

Figure 9. Women’s Decision Making



SRHR COMMUNITY ATTITUDE INDEX

The SRHR Community Attitudes Index for the SHE Project is a measure of three dimensions (or variables): (1) women’s reproductive autonomy, (2) women’s sexual autonomy, and (4) implementation of SRHR policies. Each dimension is defined by a set of indicators and statements. This section presents the SRHR index overall score and the score for each dimension.

SRHR COMMUNITY ATTITUDE INDEX GLOBAL SCORE

According to the data collected in the mid-term survey, the overall index score was 56.05 which corresponds to the average of the scores for each of the dimensions. The highest score corresponds to attitudes towards the implementation of SRHR policies and lower scores to the Women’s Reproductive Autonomy dimension. The comparative analysis of the Midterm, baseline and pulse survey scores is presented in Annex 3 to the Consolidated Midterm Evaluation Report. Table 18 summarizes the scores by dimension.

Table 18. SRHR Community Attitude Index Scores 2021

DIMENSION	SCORE
Women's Reproductive Autonomy Index	47.81
Women's Sexual Autonomy Index	50.46
Implementation of SRHR Policies Index	69.88
SRHR COMMUNITY ATTITUDE INDEX	56.05

WOMEN'S REPRODUCTIVE AUTONOMY DIMENSION

The Women's Reproductive Autonomy index score was 47.80, the lowest of the three dimensions. Among the indicators that made up this dimension, the highest score corresponds to Access to information and services on family planning and the lower to Decision on whether and when to have children or become pregnant. Overall scores for women, men and girls are very similar and lower for boys. Regarding the Decision on whether and when to have children/become pregnant indicator, the lowest scores are for men and boys, and, as stated before (see figure 5), strongly skewed by the negative attitude towards women's decision to terminate an unplanned pregnancy. A low Women's Reproductive Autonomy index means that a woman's power to decide about and control matters associated with contraceptive use, pregnancy and childbearing is low. Scores disaggregated by age-sex groups are presented in Table 19.

Table 19. Women's Reproductive Autonomy Index

INDICATORS STATEMENTS	INDEX				
	BOYS	GIRLS	MEN	WOMEN	OVERALL
<i>Access to information and services on family planning</i>					
Statements: It is acceptable that...					
1. family planning services are accessible for girls.	0.52	0.57	0.61	0.60	0.58
2. family planning services are accessible for women.					
3. counselling on reproductive health is accessible for girls.					
4. counselling on reproductive health is accessible for women.					
<i>Decision on whether and when to practise contraception</i>					
Statements: How do you feel about girls and women deciding on...					
5. girls using a contraceptive method to prevent pregnancy.	0.44	0.47	0.53	0.50	0.49
6. women using a contraceptive method to prevent pregnancy.					
7. girls choosing a contraceptive method to prevent pregnancy.					
8. women choosing a contraceptive method to prevent pregnancy?					
<i>Decision on whether and when to have children/become pregnant</i>					
Statements: How do you feel about girls and women deciding on...					
9. when to have a baby?	0.39	0.44	0.38	0.44	0.42
10. how many children to have?					
11. whether they can terminate an unplanned pregnancy?					

WOMEN'S SEXUAL AUTONOMY INDEX

The Women's Sexual Autonomy index score was 50.46. Higher scores correspond to the Sexual negotiation and communication indicator (0.69) and lower scores to decide on sexual initiation (0.14). Attitudes towards women and girls initiating sexual encounters or enjoying them are still very negative and this particular result negatively skews the indicator value and dimensional score. A low Women's Sexual Autonomy index means that a woman's ability to resist unwanted sex and ability to make healthy decisions about sexuality is low. Scores disaggregated by age-sex groups are presented in Table 20.

Table 20. Women's Sexual Autonomy index

INDICATORS STATEMENTS	INDEX				
	BOYS	GIRLS	MEN	WOMEN	OVERALL
<i>Access to information and services on family planning</i>					
Statements: It is acceptable that...					
1. counselling on reproductive health is accessible for girls.	0.52	0.59	0.63	0.64	0.59
2. counselling on reproductive health is accessible for women.					
<i>Decision on sexual initiation</i>					
Statements: How do you feel about...					
3. girls initiating sexual relations.	0.14	0.14	0.16	0.13	0.14
4. women initiating sexual relations.					
5. girls enjoying sexual relations.					
6. women enjoying sexual relations.					
<i>Sexual negotiation and communication</i>					
Statements: A woman can refuse sex if...					
7. partner/husband has a STI/HIV.					
8. partner/husband does not want to use condom.					
9. partner/husband has sex with other persons.	0.70	0.68	0.68	0.70	0.69
10. woman has just given birth.					
11. woman is tired.					
12. woman is unwell/sick.					
13. woman is not in the mood.					
14. woman is menstruating.					

IMPLEMENTATION OF SRHR POLICIES INDEX

The SRHR Policies index score was 69.88 and it is the highest among all three dimensions. The highest scores are for girls and quite close in the case of the other three groups. As stated above (see Figure 6), the dimensional score is positively skewed by the strong rejection of early marriage for girls and boys under 16 and 18 years of age.

Table 21. SRHR Policies List of Indicators and Statements

INDICATORS	STATEMENTS	INDEX				
		BOYS	GIRLS	MEN	WOMEN	OVERALL
<i>Access to information and services on sexual health</i>						
Statements: It is acceptable that a...						
	1. girl chooses whom she marries.					
	2. woman chooses whom she marries.					
	3. girl chooses when she marries.					
	4. woman chooses when she marries.	0.67	0.72	0.66	0.68	0.699
	5. girl is married before the age of 18.					
	6. boy is married before the age of 18.					
	7. girl is married before the age of 16.					
	8. boy is married before the age of 16.					

PERSONAL LIFE AND PERSONAL EXPERIENCES

260 people (7 girls, 56 men and 197 women), equivalent to 39% of the total number of respondents, answered the questions on intimate partner violence. Among them, 3 men and 5 women sought support for physical, sexual, psychological, or economic abuse. Five of them sought help from the police, the Violence against Women and Children (VAWC) staff, the Barangay LGU and LGU, and the Department of Social Welfare and Development (DSWD). According to respondents, immediate institutional action led to the arrest of two perpetrators and in other cases encouraged them to talk and resolve the problem and changed their harmful attitude. One man and two women did not seek help from the government agencies, but they asked for help from their parents, family or neighbour and they were advised to settle the issue. Another woman agreed to separate from her husband, and one slept over at her neighbour's place until the situation calmed down.

One woman said she was very unsatisfied with her family's support and the advice to separate from her husband. One man was very satisfied with the support received from the police. The other six respondents were satisfied with the support provided by the corresponding government agencies.

EXPERIENCE OF INTIMATE PARTNER VIOLENCE

Done by the respondent

The number of respondents who reported having committed intimate violence in the 12 months prior to the survey is summarised in table 22 (please note that multiple responses were allowed).

The most common violent actions were "yelling, cursing, or insulting" (45% of total violent actions reported), followed by "slapping or spanking" (11%), "Throwing something at the other, pushing, shoving, or grabbing and twisting the arm" (9%) and "Not allowing them to keep or spend money they earned" (9%). Although the frequency is low, there are violent some violent actions that need to be highlighted as they stand as serious cases of violence that could lead to serious bodily harm, such as burning or choking perpetrated by one female participant. The highest incidence of yelling, cursing, or insulting may be explained because of an immediate preference for verbal violence instead of the physical violence that often leaves marks or evidence on the survivors' bodies.

Table 22. Number of Respondents who did Intimate Partner Violence to their Spouses

INTIMATE PARTNER VIOLENT ACTION	YES			NO	PNTA / IDK	TOTAL YES
	OFTEN	SOMETIMES	VERY RARELY	NEVER		
1. Yelling, cursing or insulting	6	48	23	177	6	78
2. Slapping or spanking		11	7	236	6	18
3. Throwing something at the other, pushing, shoving, or grabbing and twisting the arm	1	9	6	239	5	16
4. Knocking on the head, kicking, biting, pulling hair, punching		4	7	245	4	11
5. Tying up and hitting, hitting or trying to hit with an object, or beating up while restrained		2	1	254	3	3
6. Threatening with a knife, gun or axe, or throwing acid		4	3	248	5	7
7. Burning or choking			1	256	3	1
8. Forcing him/her to have sex when he/she did not want to	1	5	2	247	5	8
9. Threatening their life or that of a loved one		1	2	256	2	3
10. Not allowing them to leave the house or locking them inside the house	1	3	1	252	4	5
11. Not allowing them to work or earn a living	1	2	3	252	3	6
12. Not allowing them to keep or spend money they earned	1	10	4	243	2	15

The respondents were asked about the frequency of the violent actions committed against their partners in the 12 months prior to the survey. Results show that most respondents did not commit any violent acts against their partners. However, in terms of frequency, most violent actions occurred between 1 to 4 times during the year and only “Yelling, cursing or insulting” was reported as happening more than five times during the year and on weekly bases. A summary of the results is presented in Table 23.

Table 23. Frequency of Intimate Partner Violence Action done by the respondents

INTIMATE PARTNER VIOLENT ACTION	NEVER	ONE TIME	FROM 2 TO 4 TIMES	FROM 5 TO 10 TIMES	ONCE A WEEK	PNTA / IDK
1. Yelling, cursing or insulting	187	29	21	6	8	9
2. Slapping or spanking	238	10	5	2		5
3. Throwing something at the other, pushing, shoving, or grabbing and twisting the arm	243	7	4	1		5
4. Knocking on the head, kicking, biting, pulling hair, punching	245	7	3	1		4
5. Tying up and hitting, hitting or trying to hit with an object, or beating up while restrained	252	2	1	1		4
6. Threatening with a knife, gun or axe, or throwing acid.	248	6	1	1		4
7. Burning or choking	254	1		1		4
8. Forcing him/her to have sex when he/she did not want to.	251	1	2	1		5
9. Threatening their life or that of a loved one.	254	1	1			4
10. Not allowing them to leave the house or locking them inside the house.	250	2	2	2		4
11. Not allowing them to work or earn a living.	250	3		2		5
12. Not allowing them to keep or spend money they earned.	246	6		2		6

Among those who answered what violent action they did, there was 1 girl, 20 men, and 66 women (87 total). Among those who answered how many times they do the violent action (one time to once a week), there were 2 girls, 17 men, and 53 women (73 total).

It is important to note that in comparing the frequencies of Tables 18 and 19, when the total number of respondents who answered yes in Table 18 was subtracted from those who answered the number of times, they do the violent action (one time to once a week), there is one response difference for violent action numbers 5, 6 and 7 (Table 23). Upon referring to the database, there were two women who answered that they did not tie up and hit their partner but when asked about the frequency, one said she did it two to four times and the other said five times in the last 12 months. There were two women who answered that they did not threaten their partner with a knife, gun, axe, or acid but when asked about the frequency, one said she did it two to four times and the other said one time in the last 12 months. There were one woman and one man who answered that they did not burn or choke their partner but when asked about the frequency, the man said he did it one time and the woman did it two to four times in the last 12 months and the only one who said she burned or choked her spouse answered never when asked about the frequency. It is assumed that those who said that they do violence to their partner would be the ones to answer how many times they did it (frequency) in the last 12 months. There were 25 respondents who answered they did violence but answered never when asked how many times they did it.

Done to the respondent

On the other hand, the respondents were also asked what intimate partner violence was done to them by their spouse or partner in the 12 months prior to the survey. Results show that “yelling, cursing or insulting” is again the most common type of violence (45% of total cases), followed by “slapping or spanking” (8%), “Throwing something at the other, pushing, shoving, or grabbing and twisting the arm” (7%) and “Forcing him/her to have sex when he/she did not want t” (7%). A summary of the results is presented in Table 24.

Table 24. Intimate Partner Violence Committed against the Respondent

INTIMATE PARTNER VIOLENT ACTION	YES			NO	PNTA / IDK	TOTAL YES
	OFTEN	SOMETIMES	VERY RARELY	NEVER		
1. Yelling, cursing or insulting	8	39	21	186	3	68
2. Slapping or spanking	3	4	5	241	7	12
3. Throwing something at the other, pushing, shoving, or grabbing and twisting the arm.	3	3	5	245	4	11
4. Knocking on the head, kicking, biting, pulling hair, punching	3	4	1	248	4	8
5. Tying up and hitting, hitting or trying to hit with an object, or beating up while restrained.	2	2		253	3	4
6. Threatening with a knife, gun or axe, or throwing acid.	3	3	1	249	4	7
7. Burning or choking	2	1		254	3	3
8. Forcing him/her to have sex when he/she did not want to.	4	4	2	247	3	10
9. Threatening their life or that of a loved one.	2	2	1	252	3	5
10. Not allowing them to leave the house or locking them inside the house.	3	3		251	3	6
11. Not allowing them to work or earn a living.	6	2	1	245	6	9
12. Not allowing them to keep or spend money they earned.	1	5		249	5	6

The respondents were asked about the frequency of the violent actions committed against their partners in the 12 months prior to the survey. Results show that most respondents did not report any violent acts against their partners. However, in terms of frequency, most violent actions occurred between 1 to 4 times during the year but there were cases of “Yelling, cursing or insulting”, and “Tying up and hitting, hitting or trying to hit with an object, or beating up while restrained” reported as happening on weekly bases. A summary of the results is presented in Table 25.

Table 25. Number of Respondents on the Frequency of Intimate Partner Violence Done to Them

INTIMATE PARTNER VIOLENT ACTION	NEVER	ONE TIME	FROM 2 TO 4 TIMES	FROM 5 TO 10 TIMES	ONCE A WEEK	PNTA / IDK
1. Yelling, cursing or insulting	194	31	16	3	4	12
2. Slapping or spanking	243	2	3	2		10
3. Throwing something at the other, pushing, shoving, or grabbing and twisting the arm.	247	2	3	1		7
4. Knocking on the head, kicking, biting, pulling hair, punching	249	2				
5. Tying up and hitting, hitting or trying to hit with an object, or beating up while restrained.		2	1		6	
6. Threatening with a knife, gun or axe, or throwing acid.	254			1		5
7. Burning or choking	252	3	1	1		3
8. Forcing him/her to have sex when he/she did not want to.	256			1		3
9. Threatening their life or that of a loved one.	250	1	3	2		4
10. Not allowing them to leave the house or locking them inside the house.	254	1	1			4
11. Not allowing them to work or earn a living.	252		1	1	1	5
12. Not allowing them to keep or spend money they earned.	247	3	3	2	1	4

REACTIONS TO INTIMATE PARTNER VIOLENCE

The respondents were asked about their reaction or action upon experiencing intimate partner violence. Respondents can answer multiple reactions or actions as applicable in their case. Among the reactions, many of the respondents answered they keep quiet (29%), some would tell relatives or friends and ask that they intervene (15%), others would turn or run away or shield their body when physically abused (14%), and there are those who went to the village elders or community leaders (12%). There was one man who sought advice from a lawyer and asked his employer to intervene. There was one woman who sought advice from a lawyer and another woman who asked her employer to intervene. Results are summarized in Table 26.

It is noteworthy that among the answers 16% of the respondents “do not know”, and 25% “preferred not to answer”. There were also those who reacted differently from those listed, such as talking about the issue calmly, saying sorry, ‘charming the wife’, separating from the spouse, and getting mad and doing the same to the spouse.

Table 26. Number of Respondents and Their Reactions to the Intimate Partner Violence

REACTION OR ACTION	BOYS	GIRLS	MEN	WOMEN	TOTAL	% OF TOTAL
Turn away, run away or shield your body when abused physically			11	25	36	13.8%
Tell relatives or friends what happened and ask them to intervene		2	5	32	39	15.0%
Go to the hospital, healthcare centre or doctor			3	11	14	5.4%
Go to police or courts			3	6	9	3.5%
Go to village elders/community leaders			3	29	32	12.3%
Seek advice from lawyer			1	1	2	0.8%
Seek help or counselling from religious leaders		1	1	7	9	3.5%
Go to the person's employer and ask them to intervene			1	1	2	0.8%
Go to a women's shelter or help centre				12	12	4.6%
Keep quiet		2	17	56	75	28.8%
Don't know		1	10	31	42	16.2%
Other		1	6	10	17	6.5%
PNTA		1	15	49	65	25.0%

AWARENESS OF PROJECTS AND INITIATIVES ON SRH

The respondents were asked about their awareness of any projects or campaigns promoting the Sexual and Reproductive Health and Rights of women and girls. 32% of the respondents said they were aware of the projects and initiatives on SRHR. By age-sex groups, 36% of the men were aware, followed by 35% of women, 31% of girls, and 15% of boys. Only 15% of respondents said they were involved in initiatives that advocate for the Sexual and Reproductive Health and Rights of women and girls at the time of the survey, including 18% of the women, 15% of the girls, 15% of the men, and 7% of the boys. Most respondents (80%) said they would like to be involved in initiatives promoting SRHR, including, 83% of the men, 80% of the girls, 81% of the women, and 69% of the boys.

KEY FINDINGS

On Knowledge about Sexual and Reproductive Health

- Apart from having heard about HIV/AIDS, knowledge about detection, treatment or other STIs is moderate. 52% believe there is a cure for AIDS, 69% are not aware of other STIs, and even among those who recognized other STIs, only 52% correctly identified the symptoms.

On Awareness, Attitudes and Use of Condoms

- Male condoms are recognized by 82% of respondents as an effective method of preventing pregnancy. However, the percentage of respondents who recognized condoms as suitable for casual relationships is lower (61%) and even lower in the case of steady, loving relationships (49%).
- 47% of respondents reported feeling uncomfortable or embarrassed when they have to buy or obtain condoms.
- 50% of the respondents believe that when a girl suggested using condoms to her partner, it would mean that she did not trust him.

On Health Decision Making Practices

- 80% of respondents said they go to hospitals, clinics or doctors when they require medical care.
- Grandmothers still play an important role in making decisions about children's health. 43% of respondents said that their mother makes the decisions, including whether the child needs to go to the doctor.
- 36% of female respondents said they had their first pregnancy when they were between 15 and 19 years old.
- 46% of female respondents who have been pregnant at least once had had between 1 and 2 pregnancies.
- Male partners play an important role in women's decisions about how many children to have. 44% of the female respondents said they made the decision together with their partner and 23% said their partner made the decision.
- Among those who were not pregnant at the time of the survey and were sexually active, 33% said they would prefer not to have any more children and 28% would like to have another child. Among those who were pregnant during the time of the survey, 56% would like to have another child and 28% would rather prefer not to.
- 62% of female respondents who were not pregnant do not know how long they want to wait before having another child, while 72% of female respondents who were pregnant said they want to have another child within the next 12 months.
- Among female respondents who have been pregnant, 73% wanted to become pregnant at the time they did, including 6 girls and 151 women.

On Contraceptive Methods

- Although all respondents know at least one contraceptive method, only 33% have used one and 18% are currently using one.
- The most used contraceptive method is the oral contraceptive pill (92%), followed by the male condom (37%) and injectable contraceptive (22%).
- The majority of current users are using the oral contraceptive pill (53%), followed by the implant (22%) and the male condom (20%).
- Among those who are using the contraceptive methods, 97% said they had discussed and decided together with their partner.
- Among the 121 respondents who were currently using a contraceptive method, the majority said they have obtained their current contraceptive method from the Barangay Health Centre (89%).

On Attitude towards Violence against Women and Girls (VAWG)

- Attitudes towards VAWG are strongly negative. Between 80 and 93% of respondents reject husband beating or hitting the wife under any circumstances.

On Access to SRHR Information and Services

- Attitudes towards women, girls, men, and boys accessing SRHR information and services are moderately positive. Overall, between 50% and 80% agreed or strongly agreed with the statements that SRH services should be accessible to everyone, although the percentages are lower in the case of girls and boys accessing contraceptives services.

On Deciding Whether and When to Practise Contraception

- Attitudes towards women and girls deciding on the use of a contraceptive method to prevent pregnancy are positive, although a less supportive attitude in the case of girls. Overall, between 70 and 75% of the respondents showed a positive attitude in the case of women and between 45% and 47% in the case of girls.

On Decision on Whether and When to Have Children/Become Pregnant

- Attitudes towards girls and women deciding on how many children to have, and when to have a baby are slightly positive, but attitudes towards them deciding whether they can terminate an unplanned pregnancy are still strongly negative. Between 67% and 69% respondents support women deciding on the first two issues but 73% do not support their autonomy to decide whether to terminate an unplanned pregnancy.

On Implementation of SRHR Policies

- Respondents showed a very positive attitude towards the autonomy of women, girls, and boys to decide whom and when to marry, and a strong rejection of early marriage for children under 16 and 18 years of age. Results show that between 70% and 87% of respondents agree or strongly agree with girls, boys and women deciding whom and when to marry. Regarding early marriage, 94% of respondents reject girls and boys being married before the age of 16 and 80% reject it before the age of 18.

On Decisions regarding Sexual Initiation

- Overall, the results show that most respondents have a negative attitude towards girls and boys initiating or enjoying sexual relationships. The negative attitude is moderated when it comes to adults but is still dominant.

On Sexual Negotiation and Communication

- Between 60% to 89% respondents support women refusing sex with her husband for reasons such as her husband having STIs, having sex with other women, not using a condom and if the woman just gave birth, is tired, is sick, is not in the mood, or is menstruating, although the support is weaker in the case of the husband not using a condom or having sex with other people.

On SRHR Community Attitude Index

- According to the data collected in the mid-term survey, the overall index score was 56.05 which corresponds to the average of the scores for each of the dimensions. The highest score corresponds to attitudes towards the implementation of SRHR policies (score: 69.88) followed by Women's Sexual Autonomy (score: 50.46) and the Women's Reproductive Autonomy dimension (score: 47.81).
- Regarding the Women's Reproductive Autonomy Dimension, the score is negatively skewed by less supportive attitudes of men and boys towards women deciding whether to terminate an unplanned pregnancy.
- Regarding Women's Sexual Autonomy, Higher scores correspond to the Sexual negotiation and communication indicator (0.69) and lower scores to decide on sexual initiation (0.14)
- At last, on Implementation of SRHR Policies dimension, the score is the highest of the three dimensions and positively skewed by a strong rejection of early marriage.

On intimate partner violence

- Results show that "yelling, cursing or insulting" is again the most common type of violence (45% of total cases), followed by "slapping or spanking" (8%), "Throwing something at the other, pushing, shoving, or grabbing and twisting the arm" (7%) and "Forcing him/her to have sex when he/she did not want to" (7%). The highest incidence of yelling, cursing, or insulting may be explained because of an immediate preference for verbal violence instead of the physical violence that often leaves marks or evidence on the survivors' bodies.
- "Yelling, cursing or insulting" was reported as happening more than five times during the year and on weekly bases.