



## **Socio-Economic Implications of Parental Involvement in Adolescent Health**

# Study Objectives

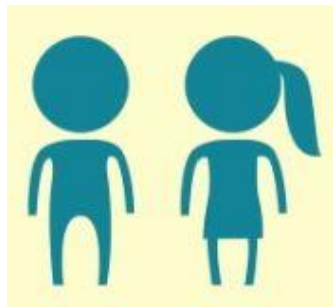
- ✓ Determine the knowledge and perception of parents and adolescents about the parental consent provision in the RH Law.
- ✓ Find out if adolescents would be willing to utilize family planning information and services if parental consent is required.
- ✓ Determine if parents would allow their adolescent children to utilize family planning information and services without their knowledge or consent.



# Study Objectives

- ✓ Check how the parental consent provision is influencing service providers in the provision of family planning information and services to adolescents.
- ✓ Calculate the socio-economic consequences of teenage pregnancy over an adolescent's lifetime.





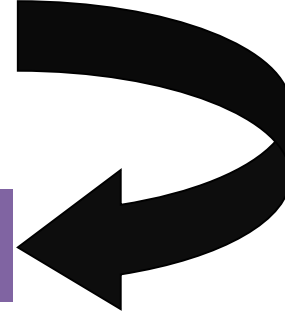
**MINORS (aged 12-17)**



**PARENTS for  
Written  
Consent**



**HEALTH SERVICE  
PROVIDERS for FP  
Information and  
Services**



**Reduces likelihood that minors will seek FP info  
and services**

**Minors turn to other FP info sources.  
Information may be inaccurate.**

**Risky behaviors such as early sexual experience  
and unprotected sex**

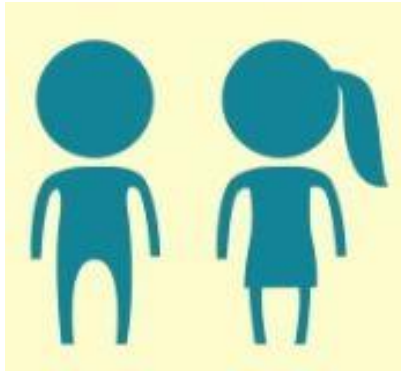
**Unplanned and unwanted pregnancy**

**Health effects on the adolescent  
mother and father and their child**

**Social and economic consequences on  
the adolescent mother and father and  
their child and families**

**Study Framework**

# Methodology



**MINORS**  
(aged 12-17)

**PARENTS**

**HEALTH SERVICE  
PROVIDERS**

**Nationwide Survey (SWS)**

**Focus Group Discussions (10 provinces)**

**January-June 2016**

**Key Informant Interviews  
(10 provinces)**

# The SWS Data

- **Sample Respondents**

Males	12- 17 y/o	n = 500
Females	12-17 y/o	n = 500
Fathers/Mothers/ Guardians		n = 1,000

- **Areas**

- Metro Manila
- Balance Luzon
- Visayas
- Mindanao

- **Profile of Respondents**

- Refer to SWS Report





# The FGD Data

## Respondents

### 1) Female adolescents

- Aged 12-20
- Currently pregnant
- Have a child or children
- In-school and out-of-school

### 2) Male Adolescents

- Aged 12-20
- In-school and out-of-school

### 3) Mothers/Fathers

- Not more than 45 years old
- Have children aged 12-20

### 4) Health Service Providers



# The KII Data

## Program Coordinators

- MNCHN
- FP
- ASRH





# The FGD and KII Data

## Areas

- Albay
- Ifugao
- Mt. Province
- Quezon City
- Eastern Samar
- Compostela Valley
- Sultan Kudarat
- Sarangani
- Maguindanao
- North Cotabato



# **The RPRH Law and the Parental Consent Provision**



# RA 10354 or the RPRH Law

- **Section 7 on Access to Family Planning**

*All accredited public health facilities shall provide a full range of modern family planning methods, which shall also include medical consultations, supplies and necessary and reasonable procedures...*

*No person shall be denied information and access to family planning services, whether natural or artificial: Provided, that **minors will not be allowed access to modern methods of family planning without written consent from their parents or guardian/s except when the minor is already a parent or has had a miscarriage.***



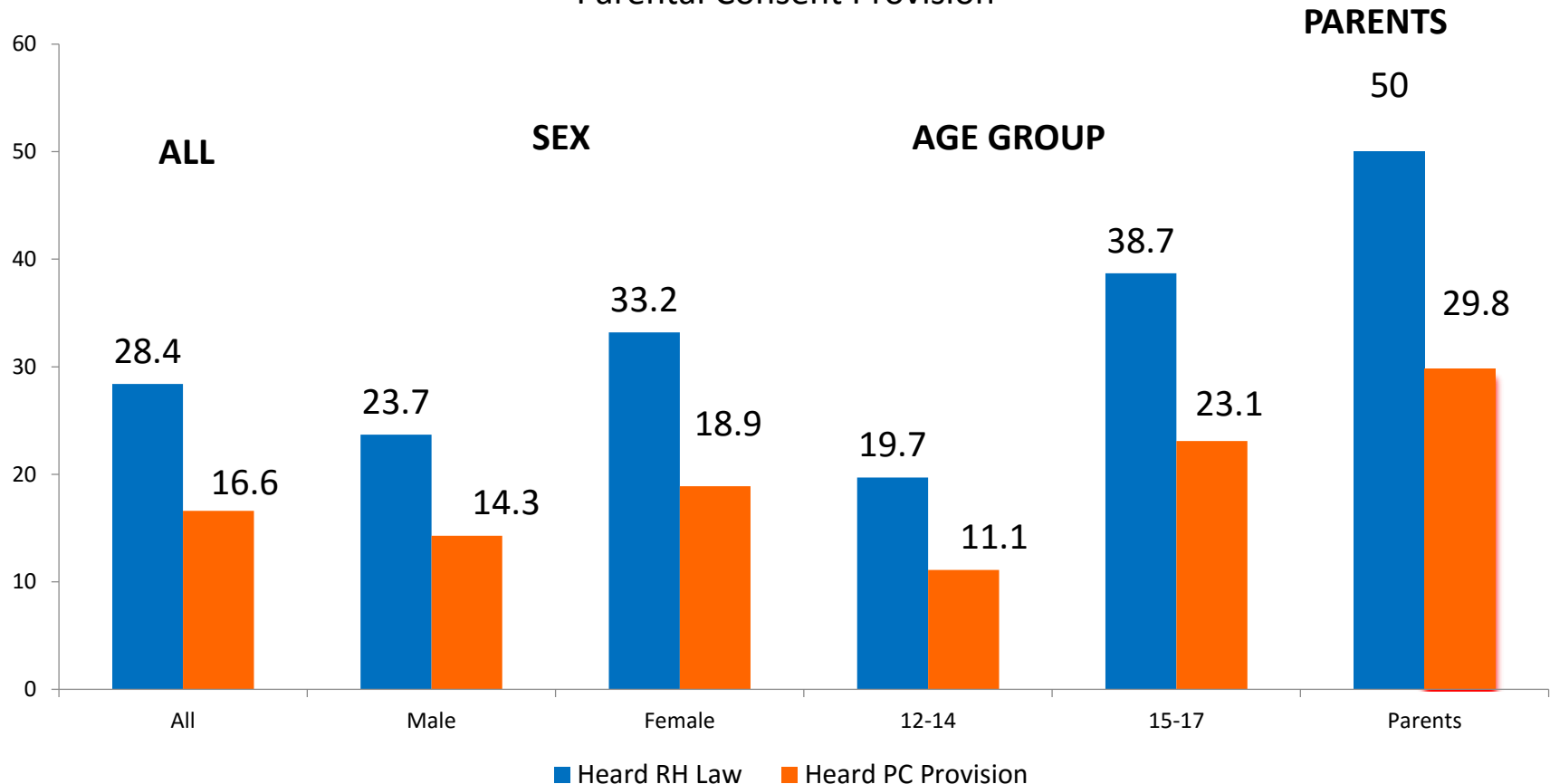
## FGD & KII: Implementation of Parental Consent Provision

- Only Quezon City said the provision is strictly implemented, using the FP Form 1 to document parental consent.
- Other areas usually ask for the presence of parents before providing FP information and services to minors.
- RPRH Law orientation provided to most areas.
  - But many health service providers have not heard of the provision.



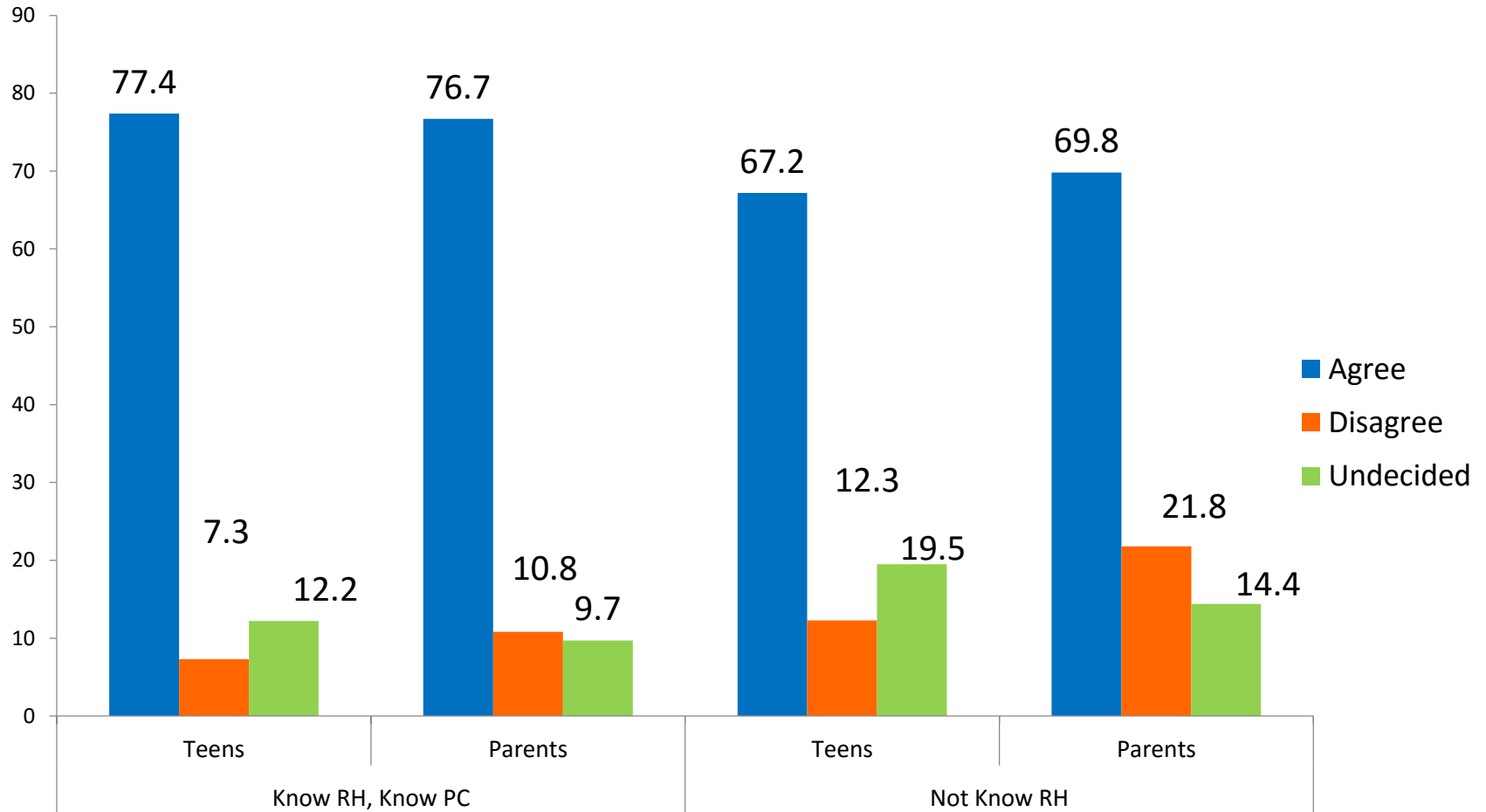
# Knowledge of RPRH Law and Parental Consent Provision: Teens vs Parents

Proportion of TEENS and PARENTS who heard of RPRH Law and the Parental Consent Provision



# Knowledge of RPRH and Agreement to Consent: Teens vs Parents

Parental



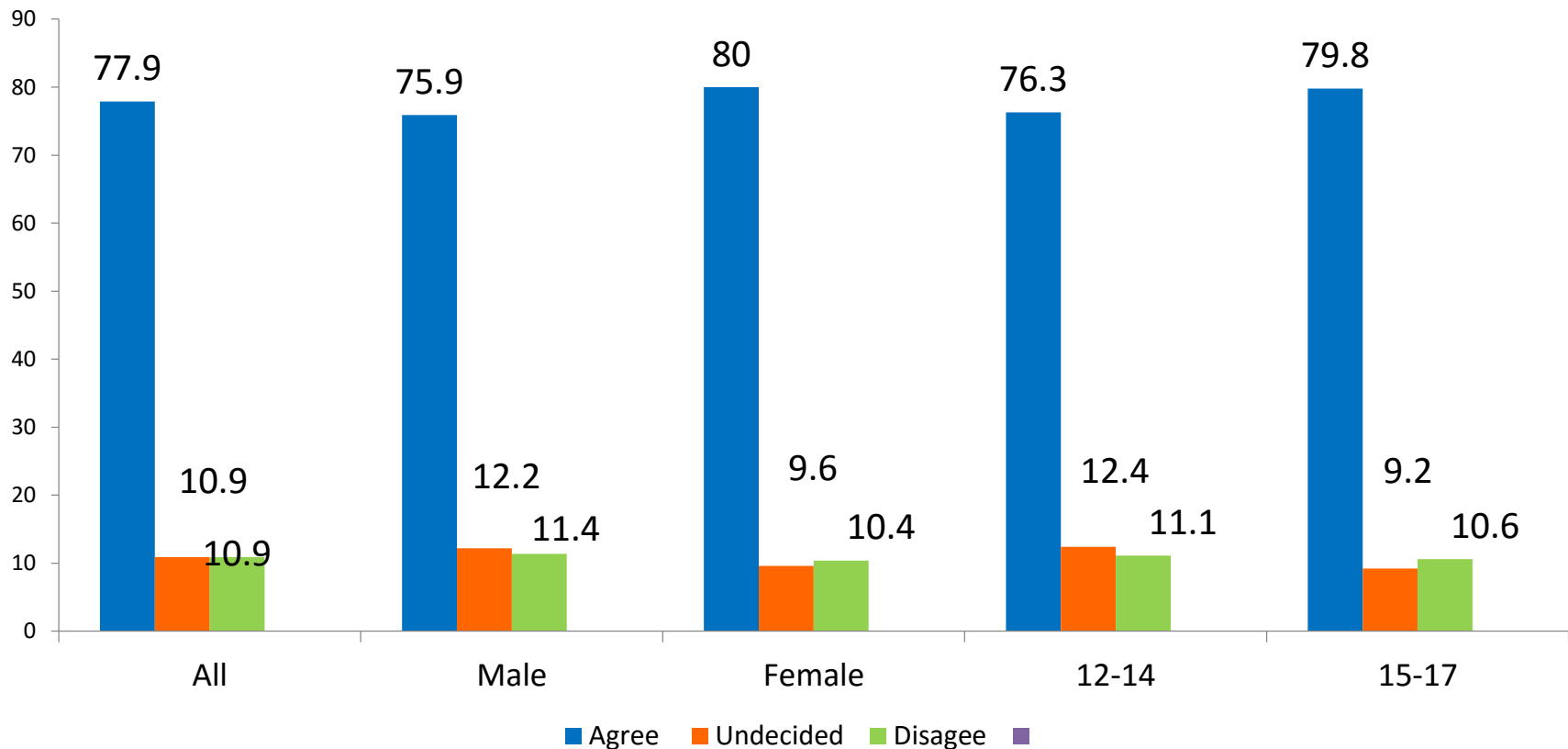
# **General Agreeability for Parental Consent**





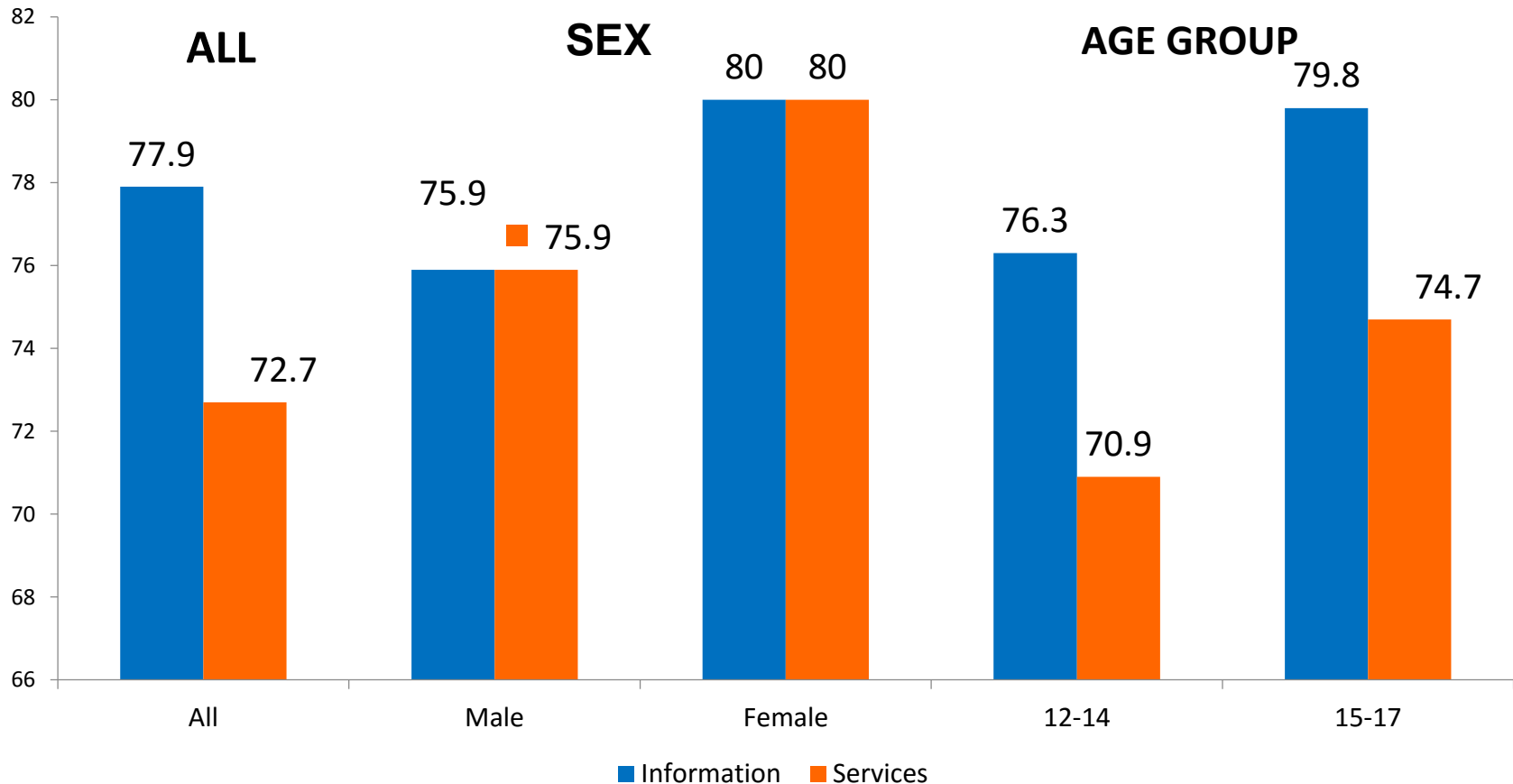
# Distribution of TEENS according to agreement to PC when availing of ASRH INFORMATION

Proportion of TEENS who agree to Parental Consent when they avail of INFORMATION for ASRH



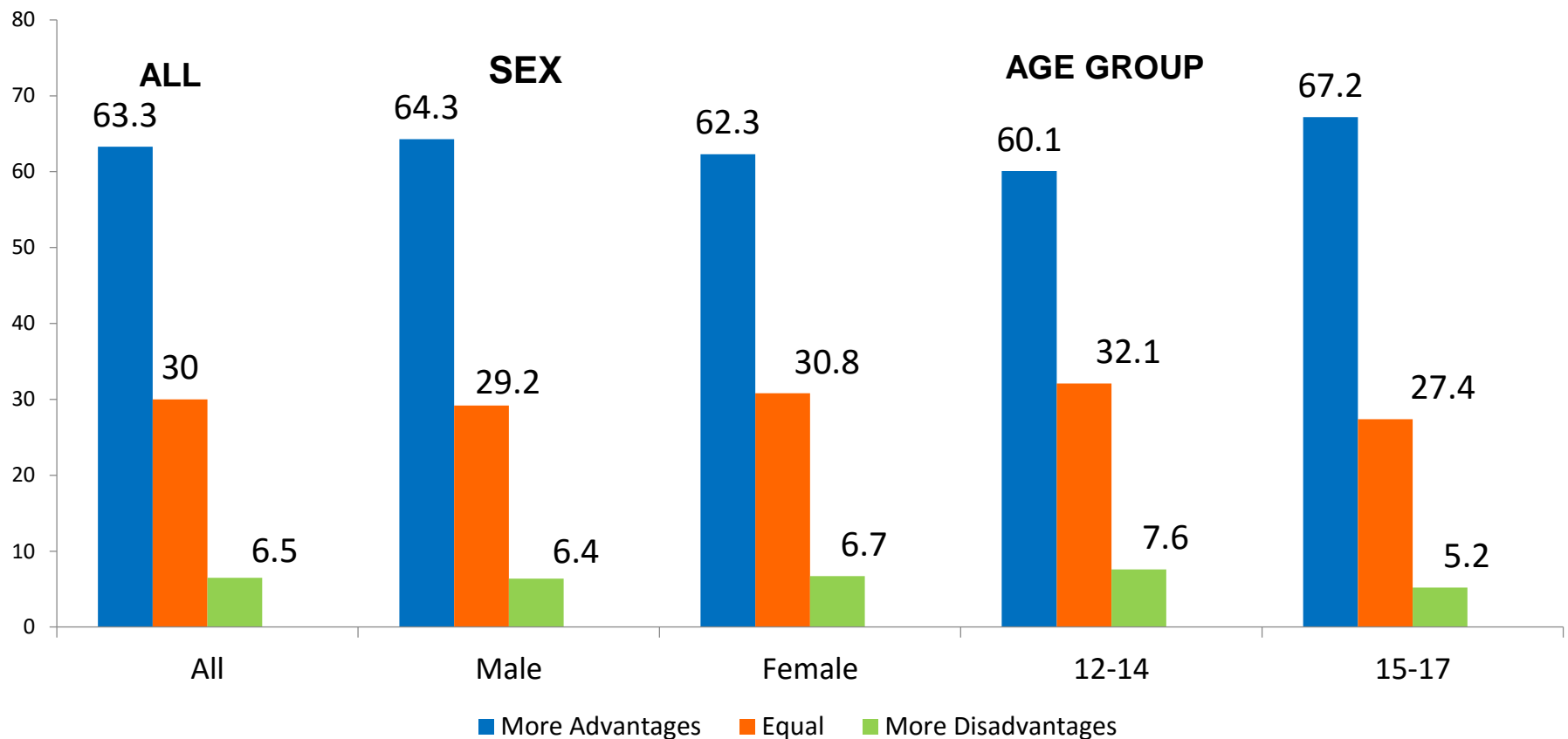
# Approval to seek parental consent is high for ASRH **INFORMATION** or **SERVICES**: TEENS

Comparison of Proportion of TEENS who agree to seek Parental Consent  
when availing of INFORMATION vs SERVICES on ASRH



# Teens see more advantages than disadvantages for Parental Consent.

Proportion of TEENS comparing advantages or disadvantages of Parental Consent



# Advantages/Disadvantages of Parental Consent

## Top Advantages Cited

- Children will be properly guided
- To prevent early pregnancy or getting someone pregnant

## Top Disadvantages cited

- Delayed service (long wait for consent)
- Parents will be stricter.



# **Advantages & Disadvantages of Parental Consent: TEENS & PARENTS**

## **TEENS**

### **Top Advantages Cited**

- Children will be properly guided.
- To prevent early pregnancy or getting someone pregnant

### **Top Disadvantages Cited**

- Delayed service (long wait for consent)
- Parents will be stricter

## **PARENTS**

### **Top Advantages Cited**

- Parents will be aware of what their children are doing (getting).
- Parents will be aided in explaining about sexuality and reproductive health.

### **Top Disadvantages Cited**

- Children might be encouraged to engage in sex.
- They are still young.
- Parents will be stricter.

# FGD & KII

- In general, all respondents said they agreed with the parental consent provision.

- **Reasons cited**

- **Parents**

- To monitor and guide their children
- To prevent early pregnancy

- **Adolescents**

- Parents know better.
- Parents should guide their children.
- It is best that parents know.



# FGD & KII

- **Reasons cited**

- **Health workers**

- To open lines of communication between parents and children
- To protect the health staff since clients are minors
- “We must follow the law.”





# FGD & KII

- **Male adolescents** said parental consent is **not necessary** for family planning information and services.
- **Reasons cited**
  - One can buy condoms without parental consent.
  - It is embarrassing.
  - Parents will never give their consent.
  - Midwives would be able to explain better than their parents.



# FGD & KII

- Some **health workers** disagreed with the provision.
  - Children will not ask for permission and parents will not give their consent.
  - It limits the access of adolescents to services especially those living away from parents and in distant areas.
  - Some parents do not care about what happens to their children.
  - Education, not parental consent, is needed.
  - It will lead to decrease in FP acceptors.
  - Adolescents can buy pills and condoms from pharmacies without parental consent.
  - “Missed opportunities” for providing ASRH services.



# **Advantages & Disadvantages of Parental Consent: FGDs with TEENS & PARENTS**

## **TEENS**

### **Top Advantages Cited**

- Parents to guide their children
- Foster open communication
- To prevent early pregnancy

### **Top Disadvantages Cited**

- Parents overreact.
- Parents will think they are doing something wrong.
- Will not give consent.

## **PARENTS**

### **Top Advantages Cited**

- To guide their children
- Parents will be aware of what their children are doing.
- Parents will be aided in explaining about sexuality and reproductive health.

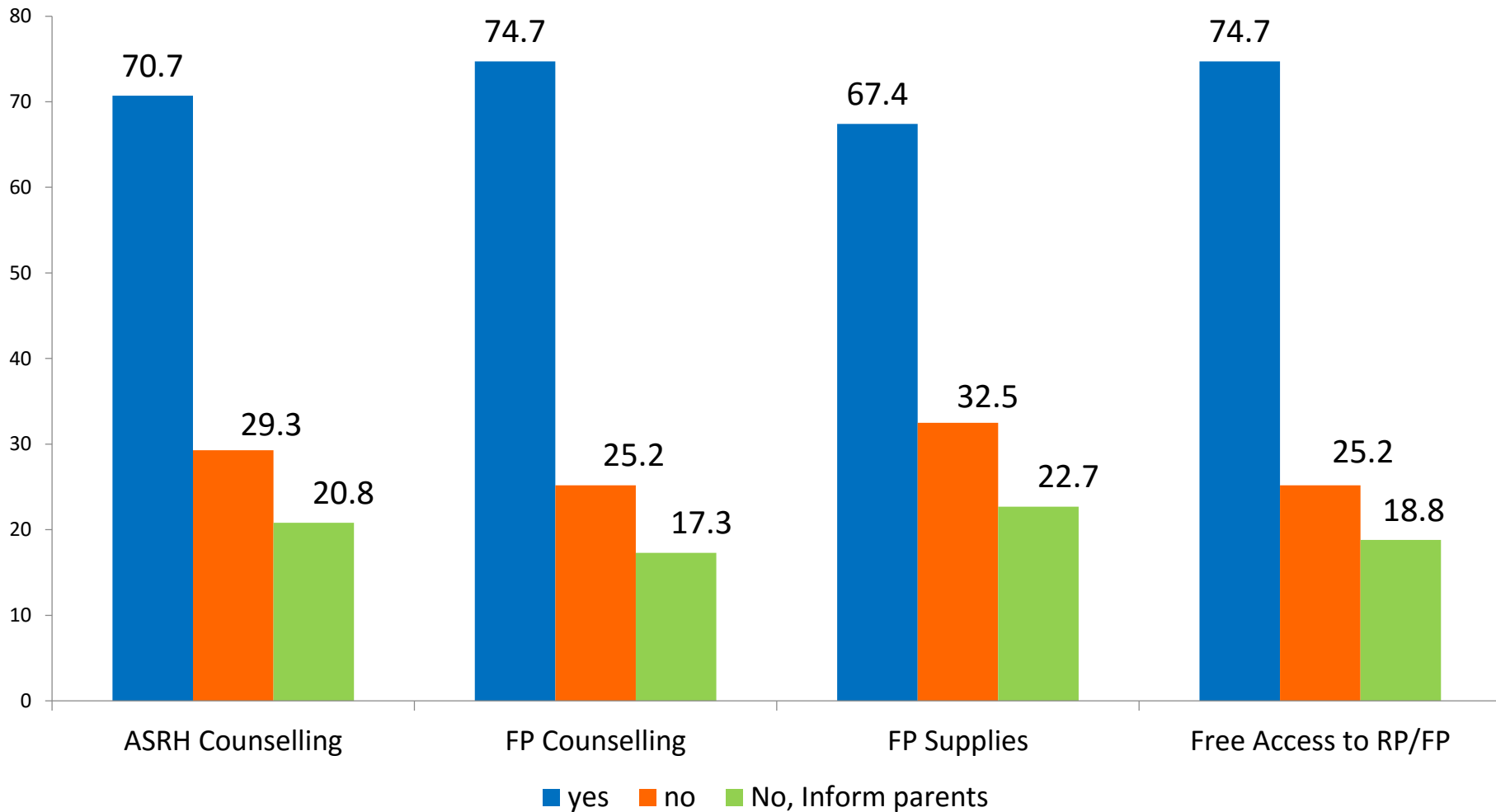
### **Top Disadvantages Cited**

- They are too young.
- Parental consent is useless since children can buy pills and condoms from pharmacies.

# Utilization of Service and Parental Consent

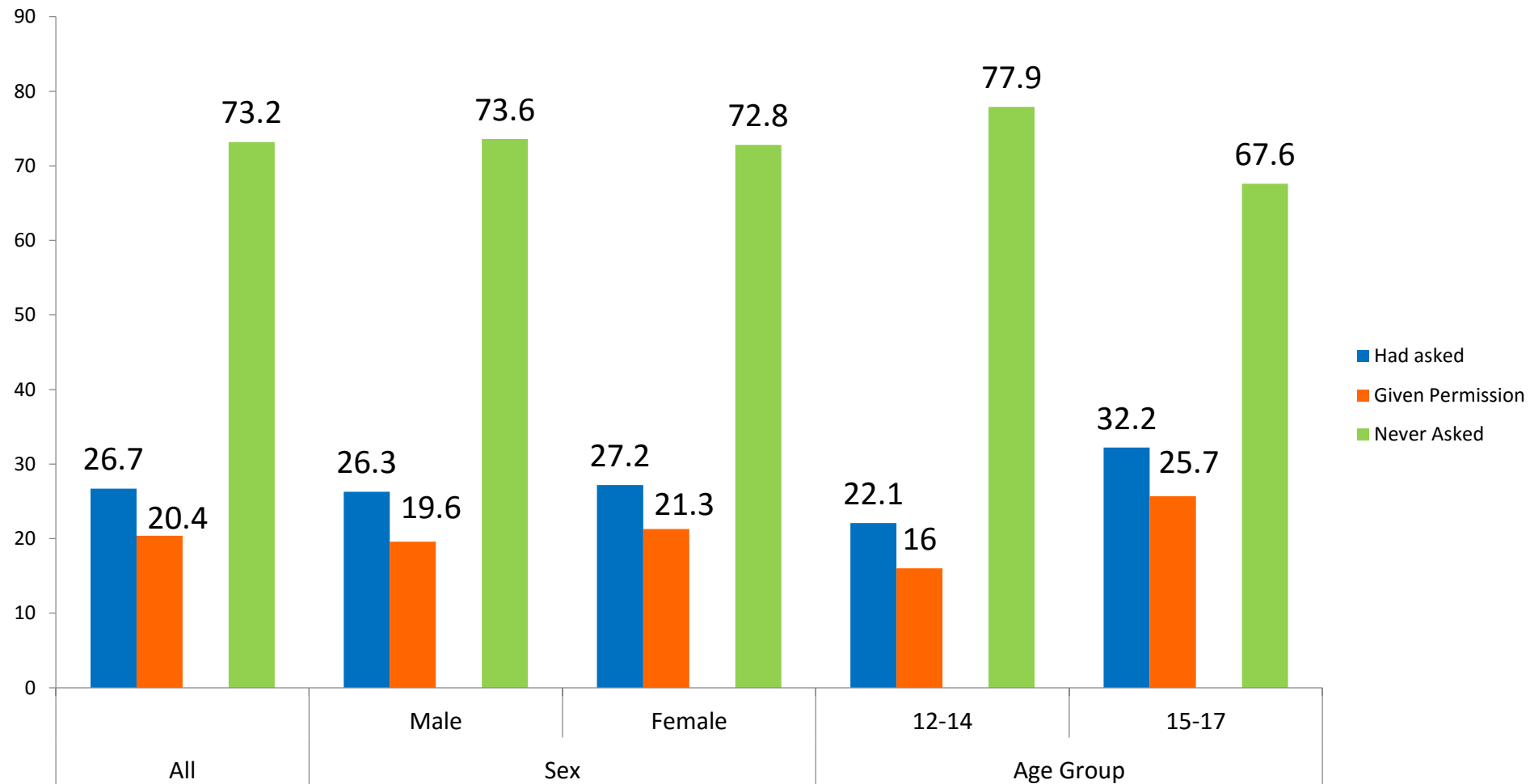


**Willingness to get SERVICE even when Parental Consent is required & would like to have parents informed after getting service.**



# Experience in asking for Parental Consent: TEENS

## Had asked for Parental Consent & Given PC: TEENS



## FGD & KII: Utilization of Service & Parental Consent

- A few female adolescents said they asked permission from their parents before going to the health center for information on FP commodities.
  - Parents refused.
- A female adolescent said she did not ask for permission and just went to the health center.
- A male adolescent said he asked for parent's help when he contracted an STI.
- Some health workers have provided FP information and services to minors without parental consent.
  - But most health workers would ask for the parents' presence.
  - Adolescents come to them when already pregnant.



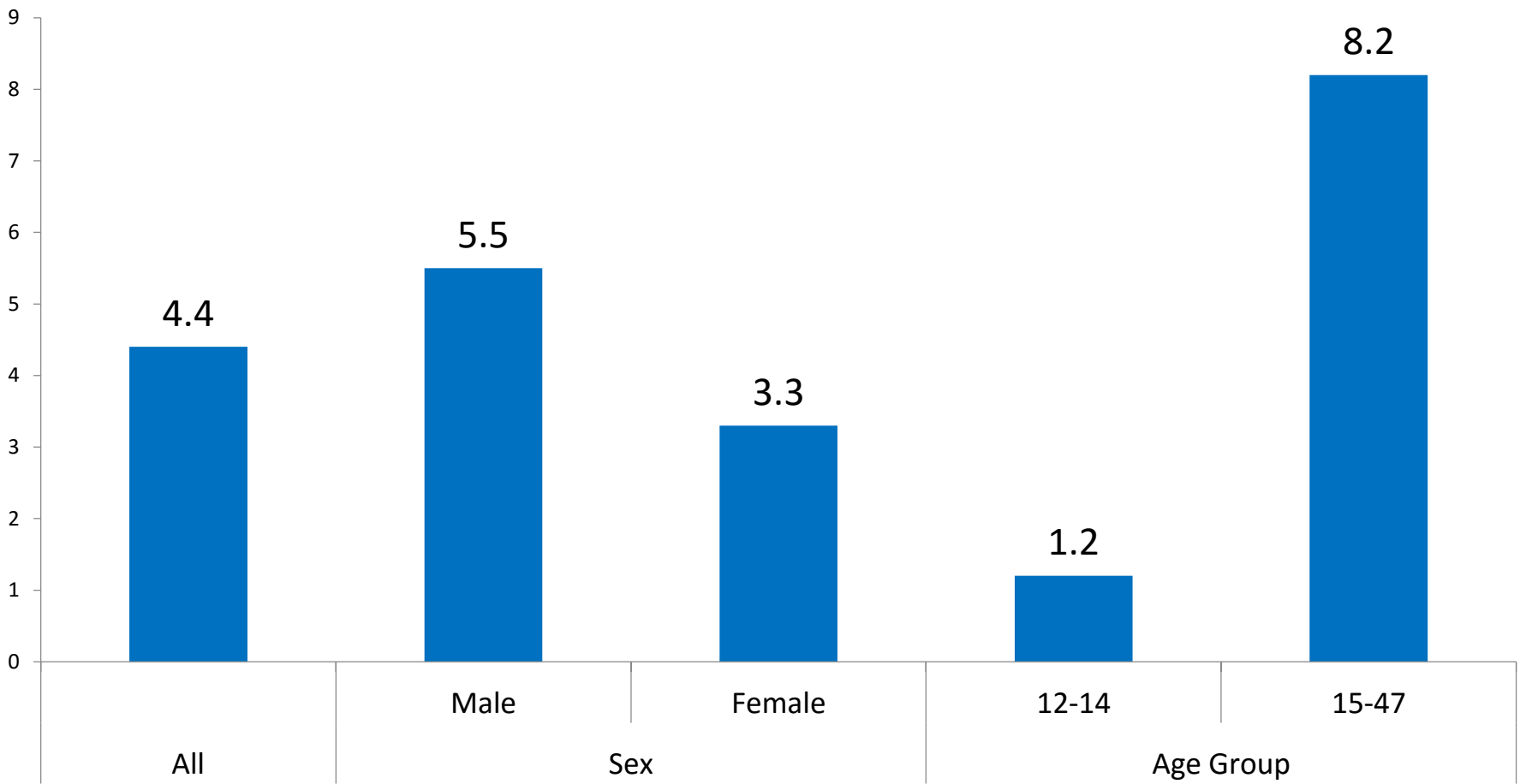


# **Risky Behaviors and Parental Consent**



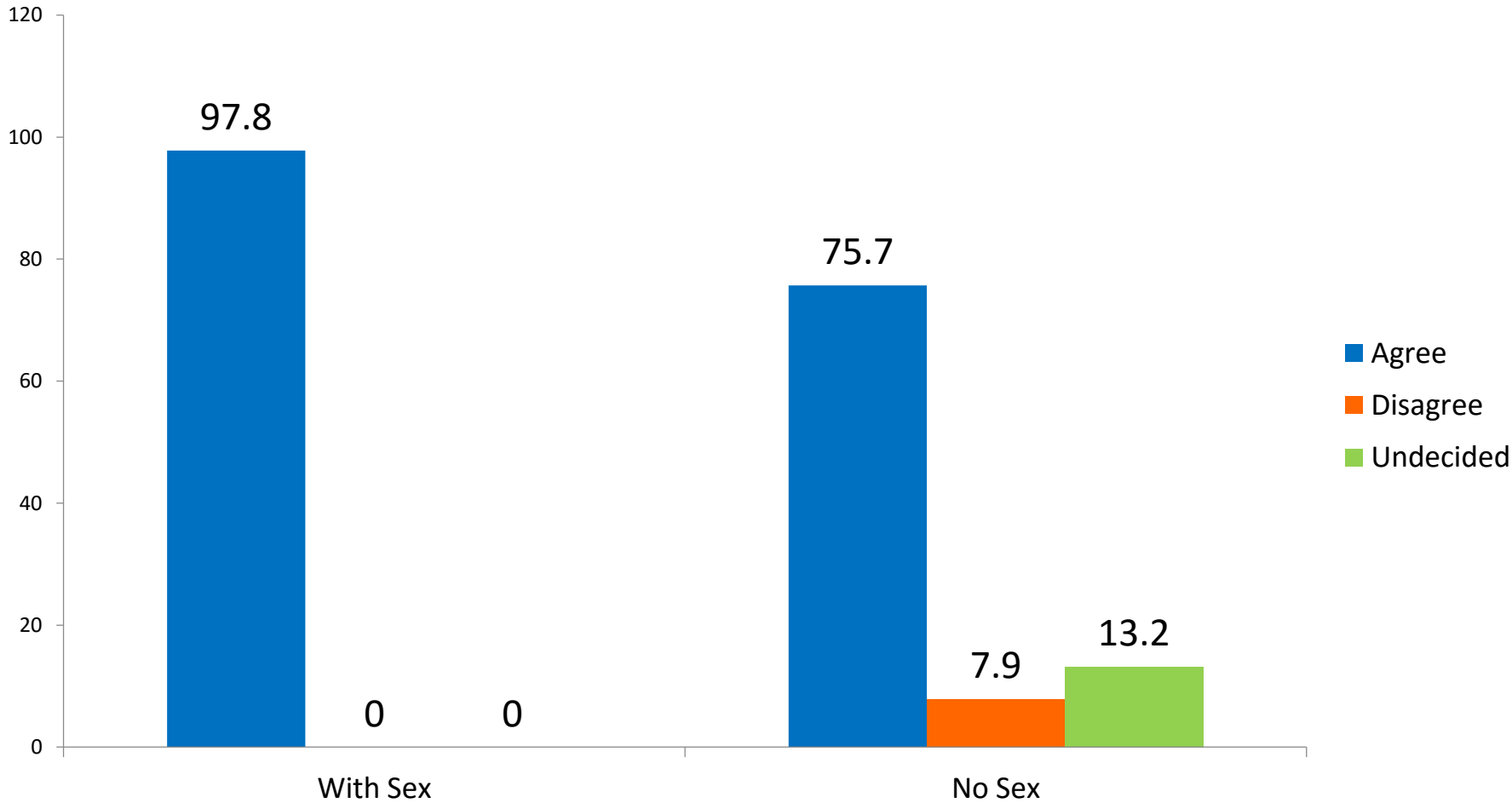
# Sex Experience among Teenagers

Ever had Sex : TEENS

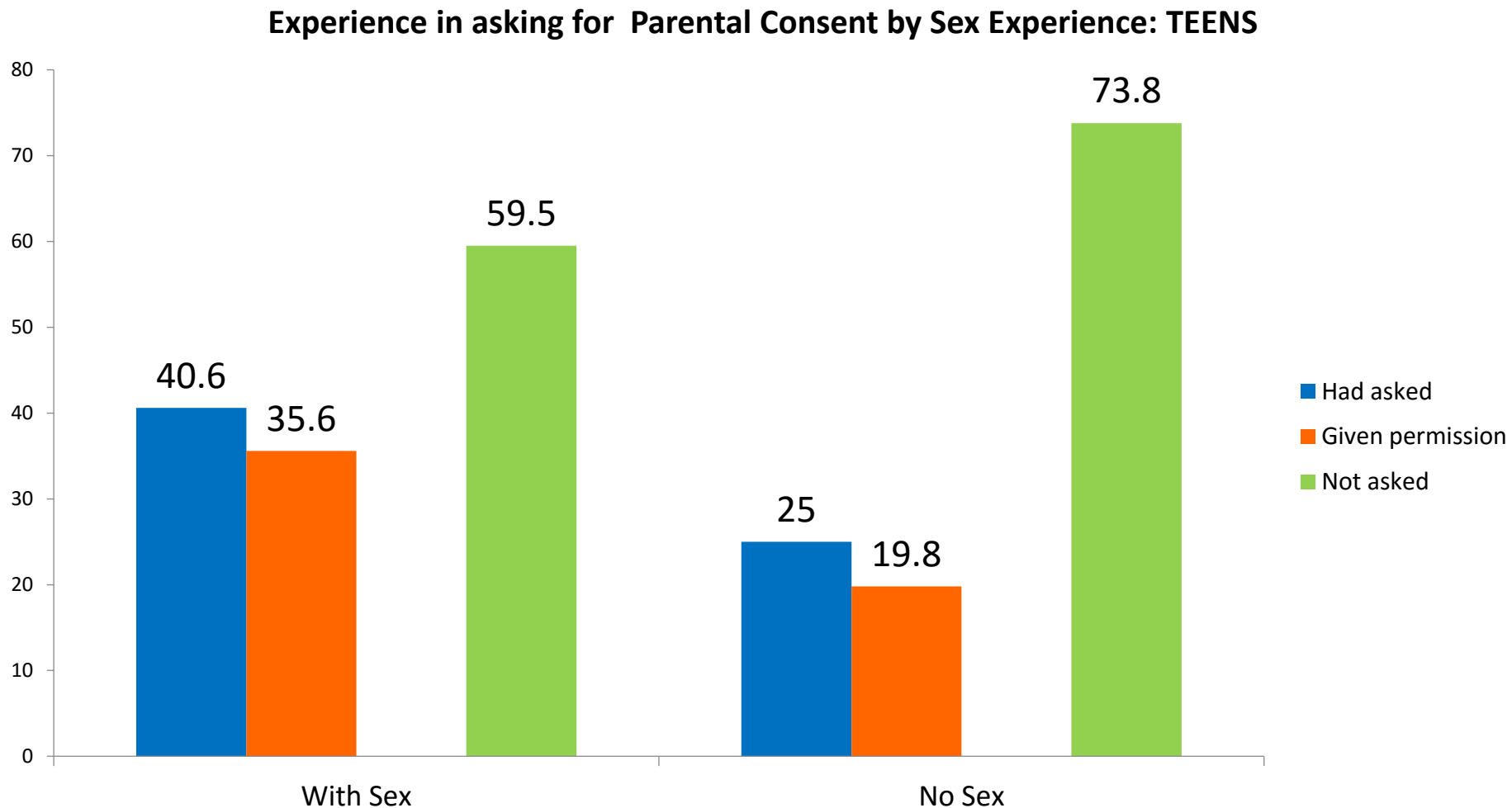


# Sex Experience and Approval of Parental Consent for ASRH Info & Services

Agreement to Parental Consent for ASRH information & Services by Sex Experience

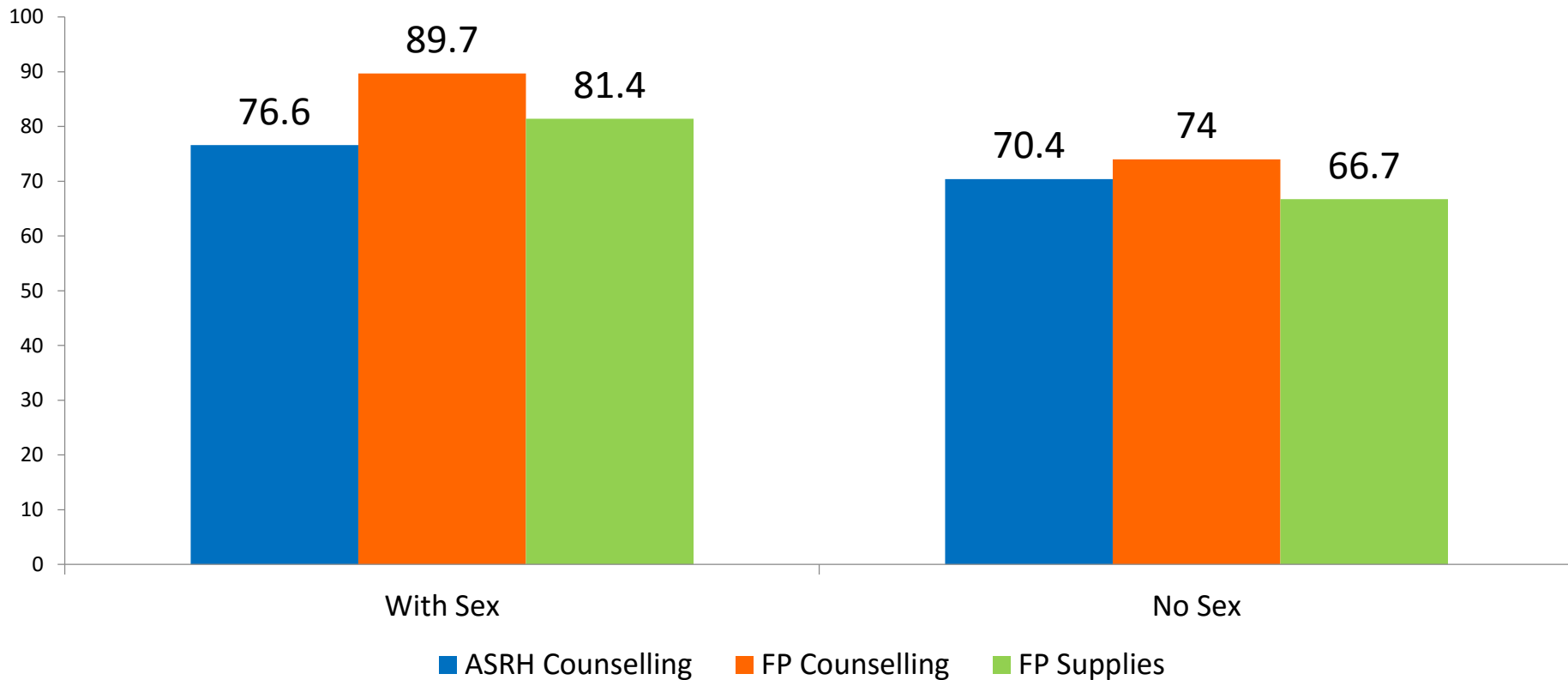


# Sex Experience and Experience in asking for Parental Consent for ASRH Info & Services



# Willingness to Access Services even when Parental Consent is Required by Sex Experience

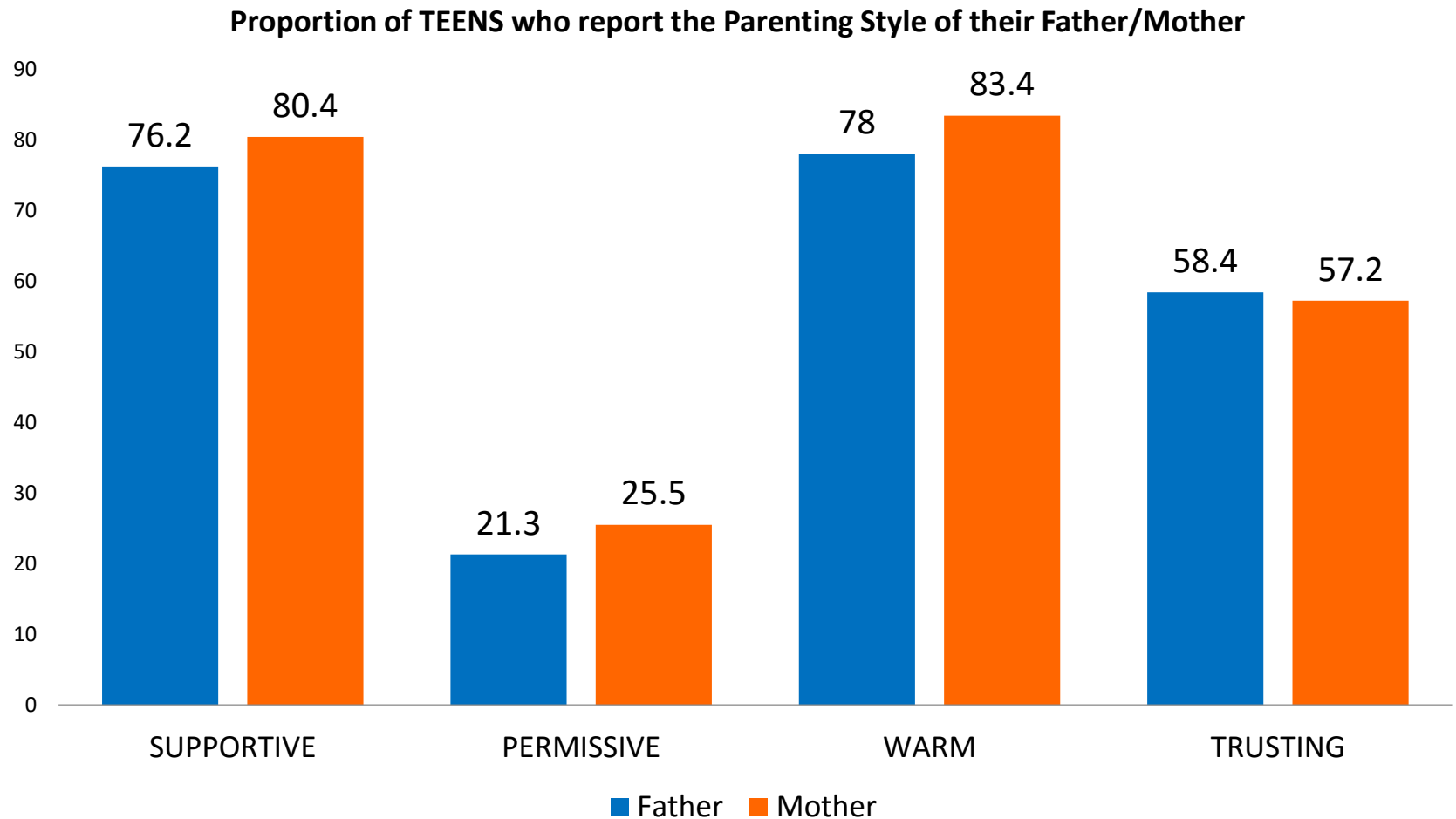
Proportion Willing to Access Services even when Parental Consent is Required by Sex Experience



# Parenting Style and Parental Consent



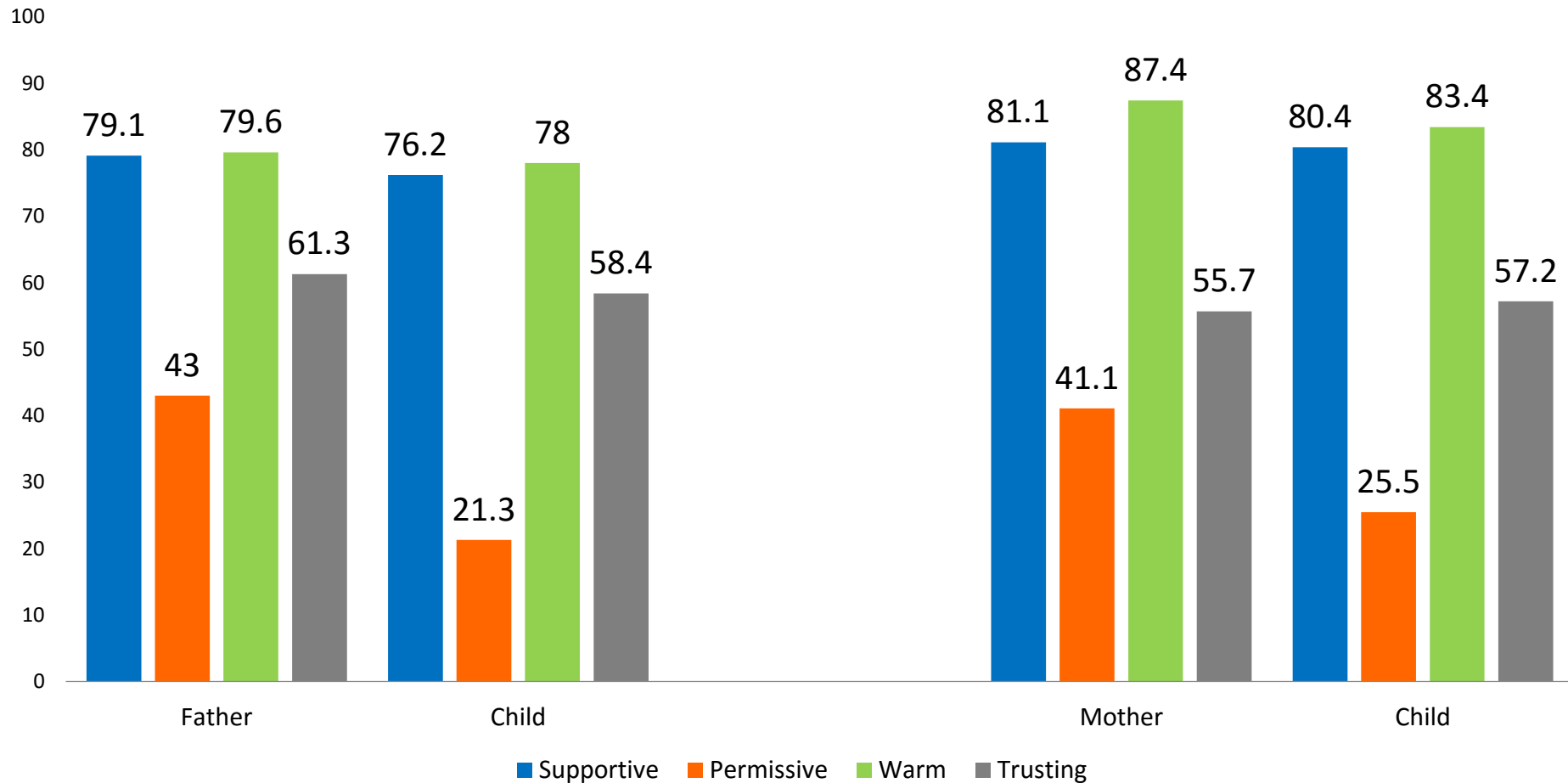
# Perceived Parenting Style of Father/Mother: TEENS' Report





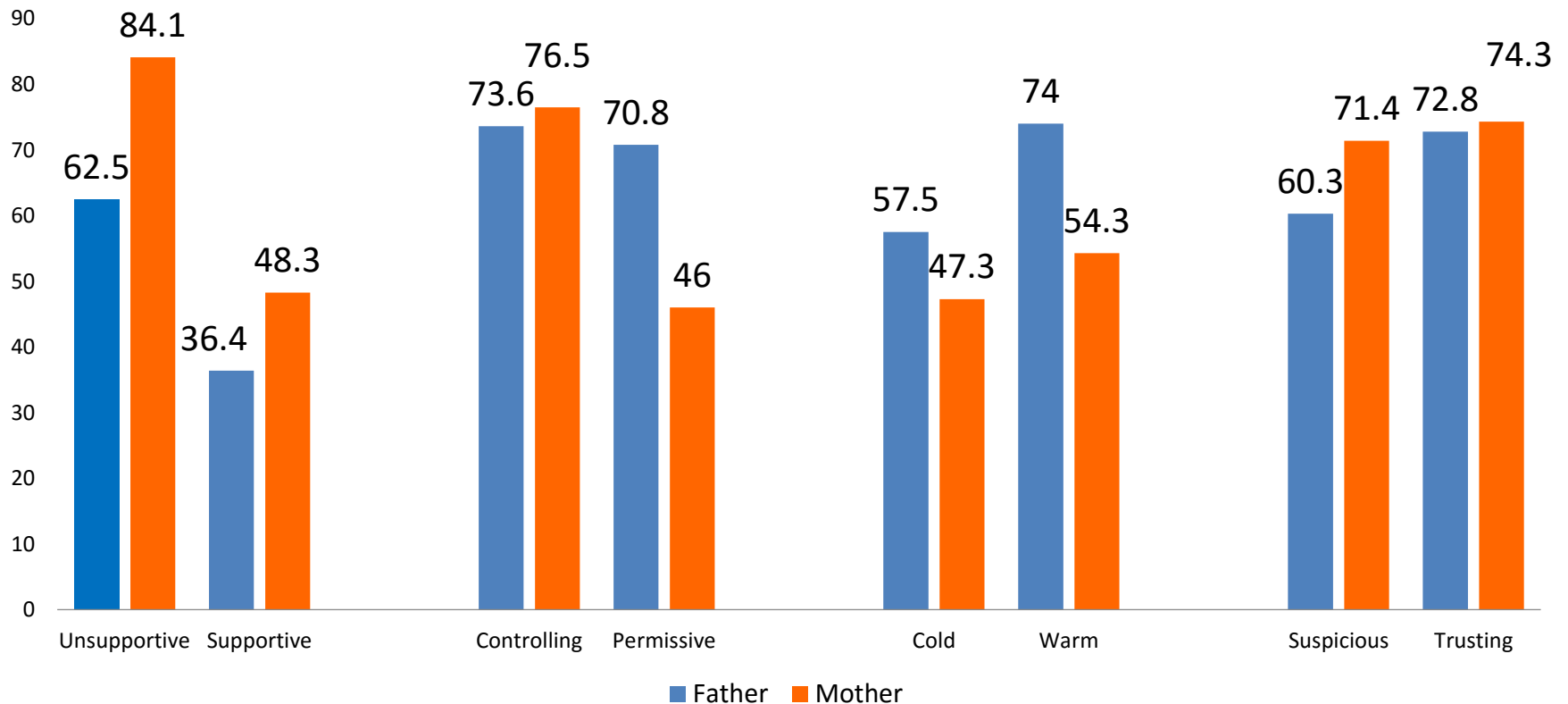
# Parenting Styles of Father/Mother: Comparing TEENS' and PARENTS' Reports

Proportion reported for Different Parenting Styles of Father/Mother:  
TEENS & FATHER/MOTHER Reports



# Approval of Parental Consent and Perceived Parenting Style of Father vs Mother: TEENS' Reports

Proportion approving of Parental Consent by Parenting Style Mother vs Father: TEENS' Report



# FGD: Parenting Style

- Parents set house rules.
- They monitor their adolescent children's activities and whereabouts.
- Breaking the rules has consequences.
- Relationship with the opposite sex is prohibited. Adolescents should finish school first.
- Parents are stricter with their daughters.
- Adolescents say discipline is good, but parents who are too strict can cause them to rebel.
- Guardians (relatives) are perceived as less strict.



## FGD: Communication with Parents

- Main topics: school, financial matters, friends.
- Adolescents prefer to talk with their mothers. Some male adolescents prefer their fathers.
- Adolescents do not usually share intimate matters with their parents.
- They talk about sex and sexuality with their friends; others with siblings or relatives.



## FGD: Sex Education

- Parents and adolescents view sex education as the role of the parents and teachers.
- Mothers are preferred by adolescents.
- Mothers do not feel comfortable discussing sex and sexuality with their children.
  - Mothers can discuss with daughters; fathers with sons.
  - They say they do not know enough about the topics.



# Summary



# Summary

- Low level of knowledge of the RH Law and of the parental consent provision even among health service providers. Parents, females and older adolescents have higher levels of knowledge.
- Parents and adolescents agree to the parental consent provision in general. Level of approval is high for all groups of adolescents and among parents particularly for those who know about RPRH Law.
- Level of approval is high for FP information than for services, lowest for FP supplies or commodities.
- Parents and adolescents view parental consent as more advantageous than disadvantageous. They cite similar reasons for these views.



# Summary

- There is a low percentage of adolescents who have asked permission from parents for ASRH services. Of those who asked, majority were given permission.
- There is universal approval of parental consent among those with sex experience.
  - There is a higher percentage of willingness to avail of FP services even if parental consent is required.
- Adolescents perceived their parents to be more supportive and warm than permissive and trusting.





# Summary

- Adolescents who perceived their mothers as supportive and trusting gave a higher approval for parental consent.
- Adolescents who perceived their mothers as permissive and warm gave a lower approval for parental consent.
- Consistent results between survey and FGDs.
- Male adolescents and some health workers disagree with the provision especially for FP services. (FGD)



# Conclusions



# Conclusions

- ✓ Parental consent seems not to pose a barrier for the access of FP information and services by adolescents.
- ✓ Possible reasons:
  - The low level of knowledge and experience of the RPRH Law and the parental consent provision by parents and children.
  - Low utilization of health services by adolescents (before pregnancy).
  - Uneven implementation of the provision in health facilities.

