

Religious Influence on Reproductive Health and Pregnancy Intention: Experiences of Young Adults in Cebu City, Philippines

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Introduction

With a population that is almost 80% Roman Catholic, the influence of religion can be seen in many aspects of family, civil, and penal law in the Philippines (Ruiz Austria C S, 2004). In particular, reproductive health and family planning policies have been shaped by the current Filipino president, Gloria Macapagal Arroyo, and noted to be increasingly restrictive (Ruiz Austria C S, 2004). As a result, Catholicism pervades nearly all aspects of reproductive health, union formation, and childbearing for young adults in the Philippines.

Many young adults encounter conflicts between traditional Catholic values and decision-making surrounding contraception, premarital sex, unintended pregnancy, abortion, and marriage. Despite the dominant ideology supporting marriage, a growing proportion of young adults are cohabitating without marriage, or without a church marriage (Kabamalan M, 2004). Moreover, the age at marriage has increased, without a concurrent delay in sexual initiation, equating to a greater proportion of young adults who are engaging in premarital sex (Kabamalan M, 2004).

Strong social constraints and negative perceptions on the part of health providers have restricted the reproductive health information and services available and accessible to young adults (Singh S et al., 2006). Lack of adequate reproductive health education helps to fuel myths surrounding modern contraceptives, forcing many young adults to rely on socially sanctioned, often ineffective traditional methods. Seventeen percent of women are considered to have an unmet need for family planning, split almost equally between those who wish to space their pregnancies (8%) and those who wish to limit childbearing altogether (9%) (National Statistics Office (NSO) and ORC Macro, 2004). Filipinos have expressed a desire for smaller family size but without adequate access to effective contraception, 44% of births were considered to be unintended in 2004 (National Statistics Office (NSO) and ORC Macro, 2004).

Although current legislation prohibits all abortion except in the case of saving a woman's life, of the 3.1 million pregnancies occurring each year in the Philippines, 15% result in induced abortions (Singh S et al., 2006). It is estimated that one in every seven pregnancies is terminated by abortion each year (Singh S et al., 2006). Since abortions are mainly performed by practitioners without formal training, it is difficult to obtain comprehensive abortion statistics for the Philippines. However, it is estimated that two-thirds of Philippine women experience complications and approximately 800 women die per year in this context (Singh S et al., 2006).

The universal influence of Catholicism has not only shaped the legislative and societal priorities but individual-level notions of sexual agency, pregnancy experience, and fetal personhood (Tan M L, 2004). Additionally, the discourse among young adults surrounding abortion has become unique, weighing specific notions of fetal personhood based on time of gestation and religious

doctrine that condemns abortion as sin. Notions of self are further blurred as reproductive agency still remains fundamentally intertwined in ideals perpetrated by the Catholic Church. (Tan M L, 2004)

A clear disparity exists between current legislative priorities and the lived reality of many young adults with regard to pregnancy intention and the need for family planning services. To better meet the health needs of young adults in the Philippines and to achieve the goals set forth at the 1994 International Conference on Population and Development (ICPD), the impact of religion and religiosity on reproductive health must be taken into consideration.

Study Design and Research Methods

This study was created to provide further insight into the reproductive lives of young adults living in Cebu, Philippines and the ways in which their reproductive decisions are negotiated and achieved within a restrictive environment.

This paper draws upon qualitative data collected on pregnancy intention and reproductive health decisions from a subsample of participants in the Cebu Longitudinal Health and Nutrition Study (CLHNS), an ongoing longitudinal study of a cohort of mothers and their children born in 1983-1984 (Cebu Longitudinal Health and Nutrition Survey, 10/02/2007). The CLHNS is conducted in 33 study barangays (communities) from the Metropolitan Cebu area, the second largest city in the Philippines. Qualitative data were collected from the CLHNS study participants and study barangay (community) members in 2007-08 using focus group discussions (FGDs) and in-depth interviews (IDIs).

Eight FGDs were conducted with single and in-union/married young men and women (ages 21-29) living in 4 of the CLHNS urban study barangays. In order to gain a contextual understanding into reproductive health matters, the CLHNS subsample was chosen to include only CLHNS participants who had indicated having a negative response to a past pregnancy. The partners of these participants were also interviewed. A total of 66 IDIs were conducted with 20 ICs and 13 partners. Both FGDs and IDIs addressed the context in which young adult life transitions were occurring, as well as the actors and decisions involved in these transitions.

Findings

Notions of sexual agency

Although premarital sex is prohibited and considered immoral by traditional Catholic values, the data show that many study participants found it difficult to abstain from sex. Sexual initiation may also be affected or precipitated by greater independence as more young adults move away from family to pursue education or job opportunities. In the FGDs, participants indicated that adolescents are 'curious' about sex and engage in premarital sex due to lust (*biga*) or being hot (*kumag*). Participants described that many times, initiating sex may be a sudden action, without a formal decision to engage in sex or with little prior discussion:

Participant: Yes, but it was never in my mind that I will have sex with him before marriage.

Interviewer: Mm

Participant: I really wanted to get married first before I'll have sex with him.

Interviewer: Mm

Participant: I wanted to be married first before he had sex with me.

Interviewer: Mm, so what happened then, why did you have sex with him?

Participant: It was really because we ventured into those rooms [laughed], by and by a man gets carried away by his emotion, it seemed he cannot control himself. So that was it.

(Female IDI Participant)

Perceptions of self and sexuality

Discussions of sexual behavior also revealed the view of young women as receptors of sex, rather than being equal partners in sexual decision-making. When describing sexual initiation women often referred to themselves as being “used,” “had,” or “taken.” Becoming pregnant was also referred to as “penetration,” having the connotation that male sexual behavior is the controlling force in reproduction.

Actually when we first had sex on that month I already had my menstrual period, ah, no I did not menstruate yet, so after we had sex I had my menstruation so I couldn't be pregnant and then after that he used me again, he must have penetrated me then because the following month we did not have sex anymore and the month after that my period did not arrived. That was it. I suspect that the second time was what got me pregnant.

(Female IDI Participant)

Contraception

Religiosity may also discourage the use of contraception and attributing reproductive agency to divine intervention. As one participant described it, “*With God's grace I haven't gotten pregnant.*” Many study participants cited myths, misconceptions, and barriers associated with using any type of contraceptive method. Data showed that the most commonly discussed and utilized contraceptive method was withdrawal, likely because it is one of the less religiously stigmatized methods. Despite having experiences in which withdrawal failed and resulted in pregnancy, many participants continued to use withdrawal either exclusively or in combination with other methods. Several participants cited attempts at obtaining and using modern methods but most were those who sought birth control pills or IUDs after already experiencing at least one unintended pregnancy.

Unintended pregnancy

Many study participants believed that because they had given into their religiously prohibited desires to have sex before marriage, pregnancy was an inevitability for which they must take responsibility. However, the data showed variation in the actual definition of unintended pregnancy (*sipyat*).

Abortion decision-making

The deep belief that abortion is a sin permeates the discussion of unintended pregnancies. Also pervasive is the belief that abortion constitutes the taking of a life. Several participants described never seriously considering abortion because of the magnitude of sin associated with it:

Participant: I was thinking, “This is a sin and if I decide to abort this I will be adding another sin. So I said, “I've sinned already so I will continue with the pregnancy,” and that was what my partner also wanted that I will continue with the pregnancy.

(Female IDI Participant)

Participant: If she is already pregnant. The pregnancy must be continued. It should never be aborted (kuhaun). It is already a life.

Interviewer: So you consider it as life already?

Participant: Yes.

(Male IDI Participant)

However, many participants struggled with the option of abortion, especially when considering the potentially negative reactions of their parents. The notion of maintaining family honor was very influential:

Participant: Yes, I planned to have it aborted but it was nothing. My classmates told me that “Don’t be foolish because you know that it is a big sin.” I told them “I am afraid of my mother and father,” and they told me “That’s just at the start eventually they will be able to accept you and the child especially after you give birth.”

(Female IDI Participant)

Predestination or divine intervention was also mentioned in regard to the potential success of an abortion. Some participants described their belief that if a child is “meant to be,” no abortion attempt could successfully end a pregnancy. As one participant said, “*If the baby is really for you, no matter what you do to abort, it won’t be aborted since it’s really for you.*” In addition, many participants referred to an unborn child as an ‘angel’, or an innocent being, that should not die as a result of the immoral behavior (referring to the sex act) of the couple.

Union-formation – Ideal vs. Reality

The qualitative data indicate that although the ‘ideal’ time to get married is around age 25, both male and female FGD participants felt that, ‘nowadays it is rare’ that a couple gets married before they are pregnant. As one female FGD participant said, “*Before people depended on the phase of the moon to choose a time to marry, but now it depends on the size of the woman’s stomach.*” Several study participants described making the decision to marry or cohabitate to avoid stigma toward unplanned pregnancy. As one male partner described:

Interviewer: Did her parents refuse to give their consent [to live together already]?

Participant: No. It was ok with them.

Interviewer: What about your parents?

Participant: It was also ok with hem. If they won’t give their consent, they [female partner’s parents] are at the losing end. [Laughs]

D: Why would they be at the losing end?

I: Because their daughter is already pregnant.

(Male IDI Participant)

Conclusion

Although analysis is still ongoing, the completed data analysis clearly shows that there are areas of significant discord between traditional Catholic values and the reality of reproductive health and family planning among young adults in Cebu City, Philippines. Although religion and religiosity may be a protective factor for young adults with respect to delaying sexual initiation it is also important to understand how religious influences may impede or inhibit the provision of comprehensive sexual and reproductive health services for young adults in the Philippines (Xenos P et al. 1999).

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