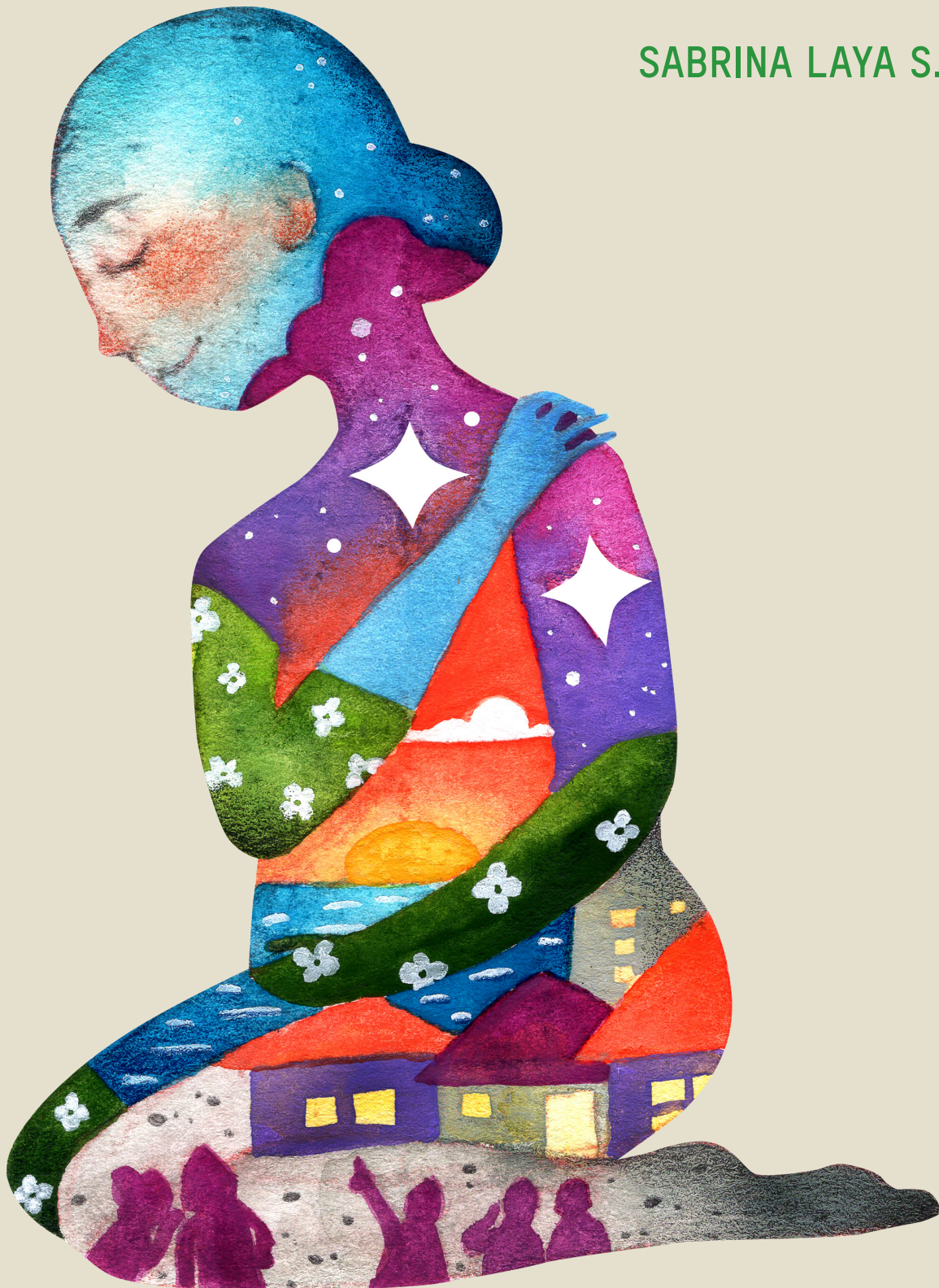


SAYING YES TO WHOSE PLEASURES?

A Feminist Study on the Acceptability
of Pregnancies for Young Women

SABRINA LAYA S. GACAD



ABOUT THE COVER: This artwork illustrates the lived realities in the Philippines among young women's experiences in practicing their sexuality and agency, including the acceptability of their pregnancies.

The individuals at the bottom symbolizes the interpersonal and complex relationships of young women, reflecting aspects that may weigh them down, which may result to discrimination and moral judgement for practicing their right to bodily autonomy. It also shows their desires for love and mutual respect from peers, partners, or communities which influences their decision for responsible parenthood.

The houses and buildings symbolize the resources that young women would need to get out of poverty such as education, own homes, access to contraceptives and sexual and reproductive healthcare, and economic opportunities.

The sunrise or sunset symbolizes the pregnancy journey of young women – the reality for young women to go through their pregnancies due to the criminalization of abortion and regulation of teen sexuality and society's varying perspective on teenage pregnancies.

Despite all these challenges, the artwork gets lighter at the top, representing growth among teenage mothers and their aspirations for feeling good and empowered in their bodies.

ABOUT THE ARTIST: Wiji Lacsamana is a tattoo artist, illustrator, author, and perfumer. She has over ten years of experience in creating stories and designs through visual arts and literature. Wiji has a special interest in women's sexual and reproductive rights, thus including topics relating to bodily autonomy and sexual agency.

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ACRONYMS

BARMM	Bangsamoro Autonomous Region in Muslim Mindanao
CAR	Cordillera Administrative Region
COVID-19	Coronavirus disease
FGD	Focus Group Discussions
NCR	National Capital Region
NDHS	National Demographic and Health Survey
PCOS	Polycystic Ovarian Syndrome
POPCOM	Commission on Population and Development
QC	Quezon City
SWS	Social Weather Stations
UN	United Nations
UNFPA	United Nations Population Fund
UP CWGS	University of the Philippines Center for Women's and Gender Studies
US	United States
YAFS	Young Adults Fertility and Sexuality Study

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ABSTRACT

This research is a qualitative, feminist inquiry into teen girls' experiences of sexuality, their deliberation, and agency in the context of social relationships, sexual and reproductive health regulations, and the acceptability of pregnancies. Through qualitative interviewing and focus group discussions with teen girls or young women ages 15 - 24 from the provinces of Bulacan, Zambales, Bicol, Negros Occidental, Cebu, Davao, Baguio City, and Metro Manila in the Philippines, the research finds that pregnancy acceptability among young women is a social norm supported by a strong network of moral imperatives and gender norms about motherhood, the lack of safe and legal abortion services, and the regulation of young people's sexuality. It is also facilitated by supportive families. For teenagers, pregnancy acceptability is a source of limited power - from choosing to make the most of an undesirable situation, to defying moral judgment by fulfilling their desires for love, connection, and relevance. To expand the space for teen empowerment, it becomes important to eliminate the stigma against teen pregnancies and teen sexuality in general. The study recommends the following public health and social policy interventions: a.) implementation of comprehensive, sex-positive, pleasure-centered sexuality education and sexual and reproductive health services that support people in transforming embodied experiences into autonomous voices for consent, refusal, and help-seeking; and, b.) provision of social services that improve the capability of young mothers to meet parenting responsibilities and their own self-care needs. These interventions will support teen girls and young women in finding greater power in their pleasure.

INTRODUCTION

Childbearing or pregnancies among teens and young women is a major concern in the Philippines. From a development perspective, this concern reflects the inadequacy of sexual and reproductive health care for teenagers and is intertwined with concerns regarding the risks to the health and well-being of teen mothers and their children, and the reduction in teen mothers' socio-economic opportunities. The public attention given to teen pregnancies in part reflects the judgment of a largely Catholic country that young people's changing attitudes to sexuality and sexual desires are immoral and undesirable. On the other hand, a feminist and progressive perspective about teen pregnancies seeks to understand teens' agency and autonomous decision-making related to their bodies, pleasures, and desires; it also creates pathways towards greater empowerment and bodily autonomy for girls and young women.

In 2017, 8.6% of teen girls between the ages of 15-19 began childbearing; when young women aged 24 and under were accounted for, this percentage increased to 25% (NDHS, 2017). This statistic is part of a declining trend in registered live births among women below the age of 20, from 209,872 births in 2014 down to 180,916 births by 2019 (Marquez, 2021). From a longer-term view, compared to other age groups, adolescent birth rates are declining at the slowest rate; from 1993 to 2017, births of all other age groups decreased by 30%, while adolescent birth rates decreased only by 6% (Melgar et.al., 2018).

Despite the downward trend of teenage pregnancy rates overall, births of adolescents from 10-14 years old and the number of repeat pregnancies among girls from 10-17 years old have been increasing incrementally (PopCom, 2021). Moreover, data shows that the fathers of these births are older than the minor mothers; two out of every three are over 20 years old (PopCom, 2021).

In November 2020, Filipinos considered teen pregnancies the biggest concern for women (SWS, 2021). Meanwhile, the government has declared it a 'national emergency' since August 2019 (Reysio-Cruz, 2019).

Teenage pregnancies cannot be understood without exploring the changing attitudes and behaviors related to sex and sexuality among young people. From 1994 to 2013, the number of young people under 18 years old who are engaging in sex has been increasing, with the proportion of young women or adolescent girls increasing at a higher rate than the proportion of young men or adolescent boys. Fifty-point one percent (50.1%) of teenagers from 15 to 19 years old who have had their first pregnancy intended it (YAFS, 2013).

The numbers are only partially relevant in revealing the vulnerability of teenagers and, even less so, their preferences, yet these numbers are what primarily inform the public health policy approaches to preventing teen pregnancies. This limited approach to preventing teen pregnancies runs the risk of turning teenagers into objects whose behaviors have to be controlled to improve development outcomes. I am making the argument that teenagers and young women must be seen as central actors and development partners in all sexual and reproductive health policies. This will only be possible if the development and public health sectors acknowledge and affirm the validity of young people's sexuality and their desires and encourage and ensure their participation in social and health initiatives that concern them.

This research centers on the experiences and views of teenagers to surface what makes pregnancies acceptable for them, to understand how their sexual and reproductive health concerns are shaped or limited by gender norms around femininity and motherhood, and to recommend a feminist approach to teen sexuality that supports teens' autonomous and empowered decisions regarding their fertility and their pleasures.

RESEARCH OBJECTIVES

This research looks at how or why a pregnancy is acceptable to young Filipino women and its relation to how these women negotiate control over their bodies and desires. Young women's experiences and narratives will also be related to the broader discourse on sexuality and gender power relations by studying their ideas of *paglalandi*, *pagkadalaga*, and moral motherhood.

RESEARCH QUESTIONS

- Pregnancy acceptability, awareness, *paglalandi*, *pagkadalaga*, and moral motherhood for young women
 - How acceptable is a pregnancy to young women?
 - Are they aware of how pregnancy happens, their exposure to the risk or possibility of a pregnancy, and how to avoid or prevent it?
 - What are their ideas of *pagkadalaga*?
 - What are their ideas of *paglalandi*?
 - What are their ideas of moral motherhood?
- Of sexual intimacy and pregnancies - awareness, desire, and behaviors of young women
 - What are young women's desires (for *pagkadalaga*/ *paglalandi*/ motherhood)?
 - Do their ideas of *pagkadalaga*, *paglalandi*, and motherhood support their desires and behaviors?
 - What are their sexual and reproductive health behaviors? Is there a gap between desire and behavior, or between awareness and behavior?
 - How are their choices, desires, and behaviors influenced by their partners?
- How are pregnancy acceptability, awareness of sexuality, and individual desires and behaviors interrelated? Are there shifts in their interrelations? When does or what factors cause pregnancy acceptability to change (i.e., when finding oneself pregnant; after a few months of having no option to terminate a pregnancy; after having the first child)? Did COVID-19 have a significant impact on young women's desires, and behaviors, and on pregnancy acceptability?

SUPPORTING LITERATURE

Risk of Teen Pregnancies

Development discourses on teen pregnancies are often centered on pregnancy as a health risk. Pregnancy is a result of sexual initiation before the age of 18 and “risky” sexual behaviors. It creates greater health risks for the mother and the child and limits one’s social and economic opportunities in the longer term.

Key factors that increase the likelihood of teen pregnancies include their age at sexual initiation, where it is ‘early’ for one to have sex before the age of 18; engaging in sexual behaviors like paying for or being paid for, sex; and, having multiple sexual partners (YAFS, 2013). Other predictors of teen fertility and pregnancy include adherence to conservative attitudes on sex and marriage, having mothers who reported adolescent sexual behaviors, and lower levels of communication with their mothers (Gipson et.al., 2017). That the majority of male partners of pregnant teenagers are over 20 years of age raises concerns about coercion and abuse of minors (UNFPA, 2020).

There is a statistical correlation between teen pregnancies, risks to maternal and newborn health, education disruption and dropout rates, and poverty. Completion of high school is higher among adolescents who did not begin childbearing before 18, at 72%, than those who began childbearing before the age of 18, at 65%. Less than 10% of teen mothers go beyond high school education (Castillo, 2014, Herrin, 2016, as cited in Marquez, 2021). Teens who experienced pregnancies that prevented them from completing high school were also expected to earn a daily wage rate that was lower than the rate that an average high school dropout and a high school graduate would earn (Herrin, 2016).

Developmental neurobiology can help explain risk-taking behaviors among teens. In an average human being, the prefrontal cortex or the region of the brain responsible for a more realistic

assessment of risk develops fully only by the mid-twenties. Because their prefrontal cortexes are still in the process of developing, teens may be aware of the risks of certain behaviors but are unable to internalize these risks, believing that they are an exception (Sapolsky, 2017). Commonly, teenagers’ inability to have a full and realistic appreciation of risk is then interpreted as a lack of capacity for rational decision-making. Teenagers are, thus, seen as vulnerable to peer influences and abuse.

In the Philippines, teen pregnancies are associated with a negative and highly regulated view of sexuality, or *paglalandi*. In a qualitative study of urban women’s preferential use of modern contraceptives, women across age groups described being called out for *paglalandi* in their youth when they expressed defiance to traditional norms regulating sexuality. Their defiance included choosing to be friends with boys or men, wearing the latest fashion trends in clothing and make-up, having sexual relations at an early age and/or with more than one partner, and being pregnant as teenagers (Gacad, 2019).

There is acceptable femininity and womanhood that Filipino mothers aspire for their daughters to experience: the freedom of *pagkadalaga*, marked by being single, educated, gainfully employed, and thus able to experience the pleasures of womanhood. This process is interrupted or preempted altogether by *paglalandi* and pregnancies. Young women are also socialized to be good or moral mothers and fulfill all aspects of traditional gender roles and domestic work at the household level, and this is even more important when redeeming oneself from the shame of *paglalandi* and early pregnancies. Mainstream responses to *paglalandi* and the risk of teen pregnancy include the “command and control” parenting approach to sexuality at the home front (Gacad, 2019). It is supported by an insistence on abstinence on the part of the conservatives, and an emphasis on family planning, contraception, and prevention, on the more progressive side of health policy interventions.

These social responses to sexuality stem from a national history of denying women's ownership of their bodies and health. The acceptance of women's sexual agency and their right to sexual and reproductive health, and the promotion of sexuality education have been slow to evolve. Members of the constitutional convention in 1986 debated the beginning of life and pitted the well-being of the mother against the life of the unborn; the 1987 Constitution mandated the 'equal protection of the life of the mother and the life of the unborn from conception.' In 1993, the Ramos Administration aimed to reduce the population growth rate and, through Health Secretary Juan Flavio Velasco, introduced the reproductive health approach by promoting modern family planning methods, condemned by the Catholic Church as a promotion of promiscuity and immorality. (Danguilan, 2018).

It was not until the passage of the Responsible Parenthood and Reproductive Health Law of 2012 (RA 10354) that state policy recognized reproductive health as the ability of people to have 'a responsible, safe, consensual, and satisfying sex life,' and mandated the creation and implementation of a comprehensive sexuality education curriculum that is age- and development-appropriate, and integrated across different subjects and year levels in the public school system.

Dominant discourses thus point to very strong 'social monitoring of sexuality' (Foucault, 1990), which results in policies and norms that regulate and control teen sexuality and bodies.

Sexuality, Embodiment, and Agency

In feminist discourses on teen sexuality and agency, young people have a keen understanding of their desires and social behaviors and the roles that they are expected to comply with. It is thus important for teens to get support in making decisions that align with *their* ideas of pleasure, safety, health, and well-being. This section presents a summary of feminist perspectives on teen sexuality, pregnancy intentions, and pregnancy acceptability, as well as a critique of the dominant social discourse surrounding these topics.

Teen Sexuality

From a young age, girls and boys experience patriarchal regulations of their sexuality and learn to suppress their authentic selves, knowledge, and voices to conform to gender norms and expectations (Gilligan, 2011). Teen girls seek to understand their sexuality, desires for intimacy, and changing bodies in defiance of the social norms that define appropriate sexual behavior, and this becomes a dilemma for their mental health and sexual agency (Tolman, 2002).

Supporting teens' understanding of embodiment, sexual desire, and entitlement to pleasure creates alternative pathways to sexual agency in terms of both protection and pleasure (Chmielewski et. al., 2020); where embodiment refers to 'the experiential sense of living in and through (one's) body' (Tolman, 2002). With this view, it is important to rethink the current emphasis of reproductive health education on negative outcomes, danger prevention, and the reduction of teen pregnancies (Allen, 2007; Lamb, 2009; Chmielewski et. al, 2020). To begin, sexuality education and interventions can benefit from valuing adolescents' desires for love, mutuality, and connection as valid reasons for them to explore physical and emotional intimacy (Lamb, 2009).

Approximations of Pregnancy Intentions

Conventionally, *unintended pregnancy* statistics have approximated adult women's fertility preferences, and it has been relevant to predicting maternal and child health outcomes, and estimations of unmet need for contraception. In the United States, where the measure is studied for public health inferences, it was found wanting: there are inconsistencies between desiring to be pregnant and planning to be pregnant; women's ambivalence towards the use of contraception is not revealed through or obscures pregnancy intentions; and, the measure is unable to go beyond individual intentions and account for 'the multiple, interwoven, social and economic factors' (Santelli et. al., 2015). The clear congruence between pregnancy intention and action is demonstrated when a pregnancy is absolutely unacceptable

and women actively avoid it with the help of modern contraceptives (Aiken et.al., 2016). Upon the failure of contraceptives, why or how women accept pregnancies requires an understanding of complex, overlapping factors.

Current measures of fertility preferences and planning paradigms do not capture the complexity of women's experiences, beliefs, and emotions about pregnancies and are thus ineffective predictors of pregnancy, a mother's reproductive health, or a child's life outcomes (Aiken et. al., 2016). As a response, *pregnancy acceptability* was constructed as a paradigm to capture women's perspectives about pregnancies, and their complex interrelation with emotions, desires, methods, and material resources that lead women to accept a pregnancy after it has occurred and while carrying it to term (Aiken et.al., 2016; Gomez et.al., 2018; Rodriguez et.al., 2019).

Research in the US among young couples, women who were at risk for unintended pregnancies, and young people of color show a diversity of responses to what would make an unexpected pregnancy acceptable for them. Acceptability was described as generally 'being okay' with an unexpected pregnancy, and was affected by participants' perceived 'readiness' based on their age or social or economic status, relationship stability and dynamics, an understanding of parenting responsibilities, and a sense of fatalism or lack of agency that included references to 'God's will' (Gomez et. al., 2018). In a quantitative study involving Latina and Latino youth in the US, religiosity significantly and positively affected pregnancy acceptability (Rodriguez et.al., 2019); and among women at risk of unplanned pregnancies, religion and a belief in 'God's plan' or destiny were described as expressions of fatalism that may contradict agency or may demonstrate making

the best of an undesired outcome (Jones, et. al. 2016). The idea of God's plan also contributed to the 'paradox of happiness' that explains how women who have a strong intention to avoid pregnancies would view an unexpected pregnancy in a positive light, along with their perceived ability to cope with another pregnancy and the emotional fulfillment they expected children to bring them (Aiken et. al., 2015).

The undesirability of pregnancies among adult women is commonly determined according to individual preferences and incompletely measured by statistics such as unintended pregnancies. In the matter of young people's sexuality, in the Philippines in particular, it appears that pregnancies are an undesirable outcome altogether due to the various risks surrounding it, issues of morality and limited rationality, and disregard for teens' preferences.

I argue that a simplistic, unproblematized, and effectively negative view of teen pregnancies conflates teen behaviors with poor socio-economic development outcomes; it is as if teens' behaviors cause poor life outcomes individually, and in aggregate, exacerbate the ills of underdevelopment and poverty. This view makes little recognition of the contribution of market-driven and morally biased health and education systems to disenfranchise teens, and the inability of the state institutions to provide for the well-being of the most marginalized.

Based on existing literature and public discourse, teen pregnancies must be understood by exploring the tensions between patriarchal gender norms and teen sexual agency at the level of an individual's understanding of their bodies, at the level of intimate and closer relationships, and the level of community support or condemnation of such behaviors.

CONCEPTUAL FRAMEWORK: PREGNANCY ACCEPTABILITY AND EXPRESSIONS OF SEXUAL AGENCY

This research investigates the development and health sector discourse that views teen sexuality as fraught with risk-taking behaviors that have to be averted. It brings an honest appreciation of the limited agency of adolescent girls and young women to the same discourse. It also promotes strategic and timely support for teens' decisions to pursue their pleasures, desires, and welfare, in defiance of all restrictions on *paglalandi*.

To do that, this paper looks at pregnancy as a possibility, an event that can take place due to the combination of social relationships and norms that restrict the expression of young people's sexual preferences, and their knowledge of and/or access to sexual and reproductive health services and modern contraceptives. This paper also looks at why, and when adolescent girls and young women get pregnant, they take the pregnancy to term and fulfill the responsibilities of motherhood.

Pregnancy acceptability, or how teen girls or young women come to accept a pregnancy, is relevant precisely because of the social and moral undesirability of teen pregnancies. Understanding young women's sexual agency provides context for pregnancy acceptability. Sexual agency is related to how well one can understand and express their desires and pleasures, and how the contours of this agency are bound by interpersonal relationships, social norms, and limited health and economic resources. These concepts offer more nuance in exploring teen pregnancies and agency, more than conventional pregnancy prevention and pregnancy planning paradigms for the following reasons: first, the literature indicates that pregnancy planning and fertility outcomes are consistent only in the successful efforts to use modern contraceptives as a response to the desire to prevent pregnancies. Second, the combination of teens' behaviors, social stigma against teen sexuality, and the limited availability or outright inaccessibility of reproductive health education and modern services make pregnancy planning among teens nearly impossible. The research deliberately does not use the terms "un/planned" or "un/intended" to refer to pregnancies as these imply that individual agency about pregnancy is based on the rational ability of people to have a clear intention and plan to achieve or avoid pregnancies. Additionally, the many public health limitations and social stigma against teen sexuality and pregnancies contribute to sexuality intentions and behaviors that may or may not be congruent with each other, which reduces the conceptual relevance of planned pregnancies among teens. Viewing pregnancies outside of planning provides greater conceptual space to understand individual teen behavior and agency that is supported by their changing pleasures, desires, and intentions. It allows for the agency to be bound by or be in defiance of the many restrictions to teen sexuality and limited public health services. This avoids the simplistic attribution of empowerment or agency to pregnancies that come only with the full intention and rational action. Because it is necessary to recognize the uncertainty or incongruence of desires, intentions, and the social circumstances around a possible pregnancy, this paper will use the term 'unexpected pregnancy.'

Teen agency can be understood as a spectrum that is based on teenagers' embodied experiences of sexuality, their deliberations, and behaviors and how these relate to the outcomes of accepting pregnancies and exploring or expressing sexuality. Certainly, these experiences, thought processes, and behaviors are influenced by the stigma surrounding teen sexuality and norms defining appropriate expressions of femininity and pathways to motherhood. These are also affected by prohibitive policies and legislation governing the youth's access to sexual and reproductive health. Some relevant restrictions

are the following: under the Reproductive Health and Responsible Parenthood Law, minors are required to present parental consent to access reproductive health services; the Philippine Revised Penal Code criminalizes the implementation of medical and surgical abortion; and, modern and scientific sexual and reproductive health services are disrupted by the occasionally politicized approval of contraceptives through the Philippine Food and Drug Administration¹. The two (2) diagrams below, constructed in the process of analyzing data, organize elements or descriptions of agentic behavior according to varying levels of individual power to find, define, and express their pleasures, as limited by, or in defiance of social, political, and other material restrictions. The diagrams also show how agency may be developed to allow teens greater bodily autonomy.

Based on **Figure 1**, teen agency in accepting pregnancies is based on the views of teenagers about what may make an actual or hypothetical pregnancy okay to them, representing little, some, or significant autonomy. The left side of the spectrum describes limited agency or fatalism, the sense that there is little that one can do but accept an unexpected pregnancy, because individuals believe they are meant to be mothers anyway, and/or because society expects them to accept it. Among some advocates, this is viewed as a resignation from the fact of the pregnancy. The middle part of the spectrum describes agency as making the most of an undesirable situation. Here, agency and deliberation are seen in the competing experiences of joy for the prospect of being a mother and receiving the blessing of having a child, and the pressure to be a good mother to redeem one’s name and reputation and overcome the social stigma and moral judgment that comes with unexpected and ‘early’ pregnancies. At the right side of the spectrum is the expression of full agency - that, regardless of the circumstances, the pregnancy is desired, and the young person feels capable or ready to manage the uncertainty of parenting and childrearing.

FIGURE 1

Teen agency in accepting pregnancies: Upon finding out about it, and knowing that society frowns upon teen pregnancies, what makes a pregnancy acceptable to a teen girl/ young woman?

Limited agency or fatalism	Making the most of an undesirable situation	Pregnancy is desirable and one feels capable to be a parent
<ul style="list-style-type: none"> women are expected to be mothers there is little else one can do but accept the pregnancy (resignation) 	<ul style="list-style-type: none"> finding joy and purpose in motherhood rising to the challenge of proving one’s worth against others’ moral judgment 	<ul style="list-style-type: none"> fulfilling the longing for having children or their own family readiness to leave <i>pagkadalaga</i> behind having confidence in one’s ability to manage the uncertainty of pregnancies and child-rearing

¹ In 2015- 2017, certain contraceptives were unavailable in the public health system because a prolife group filed temporary restraining order (TRO) with the Supreme Court requiring the FDA to prove that said contraceptives were not ‘abortifacients.’ (Junio, 2017)

The refusal to accept the pregnancy may demonstrate agentic behavior and is treated in this research as part of coming to accept a pregnancy, or of having sexual agency. The former includes the refusal to accept a pregnancy as a situation that may arise in the process of accepting a pregnancy. In such situations, this may be a temporary thought or desire that a pregnant person considers, they may even attempt an unsuccessful abortion, all of which factor into the deliberations that lead to pregnancy acceptance. In the latter, the refusal is the motivation for successfully terminating an unexpected pregnancy, emphasizing that abortion is an important reproductive health care service that supports a person's preferred fertility outcomes and overall well-being. Because abortion is illegal in the Philippines, women's sexual agency is severely limited. Women are often left with little choice but to endure unsafe and/or ineffective ways to end a pregnancy. This adds to the complexity of the process of accepting an unexpected pregnancy.

Based on **Figure 2**, teen sexual agency is based on how teenagers experience, view, or act on their sexuality in the context of its regulation in society. Agency is explored through teenagers' awareness of their bodies, their knowledge of their options, their ability to negotiate control over their own bodies and health, and their demand for, and access to, support services that improve their health and well-being. At the limited end of the spectrum, agency is present in a person's awareness of the experience of joy and pleasure in their own bodies, their desire to understand and explore their bodies, and their preferences for intimacy, romance, or connection, either on their own or with partners or peers. The middle part of the spectrum shows agency in the way a person can access pleasure, safety, and well-being by expressing their desires and negotiating with peers or partners to achieve these, and in their ability to seek help for their sexual and reproductive health needs, and for experiences of gender-based violence, or their experience of violation, discrimination, and/or subordination due to their gender and/or sexuality. The right side of the spectrum discusses a person's ability to live fully in their own bodies and support others to do the same, with little fear or shame. This is marked by a person's sense of freedom and ease with different aspects of their sexuality, their knowledge of scientific and modern ways to improve their sexual and reproductive health, and their access to relevant services that will support their pleasures, fertility choices, their safety, and their ability to share these with others who may need support in understanding their sexuality, and/or accessing sexual and reproductive health care.

By exploring young people's views and embodied experiences, sexual agency, and pregnancy acceptability, this framework recognizes adolescent girls and young women as development actors, critiques the moral and social undesirability of adolescent pregnancies, and unpacks the factors that contribute to pregnancy incidences. It also provides insights into the design of sexual and reproductive health services that support young women in gaining greater agency and bodily autonomy in relevant areas of their life: as they explore their sexuality, in their desires to achieve or delay or prevent pregnancies, in their acceptance of an unexpected pregnancy, and as they strive to give themselves and their loved ones a good life.

This framework also supports the reproductive justice agenda. Historically, young people's sexuality has been regulated and discouraged, which resulted in experiences of deep marginalization and abuse, and a disconnection from their own bodies and their communities. By seeking the voices and narratives of teen moms and young women and understanding their various pleasures, this framework can erode the stigma against teen sexuality and shift public discourse towards one that supports teens in making decisions to fulfill their desires. This research hopes to contribute to the growing literature on pregnancy acceptability and adolescent sexuality and to draw insights about possible determinants of pregnancy acceptability among teens, as a basis for public health interventions and community organizing for adolescents and young adults.

FIGURE 2

Teen agency in sexuality: Having experienced that sexuality or *paglalandi* is not accepted or encouraged in society, in what ways do teen girls/ young women find power in pleasure?

Understanding pleasure and desire in their own bodies	Ability to express desires, negotiate with peers/ partners, and seek help when necessary	Embracing one's sexuality and supporting others to do the same, with little fear or shame
<ul style="list-style-type: none"> • finding curiosity, or joy and pleasure in bodily experiences (sexual or otherwise), and social and romantic relationships • understanding their preferences • desiring to learn more about sexual or romantic aspects of pleasure, by themselves or with others 	<ul style="list-style-type: none"> • expressing consent or refusal • having some level of comfort in discussing and negotiating their desires and preferences with peers/ partners/ family • being able to seek help from peers or health providers for sexual and reproductive health concerns 	<ul style="list-style-type: none"> • finding some freedom and ease with different aspects of their sexuality, pleasures, and preferences, and expressing these freely with trusted peers/ partners • having modern and evidence-based sexual and reproductive health information and ready access to services that support their desired fertility outcomes • readily offers what support they can for partners/ peers/ members of the community to be more comfortable with their sexuality

RESEARCH PARTICIPANTS

Research participants are youth identifying as female or women, selected purposively according to the sexual behaviors and characteristics that the Young Adult Fertility and Sexuality Study (YAFS) identify as contributing to the risk of pregnancy. All 39 participants are selected for being sexually active, or youth engaging in heterosexual sexual activities, from low-income communities, with the following characteristics:

Age: 15 - 24,

Number of Children: 0, 1 or more, and

Level of schooling achieved: Some years of high school at the most

This age group complies with the United Nations (UN) definition of youth as 15-24 years old, commonly used across countries to gather statistics on the state of the youth. This age range accommodates the varying vulnerable age groups referred to in public documents and discussions on teen pregnancy.

By choosing participants who have not had a child and participants who have experienced a pregnancy or have given birth to at least one child, the research accommodates the diversity of preferences that comes from having experienced pregnancy or motherhood and from not yet having been pregnant, and having expectations about it.

In YAFS (2013), the proxy indicator for “risk of pregnancy” is the age of sexual initiation, or the age of a person when they first engage in sex, or “coitus that involves vaginal or anal penetration”. For this study, the additional relevant indicators are: engaging in premarital sex or “sex before cohabitation or formal marriage”; their (non-)use of contraceptives; paying for, or being paid for sex; engaging in casual sex and with non-romantic sexual partners or “friends with benefits;” and having multiple sexual partners. Adequate knowledge about sex and pregnancies is also considered. Indicators related to fertility and pregnancy include the following: women aged 15 to 19 years old who have ever been pregnant and their age at first birth; and women aged 15 to 19 years old who did something to try to end their pregnancies. Based on the monograph, YAFS data collection and discussion about sex concerning risks of pregnancy appears to refer generally to heterosexual sexual activities.

AREAS

The participants are from the following areas across the Philippines: Cordillera Administrative Region (CAR), National Capital Region (NCR), Central Luzon, Davao, Bicol, and the Visayas.

These areas are considered because they reported high incidences of the indicators that contribute to teenage pregnancies:

- CAR
- NCR
- Central Luzon
- Davao

Bicol is considered as an area that has a lower percentage of the youth population exposed to the factors identified in this study and is included to ensure that the sample is representative of the diversity of youth behaviors and practices.

The regions in the Visayas are taken as a whole, noting that these do not have a remarkably high or low proportion of youth with exposure to the risk of pregnancies. Western Visayas was the site for key informant interviews, and Cebu was the site for validation.

The criteria allowed for the selection of research participants who have experienced intersecting marginalized identities. They were exposed to the risk of pregnancy through one or more of the indicators mentioned above, their vulnerabilities are also due to their young age, their limited education, for some, the multiple burdens of being a parent to a young child, and their experience of socio-economic inequality due to urban or rural poverty. The combined insights, experiences, attitudes, and behaviors of all participants build a more complete, qualitative picture of how young women navigate the possibility or risk of unexpected pregnancy, and when and in what circumstances pregnancies become acceptable to them, in the context of socio-economic deprivation. It is important to note that the 2017 National Demographic and Health Survey (NDHS) reported a downward shift in fertility for women ages 15 years old and above. Regions with remarkably high incidences of pregnancy among women from 15 to 19 years old are Davao, Northern Mindanao, Region 12: Cotabato, Sarangani, South Cotabato, and Sultan Kudarat (SOCCSKSARGEN), Ilocos, and Region 4B: Mindoro, Marinduque, Romblon, Palawan (MIMAROPA). CAR had the lowest percentage of young women who had begun childbearing, and NCR held the fourth-lowest percentage. These percentages are different from the YAFS4 results and may indicate an improvement in managing or preventing pregnancies among the youth. However, the NDHS does not account for the behaviors that expose people to the risk of pregnancy. Even the United Nations Population Fund (UNFPA) projections of an increase in post-COVID-19 pregnancies are not based on an assessment of behaviors, but on the expected reduction in access to sexual and reproductive health services. These statistics do not provide a complete picture of young people's behaviors and attitudes and thus cannot determine the design of the research.

Pregnancy acceptability and the level of power that women wield over their bodies are not fully captured by pregnancy incidences. Rather, these are best understood in the context of behaviors that affect the likelihood of (unexpected) pregnancies, young women's desires and their knowledge about their bodies, and the actions that they take concerning their sexuality. For this reason, and with the absence of updated studies about the sexuality and behaviors of Filipino youth, YAFS4 is still relevant today.

DATA GATHERING

Data were gathered by a research team composed of local coordinators and interviewers in Baguio (CAR), Albay (Bicol Region), Negros Occidental (Western Visayas Region), and Davao City (Davao Region), and the primary investigator in Quezon City (NCR) and Zambales and Bulacan (Central Luzon Region). Validation was conducted by the primary investigator in Quezon City, with the support of local coordinators in Davao and Cebu, and a third-party documenter and translator. Interviewers were responsible for translating the questionnaire and responses into the relevant languages and provided thorough documentation of their work. The research team was composed of a total of 6 people, and there were 39 participants in the research.

From January to February 2021, the research team conducted semi-structured, in-depth interviews (see Annex 1) with 4 young women and teen girls from each area. Two of the participants were sexually active young women who are not pregnant and had no children, and two were either pregnant with their first child or already a mother. The interviews were done in person when possible, over the phone, or online.

From March to May 2021, data and preliminary findings were made by reviewing interview recordings and transcripts and organizing the findings into themes and sub-themes.

From June to August 2021, focus group discussions (FGDs) in Cebu, Davao, and NCR were organized to validate the findings. The Cebu and Davao validation sessions were conducted online with six teens or young women; three were sexually active young women who were not pregnant and had no children, and the other three were either pregnant with their first child or already a mother. Because COVID-19 mobility restrictions were relaxed, the NCR validation was done in person. Only three teen mothers participated, all of whom had at least one child. Because of the renewed implementation of mobility restrictions and the difficulty in gathering participants online or in person, the other half of the NCR validation was canceled.

One research participant from Quezon City revealed, throughout the conversation, that they have not had penetrative sex with their partner. This means, by the convention of quantitative measures, that they have not experienced sexual initiation. They described their relationship with their boyfriend to be intimate, but they have agreed to abstain from penetrative sex to avoid pregnancies. Their account was still included in the data.

Because sexuality is highly regulated in the Philippines, conversations touched on sensitive and difficult topics of gender-based violence and abuse, as well as other intersectional forms of oppression. Researchers and interviewers were active and empathic listeners. The researchers' emotional availability and presence allowed participants to feel at ease and express themselves more freely and reduced the power asymmetry between researcher and participant. To ensure the health and well-being of members of the research team, their emotional labor was met with appropriate psychosocial support.

FEMINIST ETHICS

The research team received an orientation on feminist research ethics to ensure that all processes prioritized the privacy, confidentiality, safety, and well-being of research participants and that asymmetric relations of power between researchers and participants did not cause participants to experience greater inequality throughout the research.

The study required the participation of minors. The vulnerability of minor participants comes not only from their age, but their position in society and the intersectional oppressions associated with it — that they are from lower-income families and communities, that they may be out of school, and that they may also have experienced trauma or distress due to possible asymmetrical power relationships with parents, guardians, or former or present partners.

Participants' informed consent was central to data gathering. Each interviewer took time and care to discuss the rationale, benefits, and risks of the study and encouraged participants to exercise their power to refuse to answer questions that they did not feel comfortable answering or to change their minds and refuse to be part of the study if and when the situation calls for it. Whenever possible or necessary, interviewers also discussed the details of the research with participants' legal guardians.

Feminist research supports the liberation of the marginalized, and to this end, interviewers offered to discuss basic information about modern contraceptive use and provided the contact information of women's health clinics and psychosocial support services at the end of each interview and FGD.

The constitution of ethics boards and the implementation of ethical review and approval of research proposals differ across the University of the Philippines System. In the absence of a local or College-level ethics board, the adherence to ethical standards for research is the shared responsibility of the supervisors and research team. Ethical conduct is guaranteed by the supervisory role of the University of the Philippines Center for Women's and Gender Studies (UP CWGS) during all stages of the research, from design to data gathering and analysis. The research is also led by a faculty member who is teaching feminist research epistemologies, ethics, and methods at the Department of Women and Development Studies, University of the Philippines. Both the Department of Women and Development Studies and the UP CWGS have a reputation and track record for research grounded in strong feminist ethics, academic integrity, and intellectual honesty.

Finally, the study grants epistemic privilege to young women by recognizing that, with their perspectives, experiences, and positions, their narratives offer a more complete truth about teenage pregnancies, than do quantitative data and public opinion on the matter. The study gives young women greater visibility and amplifies their exercise of power over their bodies, desires, and narratives.

SCOPE AND LIMITATION

This study sought to understand adolescent pregnancies based on young women's views, beliefs, and experiences related to pregnancy acceptability, *paglalandi* (or sexuality), *pagkadalaga*, and motherhood. Their views, life experiences, and insights were also interpreted and retold by local researchers and interviewers.

While some participants alluded to or described experiences of gender-based violence, the research does not go into full detail or make a judgment about these. The team practiced trauma-informed methods of data gathering, including respecting the limited openness of participants to talk about difficult experiences and assuring them of confidentiality and privacy. The team's qualifications do not include expertise in managing trauma nor navigating the legal framework for gender-based violence, nor does the research seek to deepen discourses on legal jurisprudence.

The study does not include participants from the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM), young women from indigenous groups, or of diverse ethnicities deliberately. The intersection of women's sexuality and Bangsamoro and indigenous culture may be better investigated by researchers with the appropriate specialization.

Because of the culture around Filipino sexuality and the topic of inquiry, the data can be expected to take a more cisgender woman and feminine, heterosexual perspective. While this study contributes to the literature on Filipino sexuality, this is in no way a complete representation of the various identities and sexualities of Filipino youth today.

FINDINGS AND ANALYSIS

Findings and analyses are presented according to the general themes of pregnancy acceptability and sexual agency, where pregnancies and engagements in sexually intimate behavior are distinct or relatively independent events where the exercise of agency can be studied. The third theme about teen girls and young women's pleasures is included to account for other situations outside sexual intimacy or pregnancies that can reveal agentic exploration or expression of sexuality. The subthemes expand and deepen the discussion on each thematic area, based on the discussions with research participants. To protect participants' privacy, all the names presented are aliases, while quotes are written in the local language with English translations. Analyses on teen agency are woven into the findings and supported by relevant literature.

Findings and Analysis on Pregnancy Acceptability

There was an overwhelming acceptance of pregnancy among young women who had experienced it. The responses ranged from having little option but to continue the pregnancy, to a sense of moral obligation or acceptance of a blessing or divine gift, to a clear desire to start their own family at what is generally perceived by society as an 'early' age. Along with this, all research participants agree that motherhood is a woman's most important role in society.

When asked about what they thought, and how they reacted or would react to an unexpected pregnancy, participants described that they felt or would feel fear and joy at the same time.

Young mothers commonly said, "*Nandiyan na*," or "It is there [to be accepted]," with their fear directed at the anger or disappointment that they expected their parents to respond with or raise children with little resources. They expressed joy at the idea of having a baby and a sense of responsibility with the prospect of motherhood.

For **Jessa**, 23 years old, who is working as a stay-in household worker, "*Ti kay ara na, wala ka na may maubra.*" ("Because it is already there, you can't do anything but accept it.")

The acceptance of a pregnancy also comes with the inability to abort the pregnancy, mainly because abortion is morally unacceptable, or marginally, because efforts to try it, failed. Safe and effective abortion services are also unavailable because abortion is criminalized by law. **Cara**, 16 years old, from Zambales, admitted to having tried abortifacients sold on the black market when she had her first pregnancy at 14. When the attempt failed, she accepted the pregnancy, also as, "*Nandiyan na.*"

Nerisa, 23, from Bicol discussed her pregnancies in terms of being responsible for a sin committed, "*Dyan man ngani ako napa-proud kasi kasalan na po na amay ako nag ano tapos dadagdagan ko pa na gari buhay na hahalion бага kaya garu iyo man po iyan. Gari gusto ko man po talaga dae ko man pinag sisihan kumbaga dae ako ready ta kasi aki pa ako inatubang ko na tulos su responsibilidad.*" ("That makes me proud of myself because I already made a sin when I had sex young, but I did not correct it with another sin by taking a life. I really wanted my baby; I have no regrets even though I wasn't ready that time. I did my responsibility as a mother.")

Maria, 19 years old, from Quezon City, also expressed their acceptance of pregnancy as "*Paninindigan ko yan, kasi ginawa ko yan.*" ("I take responsibility [for the pregnancy] because I did it.")

Pregnancies as Blessing

A moral norm that adds to the acceptability of pregnancy is the notion that it is a blessing. Based on the various participants' explanations, a pregnancy is a blessing because it was something they did not ask for, and not easily accessible to other women, yet was "given" to them.

Illness or the lack of fitness required to be pregnant was one reason why pregnancies are seen as blessings and are thus acceptable. **Kay**, a 20-year-old participant from Quezon City with polycystic ovarian syndrome (PCOS), received advice from her doctor that in managing her condition, she will have a difficult time getting pregnant. Where she did her best to avoid pregnancies before finding out about her illness, she now considers it as lost time. *"Dati kasi pinupush mo na huwag muna, kasi masyado ka pang bata, pero ngayon po narealize ko na mas mahirap po pala pag sakit yung inaalagaan mo... Sana, instead of PCOS, fetus na lang."* (I made an effort to avoid pregnancies because I was too young, but I now realize it's harder if you're coping with an illness. I wish that instead of PCOS, I have a fetus instead.)

She also shared that her illness made her realize how much she considers pregnancy to be a blessing, *"Di lahat ng babae, or magpartner, nabibiyayaan ng baby."* (Not all women, or partners, are given the blessing of a baby.)

Patty from Baguio City, 20 years old, experienced an ectopic pregnancy and a miscarriage in the past year, and this led her to conclude that it was not that simple to carry a pregnancy to term, and is thus a blessing worth accepting when it comes. For some participants, pregnancy and having children gave them a sense of purpose and fulfillment.

Karla, aged 18, from Davao, did not want a pregnancy yet, but when it came, she found acceptance at the start of their pregnancy, *"Itong bata ang magbibigay ng saya sa buhay at paghuhugutan ng lakas."* ("The child will give [me] joy and be my source of strength.").

Jamie, aged 23, from Quezon City described wanting to have a family of her own from a very young age; raised by her grandparents, she was always envious of peers and classmates who had mothers and fathers present in their lives. She described herself as having chosen her partner or common-law husband from as early as grade

school. She courted him and helped him even with his schooling. She put herself through high school and when she finished, she was ready to have a family. Describing her readiness to have a child, *"Yung isip ko nung seventeen (17) ako, nasa twenty (20) na pataas."* ("My maturity, when I was 17, was more similar to being 20 years old or older.") She was nervous about the future, but happy to have found out about her pregnancy at 17 years old.

Supportive environments

Pregnancy was also acceptable to young women or teen moms when their partners and/or their family commit to supporting them in raising the child.

Mia, 16 years old, from Quezon City, said about her preferences before getting pregnant, *"Sabi ko sa boypren ko, pag nabuntis mo ako, di ko papanagutan yan, ipapalaglag ko. Pero nung dumating naman na, di ko na ginawa, kasi andami namang sumuporta sa akin. At sabi naman n'ya papanagutan nya. Di ko na binitawan."* ("I used to tell my boyfriend that I would get an abortion if he got me pregnant. But I decided not to because many supported my pregnancy. My boyfriend said he was going to be responsible. I decided to keep it.")

The COVID-19 pandemic factored into the environment of support for teen mothers or pregnant teenagers. In particular, their access to pre-natal and post-natal health care for their children was limited due to the community quarantines and lockdown. Their partners' employment was also affected by the pandemic. For some, their partners lost jobs, while for others, their partners had to live apart from them because of mobility restrictions. While the pandemic did not have a direct effect on the acceptability of pregnancies, it limited people's access to relevant health services and socio-economic resources.

Pregnancy acceptability as a demonstration of power and agency

Pregnancy acceptability is a social norm among teenagers and youth. According to Bicchieri (2006), “[s]ocial norms are behavioral rules supported by a combination of empirical and normative expectations. Individuals have a conditional preference for obeying social norms, provided they hold the right expectations.”

The general acceptance of the pregnancy is influenced by moral norms; abortion is “wrong” and children are a “blessing”. Participants who were pregnant or had at least one child described a common experience of being shamed by family and their communities for their pregnancies, but that abortion was even more shameful. This is supported by gender norms - participants overwhelmingly agreed with the statement that a woman’s most important role is that of being a mother. The normative expectation is to accept the pregnancy, and almost all would take the pregnancy to term. The ‘conditional preferences’ for complying with the norm of accepting pregnancies were affected by the support they would receive from loved ones, the uniqueness of being given the gift of childbearing, and the joy they expected to find in motherhood and childrearing, all presented in the previous sections. Their desire to make the most of an undesirable situation and to prove themselves capable of parenting will be discussed in this section.

‘*Nandiyan na*,’ appears to be the default response to a pregnancy that is socially undesirable yet normatively expected to be acceptable; it has already happened and must thus be accepted. In what appears to be a situation where participants have no choice, it becomes important to understand how they make it to the point of accepting the pregnancy. It is useful to view the acceptability of pregnancy, in this case, as a continuum between limited agency and the decisive effort to make the most of an unexpected or undesired situation (Jones et. al., 2016; Aiken et. al., 2016).

This apparent lack of agency can be viewed as a demonstration of acceptance and humility considered appropriate by society - it is the expected gendered response to an early pregnancy considered undesirable and shameful. Especially at the start of an interview, with participants wary of the stigma against teen sexual behavior, and with their limited trust in the interviewer, it is safer for participants to demonstrate the socially appropriate response of humility and acceptance not only of the pregnancy but of the moral judgment that comes with it.

This is supported by a parallel analysis made by Tolman (2002) in analyzing how teen girls commonly described their sexual initiation as something that ‘just happened to them’ at the start of an interview, and upon getting more comfortable in the conversation, reveal their desire for sexual pleasure. Participants were aware that they were vulnerable to judgment and were responding to interview questions in a manner that would protect themselves.

By describing pregnancies as a blessing and a responsibility over the course of coming to trust the interviewer, participants reveal greater agency. In part, agency is demonstrated by making the most of the undesired situation and the ability to hold the contradiction of joy and acceptance of moral judgment at the same time (Aiken, 2015).

Responsibility as demonstrated by *paninindigan* (integrity) or *pananagutan* (duty) expands participants’ agency. With the combination of ‘*nandiyan na*’ and *paninindigan*, participants demonstrated accountability for the consequences of their sexual behaviors, especially if they shared the common belief that this was “immoral” or “wrong.” For some participants, engaging in pre-marital sex was pleasurable, but they demonstrate concurrence with dominant moral standards by saying that it was altogether a ‘sin’ or a mistake that they indulged in. Some participants also experienced guilt and shame because their unexpected pregnancies were the subject of criticisms, moral judgment, and gossip among their extended family members,

or community. For some, given the inconsistency of support from or absence of their child's father, teen mothers took charge of their health as they carried the pregnancy to term, and then of their family's life and well-being.

Zeny, 23, a solo parent of two children from Baguio, expressed her desire to prove the gossip wrong by raising her children well, "*Pero kung siguro napatapos ko 'yung mga bata tapos napalaki ko sila nang maigi, e 'di parang achievement na rin po 'yun sa'kin maski wala akong sabihin sa kanila. Kung nakita naman nila kung ano 'yung narating ng anak ko. Parang 'yun na rin 'yung mag-aano sa kanila na ito 'yung dating ginanito ko.*" ("But if I am able to make my children finish their studies and give them proper guidance, I will consider it as an achievement for myself, I will not brag about it. If they happen to see what my children would achieve, [that will be my answer to their criticisms of my actions].")

It thus appears that bringing a pregnancy to term is an act of defiance against the gossip and the criticisms and the socio-economic limitations. Their sense of responsibility and duty becomes an act of defiance against the gossip and criticisms, and the socio-economic limits they encountered, as indicated by their commitment and effort to be good mothers to their children - ensuring their health, education, and ensuring good life for their family

Finally, it is important to recognize the desire of some teens to be mothers even at an early age, or their joy at the prospect of motherhood and having a child that they did not anticipate or plan for. In cases where the pregnancy may be unexpected, experiencing joy at being a mother is not only an effort to make the most of an unpleasant situation but is a fulfillment of a latent desire that some teens have. In such cases, even with the fear of judgment or the uncertainty of the future, their joy makes the acceptability of pregnancy easy and pleasant.

The 'conditional preference' for obeying the norm of accepting pregnancies thus gives conceptual space for compliant behavior to be agentic. In their

statements, the participants' expressions of fear and joy, and their seemingly default acceptance of pregnancies varied according to how they viewed their ability to take action or control outcomes related to their pregnancy. In describing their deliberations given the quality of the relationship they had with their partners, the support of their parents, and their sense of *paninindigan* or *pananagutan* in the face of judgment, teens' acceptance of a socially and morally undesirable pregnancy becomes both an act of defiance and power.

Findings and Analysis on Teen Sexual Agency

While the participants' narratives demonstrate their agency in accepting a pregnancy and appear to be independent of the quality of their agency in sexual relationships, adolescent pregnancies can also be understood by looking into teen sexual agency. Teen sexual agency is important in understanding the extent of power that teenagers have when seeking an understanding of their bodies, pleasures, and desires. Sexual agency also leads to an understanding of young women's desires for sexual relationships and pregnancies, and how this understanding may be influenced by peers and partners.

Early sexual initiation, their own desires, and their partners' behaviors

The dynamics of why, when, and with whom young women had their sexual initiation is important in understanding teen sexual agency and pregnancy incidences. Participants' descriptions of their sexual initiation ranged from having been forced or coerced into it, to "*Ginusto ko rin*" ("I eventually wanted it") and to agreeing and wanting to have sex, too. In the limited times that topics of sex and physical intimacy were discussed among partners, the discussion was often associated with starting a family. Consistent with available data in the Young Adults Fertility and Sexuality Study (2013), participants said that their main form of protection during intercourse was the withdrawal method.

Consent and Desire for Sexual Initiation

Some participants described their sexual initiation as something they wanted and had talked about with their partners. Participants distinguished their desire to experience sex from their desire to start a family and discussed how these are considered milestones for adolescents to transition to *pagkadalaga* and motherhood, respectively.

Sandra, 18, from Cebu described how teen sexual initiation and pregnancies may be “due to curiousness... For example, sa social media, *daghan na kay mga buntis*, maybe *ma-curious ka unsay kanang ma-feel inana*.” (“Due to curiosity... that you see in social media many are pregnant, maybe you are curious about how it [sex] feels.”)

Emily, 18 years old, from Davao, and in a long-distance relationship, haltingly said that she experienced enjoying her own body after her sexual initiation at around 15 years old. In responding to the interviewer’s question “*Kanag maka-share baka or kanus-a tong time na giganahan ka sa imong lawas, sa imong self?*” (Can you tell me about a time you found your body likable?), she answered, “*Kaning sukad nag ano jud -*” (“starting then -”), referring to sex.

“*16 ko nahimong dalaga, lami mahimong dalaga,*” said **Andrea**, 17 years old. “[I can say that] I became a *dalaga* at 16, and I enjoyed it,” mentioning that *pagkadalaga* came with her sexual initiation.

Nerisa, from Bicol, talked about her first sexual partner as her exit plan from an abusive childhood. She was 14 years old when she first had sex. She described her then partner as someone she trusted and loved, and felt loved by, she said, “*Gari naging panatag saka sobrang love ko man talaga kaya, nagtiwala tapos siyempre nag asa na siya na talaga su makakaiba ko kaya ako nag tugot.*” (“I gave him my full trust and I love him. I trusted him and I also hope that he will be the person that I will live with for the rest of my life, and that is why I said yes.”)

In contrast, **Mika**, 17 years old from Quezon City, and **Josy**, 21 years old, from Bicol, both without children and who have not experienced pregnancy, explained that they agreed with their partners to practice abstinence to avoid getting pregnant. Their partners were around the same age as the young women.

Without discussing the details of their intimate relationship, Mika described how she and her partner would practice abstinence. She said, “*Napipigilan naman namin. Tinatawa na lang namin, tapos lalabas na lang kami.*” (“We can stop ourselves. We would laugh about it, and leave [the room].”)

Sexual initiation and pregnancies

YAFS 2013 shows a correlation between early sexual initiation and adolescent pregnancies, and some participants’ narratives complement this. Their narratives also told of how the young women engaging in sex at an early age with an older partner become pregnant within the first few months of their sexual initiation.

The participants who had older partners at the time of their first pregnancy described having agreed to sex because their partners expressed the following:

- they were ready and wanted to start their own family;
- they wanted to see how well their genes or physical traits could match, referring to the “*magiging lahi ng anak natin,*”; and
- committed to loving them and their children and ensuring their well-being.

From the qualitative interviews, a male partner’s influence on sexual initiation and pregnancy appears to be stronger as the age gap between the young woman and her partner increases. When both partners are teenagers and closer in age, young women can express their desires and their boundaries, while partners who are older and have more experience in relationships and work appear to have greater persuasion over young women.

The men would give them the cold shoulder or get angry the longer and more repeatedly their sexual advances were rejected. The young women described resisting the promises and the anger until they finally gave in; “*Sige na nga*,” **Minda**, 17 years old, from Zambales, had said about conceding to the demands of her partner and the father of her child, to have sex.

Allie, 18 years old, from Bicol, has one child and had her sexual initiation when she was 17. She said of her partner when she finally agreed to have sex after having refused for a “long time,” “*Inda lang po, siguro nadara kang pagkamoot*” (“I’m not sure, maybe it was because of love.”)

In other cases similar to Allie’s, the young women are conflicted. Instead of giving full and enthusiastic consent, they were coerced into agreeing, not just to engage in intercourse, but also to have their partner’s child.

Cara, 16 years old from Zambales, had her sexual initiation at 14, with her on-and-off boyfriend and is now the father of her two children. While talking about her sexual initiation, she said that she did not want to get pregnant, but she described having sex as having felt in her body that she was aroused and thus wanted it, too, “*Ginusto ko rin naman*.” She expressed precisely the common misconception that having felt the desire for sex means overwhelming consent to sexual initiation and pregnancy.

Rosanna, 18 years old and now with two children, talked about her first pregnancy when she was 15. After leaving home and when her relationship with her partner became stable, they moved in together and he expressed his desire to start having kids. She said she was not ready for pregnancy but felt that she did not have much of a choice. “*Dili pa unta tong kuan pero wala naman gyud, nilayas naman pud gud ko samong balay ato, mura wala najuy mabuhay, kay wala man sad koy lain mapuyan, sa ilaha lang ko naki puyo*.” (“I did not want to get pregnant yet [at 15], but I had already left home, had nowhere else to go, and was living with my partner.”)

In other instances of peer pressure and coercion, alcohol and drugs are involved. **Jessa**, from Negros Occidental, said about her sexual initiation at 15 under the influence of alcohol, “*Kung sa amo na nga sitwasyon, hambal nila, gustohon mo na lang*.” (“They said that if you found yourself in [that] situation, you just have to like it.”)

From their narratives, participants are aware of their bodies’ arousal signals, and can often distinguish being curious or keen to experience sex from their desire to be intimate with their own bodies and with their partners, and from wanting, or not wanting pregnancies or children. The narratives also reflect common misconceptions about arousal, coercion, and consent – in particular, that consent naturally follows from physical arousal, and that consent should be granted when they find themselves in sexually intimate situations. Sex and pregnancies become conflated when male partners express their desires to start a family and promise to take care of them, along with their desire to have sex.

Combining the quantitative data on withdrawal as the main form of contraception among young people (YAFS 2013), and the qualitative inferences from the participants’ narratives, the relationship between early sexual initiation and the *occurrence* of teen pregnancies appears to be affected by the desire of the male partner to have sex, and start a family. Power dynamics are skewed against teen girls or young women when their partners are older and employ a combination of coercive or abusive tactics. In their statements, teens are aware of their limited exercise of power with sexual relationships. In the previous section of findings, pregnancy acceptability has more to do with ideas and expectations about motherhood, and the desire to make the most out of an unpleasant situation, than the circumstances around their sexual initiation. These support the idea that the process of accepting an unexpected pregnancy offers teenagers an opportunity to exercise agency that is separate from their (in some cases limited) sexual agency.

The elements that support a young woman's sexual agency and full consent for sexual initiation are trust and open conversations with partners who are more equal in age and life experience. Full consent also comes from having felt in their own bodies that, without doubt, they wanted to experience sexual intercourse.

The pain and pleasures of *paglalandi*

Paglalandi captures the regulation of teen sexuality and the desire of teenagers to be liberated from it.

When describing *paglalandi* in negative and disapproving tones, participants characterized it as something (young) people do when they flirt and have sex outside of exclusive, committed relationships. On the other hand, some participants expressed their pleasures.

Patty, 20 years old from Baguio City, says of *paglalandi* and herself, "*Hindi ako masyadong ganun*," ("I was not really like that.") On the other hand, **Andrea**, 17 years old, said of *paglalandi*, "Enjoy! *Makainom-inom, maka laag-laag, maka-happy lingaw*." ("Enjoy! (We) Go drinking, go out, and have fun.")

For different participants, *paglalandi* is the dominant, negative view of one or all of the following:

- dating, flirting, and seduction, online and in real life,
- early sexual initiation and pre-marital sex,
- adolescent pregnancies,
- enjoying drinking and hanging out with friends.

This aligns with the results of a previous study on reproductive freedom among women in Tondo that described *paglalandi* as the only space in Philippine society where women's sexuality is discussed openly, albeit negatively (Gacad, 2020).

The judgment of *paglalandi* is particularly harsh on teen mothers. The pain and shame that came with their pregnancies was a highlight in the FGDs. As a coping mechanism, the teen mothers toughened up emotionally; their defiance ranged from owning the label to show they were unaffected, to confronting people, and to ignoring the community gossip, and working hard to prove their worth as good mothers.

Dominant views on *paglalandi* mean that talking about sex is taboo, and this was exactly the experience of most participants. When asked about how they discussed sex with partners or peers, participants in the FGDs from NCR, Cebu, and Davao had a good round of giggles and explained that the 'conversations' were more like indirect and non-verbal signaling.

"There would be a look, or a raised brow and a smile, and we would know that it (sex) happened," **Linda**, from Quezon City, said.

Marie from Davao described sex as, "*parang naglalaro lang, landi-landi lang muna, tapos nag-iinit ang katawan, ito na yun, papunta na do'n*" ("As if you were just playing and flirting, and then you feel the heat in your body, and you know that's [sex] where things are headed.").

A few participants described how conversations about dating, sex, and *paglalandi* are enjoyable in small peer groups or *barkada* where these topics are treated as gossip and girl-talk. However, belonging to a *barkada* is not so common among young people with boyfriends or children anymore. For those in committed relationships, the ties of friendship are somewhat maintained but are regulated by their partners. For teen mothers, having to care for an infant makes them unavailable to their friends.

Avoiding Pregnancies? Contraceptives are Dirty, 'Control,' and other Misconceptions

In terms of sources of information about contraceptives and pregnancy prevention, participants described asking older peers indirectly or receiving unsolicited advice from mothers, aunts, or older family and community members once their partners/ boyfriends are recognized and accepted by loved ones and guardians. The most common advice they get is to 'protect themselves,' and to 'control,' which could mean a set of different behaviors that include abstinence or withdrawal.

'Control' and contraceptives are also subjects of misinformation. A participant described 'control' as post-coital Kegel exercises and vaginal douching and swears that this pregnancy prevention method eliminates semen from her body. Many participants admitted to not using modern contraceptives because they have been warned about their supposed ill and irreversible effects on a young woman's fertility. It appears that the only acceptable use of contraceptives is for birth spacing and to prevent succeeding pregnancies, as articulated by participants who already had children.

When asked about tips for avoiding pregnancies, **Mary** from Cebu, "*Mag-sex, pero kinahanglan magcontrol ang lalaki,*" or "[it is ok to] have sex, but men have to control themselves." Taken in the context of some partners coercing young women into sex and/ or pregnancies, and with the belief that contraceptives are bad for teenagers that have not yet borne children, there is very little that teen girls can do to avoid pregnancies once they engage in sex.

While teen mothers agree that teenagers will want to experience sexual desire and pleasure, many still see early sexual initiation as a mistake that can be corrected by greater parental supervision. Those who can already imagine a future discussion with their children about sex say that they will encourage their children to practice 'control' and abstinence for as long as they can and that they will not endorse the use of contraceptives because

that was as good as encouraging their children to have sex.

The imagined future discussions also reveal some elements of acceptable expressions of intimacy. For **Nerissa**, mother of two children, "*Kiligon ka okay lang, crush okay lang an pero hanggat dae mo pa kaya or wara pa sa tamang edad dae mo na muna pag gibuhon su mga bagay na dae pa man angkop na gibuhon.*" ("It is okay to feel giddy and in love, having a crush is okay too but as long as you are not ready for the responsibilities, don't do things that are inappropriate.")

Josy said, "*Ito pong hugs and kiss pero bukod duman pinagbabawalan ko na su mga arog kayto.*" ("Hugs and kisses are alright, other than that I will prohibit it.")

Reflecting on their own experiences and relationships with their parents, they reason that they rebelled against their parents' advice and made the mistake of having sex because their parents were too prohibitive and strict. They thus commit to being peers with their children and plan to present control and abstinence as a reasonable recommendation rather than an absolute rule once their children enter into romantic relationships.

It is important to note that participants took keen notice of contraceptive options when these were discussed during the tail end of the FGDs and interviews.

Limits to teen sexual agency

There is power in teenage curiosity and the desire to experience pleasure in one's own body, and in finding ways to make this happen. However, the limits of teen sexual agency come with the taboo surrounding *paglalandi*, the conflation between sexual initiation and starting a family often initiated by the male partner, and the misconceptions and misinformation about sexual health and contraceptives. The limits are made worse with the involvement of a male partner who sees sexual intimacy and starting a family as an entitlement. At

best, they influence young women's preferences for sex and pregnancies, when at times, these are separated for young women; at worst, they coerce women.

Paglalandi being taboo presents real consequences that work against teenagers' desire to own their sexuality and their bodies. On the one hand, many participants indicated they are ready to own their bodies and their pleasures. They have a keen awareness of their bodies' signals for sexual curiosity and arousal, and/or the reasons for their unwillingness either to engage in sex or become pregnant. However, the social and moral unacceptability or undesirability of teen sexuality limits their sexual agency by depriving them of safe opportunities to learn about their bodies and their boundaries. Without a safe and non-judgmental space, they are unable to learn the vocabulary that will help turn their feelings and gestures into words, and without the practice of speaking about their desires, they become limited in their exploration, their negotiation with partners about their desires and boundaries, and in their access to effective sexual and reproductive health services to support their fertility preferences.

In this vicious cycle, young people are alarmingly susceptible to misinformation about contraceptives and modern methods of avoiding pregnancies. They also are left to develop with minimal parental supervision or to defy extremely rigid rules and regulations.

The combined factors of *paglalandi* being taboo, the proliferation of misinformation on contraceptives, and the coercion and/or abuse of older male partners who are determined to have children all contribute to the erosion of teen sexual agency, and lead to teen pregnancies.

Participants desire to transcend the external limits to their sexual agency and support others in doing the same. They maintain peer networks and encourage each other's pleasures and joys through discrete gestures. Teen mothers are particularly keen on building a more open and equitable relationship with their children. And while they intend to promote abstinence for as long as their

children can comply, they plan to influence their children's sexual behaviors by encouraging these children to talk openly about sex and sexuality.

Findings and Analysis of Young Women's Various Pleasures

Young women's pleasures are key to their experience and growing curiosity and understanding of sexuality. The taboo around *paglalandi* and the judgment and shame that come with sexual initiation and teen pregnancies all happen within the context of young women seeking some pleasure as a way to discover themselves and their own power.

Independence and Freedom

Apart from sexual and bodily pleasures, young women identified the following as their desires:

- "jamming," enjoying nights out and drinking sessions with peers,
- feeling connection, safety, and excitement with their boyfriends or partners,
- having good health,
- being clean, spiritually and physically,
- escaping poverty,
- being confident and happy in their own bodies,
- having a job and earning and spending their own money,
- traveling and road trips, either with friends or boyfriends,
- aspirations to complete their education or establish their own business, and
- having no major responsibilities for the welfare of others, problems, or harsh life experiences (such as abuse or deaths in the family).

These pleasures are related to *pagkadalaga*, a period in time when women are single and without any responsibility to care for others. Based on the experiences of the participants, these pleasures are also accessible when they are supported by their parents in exploring and expressing their identities. Along with these pleasures, *pagkadalaga* is also marked by self-care, **Jen**, 18 years old, from Davao City, talked about how *pagkadalaga* relates to taking care of her body. She said, “*Kanang kuan na siya, kanang limpyada na babae.*” (“[Pagkadalaga is about] one maintaining a clean and healthy body.”)

For those who experienced *pagkadalaga*, young mothers also talked about their parents’ invaluable support in helping raise their child and achieve their goals. **Minda**, 17, from Zambales, said that only her parents know of her aspirations to complete high school even with a baby, and they have promised to give her their support.

The ideal partner and relationships

In terms of relationships, young women were very clear about the character traits that they wanted in their partner. They explain that the following characteristics are superior to good looks and wealth:

- does not have vices that distract them from their partners, their work, or their duties,
- does not flirt and/or lie and cheat with other women,
- is emotionally stable and committed, and
- is kind and caring, and able to provide for them.

As an expression of their power and control, young women break up with their boyfriends or leave their partners, even if they already have children together, because the partners or boyfriends cannot fulfill these relationship basics.

Readiness for Pregnancies

In terms of pregnancy intentions and desires, a mix of participants who have not yet been pregnant and those with children expressed the desire to avoid pregnancies during their teenage years, until the ‘right time’ for a family. There is no definite age, but the elements of being ready to have a family include:

- being over twenty,
- having a stable job,
- having a committed partner who can also provide, and
- having their own home.

Participants describe their desires for particular life milestones and relational stability, in an ambiguous timeline, as a way to determine one’s readiness for pregnancy. The concept of ambiguity is consistent with the findings of acceptability of unexpected pregnancies in the literature in two ways: First, the timelines for achieving these milestones are not firmly defined, and that a pregnancy is possible anywhere on the ambiguous timeline reinforces the idea that pregnancies are not fully in women’s control. This leads to variations in the commitment or ambivalence of women to use contraceptives or plan families (Aiken et. al., 2015, Jones et. al., 2016, Gomez et. al., 2018). Second, in the literature, agentic acceptance of unexpected pregnancies is related to achievements of personal milestones such as completing education or having a job, being in stable relationships, and knowledge of parenting (Gomez, et. al, 2018). The participants’ desires simultaneously show how ambiguity contributes to uncertainty and how achieving these milestones is a pathway to empowerment. Greater sexual agency and timely and relevant social and institutional support can facilitate these milestones, before or even after a pregnancy may have interrupted their desires. For young people who have yet to be pregnant, sexual agency can contribute to their ability to manage intimate relationships and achieve their desired fertility outcomes.

They should be provided institutional support in the form of health and education services. For young women who are already mothers, institutional support should include childcare and related benefits, along with continued education and health services.

Sex Work and the Complex Realities of Sexuality, Economic Well-being, and Belonging to Community

The issue of sex work is also featured in the data gathering. It is included in the findings because it demonstrates how sexuality intersects with young people's desires and efforts to achieve material comfort and socio-economic resources, romance and love, and the respect and acceptance of their communities. Participants from Davao and Zambales engaged in sex work and had foreign clients who provided them material support. While the participants did not elaborate on the conditions of their involvement, at least one participant may have been a victim-survivor of trafficking. Participants described the complexity of their motivations and deliberations. Financial and material benefits were factors that lead young women to or caused them to stay in erotic services, and a participant also found intimacy and care from their clients-turned-partners. Throughout their work, the young women had to toughen up and defy the judgment of neighbors and people around them.

According to **Cristy**, 17 years old, "*Kung tan-awon ko nila ba mura lagi daw ug bayaran lagi daw, mao gi undangan na nako na... Wala ra sako-a ug kanang miring gani ang gina tawag sako-a.*" She talked about her experience of being called "*miring*," a derogatory term against women being paid for sex, and 'cheap' or "*mura*," This caused her to feel bad about her body and about having sex, which led her to stop. She also described regret, but that meeting her foreign partner made up for it. She was 14 when she met her partner.

Tinay, 19 years old from Zambales said, "*tatawagin nila akong pokpok, uunahan ko na sila, oo, pokpok ako.*" ("I would beat them to the insult, yes, I'm a prostitute.") Tinay also demonstrated their power in leaving, when the clients or the partner turned violent and manipulative. In terms of avoiding pregnancies, Tinay said they learned how to do "muscle control," or physical movements that included jumping around after intercourse to rid their bodies of semen. Other women described using condoms and pills.

The young women expressed their ability to take care of their bodies, avoid pregnancies, and provide for their own and their family's financial needs as a matter of independence and power.

Making sense of pleasure

In understanding young women's pleasures, it is important to note the intersection of gender and sexuality and the limits of their material resources and opportunities. All are affected by social norms that prescribe acceptable ways to express sexuality, earn a living, and be respectable members of the community. Young women's pleasures show that their sense of power also comes in the form of experiencing the freedom to be as they please, ease and comfort in their material conditions, and belonging with their peers and intimate partners, all of which are related to the enjoyment of their *pagkadalaga* and *paglalandi*. This enjoyment from *pagkadalaga* or *paglalandi* is expected to be temporary, as motherhood remains the most important role young women could have in society. In terms of readiness for motherhood, research participants describe stable relationships and the achievement of personal or life milestones that are consistent with the literature on the acceptability of unexpected pregnancies among young adults. These findings show that for teenagers, being able to experience their pleasures and freedoms, and being ready for pregnancies and parenting are complementary.

SUMMARY OF FINDINGS

The narratives of young women point to their desire for pleasure, joy, and ease, whether in knowing their sexual selves and growing in their sexuality, in having healthy relationships with friends and romantic partners, or in embarking on the motherhood journey. The findings also show that while sexual initiation can lead to pregnancies, teenagers' acceptance of pregnancies is distinct from the situation that led to their sexual initiation.

In this study, pregnancy acceptability is supported by the moral imperative to view pregnancies and children as "blessings" and abortion and premarital sex as a "sin," and by the following gender norms: taking a socially and morally undesirable pregnancy to term is the appropriate consequence of *paglalandi*, and that motherhood is the ultimate source of a woman's fulfillment and purpose. Because of these networks of norms, and because safe abortion as a reproductive health service is not available in the Philippines, the empirical expectation is that anyone (teenager or adult) who finds themselves pregnant accepts it.

When you are young, they assume you know nothing (Swift, 2020). The impression that teenagers are irrational and unknowing is simply wrong. Individual sexual agency and the acceptability of pregnancy are linked to teenagers' embodiment, their keen awareness of bodily sensations, and physical and emotional desires for intimacy, connection, and safety, for themselves and the people they care about, including their children. In a national context where youth sexuality is highly stigmatized, participants' experiences of sexuality and their youth reveal the complexities of both pleasure and vulnerability. In exploring and expressing their sexuality, they defy discrimination and moral judgment at the cost of their belonging to their peer groups and local communities. In seeking intimacy and love, teen girls experience the joy of *pagkadalaga*, but at the same time, they may be at risk of coercion and abuse from older or more mature partners. Without a clear and comprehensive vocabulary for their pleasures and their needs, adolescent girls and young women are unable to express consent and enforce their refusal. In taking an unexpected pregnancy to term, and in raising children, they limit their social or economic opportunities, while being expected to be good mothers who will put the well-being of their children above anything else.

In the face of all these challenges, there is power. Teen girls and young women seek to grow in their understanding of their bodies and pleasures and find support from similarly situated girls and women. In accepting unexpected pregnancies, they hold space for conflicting emotions of joy and fear, and they defy the stigma and make the most of undesirable situations by finding joy and meaning in raising their children well.

RECOMMENDATION: IMPROVING TEEN GIRLS' AGENCY AND POWER BY SAYING YES TO THEIR PLEASURE

The research shows two distinct opportunities to improve teen agency and power: first, in supporting the teens' exploration of sexuality, and second, in improving their readiness to find an acceptable and empowering resolution to an unexpected pregnancy. Presently, teen sexual agency is limited, and so is the agency that teenagers may find in accepting unexpected pregnancies. However, the richness of their pleasures and their desires, supported by existing literature, show pathways for improving teen agency when it comes to their sexuality and in terms of resolving unexpected pregnancies.

Future research must investigate the causal relationship between the age gap of couples or the mature age of male partners and adolescent pregnancy incidences, and the age gap or mature age of male partners and the acceptability of pregnancy for young women. It is important to understand if this gap is improving or worsening over time, as a means to establish critical points of intervention to break the effect of toxic masculinity in the control of young women's bodies and desires. Research anchored on human sexuality and psychology may provide a greater definition and understanding of the extent of abuse that young women survive in the hands of their partners and address the lingering traumas that result from unequal power in romantic and intimate relationships. A socio-legal research approach can improve the formal legal recourses for such injustices.

This research sought to understand the agentic compliance with social and gender norms and highlight how the stigma surrounding *paglalandi* and the norms related to *pagkadalaga* and motherhood affect the individual agency and sense of well-being. While this is not an exhaustive discussion, it is important to recognize the unhealthy effects of norms on a young person's sense of self and their options, expand the space for young people to critique these norms, and explore ways to redefine them.

It is important to emphasize that a desire for pleasure, intimacy, and romance is normal and healthy for young people to experience. Norms that prescribe 'good' or 'acceptable' expressions of *pagkadalaga* that continue to promote modesty and sexual purity may leave girls and young women with an unhealthy relationship with their own bodies and with other people: their knowledge about how bodies respond physiologically to arousal is limited, the importance of emotional or psychological readiness for sexual intimacy and intercourse is overlooked, and their direct and open expression of consent or refusal are ignored or silenced. Many criticisms and moral judgments make young people feel isolated from their own communities. Moral judgment is also internalized. It is evident when participants described their engagement with pre-marital sex and their pregnancies as mistakes. On the other side of regulations on girls' and young women's sexuality is the tolerance of boys' and young men's aggressive and coercive sexual behaviors. The belief that masculinity means dominating women or sexual minorities in the guise of caring for them as romantic partners or husbands, or in the open violation of their preferences and well-being, must be challenged. Love and romance that are marked by mutual respect, trust, and encouragement for all partners to grow in their understanding of themselves and their pleasures must be made the norm.

It is worth investigating how mainstream sexual and reproductive health services and advocacies that focus on the prevention of teen pregnancies and sexually transmittable infections may contribute to the stigmatization of teen sexuality. Approaches that ignore the different motivations of the youth to engage in sexual activity and only emphasize protection and prevention through rational decision-making and planning may not resonate with youth who are undaunted by risks and unable to commit to a firm concept of a future. The prevention approach also creates a value-laden dichotomy that separates family planning as “good” and “responsible” sexual behavior from not-planning as irresponsible behavior that leads to adverse consequences. By creating yet another dichotomy of good and bad behaviors, this approach adds to the stigma against teen sexuality and the risks that deprive the youth of their right to sexual pleasure and sexual and reproductive health.

The view that teen sexuality and teen pregnancy are seen as undesirable makes the pressure of good motherhood inescapable. The moral emphasis on ‘good’ mothering views care as essential to being a woman and makes invisible the actual effort that reproductive or care work requires (Williams, 2011). It expects women to put the needs of their families over their own. This disproportionately burdens women with care work, over other members of the family. Mothers are also expected to teach their children social values, including abstinence, until one is ready to have their own family. While the participants’ discussions show an increasing openness to discussing sexuality, considering abstinence as the ideal response is inconsistent with openness to sexuality and again supports the dichotomy of ‘good’ and ‘bad’ sexual behaviors.

Norms about reproductive work should be challenged by encouraging all members of the family to take part in care work, and by promoting community involvement through socialized care. When mothers are young and need support for their own development, raising children and keeping families well should be a collective effort of all family members and should be supported by the state and community.

Easing the pressure of motherhood also includes conversations that encourage young women to choose motherhood or opt-out of it. Ultimately, public discourse should recognize the dignity of young women, and respect their choices and their actions regardless of their choice to explore their *pagkadalaga* and/or motherhood.

Challenging these norms also means implementing changes in the way young people receive public health and social support in exploring their sexuality and in accepting pregnancies. In particular, it is important to view pleasure and sexuality as a pathway to self-development and social change.

Presently, progressives in the development sector approach bodily autonomy and the empowerment of adolescents with recognition of young people’s dignity and the promotion of their rights to safety and sexual and reproductive health. Popular education and consciousness-raising initiatives, often led by or in consultation with youth representatives, are also making young audiences more aware of how gender and other social norms lead to diverse experiences of inequality, inspiring young people to use their power to take action against exclusion and abuse. There is a strong development practice of supporting young people in autonomously organizing care and justice initiatives to support the many people who need it, and make a lasting impact on social and political discourses about sexuality, sexual and reproductive health, and gender justice.

Improving teen sexual agency means supporting teenagers in their understanding of the many aspects of their sexuality, building healthy relationships with peers and loved ones, and developing health- and help-seeking behaviors. The stigma against *paglalandi* must be replaced with the promotion of pleasure-centered, sex-positive, and inclusive approaches to popular sexuality education and institutionalized comprehensive sexuality education. Sexuality education initiatives must promote:

- the understanding of teen pleasures and boundaries, grounded in reliable, scientific information about their biology and physiology as well as their emotional and mental well-being,
- the development of a vocabulary that will translate embodied experiences into words and the confident ability to grant consent, demand respect for refusal, and seek help for various sexual and reproductive health needs,
- particularly for boys and men, the importance of honoring the intimate pleasures of their partners, and taking an active role in creating safe and mutually enjoyable experiences, instead of dominating the desires of their partners; boys and men must also be provided the safe space to learn the vocabulary of shared pleasure and respect for consent and refusals, and,
- the creation of peer networks and youth communities that facilitate peer-to-peer learning; the creation, promotion, and implementation of care practices; and solidarity and action for sexuality and reproductive healthcare-related policies.

In terms of social and public health services for teenagers and young people,

- all services for gender-based violence must be trauma-informed, survivor-centered, and ready to provide immediate action and care, and
- all sexual and reproductive health services, including education and distribution of modern contraceptives, must be inclusive, inviting to youth's curiosity, and respectful of youth preferences and autonomous decision-making.

All initiatives must support teenagers in developing their sense of confidence and comfort in their own bodies and healthy behaviors that will support their desired health outcomes, including the prevention of pregnancies.

Even as teenagers develop a stronger sense of sexual agency, the literature points to how the public health and gender justice sectors must anticipate an ambivalence in the intentions for pregnancy or the use of contraceptives. While social and health institutions endeavor to provide young women with greater knowledge and information, the final decision about their bodies will be made by teenagers themselves. While teens' exposure to the possibility or risk of pregnancy may be reduced, it is reasonable to expect pregnancies to occur. This is where the concept of pregnancy acceptability remains relevant.

Pregnancy acceptability allows for the ambivalence of pregnancy intentions and preferences for contraception. In accepting pregnancies, there is agency. Without promoting teen pregnancies, the first step to improving agency in pregnancy acceptability is to ensure that pregnancies are not deemed as wholly or inherently undesirable, to begin with. Health, psycho-social, and material support must also be provided to teens and their families to give teen moms ease in the process of accepting a pregnancy and birthing and raising a child.

To improve agency in pregnancy acceptability, the development sector must accept that pregnancies can be pleasurable and empowering, even if it were unexpected- especially when the individuals who experience it appreciate it as a means to gain control of an unexpected situation, a pathway to motherhood that they desire, an enjoyment of divine blessing, or a source of joy or fulfillment.

To support people who find themselves having to accept a pregnancy, it is the duty of the development and public health sectors, as well as families, to make this journey easy and to make teens feel capable and loved. This is possible with a comprehensive package of free and stigma-free social and health support with the following elements:

- pre-natal and post-natal healthcare services that seek the commitment of teens to regular and timely checks;
- for pregnant teens from lower-income brackets, financial support that can be used for pregnancy- and birthing- related expenses;
- child care support that includes opportunities to learn about effective parenting, and daycare services;
- psychosocial care that supports teens and young parents in adjusting to their changing bodies, their new roles, and responsibilities, and even in seeking alternative resolutions to pregnancies such as adoptions; and,
- for immediate and extended family members, learning, coaching, or counseling opportunities to build their skills and strategies for providing teens stigma-free and loving support through pregnancies, births, and child-rearing.

The adverse socio-economic outcomes that come with unexpected pregnancies can be mitigated by providing teen mothers:

- education support with an adjusted curriculum or timeline to ensure the completion of their education even as they embark on their motherhood journey; and,
- employment opportunities that accommodate the readiness of pregnant teenagers and/or teen mothers to work.

Improving agency in an adolescent's acceptance of pregnancies is possible through a combination of public health and social support, family involvement, and community care. It is a just and fair response to teens deciding to be accountable for their actions by making the most of an unexpected pregnancy and committing to the socially desired role of motherhood.

CONCLUSION

There is much space for work that will help young people turn their pleasure into greater power. This research supports what other studies have already shown: adolescents, teenagers, and youth have a keen desire to own their bodies, and they will defy the moral and social regulations against it. Teen sexuality, attraction, pleasure, and desire are embodied experiences, with temporal and relational dynamics that are obscured by society's refusal to accommodate them. Teen *paglalandi* can also be a site of teen agency and empowerment.

A teenager's acceptance of an unexpected pregnancy is their negotiation with a society that refuses to accept their sexuality, yet demands their responsibility. Yes, teen power is limited by the gendered expectation that young women should meet the shame of an unexpected pregnancy with humility and acceptance; on the other hand, this power grows in their finding joy and choosing to make the most of undesirable situations, and even more so when they demonstrate direct defiance of norms and the strong will power to give their family a good life. In accepting teenage pregnancies, they choose to find connection, relevance, and love, and they take responsibility for actions that society has judged as 'mistakes' and work hard to ensure a better life for their families.

For this power to grow, the undesirability of teen sexuality should be eliminated and the choice of teenagers to carry their pregnancies to term or prevent them completely must be met with material, health, and psycho-social support from loved ones and the public health and social welfare institutions. Sexual and reproductive health care services should include the option to terminate unexpected pregnancies through safe abortions. Public health and gender justice advocacies must see to the mainstreaming of sexual agency, embodiment, and pleasure. When society says yes to *their* pleasure, teens are guaranteed the freedom to have children in a manner and time of their choosing, and, more importantly, to live and love as they please.

ANNEX 1

Instruments for Data Gathering Demographic information

The following demographic information will be collected from all participants:

- Age
- Location/ living at
- Number of children
- Relationship status (with the number of partner/s, if relevant)
- Current occupation
- Highest level of education
- Age at first sex
- Age at first pregnancy (if applicable)
- Contraceptive use (yes/ no, specify contraceptives and duration of use if applicable)

Semi-structured interview questionnaire

The following is the interview questionnaire that will guide discussions with the key informants:

Introduction/ ice breaker:

- Tell me about yourself, how would you describe yourself, and what are your interests?
- Can you tell me about something that happened recently that made you proud/ happy/ satisfied?

Sexuality/ *paglalandi*/ *pagkadalaga*/ motherhood

- Can you tell me about a time that you felt good about yourself/ your body?
- *Paglalandi* - yes or no? Can you tell us what this means to you?
- Do you remember what you were told about *paglalandi*? Rules? Codes of conduct? Did you agree with these before? Do you agree with them now?
- What does *pagkadalaga* mean to you? What value/s do you attach to it?
- What does motherhood mean to you? What value/s do you attach to it?

Desires about *paglalandi*/ *pagkadalaga*/ motherhood

- What did you want to experience in terms of *paglalandi* and *pagkadalaga*? What did you experience after all?
- Did you want to be a mother? Why?
- Did you ever think of an ideal time to be a mother? Did you think of an ideal context?

Intimate Relationships

- Can you tell us about your relationship with your (ex)partner?
- How did you meet? What made you like them?
- Can you describe one of the highlights of your relationship?
- How about major differences?
- What do you wish your partner knew about you/ intimacy?
- What does *paglalandi* have to do with intimacy?

All about pregnancies:

- Would you like to become pregnant in the future?
- Have you spoken with your partner about pregnancies and children?
- How do you wish your partner can be involved?
- When would you say is the ideal time to become pregnant?
- Are you doing anything right now that fits your desire/ intention?
- *Pregnancy acceptability question:* How would you feel if you were to become unexpectedly pregnant today? Would it be okay if you were unexpectedly pregnant today? Why or why not? Elaborate? What would you do?
- Would you try to prevent a pregnancy? How would you do it?
- *Researcher/ data gathering taking an active role to intervene in participant's choices:* Do you have any questions about preventing pregnancies that I may be able to answer?

For Teen Moms

- Can you tell me about that time you found out you were pregnant (with your first child/ first pregnancy)?
- How did you find out?
- What did you think? What was your first reaction?
- Were there any changes in how you viewed your pregnancy? When did this happen? What are these? What caused these changes?
- Would you say that you always wanted to be pregnant? Have children? Be a mother?
- Do you remember how your partner responded to your pregnancy?
- Would you say that your partner was supportive of you? How so?

Sexuality/ *Paglalandi* / *Pagkadalaga* vis a vis Moral Mother

- Can you tell me about the most important learnings/ reflections you had because of your pregnancy? Knowing what you know now, would you have done anything differently?
- Can you tell me about your dreams for your child? Can you tell me how you would support them in achieving these dreams?
- What worries you the most about them? Why?
- Would you teach (are you teaching) your child about *paglalandi*, *pagkadalaga*, relationships, sex, and contraceptives? What would you say?
- Based on your personal experiences and reflections, what is the most important advice you can give your child about *paglalandi*/ *pagkadalaga*/ sexuality?
- How do you wish your partner can be involved? Do you ever talk to them about this?

Contexts and Attitudes about gender norms that can reveal additional insights affecting pregnancy acceptability

- Is there anything about your relationships, your desires, and views about *pagkadalaga*, motherhood, and pregnancies, and your reproductive health that was affected by COVID-19? Do you want to talk about it?
- Can you tell me if you agree or disagree with these statements (HILDA, n.d., IDM, 2014), and why:
- Whatever career a woman may have, her most important role in life is still that of being a mother
- Children will usually grow up happier if they have a home with both a father and a mother
- If both partners in a couple work, they should share equally in the housework and taking care of children
- Religion and culture are important guides for my relationships
- I have control over personal decisions that have a major impact on my life, such as with whom I will associate outside of the household, or when and from whom to seek health care for myself

ANNEX 2

Participants' demographic information at the time of the interview

interviewee alias	age	location	number of children	partner(s)	occupation	highest level of education attained	age at sexual initiation
Lin	23	Baguio City, CAR	2	1	none	high school	18
Patty	20	Baguio City, CAR	0	1	tagabantay ng sari-sari store at computer shop	high school (completed)	18
Zeny	23	Baguio City, CAR	2	none	online seller	high school (completed)	17
Lian	22	Baguio City, CAR	0	1	promo girl	high school (2nd year)	20
Josy	21	Legazpi City, Albay, Bicol	0	1	none	grade 12	18
Allie	18	Legazpi City, Albay, Bicol	1	1	none	grade 9	17
Elena	23	Legazpi City, Albay, Bicol	0	1	none	high school	18
Nerissa	23	Naga City, Bicol	2	1	secretary	3 rd -year high school	14
Andrea	17	Davao City	1	1	none	Grade 10	16
Rosanna	18	Davao City	2	1	None	Grade 8	13
Emily	18	Davao City	0	1	shopkeeper	Grade 6	15

interviewee alias	age	location	number of children	partner(s)	occupation	highest level of education attained	age at sexual initiation
Cristy	17	Davao City	0	1	Online seller	Grade 9	14
Kay	20	QC	0	1	fast food crew	senior high (completed)	17
Jamie	23	QC	1	1	none	high school (completed)	15
Ella	17	QC	0	1	none	grade 9 (ongoing)	not yet initiated
Mika	17	QC	1	1	none	grade 4	15
Katrina	16	Talisay City, Neg. Occ	1	1	none	grade 8	15
Aura	20	Victorias City, Neg. Occ	2	1 (children have diff. fathers)	laundry woman	grade 5	15
Jessa	23	EB Magalona, Negros Occ	0	1	housekeeper	ALS alternative learning	15
Juday	20	Silay City, Negros Occ.	0	1	none	2nd yr high school	14
Minda	17	Subic, Zambales, Central Luzon	1	yes, 1	none	high school	16
Cara	16	Subic, Zambales, Central Luzon	2	yes, 1	none	grade 9	14
Tinay	19	Subic, Zambales, Central Luzon	0	yes, 1	none (recently resigned from their job at a local bar)	grade 9 (ongoing)	16

interviewee alias	age	location	number of children	partner(s)	occupation	highest level of education attained	age at sexual initiation
Bel	17	Bulakan, Bulacan, Central Luzon	1	none	none	grade 6	15
Chay	17	Davao	0	1	none	grade 12	not provided
Jas	17	Davao	0	1	none	grade 9	not provided
Queenie	15	Davao	0	1	none	grade 10	not provided
Karla	18	Davao	pregnant	1	not provided	grade 9	not provided
Judy Ann	19	Davao	2	1	not provided	grade 9	15
Marie	15	Davao	pregnant	1	not provided	grade 9	15
Kalea	19	Cebu	1	1	not provided	ALS graduate	not provided
Kim	20	Cebu	0	1	not provided	3rd year high	not provided
Kat	16	Cebu	0	1	not provided	grade 5	not provided
Kshein	17	Cebu	1	1	not provided	ALS grad	15
Sandra	18	Cebu	1	1	not provided	grade 11	not provided
Gel	15	Cebu	0	1	not provided	first-year high school	not provided
Linda	18	QC	2	1	not provided	Grade 10	14
Mia	16	QC	1	1	not provided	Grade 9	14
Maria	19	QC	2	1	not provided	Grade 6	15

REFERENCES

- Aiken, A.R.A, Dillaway, C., & Mevs-Korff, N. (2015). A blessing I can't afford: Factors underlying the paradox of happiness about unintended pregnancy. *Social Science & Medicine*, 132 (2015), 149-155, <http://dx.doi.org/10.1016/j.socscimed.2015.03.038>
- Aiken, A. R. A., Borrero, S., Callegari, L. S., & Dehlendorf, C. (2016). Rethinking the pregnancy planning paradigm: Unintended conceptions or unrepresentative concepts? *Perspectives on Sexual and Reproductive Health*, 48 (3), 147–151.
- Bicchieri, C. (2005). *The Grammar of Society: The Nature and Dynamics of Social Norms*. Cambridge: Cambridge University Press. doi:10.1017/CB0978051161603
- Chmielewski, J.F., Bowman, C.P., & Tolman, D.L. (2020) Pathways to pleasure and protection: exploring embodiment, desire, and entitlement to pleasure as predictors of black and white young women's sexual agency. *Psychology of Women Quarterly*, 00(0), 1-16.
- Danguilan, M. J. (2018). *The RH Bill Story: Contentions and Compromises*. Quezon City: Ateneo de Manila University Press.
- Gacad, S. (2020). Pushing the boundaries of motherhood and pagka-dalaga: Sexuality and reproductive freedom of urban poor women beneficiaries and volunteers of Likhaan Center for Women's Health. *Feminist Diversities: Contemporary Issues in Gender and Development in the Philippines*, *Philippine Journal of Social Development*, 13, 18-34.
- Gilligan, C. (2011). *Joining the Resistance*. Polity Press.
- Gomez, A. M., Arteaga, S., Ingraham, N., Arcara, J., & Villaseñor, E. V. (2018). It's not planned but is it okay? The acceptability of unplanned pregnancy among young women and men. *Women's Health Issues*, 28 (5), 408–414.
- Household Income and Labour Dynamics Data Dictionary retrieved November 13, 2020, from <https://www.online.fbe.unimelb.edu.au/HILDAodd/Default.aspx>
- IWDA (2014). *Individual Deprivation Measure Report*. Retrieved November 13, 2020, from <https://www.individualdeprivationmeasure.org/resources/arc-report/>
- Jones, R.K., Frohworth, L.F., & Blades, N.M. (2016) "If I know I am on the pill and I get pregnant, it's an act of God": women's views on fatalism, agency and pregnancy. *Contraception* 93 (2016), 551–555.
- Junio, L. (2017, November 14). *Contraceptives are safe: FDA*. The Philippine News Agency. <https://www.pna.gov.ph/articles/1015685>
- Lamb, S. (2009). Feminist ideals for a healthy female adolescent sexuality: a critique. *Sex Roles*, 62, 294-306.
- Melgar, J. L. D., Melgar, A. R., Salgado, J., & Bernardo, E. R. (2019). *Analyzing data and policy trends in adolescent pregnancy and contraception in the Philippines*. Manila: Likhaan Center for Women's Health, Asia-Pacific Resource and Research Centre for Women.

- Marquez, M.P. (2021). The numbers game: what do data tell us about “teenage pregnancy” in the Philippines? [PowerPoint slides]. Population Institute, University of the Philippines.
- Philippine Population Commission. (2021). An emerging crisis within a health crisis: Current situation on pregnancy of very young adolescents. [PowerPoint slides].
- Philippine Statistics Authority. (2017). *National Demographic and Health Survey Key findings*, retrieved November 13, 2020, from, <https://www.dhsprogram.com/pubs/pdf/SR253/SR253.pdf>
- Reysio-Cruz, M. (2019, August 23). *Teen pregnancies now a ‘nat’l social emergency.* The Philippine Daily Inquirer. <https://newsinfo.inquirer.net/1156646/teen-pregnancies-now-natl-social-emergency>
- Rodriguez, A.L., Arcara, J., Deardorff, J., & Gomez, A. M. (2019). The association between religiosity and pregnancy acceptability among Latino/a young adults: does generational status matter? *Culture, Health & Sexuality*, DOI DOI: 10.1080/13691058.2019.1581260
- Santelli, J., Rochat, R., Hatfield-Timajchy, K., Gilber, B.C., Curtis, K., Cabral, R., Hirsch, J., Schieve, L., & Unintended Pregnancy Working Group. (2003). The Measurement and Meaning of Unintended Pregnancy. *Perspectives on Sexual and Reproductive Health*, 35(2), 94-101.
- Sapolsky, R.R. (2017). *Behave: The Biology of Humans at our Best and Worst*. New York: Penguin Press.
- Sevón, E. (2007). Narrating ambivalence of maternal responsibility. *Sociological Research Online*, 12(2), 1–13. doi:10.5153/sro.1527
- Swift, T. (2020). Cardigan. On *Folklore*. New York City, New York: Republic Records.
- Tolman, D.L. (2002). *Dilemmas of desire, teenage girls talk about sexuality*. Cambridge: Harvard University Press.
- The 2013 Young Adults Fertility Survey 4 regional reports retrieved November 13, 2020, <https://www.drdf.org.ph/yafs4>
- United Nations Population Fund. (2020). *#GirlsNotMoms: Eliminating Teenage Pregnancy in the Philippines* [Policy Brief]. https://philippines.unfpa.org/sites/default/files/pub-pdf/UNFPA_Policy_Brief_Teenage_Pregnancy_%282020-01-24%29.pdf
- Williams, K. C. (2001). From difference to dominance to domesticity: Care as work, gender as tradition. *Chicago-Kent Law Review*, 76, 1441–1449 <https://www.un.org/esa/socdev/documents/youth/fact-sheets/youth-definition.pdf>



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