

Nonconsensual Marital Sex and Reproductive Health among Filipino Youth

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Young people because of their age are particularly vulnerable to sexual abuse and exploitation such as rape, sexual assault, incest and prostitution with females being more likely than males to be the victims of sexual violence. Marriage is not a safe refuge since studies show that a substantial number of sexual abuses against women also occur within marriage. Studies show that abuse and violence are often accepted as part of married life and reinforced by social norms, laws and policies. Traditionally, Filipino women accept that part of their role in marriage is to satisfy the sexual needs of their husbands, with or without their full consent.

Concern over the issue of sexual coercion particularly in adolescence has led to a growing body of literature which documented its short- and long-term medical, emotional, psychological and social consequences. Studies on the implications of coercive sex on reproductive health are very limited. Moreover, majority of such studies are concerned with coercive first intercourse and tend to omit the experiences of married young people. The general paucity of researches on coercive sex may be attributed, to a large extent, to the highly sensitive nature of the topic. In the Philippines, there has been very little systematic study on nonconsensual sex, whether within or outside marriage, and its adverse consequences. One exception is the research work conducted by Marquez and Cruz (2005) which established the relationships between forced marital sex with a number of health and social concerns. For instance, the study found that women who reported forced sex within marriage are more likely to experience higher levels of depression, feelings of being unsafe or threatened, actually experiencing being threatened by someone and are more likely to have ever thought of committing and actually attempting suicide compared to those who have never been coerced into sex by their husbands. In addition, these women also have greater tendency to physically hurt someone and to carry a weapon (which is true especially among those who were regularly coerced into sex). The authors, however, did not examine the implications of coercive marital sex experience on one essential facet of married life - reproductive health.

The reproductive health needs of young Filipinos, despite being an important social and public health issue, have largely not been adequately addressed. Religion, culture and politics pose major barriers to ensuring good adolescent reproductive health among Filipino youth. For instance, the country's family planning program excludes adolescents and unmarried couples from family planning services (Commission on Population, 2003) despite the affirmation of the international community that no medical reasons currently exist to deny any contraceptive method to anyone based on young age alone.

It is no surprising then that Filipino youth are deplorably ill-informed when it comes to contraception and reproductive health. Existing data show that a substantial number of young Filipinos are unaware of sexually transmitted diseases. Although there is a universal awareness of HIV-AIDS, such knowledge is still shrouded with misinformation, for instance with regards to the curative nature of the disease and personal immunity from HIV-AIDS. Similarly, although nearly all young people are aware of modern contraceptive methods, they have no sufficient practical knowledge of these methods at all. The health-seeking behavior of Filipino youth is equally lamentable. Studies reveal that less than a quarter of young Filipinos would consult health professionals for their reproductive health problems. For instance, only 8 percent of males and 23 percent of females who have experienced painful urination sought medical treatment for their complaints (Zablan, Marquez and Laguna, 2003).

Within this context, the study aims to determine the extent of coercive marital sex among young Filipino women and examine its association with selected reproductive health outcomes and behavior. The study utilizes a sample of 2,090 Filipino married females in the ages 15-24 drawn from the 2002 Young Adult Fertility and Sexuality Study (YAFS3) survey conducted by the University of the Philippines Population Institute and the Demographic Research and Development Foundation. YAFS3 is a nationally-representative survey of nearly 20,000 Filipino males and females 15-27 years old. The survey utilized face-to-face interviews to collect extensive information on Filipino youth including issues pertaining to sexuality and reproductive health.

Information on nonconsensual marital sex is based on the question (asked of women respondents only) on whether or not the respondent has engaged in sexual intercourse with her husband without her full consent. An affirmative response to this query is followed by a question on whether this occurs in a regular or occasional manner. Three indicators of reproductive health that can be derived from the data are examined. These are (1) experience of symptoms of reproductive health problems which include irregular menstrual period, abnormal vaginal discharge, painful urination and painful intercourse; (2) experience of pregnancy complications such as high blood pressure during pregnancy (preeclampsia), ectopic pregnancy, and induced or spontaneous abortion, and; (3) current use of modern family planning methods. One reproductive health outcome which, according to several studies, has one of the strongest associations with coercive sex is unintended pregnancy. However, information on unintended pregnancies is not available in the data.

Chi-square tests and logistic regressions are employed to determine the associations between experiences of nonconsensual sex within marriage and selected reproductive health behavior and outcomes. Specifically, binary logistic regression analysis is utilized to test whether or not forced marital sex controlling for other factors is likely to be associated with selected indicators of reproductive health.

The data reveal that a full half of young females have experienced some form of coercive sex within marriage with 41 percent reporting occasional occurrence and 9

percent regular occurrence. College-educated, rural residents, non-Catholics and those who are formally married are more likely to report such sexual abuses.

The proportion of young women who have experienced at least one reproductive health problem is significantly higher among those who reported forced marital sex (67.7%) than those who did not (58.1%). The same significant pattern consistently holds true for the specific symptoms of reproductive health problems. Women with coercive marital sex experience are twice more likely to experience abnormal vaginal discharge than those with no such coercive experience (11.5% vs. 6.0%). Similarly, women who have been sexually abused by their husbands are significantly more likely to experience irregular menstruation (40.4% vs. 35.7%), painful urination (33.4% vs. 24.4%) and painful intercourse (38.2% vs. 27.4%) than those who did not report sexual abuse.

Women with coercive marital sex experience also registered higher proportions of experiencing at least one pregnancy complication compared to married women who have not been sexually coerced by their husbands (13.7% vs. 10.2%). Experience of either induced or spontaneous abortions is significantly higher among women who reported coercive marital sex (4.6%) than those who did not (21.3%). The prevalence levels of preeclampsia (9.1% vs. 8.1%) and ectopic pregnancy (1.3% vs. 0.6%) are also higher among women with coercive marital sex experience than those with no such experience although the differences are not statistically significant.

The use of modern family planning methods, however, is significantly lower among women with nonconsensual sex experience with their husbands (24.0%) compared to women who have never experienced such abuse (32.1%). Nearly half (48.0%) of women who are practicing contraception use pills although substantial proportions also rely on the withdrawal method (18.1%) and injectables (13.8%).

Results of the regression analysis reveal that the associations found in the bivariate level analysis between coercive marital sex experience and reproductive health outcomes and behavior still persist when controlled for educational attainment, type of place of residence, religion, type of marriage and early sex experience (age at sexual initiation is less than 18 years). Controlling for other factors, women who have experienced forced sex within marriage are 1.6 times more likely to report at least one symptom of reproductive health problems than those with no such experience. The study also found significant but weaker associations between experience of reproductive health problems and both religion and type of marriage. Symptoms of such problems are 1.3 times more likely to be experienced by Catholics than non-Catholics but 0.820 times less likely to be manifested among formally married women than those in living-in arrangement.

The risk of experiencing at least one pregnancy complication is also significantly higher (1.3 times greater) among women with coercive sex experience. However, significantly lower likelihood of experiencing pregnancy complications is found among women residing in urban areas than among rural dwellers.

In contrast, women who have been sexually coerced by their husbands have significantly reduced odds (0.68) of using modern family planning methods compared to those who have no forced sex experience. Significantly lower odds of using modern contraceptive methods are also noted among high-school-educated women (.42 times lower than elementary-educated), Catholics (.73 times lower than non-Catholics) and formally married (.60 times lower than those living-in). However, the likelihood of currently using modern contraceptive methods is 1.3 times higher among women with early sexual initiation than those who became sexually active much later.

The study represents one of the first efforts to explore the linkages between coercive sex within marriage and Filipino women's reproductive health. The findings provide evidence that nonconsensual marital sex experience can significantly compromise the reproductive wellbeing and pregnancy outcomes of women, and undermines women's contraceptive use. The findings underscore the need for reproductive health programs to consider patterns of coercive sex when addressing the reproductive health and other needs of young people, particularly of married women.