RESEARCH PROPOSAL

**EXPLORING YOUNG WOMEN’S USE OF ABORTIFACIENTS**

**IN ROXAS, PALAWAN**

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**Abstract:**

In the midst of current social change and public debates regarding provision of reproductive health education and services in the Philippines, the need exists to understand the realities of teenagers and young adults’ lives and the challenges they face in finding the way sexual and reproductive well-being. Although a few studies have focused on quantifying unintended pregnancy and abortion in the Philippines, few investigations using qualitative research methods have been conducted to more fully explore and situate these phenomena. Unsafe abortion through the use of abortifacients has been practiced since time immemorial. An estimated 26 million pregnancies are terminated legally throughout the world, and 20 million are terminated illegally, with more than 78,000 deaths. The Philippines, with a steadily increasing population that is approaching 100 million, faces significant challenges in the area of reproductive health.

**Keywords:** abortion, abortifacients, reproductive health education, qualitative research

I- Introduction

Unsafe abortion through the use of abortifacients has been practiced since time immemorial. An estimated 26 million pregnancies are terminated legally throughout the world, and 20 million are terminated illegally, with more than 78,000 deaths. The Philippines, with a steadily increasing population that is approaching 100 million, faces significant challenges in the area of reproductive health. About 25 million of its citizens are women of reproductive age, and they experience high levels of unintended pregnancy, have relatively low levels of contraceptive use, and frequently experience unsafe abortion and consequently high levels of mortality and morbidity (Population Division, 2010). According to Bardin et al (1998), non availability of trained medical help and the unwarranted secrecy surrounding the unwanted pregnancy often force women to go for illegal abortion and use of abortifacients which may be fatal at times. Adolescent females are particularly at risk of unintended pregnancy because they lack access to comprehensive sex education and contraceptive supplies (Center for Reproductive Rights, 2010). In a context where abortion is illegal, encountered challenges to data collection are particularly pronounced. The Philippines, a predominantly Roman Catholic country in which abortion is illegal, is one such ground. Fertility in the Philippines has declined during the past 40 years, from a total fertility rate of 6.0 children per woman in 1970 to 3.3 in 2008, and contraceptive use increased concurrently ([NSO and ICF Macro 2009](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4413919/#R32)). Even with these current changes, the Philippines have a higher fertility rate and lower contraceptive prevalence (51 percent) than other Southeast Asian countries. Moreover, less effective traditional methods comprise a substantial proportion of current contraceptive use (17 percent), and more than one-third of births are unintended (36 percent) ([NSO and ICF Macro 2009](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4413919/#R32)). In addition to the legal ramifications associated with induced abortion for both women and abortion providers, abortion is a big deal in the Philippines. Despite legal and social restrictions, nearly 17 percent (560,000) of the 3.4 million pregnancies occurring in 2008 were aborted ([UPPI, Likhaan Center for Women’s Health, and Guttmacher Institute 2009](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4413919/#R47)). Many of these abortions are unregulated and conducted by nonclinicians. In 2008, 1,000 women died from abortions and about 90,000 had complications leading to hospitalization (an increase from 79,000 in 2000) ([Juarez et al. 2005b](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4413919/#R22); [UPPI, Likhaan Center for Women’s Health, and Guttmacher Institute 2009](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4413919/#R47)). The restrictive environment in the Philippines also affects the provision of post abortion-care services to address complications related to miscarriage and induced abortion. The moral judgment of providers, and the lack of knowledge among providers and the general population regarding the legality of post abortion-care services, affect the methods used to manage complications and the prompt and humane treatment of patients seeking these services ([Shire 2002](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4413919/#R41); [Shire and Pesso 2003](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4413919/#R42); [Cansino, Melgar, and Burke 2010](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4413919/" \l "R3)).

In the midst of current social change and public debates regarding provision of reproductive health education and services in the Philippines, the need exists to understand the realities of teenagers and young adults’ lives and the challenges they face in finding the way sexual and reproductive well-being. Although a few studies have focused on quantifying unintended pregnancy and abortion in the Philippines, few investigations using qualitative research methods have been conducted to more fully explore and situate these phenomena ([Melgar 2004](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4413919/" \l "R27); Juarez, Cabigon, and Singh 2005). Studies from other settings, however, highlight the importance of qualitative inquiry to better understand culturally defined notions of conception, pregnancy and pregnancy termination, the processes of abortion decision-making and disclosure, and how religious and socio-political contexts shape the way abortion is defined, discussed, and undertaken ([Whittaker 2002](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4413919/#R49); [Rossier 2007](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4413919/" \l "R36); [Gammeltoft et al. 2008](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4413919/" \l "R11); [Gipson and Hindin 2008](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4413919/#R14)).

**II-The Context**

The municipality of Roxas is situated in the Northern part of Palawan; it is bounded on the north along with the municipality of Taytay and San Vicente, Dumaran and Araceli on the Northeast and Puerto Princesa on the South. Roxas has 31 baranggay with the total land area of 117, 347.2 hectares. This municipality is approximately 134 kilometers from Puerto Princesa City taking 2 ½ hours by land transportation, 72 kilometers to Taytay with approximately 2 hours travel time and 60 kilometers to San Vicente with 2 hours estimated time. Shuttle vans, buses, jeepneys are the available public utility vehicles that are travelling daily to and from these places. For the short distance travel, the means of transportation are jeepneys, motorcycles and tricyles (Census of Population, 2015).

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In the 2015 census, the population of Roxas, Palawan, was 65,358 people with a density of 56 inhabitants per square kilometre or 150 inhabitants per square mile. The town was renamed Roxas in honour of the late President Manuel Roxas. Most of the people in Roxas are speaking local languages such as Cuyunos, Cagayanos and Agutaynos some are Batangeńos, Tagalog, and Bisaya wherein each of them have their own beliefs and practices. Roxaseńos’ common practice is the celebration of baranggay fiestas, the founding Anniversary through the Panalaminan and Cashew Festival (being the Cashew Capital of the Philippines) launched by Hon. Mayor Dennis M. Sabando wherein varied activities were undertaken such as inter-agency sports tournaments(traditional and modern), quiz bees, street dancing and the Search for Miss Panalaminan. These Festivals aimed to improve the Tourism Industry of the Municipality and to enrich the culture of the people.

In spite of all these beautiful culture, people and practices, Roxas as part of Palawan is still underdeveloped. It has high rates of maternal mortality, teenage pregnancy and increasing rate of HIV infection. Many a women do not receive adequate government services.

The provincial government cut funding for reproductive health programs due to religious and personal reasons. This has left many women without access to reliable contraceptives (Roots of Health, 2016).

**IV-Aims of the Study**

This action research proposal was triggered by the fact that young people throughout the province do not receive reproductive health education in schools (Roots of Health, 2016). Sex is a taboo and thus seldom discussed in families, except in terms of being sinful and forbidden. Hence, young people are having sexual intercourse at increasingly younger ages.

To delineate the essence of the issue, I focus my attention to the following objectives:

1)To identify the informant’s profile in this study

2) To analyze participant’s aspirations in their abortifacients practices

3) To determine the kinds of abortifacients used by the informants

4) To examine the physical, emotional, social effects of abortifacients to the informants.

5) To recommend practical interventions based on the findings of the study.

**V-Literature and Studies Review**

An evaluation of the existing literature on teenage pregnancy and parenthood were narrowed to these topics, which provide a frame of reference for this study: Definition of Abortifacients, Religious, Political Views on abortifacients and studies in the Philippines.

**a. Abortifacients Defined**

A substance that induces abortion is known as abortifacients[[1]](#footnote-1). Traced back from its word origin, in 1875, abortifacients came from the Latin word *abortus* as abortive and *facientem*, that is, making, related to *facere* which means do. The term abortifacient was first use in 1640. According to Patel & Desai (2012), pharmaceutical abortifacients are widely used among teenagers and young women who are undergoing unwanted pregnancy. Generally, the pharmaceutical abortifacients used are of two types: - (I) Synthetic; (ii) Natural.

a. **Misoprostol:** - It is a synthetic prostaglandin and is used to terminate pregnancy up to 24 or 60 days of gestation. Vaginal administration is more effective than oral one.[[2]](#footnote-2) It is approved in France (trade name: GyMiso) It is generally used in combination with Mifepristone. It is used alone for self – induced abortion in Latin America, where abortion is illegal, and also in US, by those subjects who cannot afford legal abortion.[[3]](#footnote-3)

b. **Mifeprostone**: - It is a progesterone receptor antagonist, which is known as RU – 486 also. It is marketed as Mifegyne in France and Mifeprex in US. Combination of Misoprostol and Mifeprostone: - This combination is used most often, as abortifacients. ***Dinoprostone,*** a US brand for combination of Misoprostone and Mifeprostone is administered extra – aminiotically, to be effective in case of late abortion.[[4]](#footnote-4) Moreover, there is also ***Natural Abortifacients:*** - Examples thereof include *brewer's yeast[[5]](#footnote-5), wild carrot, blue cohosh, pennyroyal, nutmeg, mugwort, slippery elm, papaya, vitamin C, bitter melon, vervain, common rue, ergot, saffron and tansy*. All these drugs may be sold ‘over the counter’ and may be claimed to be abortifacients, when taken either by themselves, or if taken in certain doses or mixtures.

**b. Pregnancy avoidance in Developing Countries**

According to Sedgh, Asford & Hussain (2016),in developing countries, about half of the sexually active women of reproductive age (or 818 million women) want to avoid pregnancy, but about 17% of those women (or 140 million) are not using any method of family planning, while 9% (or 75 million) are using less effective traditional methods or are considered to have an unmet need for modern contraception. On this manner, issues such as lack of knowledge, myths, and misconceptions as well as limitations in women’s autonomy and agency, means that access to such methods is often limited for some women who are unable to negotiate for it (Naabi-Sharjabad, et al. 2013).

**c. Religious, Political and Legal Views on Abortifacients**

Philippines is known to be as the only Catholic Nation in Asia. As religious country, the Roman Catholic Church served as persistent influence on reproductive health in the Philippines ([Likhaan Center for Women’s Health 2004](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4413919/" \l "R25); [Ruiz Austria 2004](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4413919/#R37)). Approximately 81 percent of Filipinos are Catholic, with greater proportions in some provinces ([NSO 2000](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4413919/#R31)). Church doctrine promotes pronatalist values, condemns premarital sex and abortion, and opposes “artificial” (modern) methods of contraception—values that are espoused and promoted by many national and local leaders and supported by national laws ([Ruiz Austria 2004](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4413919/#R37); [Mello et al. 2006](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4413919/#R28); [Center for Reproductive Rights 2010](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4413919/#R4)). Gloria Macapagal Arroyo, who served as president until 2010, personally opposed the public provision of modern contraceptive methods and issued an order through the Department of Health to mainstream natural family planning in the government’s national family planning program ([Department of Health 2004](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4413919/#R8); [Ruiz Austria 2004](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4413919/#R37); [Mello et al. 2006](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4413919/#R28)).

These influences in terms of political and religious have limited reproductive health information and services. Most noticeable is the ban on public provision of contraceptives in Manila and the exclusion of comprehensive contraceptive coverage under the national insurance plan ([Guttmacher Institute and Likhaan Center for Women’s Health 2010](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4413919/" \l "R17)). These restrictions, in combination with the withdrawal of contraceptive commodity subsidies by the United States Agency for International Development (USAID) in 2004, highlight the precarious situation of reproductive health in the Philippines ([Singh et al. 2006](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4413919/#R43); [Guttmacher Institute and Likhaan Center for Women’s Health 2010](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4413919/" \l "R17)). The 2008 National Demographic and Health Survey indicates that these concerns are warranted. Unmet need for family planning rose from 17 percent in 2003 to 22 percent in 2008, prompting some policymakers to push for legislation to mandate contraceptive coverage and to support the procurement and disbursement of contraceptive supplies ([NSO and ICF Macro 2009](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4413919/#R32); [Guttmacher Institute and Likhaan Center for Women’s Health 2010](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4413919/" \l "R17)). Benigno Aquino III, who took office as president in June 2010, campaigned on a platform supportive of this legislation. Whether the legislation, which has stalled in Congress for the past several years, will gain enough support to be passed into law remains to be seen.

In combination with restrictive reproductive health policies, recent and rapid changes in the social environment may also place adolescents and young adults at increased risk for unintended (mistimed or unwanted) pregnancies. Rapid urbanization and modernization, in conjunction with increases in the rates of cohabitation and premarital sex, indicate that young adults are experiencing a “lengthening of adolescence” (similar to other settings around the world), with a greater period of time between engaging in sexual behavior and entering into formal unions (Calves; [Kabamalan 2004](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4413919/" \l "R23)). Higher rates of unintended pregnancy in an environment in which abortion is illegal and highly stigmatized may result in increased morbidity and mortality as a result of unsafe abortion. Adolescents and unmarried young adults may be at particular risk for the negative consequences of unsafe abortion because of the greater likelihood of their delaying recognition of pregnancy and disclosing pregnancy status, and their seeking services when the pregnancy is of later gestational age ([de Bruyn and Packer 2004](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4413919/#R7)). However, according to revised penal code of the Philippines under Art.256 on Intentional abortion, any people who intentionally cause an abortion shall suffer:

1) The penalty of reclusion temporal (12 to 20 years imprisonment) if he or she uses any violence upon the person of a pregnant woman.2) The penalty of prison mayor (6 to 12 years of imprisonment) if without using violence, he or she shall act without the consent of a woman. 3) The penalty of prision correccional (6 months to 6 years of imprisonment) in its medium and maximum periods, if the woman shall have consented.

This punitive law was reinforced when members of 1986 Constitutional Commission carrying the views of the Catholic Church hierarchy successful inserted a provision in the 1987 Philippine Constitution that declares that the government shall “equally protect the life of the mother and the life of the unborn from conception” (The Constitution of the Republic of the Philippines, 1987, Art. II, Sec.12).

Based on the above-mentioned argument of religious, political and legal restrictions, this study then argues that these restrictions not only violates, but also limits women’s fundamental rights, including the right to life, health, non-discrimination, privacy, and freedom from cruel, inhuman, and degrading treatment. Moreover, human rights bodies have recommended the Philippines to review and amend its prohibitive law on abortion, and to decriminalize abortion on certain grounds (Committee on the Elimination of Discrimination against Women (CEDAW Committee), 2016).

**Related Studies in the Philippines**

These are some of the most important books that the research needs to acquire that will deepen his analysis and understanding with regards to the issue of abortion, especially as situated in the Philippines:

***The Realities and Experiences of Women on Unsafe Abortion in the Philippines*** *–* Written by [Virgilio R. Aguilar](http://www.google.com.ph/search?tbo=p&tbm=bks&q=inauthor:%22Virgilio+R.+Aguilar%22), [Rowena V. Bañes](http://www.google.com.ph/search?tbo=p&tbm=bks&q=inauthor:%22Rowena+V.+Ba%C3%B1es%22), this book talks about how abortion is carried out in the country. It recounts women’s experiences of getting an unsafe abortion by themselves or by a help of someone who can, most of them rejecting of going to a hospital for fear of being jailed.

***Unsafe Abortion in the Philippines: A Threat to Public Health*** *by* [*Corazon Mejia-Raymundo*](http://www.google.com.ph/search?tbo=p&tbm=bks&q=inauthor:%22Corazon+Mejia-Raymundo%22) *-* This book set its focus on how most abortions in the Philippines threaten the health of the mother, making it one of the main reasons for maternal death in the country.

***Facts on Abortion in the Philippines: Criminalization and a General Ban on Abortion***- This short article written by the Center for Reproductive Rights enumerates certain facts and statistics regarding how abortion is looked upon and responded in the Philippines. It states about how criminal laws in the country regarding abortion resulted in the deaths of many women and how it caused complications in a thousand more. It also throws light on how the Catholic Church through the Catholic Bishops Conference in the Philippines contributes to this stigma experienced by women who chose abortion.

***A Study of Knowledge, Attitudes and Understanding of Legal Professionals about Safe Abortion as a Women’s Right*** *–* Written by the Asia Safe Abortion Policy, the aim of the study was to obtain an understanding of the differences in knowledge, attitudes and understanding among legal professionals and law enforcement officials towards women's rights to safe and legal abortion in countries where abortion is severely restricted and where it is legal, in order to inform the strategies for advocacy to liberalize abortion in those countries.

***Perceptions and Practices of Illegal Abortion among Urban Young Adults in the Philippines: A Qualitative Study*** *by Jessica D. Gipson, Alanna E. Hirz, and Josephine L. Avila*–This study draws on in-depth interviews and focus group discussions with young adults in a metropolitan area of the Philippines to examine perceptions and practices of illegal abortion. Study participants indicated that unintended pregnancies are common and may be resolved through eventual acceptance or through self-induced injury or ingestion of substances to terminate the pregnancy. Despite the illegality of abortion and the restricted status of misoprostol, substantial knowledge and use of the drug exists. Discussions mirrored broader controversies associated with abortion in this setting. Abortion was generally thought to invoke gaba (bad karma), yet some noted its acceptability under certain circumstances. This study elucidates the complexities of pregnancy decision-making in this restrictive environment and the need for comprehensive and confidential reproductive health services for Filipino young adults.

***Abortion Choices in the Philippines*** *by Moira Gallen –* This article reviews the methods to which women wanting to terminate a pregnancy resort, in spite of health risks attached to them; these traditional practices include the use of herbal and pharmaceutical preparations supposedly with abortifacient properties, catheter insertion, abdominal massage and dilatation and curettage. It then goes on to discuss menstrual data from the records of two doctors in one city who are amongst the relatively small number of people in the country who are using the technique at the present time.

***Unwanted Pregnancies in the Philippines: The Route to Induced Abortion and health consequences*** *by Fatima Juarez, Josefina Cabigon and Susheela Singh -* The aim of this paper is to present new national data to answer these questions by documenting the process women experience in obtaining abortions and assess the level of complications experienced. The paper will cover the following topics: 1) an assessment of the quality of reporting of abortion, through the use of different data collection techniques; 2) a description of the socio-demographic profile of women who reported seeking an abortion; 3) an identification of key elements of the process of abortion seeking such as gestation at the abortion, involvement of the husband or other family or friends in the decision-making process and reasons for the abortion; 4) a description of the common abortion methods and sources, and degree of persistence as measured by the number of attempts made to obtain an abortion; and 5) the health consequences of unsafe and clandestine abortions.

***Social Factors Associated with Abortion-related Morbidity in Manila*** *by Alicia B. Manlagnit and Nicolas J. Ford­*– This paper reports on findings from a study which investigated the social factors associated with abortion-related morbidity in Manila. The study involved a comparison of the characteristics and experiences of (200) women being treated in hospitals for complications of abortion with (250) community controls, who had no history of abortion or miscarriage. Data collection combined a quantitative schedule-structured survey and qualitative focus group discussions. The study investigated the women’s fertility and contraceptive history family and marital situation and attitudes and feelings concerning contraception and abortion.

Irrespective of the issue of legalization of abortion, the study’s findings provide strong and unequivocal support for an expanded and improved access to family planning services in the Philippines. In particular, there is a need for public education on family planning and reproductive health that addresses and reaches both men and women. Furthermore, the study indicates that women who are in the most unequal and husband-dominated relationships are more prone to suffer from abortion-related morbidity. These findings reinforce the demand for a greater understanding of the precise behavioral mechanisms by which gender relations and maternal health are linked in order to develop and implement appropriate programs and policies.

# *Michael Lim Tan, in his book, Fetal Discourses and the Politics of the Womb in his* discourse on abortion rights inevitably centres on the fetus, and is often framed around the dichotomy of “pro-life” vs. “pro-choice” positions. This dichotomy is not, however, the only framework to discuss abortion; concerns about the fetus have found varied expression in theological, legal and medical constructs. This article examines discourses on the fetus from the Philippines, Iran and the United States, to show how complex they can be. It examines laws punishing abortion compared to laws punishing the murder of children, and also looks at the effects of ultrasound, amniocentesis and stem cell research on anti-abortion discourse. Although the fetus figures prominently in much legal discourse, it actually figures less prominently in popular discourse, at least in the English and Philippine languages, where terms like “child” and “baby” are used far more often. Finally, the article highlights the need to examine the experiences and narratives of women who have had abortions, and the implications for public policies and advocacy. It is important to expose the way anti-abortion groups manipulate popular culture and women's experience, driving home their messages through fear and guilt, and to show that pregnant women often decide on abortion in order to defend their family's right to survive.

Cheryl Crew, in his book, ***Make Me Your Choice***, recounts the experiences and stories of struggle and healing from those who have had or dealt with abortion. The advice and insights of this book draws from the wisdom of a profoundly Christian perspective.

**V- Research Questions**

1)What are the informants’ profiles in this study?

2) What are the informants’ aspirations in their abortifacients practices?

3) What are the different kinds of abortifacients used by the informants?

4) What are the physical, emotional, social effects of abortifacients to the informants?

5) What are the practical interventions which are based on the findings of the study and other related literatures?

**VII-Proposed Innovation, Interventions and Strategy**

1) Guidance counsellors’ should track students who have records of abortion through confidential interviews based on the findings of this study in order to give prompt, compassionate and comprehensive advise in terms of complications and emotional awareness on its harms and benefits.

2) This study proposes that there should be a barangay and municipal ordinance that would seek access on health organizations such as ROOTS OF HEALTH (UGAT NG KALUSUGAN). Last 2016, the number of students reached by their high school teaching team is 13, 185; 92% of their clients gave birth in a facility as a result of referrals; and 5,853 adult women were provided with contraceptives. There could also fora and symposia for proper information dissemination on use of pharmaceutical abortifacients such as Cytotec and cortal, to name a few. In this sense, the teenagers and young adult women who are experiencing pregnancy could get access and be informed on the legal grounds of abortion and child protection.

3) There should be a wide public information campaigns on the consequences of unsafe abortions through the use of abortifacients. This should be done by means of posting friendly reminders inside the school campus about abortion and even in the community. Specifically, there should also be a schools and municipal wide seminars and symposia that give focus on education on family life, sexuality, gender and reproductive health. This could be done through inviting the experts such as registered doctors, psychologists and known researchers on this field emphasizing the risks, effects and interventions on using abortifacients among teenagers and young adults alike.Furthermore, there should be a consistent sexual education associated with existing legal laws in Philippine context.

4) It should be noted also that parents have the authority to diplomatically inform their children about the benefits and harms of using this abortifacients for their children to weigh rationally the evidences as presented by this study. This innovation can be materialized through the consistent partnership of school administrators, teachers and PTA officials.

5) There should also be education of men on responsible sexuality since this study found out that majority of the male partners of the informants avoided the responsibility that they should face morally.

6) There should also be a timely and accurate reporting of cases to guidance office and health centers through active awareness of peers, teachers and parents on the issue.

7) This study suggests that every school should have youth clubs that will get training and access through roots of health, thus forming youth advocates for sexual education.

8) There could be a sexual education day which aims to cater and showcase different presentations of students about the issue of teenage pregnancy, marital morbidity, relationships, courtship, cheating and moving on after a breakup.

**VIII-Scope and limitation**

This study will be limited and focus on locale of the study, respondents of the study, and time frame.

a. Locale of the study. The target locale of the study is the municipality of Roxas, secondary schools and university campus in particular.

b. Informants of the Study. The target women informants will be diversified to categories such as enrolled students, out of school youths and adult aged 14-27 years old.

c. Time Frame: The duration of this study will be the school year 2020-2021.

**VIII-Research Methodology**

**a. Sampling**

This study will focus on the personal experiences of respondents whom he will indirectly interview regarding their reasons and aspirations as they involved themselves in using different kinds of abortifacients. I will use snowball and convenience sampling, which relies on the referrals of the students whom I knew personally. The study staff will ask the friends of their friends to set up appointments at their convenient time and place.

**b. Data Collection**

Qualitative data will be collected through in-depth interviews in 2020-2021 during the months of May to January from a sample of teenagers and young adults in Roxas, Palawan, Philippines. The researcher and his student- interviewers will conduct twenty eight (28) semi-structured interviews which will be guided by open-ended questionnaire. Three female interviewers from the local area will be hired and will be trained for data collection. The interviewers will have to participate in role-playing exercises. Moreover, the main researcher will refine the field guides prior to study initiation. All research protocols and instruments will be patterned in the qualitative studies conducted by Chemical Youth Project in Palawan which initiated by the partnership of University of Amsterdam, University of the Philippines, Diliman and Palawan State University through Palawan Studies Center.

Twenty nine IDIs will be conducted with young women aged between14-27, twelve females who are enrolled, and seventeen teenagers who are out of school youth from four urban communities (barangays) around Roxas, Palawan. During the interviews, I and my staff will ask our informants about the abortifacients that they are using. We will also ask them about their aspirations on the use of abortifacients, the advantages and disadvantages of engaging themselves in this kind of practice. The target informants will be interviewed in parks, coffee shops and in their homes if they give their full consent after being by full consent form. To protect respondents’ privacy of information, the researcher will make it clear that information to be disclosed is confidential. FORM (Family, Occupation, Recreation and Message) approach will be utilized to build rapport and convenience both in the part of interviewer and interviewee before asking questions intended for the study. Qualifying the questions to respondents will be considered.

Debriefing sessions after the interview on the respondents will also be employed as method. As an author, I always call the attention of my co-interviewers and process their observations. The purpose of debriefing is to get rid of some unpleasant experiences such as trauma and depression on the part of the interviewer.

Another method which the researcher will employ as part of methodology is through conducting a classroom debate regarding the use of contraceptives and abortifacients. I will set rules and rubrics for the panel to judge between pros and cons on the issue. The purpose of this method is to solicit general ideas as to how this problem of abortifacients engagement will be solved through an interchange of ideas in a scholarly manner.

**c. Ethical Issues**

Majority of the informants will be interviewed once but some will be interviewed twice (follow up through phone call), due to the sensitivity of the issue and the need to establish rapport and provide an avenue to fill in some inconsistencies. These inconsistencies will be noted and needs to be included as part of the data analysis. The follow-up interviews will provide relevant depth and insight into topics discussed in the first interview.

**D. Plan for Data Analysis**

After the transcription of data, the researchers will resort to peer discussions of the transcripts for themes confirmation in order to get the comprehensive set of relevant data to be analyzed and interpreted. Nvivo Analysis software will be used for the systematic analysis of themes that emerged.

Each in-depth interview will be using the local language (Filipino), and will have an audio that ranged between 20–40 minutes, and will be digitally recorded after the informant’s consent was obtained. Each IDI transcript will be reviewed after completion to provide constructive feedback to interviewers and moderators and to inform subsequent data collection. The audio recordings from the IDIs will be transcribed in Filipino but will not be translated into English. Each transcript will be uploaded into Nvivo 12 software for coding and analysis. Each transcript will be coded and categorized systematically by the author to assure consistency. Any inconsistencies in coding will be discussed to revise the coding scheme. Coding will be conducted to identify the range of situations and develop interrelationships of the dominant themes through the review of transcripts, research discussions, and development of research memos.

The researcher upon disclosing the answers to the questions asked from the statement of the problem or objectives of the study, will make tabular presentation on the demographic profiles of the informants. Graphical presentations will be utilized to make an emphasis on the living arrangements and thematic presentations based on the data to be analyzed.

**X. Research Work Plan/ Timelines**

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| **Works to be Done** | **Date** |
| Data Gathering | July 2020-July 2021 |
| Reading Related Literature | August 2021 |
| Transcribing the Interviews | Last Two weeks of August 2021 |
| Writing of Analysis | September 2021 |
| Editing | First two weeks of October 2021 |
| Passing of First Draft | First two weeks of November 2021 |
| Passing of Final Draft | Last two weeks of November 2021 |

**XI. Plans for Disseminations and Utilization**

**Research Beneficiaries.** The direct beneficiary of this research would be women who are planning to have an abortion or someone who already had one. But women in general would also benefit about the knowledge and insights this research would generate about women’s sexuality, their sexual orientation and their views on the sanctity of life and their own choices.

**Expected Output.** Upon completion, the research is expected to produce a deep knowledge about women’s experiences of their own abortion, their reasons and expectations, their fears and assumptions and how the act generally affected their lives and their view of themselves through making a **barangay and municipal ordinances** on child protection on abortion cases. It will also seek what actions can be taken for abortion (or unexpected pregnancy) to have been prevented so that other women would know what to do or expect when faced with similar cases.

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