



# Reproductive Health Awareness, Perception and Educational Intervention Among the Senior High School Students

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## ABSTRACT

Reproductive health education is a vital aspect of adolescent development, yet cultural barriers and limited instructional depth often hinder its effectiveness in the Philippine context. This study examined the awareness, perception, and educational interventions on reproductive health among the senior high school students in Maramag District III for School Year 2025–2026. Specifically, it sought to determine students' level of awareness in terms of reproductive system, online safety, contraception, sexually transmitted infections (STIs), and adolescent pregnancy; their perception across personal, social, and cultural dimensions; the extent of educational interventions along cognitive and emotional domains; and the relationships between awareness, perception, and interventions. The respondents consisted of 179 senior high school students were selected through universal sampling from two public secondary schools in the district. Employing a descriptive-correlational research design, the study utilized a researcher-made questionnaire validated by experts and tested for reliability. Descriptive statistics, such as mean and standard deviation, were used to describe levels of awareness, perception, and interventions, while Pearson Product-Moment Correlation Coefficient tested the relationships among variables.

This study found that students demonstrated high awareness, with the reproductive system scoring the highest mean, while contraception scored the lowest. For perception, the personal dimension obtained the highest mean, showing students' recognition of reproductive health as relevant to their individual well-being, whereas cultural perception ranked the lowest. In terms of interventions, cognitive strategies gained the highest mean, reflecting the effectiveness of structured instruction, while emotional support was the least emphasized. Significant relationships were found between awareness and interventions, and between perception and interventions, affirming that knowledge and attitudes strongly influence educational engagement. The study concludes that reproductive health education is most effective when it balances scientific knowledge, personal relevance, and culturally sensitive delivery. It recommends intensifying instruction on contraception, addressing cultural barriers, and fostering emotionally supportive learning environments.

**Keywords:** reproductive health, awareness, perception, educational intervention

## 1. INTRODUCTION

### Background of the Study

Reproductive health remains a crucial component of adolescent development, especially during the formative years of senior high school. This is where students often discover significant physiological changes in their bodies and an increased capacity to do more. However, these capabilities are often disregarded or ignored by most traditional Filipino families.

In the whole Philippines, Region 10 continues to report the highest rate of teenage pregnancy in the country at 10.9%, equating to approximately 30 teenage live births per day (DOH, 2022). The figures highlight the persistent urgency of addressing adolescent reproductive health in the region. Translated into absolute numbers, CPD-Region 10 reported approximately 11,020 live births to teenagers aged 11–19 between 2019 and 2023, with Bukidnon alone accounting for roughly 4,600 of these births. Within Bukidnon, Maramag ranks third among municipalities with the highest recorded cases: 408 teenage pregnancies from 2017–2020, compared to 591 in Malaybalay and 528 in Valencia City.

In Maramag, 54% of individuals reported having discontinued the use of contraceptives, while a comparable proportion indicated reliance on long-term methods (POPCOM, 2022). This means that there is both inconsistency in contraceptive practices and a persistent gap in meeting reproductive health needs. These patterns are consistent with broader trends in Bukidnon, where sexually transmitted infections (STIs) and contraceptive statistics continue to reveal significant public health concerns.

This study looks at how aware students are of reproductive health, what they think about it, and how these factors affect the success of educational programs. This study examines areas where students may feel uncertain, what they misunderstand, and the attitudes that influence their choices. It aims to provide evidence-based recommendations for improving reproductive health education in schools. The study supports teaching methods that are more culturally sensitive and student-focused, taking into account both students' knowledge and perceptions of reproductive health. By doing this, lessons can become more meaningful for students both now and in the future.

## 2. Literature and Related Studies

### Reproductive Health Awareness

Reproductive health awareness is an important issue in public health and education, especially in countries like the Philippines. In these places, having enough knowledge is closely connected to safer sexual behavior and better health. Studies show that while most adolescents have a basic understanding of reproductive health, there are still important gaps in what they know.

In the Philippines, Fjellestad (2020) found that high school students had moderate to high overall awareness, but they did not know much about contraception. This shows that their understanding varies depending on the topic. Additionally, Finlay et al. (2020) observed a similar pattern in a multi-country African study by which it reported that adolescents were more aware of basic reproductive health concepts than of preventive measures related to sexually transmitted infections and unintended pregnancy. Both studies show that student on different geographical location appears to be knowledgeable in some concepts on reproductive health like their overall awareness, the basic reproductive health concepts, the functions of reproductive system, and knowledge on contraception

### **3. Reproductive System**

The reproductive system is a core foundation of adolescent reproductive health education. It provides young people with essential biological knowledge needed to understand fertility, pregnancy, and reproductive health decisions. In the Philippines, the passage of the Responsible Parenthood and Reproductive Health Act of 2012 (RA 10354) aimed to strengthen adolescents' access to reproductive health information, including knowledge of the reproductive system Ulep et al. (2021).

Several studies show that Filipino adolescents generally possess basic knowledge of reproductive anatomy. However, this knowledge often remains limited to the identification of organs rather than understanding their functions and relevance to real life situations. In a study conducted by Balatibat et al. (2020) among senior high school students in Quezon City, it found that while students could identify basic reproductive processes, their knowledge of contraception and sexually transmitted infections remained limited. They suggest that instruction often focuses on surface-level concepts and fails to equip students with knowledge applicable to real-life health decisions. The study by Isaacs et al. (2024) highlights the importance of integrating comprehensive, accessible approaches into sexual and reproductive health education to improve adolescents' awareness of and utilization of health services.

### **4. Online Safety and Digital Citizenship**

Today, adolescents use digital platforms more than ever, which shapes how they find and understand sensitive topics like reproductive health. Many senior high school students turn to the internet and social media for information, so it is important that they know how to use these platforms safely and responsibly to get accurate information. New AI tools are also being used in digital sexual health education, with a focus on using technology to help adolescents learn more, stay engaged, and make better decisions about sexual and reproductive health. The study of Japuz et al. (2026) found how artificial intelligence (AI) tools help students develop 21st-century skills. They looked at critical thinking, problem-solving, and information technology skills, and found a strong link between using AI tools and students' ability to understand different topics, even sensitive ones. The study shows that using AI in education not only boosts academic performance but also helps students gain important skills for today's workforce, such as understanding information about their reproductive health.

### **5. Contraception**

Research shows that what teenagers know about contraception depends on their culture, religion, and education. Ugwu et al. (2022) found that while many young people have heard of common contraceptives, they often do not fully understand how these methods work or how to use them properly. This gap between awareness and practical understanding highlights that simply knowing about reproductive health is not enough and adolescents need accurate and comprehensive guidance to make informed decisions. The study emphasizes the importance of well-structured reproductive health education that addresses misconceptions, practical use, and encourages responsible behavior among young people.

Furthermore, Fjellestad (2020) reported that Filipino adolescents often show only moderate awareness of contraceptive methods because cultural and religious norms limit open discussions about sexual and reproductive health in schools. Similarly, Singh et al. (2021) in their study in India revealed that while adolescents may have some knowledge of contraceptives, misconceptions and incomplete information are common.

## **6. Sexually Transmitted Infections**

Sexually Transmitted Infections (STIs) remain a serious public health concern among adolescents in the Philippines, as indicated by the increasing number of reported cases. Several cases were reported on the increasing number of sexually transmitted infections in the Philippines. According to the Department of Health (2025), the Philippines recorded over 5,101 new cases in the first quarter alone, with 178 new cases from Region X and has Bukidnon identified among provinces with rising incidence. It increased by 12% with the grouped affected ranging from 15-34 years old. This highlights the need for health institutions to strengthen prevention and education initiatives.

Research shows that adolescents' awareness and knowledge of sexually transmitted infections are often limited and influenced by cultural, educational, and public health factors. According to Geronimo (2022), Filipino adolescents generally have basic awareness of sexually transmitted infections but continue to hold misconceptions about modes of transmission and prevention. This suggests that although adolescents are exposed to information about sexually transmitted infections (STIs), the quality and depth of education are insufficient to correct common myths and misconceptions.

### **Adolescent Pregnancy**

Adolescent pregnancy remains a critical concern that affects the education, health, and socioeconomic prospects of young people. In the Philippines, Humanium (2025) argued that adolescents are generally aware of the challenges associated with early pregnancy, particularly in terms of disrupted schooling and financial instability. However, this awareness does not always translate into preventive action, as educational support and comprehensive reproductive health programs are limited, leaving adolescents vulnerable to unintended pregnancy.

Moreover, research indicates that adolescent pregnancy is among the leading causes of school dropout among Filipino girls, illustrating how pregnancy can abruptly cut educational attainment and future career opportunities (UPCIDS, 2024). This leads to the necessity of teachers to become more active, included and aware on the issues happening in the environment since they have direct interaction amongst the students. The study by Cabido et al. (2025) highlighted the importance of awareness among teachers for recognizing, preventing, and addressing inappropriate behaviors targeting them and for their students. They recommended clear school policies and training to strengthen protective measures and create safer school environments for both staff and students

### **Reproductive Health Perception**

Adolescents' perceptions of reproductive health are influenced by personal beliefs, social interactions, and cultural norms, which collectively shape their knowledge, attitudes, and behaviors. A study of Alekhya et al. (2023) suggest that senior high school students generally demonstrate favorable perceptions of reproductive health, reflecting the positive impact of school-based education programs on both awareness and decision-making skills.

Additionally, research shows that adolescents with positive perceptions of reproductive health are more likely to adopt safe practices, highlighting the crucial link between perception and preventive behavior (Alekhya, et al., 2023). Adolescents are more engaged when education connects to their lives and feels relevant, which highlights the value of real-life examples and personal choices in learning (Godana, 2024).

Still, social and cultural barriers often get in the way. In the Philippines, conservative beliefs and social stigma make it hard for young people to talk openly about reproductive health, even if they know a lot about it

## **Personal**

How Senior High School students see reproductive health has a big impact on their choices, actions, and overall wellbeing. In the Philippines, research shows that many adolescents think of reproductive health as their own responsibility and as an important part of becoming responsible adults. They see it as key for planning their future lives (Fjellestad, 2020). However, Kim et al. (2023), argued that these perceptions are often filtered through cultural, social, and religious values, with Filipino adolescents frequently relying on familial guidance, personal beliefs, and religious principles when making reproductive health decisions. Such reliance on values can both support and constrain adolescents: while positive perceptions of reproductive health can encourage self-control and accurate information-seeking, social pressures and limited self-confidence may hinder independent decision-making (Fjellestad, 2020).

## **Social**

Senior High School students' understanding and perceptions of the reproductive system are not shaped solely by biological knowledge but are strongly influenced by social, cultural, and school environments. The study of Govender et al. (2020) demonstrate that adolescents' perspectives and reproductive health decisions are shaped by their social environments. Their knowledge, beliefs, and behaviors are molded by peers, educational settings, and community standards, rather than developing in isolation. The study implies that students perceive reproductive health as both an individual concern and a collective issue, with their choices frequently influenced by social expectations and the desire for acceptance. It also finds that increased awareness and comprehension of reproductive health can foster more responsible conduct and healthier relationships among adolescents.

On the other hand, A study by Maisarah et al. (2025) explored the barriers adolescents face when seeking help for sensitive topics like the reproductive health.

## **Cultural**

The study of Usonwu (2021) suggest that cultural perceptions play a crucial role in shaping adolescents' reproductive health knowledge, attitudes, and behaviors. He revealed that Filipino adolescents' understanding and discussion of reproductive health are strongly influenced by cultural norms, which often determine their comfort level in engaging with sensitive topics. Moreover, Usonwu (2021) found that many adolescents perceive reproductive health as a personal responsibility but are constrained by societal expectations and parental discomfort, which limits open communication and guidance at home. Furthermore, Villalobos et al. (2023) examined adolescents' sexual and reproductive health in vulnerable communities in Mexico and found that cultural and social contexts strongly influence how young people perceive and engage with reproductive health information. Traditional gender norms, community beliefs, and limited family support often shape adolescents' understanding, comfort, and willingness to seek information or services. The study highlights that reproductive health education is most effective when it is culturally sensitive and responsive to the social realities that affect adolescents' awareness, attitudes, and behaviors.

**Educational Intervention**

Supportive ways of delivering educational programs are important for helping Senior High School students become more aware of reproductive health. Rasberry, et al. (2022) showed that strong curricula, continuous teacher training, and district level support significantly improve students' sexual health knowledge and protective behaviors. The research shows that when schools focus on high-quality teaching, students learn more and are better able to use what they learn. Professional organizations also recommend that sexuality education should focus on skills, be inclusive, and connect to students' real lives. This highlights how strong support from schools can help students learn more. If teaching quality is overlooked, measures of awareness might not reflect what students could achieve with better resources. A study by Premathilaka (2021) in Sri Lanka found that cultural norms can make it hard to talk openly about reproductive health, which lowers student engagement. When teachers are well-trained and use content that fits students' ages and covers both biological and social topics, students understand the material better and handle their emotions more effectively.

**Emotional**

Emotional intervention is an important yet often under-emphasized component of adolescent reproductive health education, influencing not only knowledge acquisition but also students' willingness to engage with sensitive topics. Research shows that adolescents want safe, non-judgmental learning environments where they can express their feelings and concerns without embarrassment or fear of ridicule; when such emotional support is present, students are more likely to participate actively and benefit from SRH education (Corcoran, et al. 2020). Integrative reviews of school-based sexuality education in low- and middle-income countries highlight that students often feel shy, embarrassed, or anxious when discussing topics like sexuality or relationships, especially where curricula focus narrowly on biological facts rather than addressing emotional and relational dimensions.

Additionally, Kabelka et al. (2025) reviewed how adolescents in low- and middle-income countries view school-based sexuality education. They found that many programs do not meet students' wider emotional and social needs. Students said they want learning environments that are more inclusive, participatory, and supportive. They also noted that having inclusive content and safe classroom dynamics helps them engage and talk about sensitive topics.

**Objectives**

This study aimed to examine the awareness, perceptions, and educational interventions among the Senior High School students regarding reproductive health, and to evaluate how their awareness and perceptions of reproductive health affect the educational interventions used by teachers in Maramag District III for School Year 2025-2026. Specifically, the study sought to determine the level of awareness of Senior High School students on reproductive health topics such as reproductive system, online safety and citizenship, contraception, sexually transmitted infections, and adolescent pregnancy; determine the level of perceptions of Senior High School students regarding reproductive health education, with particular emphasis on its perceived relevance to their personal, social, and cultural well-being; determine the level of educational intervention focused on cognitive and emotional intervention done in school based on the existing level of awareness and perception of the Senior High School students in Maramag District III.

### Theoretical Framework

This study uses the Health Belief Model (HBM) by Irwin M. Rosenstock (1974) to explore how students make decisions about their health. According to the model, people are more likely to choose healthy behaviors when they feel at ease, see clear options, and face few barriers. For reproductive health, what Senior High School students know about risks such as adolescent pregnancy, sexually transmitted infections, and contraception affects their choices. The model also shows that educational programs can help students gain knowledge and develop positive attitudes, which may lead to safer health practices. Perceived susceptibility refers to how much a person believes they are at risk for a health problem. In reproductive health, this means how aware Senior High School students are of their chances of facing issues like adolescent pregnancy, sexually transmitted infections, and other challenges. If students believe they are at higher risk, they are more likely to take steps to protect themselves.

### Conceptual Framework

The first independent variable is awareness of reproductive health, which encompasses students' knowledge in five key domains: reproductive system, online safety and digital citizenship, contraception, sexually transmitted infections, and adolescent pregnancy. In this study, awareness refers to the extent to which students know about reproductive health concepts, risks, and ways to prevent problems. Students with greater awareness are expected to understand and participate more easily in reproductive health programs and to make more responsible health choices. The second independent variable is perception, which is measured by students' personal, social, and cultural views on reproductive health education. This looks at their opinions and experiences with reproductive health education. The dependent variable is the educational intervention on reproductive health, which includes two parts: cognitive and emotional interventions.

The conceptual framework of this study, as shown in Figure 1, asserts that both awareness and perception significantly influence the intensity of the implementation of educational interventions. Specifically, it assumes that students with high awareness and a positive perception of reproductive health are more likely to engage positively with educational interventions in schools, whether cognitive or emotional. Conversely, limited awareness and negative perceptions may hinder effective educational delivery and student engagement. On the other hand, a positive perception of reproductive health suggests that school-based educational interventions are effective, in which students gain insights that shape their holistic perceptions (personal, social, and cultural) of reproductive health.

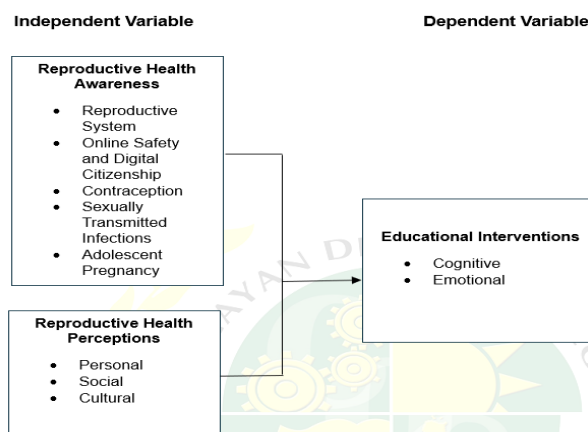


Figure 1. Schematic Presentation Showing the Interplay between the Independent and Dependent Variables of the Study

**Statement of the Problem**

This study aimed to determine the Reproductive Health Awareness, Perception, and Educational Intervention among the Senior High School Students in Maramag District III for School Year 2025-2026. Specifically, it sought to answer the following questions:

1. What is the respondents' level of awareness on Reproductive Health in terms of reproductive system, online safety and digital citizenship, contraception, sexually transmitted infections, and adolescent pregnancy?
2. How do the respondents perceive Reproductive Health in their personal, social, and cultural?
3. What is the respondents' level of educational intervention practices on Reproductive Health in terms of cognitive and emotional?
4. Is there a significant relationship between the respondents' level of awareness and their level of educational intervention on Reproductive Health?
5. Is there a significant relationship between the respondents' level of perception and their level of educational intervention on Reproductive Health?

**Significance of the Study**

This study holds significant value for multiple stakeholders in the field of education, health, and youth development. This study will help school administrators and policymakers by offering evidence to guide the creation of better policies and programs for adolescent reproductive health. It suggests adding seminars, training, and classroom lessons that address knowledge gaps and clear up misconceptions.

This study is helpful for educators, school health coordinators, and guidance counselors because it provides data to improve reproductive health education in schools. The findings can help create materials and activities that are both age-appropriate and engaging, meeting students' actual needs and beliefs. Health professionals and public health advocates can use these results to help schools reach national health goals, such as reducing teenage pregnancies and preventing sexually transmitted infections.

Students benefit most from this study. By understanding their awareness and experiences with reproductive health education, the study can help them make informed and responsible choices about their sexual and reproductive health. The findings may also help lower risky behaviors and encourage healthier lifestyles.

**Scope and Limitations**

This study aimed to assess awareness, perceptions, and the educational intervention on reproductive health among Senior High School students in Maramag District III for School Year 2025-2026. Specifically, it focused on five key areas: students' knowledge of their reproductive system, online safety and digital citizenship, contraception, sexually transmitted infections, and adolescent pregnancy (awareness); their personal, social, and cultural beliefs toward reproductive health (perception); and their exposure to different cognitive and emotional interventions (educational intervention). The study included 179 Senior High School students, chosen through a universal sampling method to represent the student population. They attended Kuya National High School and La Roxas National High School in Maramag District III during the 2025-2026 school year. The research focused on students' awareness of reproductive health and their attitudes toward it. The main factor examined was educational intervention, based on students' experiences with structured reproductive health lessons at school. Data came from a questionnaire that

used a four-point Likert scale. Because students answered the questions themselves, there could be some limitations, such as response bias, social desirability bias, or confusion about certain terms, even after pilot testing.

## **7. METHODOLOGY**

### **Research Design**

This study used a descriptive-correlational research design to examine students' awareness and perceptions, as well as the educational interventions related to reproductive health. The descriptive part allowed the researcher to gather detailed information about what students know, their attitudes and beliefs, and the reproductive health programs they experience. This approach provided a clear view of students' knowledge and how schools teach reproductive health. This combined approach was effective for educational research because it did not change any variables; instead, it observed real differences and connections. This method is more ethical and practical for studying people and sensitive topics like reproductive health (Creswell & Creswell, 2018). The researcher collected quantitative data through surveys and questionnaires and analyzed the results to identify patterns and relationships.

### **Respondents of the Study**

The respondents of this study consisted of one hundred seventy-nine (179) Senior High School students enrolled in two selected public senior high schools in Maramag District III, namely: La Roxas National High School and Kuya National High School. These students, typically aged 16 to 18, come from diverse socio-economic backgrounds and reflect the district's cultural and demographic characteristics. Mainly, these students belong to a cultural group in Bukidnon which are the Talaandig and Manobo tribe. Many of them belong to families engaged in agriculture, small-scale trade, or informal employment, reflecting the rural and semi-urban setting of Maramag.

### **Sampling Technique**

The study employed the universal sampling technique to ensure full participation and comprehensive representation of students from selected schools within Maramag District III. The study was conducted at Kuya National High School and La Roxas National High School. All SHS students who met the criteria and were enrolled for the 2025-2026 school year were selected as respondents.

### **Research Instrument**

In conducting the study titled "Reproductive Health Awareness, Perception, and Educational Intervention among the Senior High School Students," the primary research instrument utilized is a researcher-made questionnaire anchored on the principles and stipulations of Republic Act 10354 and DepEd Order no. 31 series 2018. This tool was crafted to efficiently and systematically gather quantifiable data from a large group of respondents. The questionnaire was divided into three (3) parts: awareness of reproductive health, perceptions, and educational interventions.

Part I of the questionnaire focused on students' Awareness of Reproductive Health across five domains: reproductive system, online safety and digital citizenship, contraception, sexually transmitted infections (STIs), and adolescent pregnancy.

Part II of the questionnaire asked students about their views on Reproductive Health. It covered their personal, social, and cultural opinions on topics such as contraception, preventing sexually transmitted infections, adolescent pregnancy, and the value of Reproductive Health education in schools. While the awareness section looked at what students know, this part focused on their feelings and opinions. It also explored how family, community, culture, and peers shape their beliefs. Finally, it checked whether students' beliefs align with recommended health practices and how outside influences affect their views. Part III of the questionnaire, which focused on the types of Reproductive Health education students have received, looking at both cognitive and emotional approaches.

### **Validity and Reliability of Instrument**

To make sure the questionnaire was valid, a panel of experts in health education and adolescent development reviewed its content. The panel included a medical professional, a senior high school guidance counselor, and a social science faculty member from respected institutions. They checked each question for relevance, clarity, and alignment with the study's goals. Based on their feedback, the questionnaire was revised to improve its accuracy and suitability for measuring awareness, perceptions, and the impact of educational interventions in reproductive health. The experts also ensured the questions were culturally sensitive and appropriate for the students' backgrounds. For ethics clearance, steps were taken to protect data privacy and confidentiality. All supporting documents were properly disposed of after the study, following ethical standards for research with human participants. The questionnaire was piloted on September 5, 2025, at San Miguel National High School. Its internal consistency was checked using Cronbach's alpha, with a reliability coefficient of 0.70, which is considered acceptable for social science research. Each subscale—awareness, perception, and educational intervention—was analyzed separately to confirm consistent responses. These steps in validation, reliability testing, and ethical compliance help ensure that the research instrument accurately measures what it is supposed to measure and produces consistent, reliable results, which strengthens the credibility of the study's findings.

### **Statistical Treatment**

Problems 1, 2, and 3 aimed to determine students' levels of awareness, perception, and educational intervention; descriptive statistics, such as the mean, standard deviation, and frequency distributions, were used. These statistical tools were appropriate for summarizing and describing the data's central tendencies and variability, thereby providing a clear depiction of students' overall responses.

While problems 4 and 5 pertained to the relationships between students' awareness and educational intervention, and between students' perception and educational intervention, the researcher utilized the Pearson Product-Moment Correlation Coefficient. This inferential statistical tool was suitable for determining the strength and direction of linear relationships between two continuous variables.

## 8. RESULTS AND DISCUSSION

**Problem 1. What is the respondents' level of awareness on Reproductive Health in terms of reproductive system, online safety and digital citizenship, contraception, sexually transmitted infections, and adolescent pregnancy?**

**Table 1**

**Distributions of Respondents' Level of Awareness on Reproductive Health in terms of Reproductive System**

Indicators	Mean	SD	Description
As a student...			
I am aware of the main functions of the male and female reproductive systems.	3.20	0.89	Aware
I understand how pregnancy occurs, including the roles of ovulation and fertilization.	3.19	0.87	Aware
I know the physical and emotional changes that occur during puberty.	3.18	0.86	Aware
I am familiar with the importance of menstrual hygiene and reproductive self-care.	3.24	0.88	Aware
I understand the health risks linked to early pregnancy and sexually transmitted infections.	3.14	0.84	Aware
I am aware of my legal rights to reproductive health services under the Responsible Parenthood and Reproductive Health Act of 2012 (RA 10354).	3.47	0.96	Extremely Aware
I know the role of government programs in promoting reproductive health among young people.	3.04	0.81	Aware
I am aware of various contraceptive methods approved by health authorities.	2.51	0.64	Aware
I understand how reproductive health awareness contributes to making responsible life decisions.	3.01	0.80	Aware
I know how schools implement reproductive health education through Comprehensive Sexuality Education, as required by DepEd Order No. 31, s. 2018.	3.05	0.82	Aware
<b>Overall</b>	<b>3.10</b>	<b>0.84</b>	<b>Aware</b>

Legend: 3.26-4.00 – Extremely Aware / Very High      1.76-2.50 – Slightly Aware / Low  
 2.51-3.25 – Aware / High      1.00-1.75 – Not Aware / Very Low

Table 1 presents the respondents' level of awareness of reproductive health in terms of reproductive system with an overall mean of **3.10 (SD=0.84)**, described as **Aware** and interpreted as **High**. Most Senior High School students are able to recognize physiological indicators such as fertility signs and menstrual cycles. This awareness facilitates a better understanding of their bodies, supports informed decision-making, and aids in family planning. The researcher observed that students' high level of awareness suggests they have already learned important information, likely because DepEd Programs were added to the curriculum as required by DepEd order no.31, series of 2018, e.g., classroom instruction, media exposure, family interventions, and community health programs.

The highest mean score recorded is the indicator, **As a student, I am aware of my legal rights to reproductive health services under the Responsible Parenthood and Reproductive Health Act of 2012 (RA 10354)** with **3.47 (SD=0.96)**, described as **Extremely Aware** and interpreted as **Very High**. Most students now demonstrate an understanding of their reproductive rights under the law, indicating that legal awareness has effectively reached the youth population. Policies and advocacy efforts related to RA 10354 have contributed to informing students about their rights to health services.

In contrast, the indicator **As a student, I am aware of various contraceptive methods approved by health authorities** obtained the lowest mean of **2.51 (SD=0.64)**, which is described as **Aware** and interpreted as **High**. This means that students are less familiar with specific contraceptive methods that must be used when engaging in premarital sex or contraceptive methods that is present in society. This implies that classroom instruction is either limited in depth or constrained by cultural sensitivities which limits both the teacher and students in maximizing their options in exploring various contraception's that can be helpful in their individual life. Similar findings were documented by Bayo et al. (2025), who noted that Filipino adolescents often lacked detailed awareness of contraceptive methods due to persistent cultural taboos and insufficient discussion in classrooms.

**Table 2**  
**Distributions of Respondents' Level of Awareness on Reproductive Health in terms of Online Safety and Digital Citizenship**

Indicators	Mean	SD	Description
As a student...			
I am aware of my rights and responsibilities as a digital citizen.	3.01	0.79	Aware
I understand the importance of protecting my personal data when using the internet.	3.05	0.80	Aware
I know how to recognize and report online harassment or cyberbullying.	3.17	0.84	Aware
I am aware of how digital behavior can affect my reputation and future.	3.20	0.86	Aware
I understand how reproductive health misinformation can spread online and its possible effects.	2.58	0.69	Aware
I am aware of safe practices when accessing reproductive health content online.	2.57	0.68	Aware
I know how to identify credible sources of reproductive health information on the internet.	2.69	0.72	Aware
I understand the risks of sharing explicit content or private messages online.	2.89	0.79	Aware
I recognize how media and online platforms can shape my views on sexuality, relationships, and body image.	2.78	0.76	Aware
I understand the value of being respectful and responsible when discussing reproductive health topics online.	3.30	0.88	Extremely Agree

Overall	2.96	0.78	Aware
Legend:	3.26-4.00 – Extremely Aware / Very High		1.76-2.50 –
	Slightly Aware / Low		
	2.51-3.25 – Aware / High		1.00-1.75 – Not Aware /
	Very Low		

Table 2 presents the respondents' level of awareness on reproductive health in terms of online safety and digital citizenship with an overall mean of **2.96 (SD=0.78)**, described as **Aware** and interpreted as **High**. While students show a good awareness of responsible digital practices and online reproductive health content, they do not fully understand how to navigate safe health practices online. Even though they know online safety is important, many still struggle to identify credible information and manage reproductive health-related interactions in digital spaces. This includes how they interact on social media, respect boundaries, pay attention to their digital footprints, and watch out for possible phishing scams. Comparable outcomes were reported in a study by Taba, et al. (2022), which showed that students demonstrated moderate to high digital literacy skills and responsible online behavior, however, literacy did not automatically translate into ethical online conduct

The indicator, **As a student, I understand the value of being respectful and responsible when discussing reproductive health topics online** received the highest average score of **3.30 (SD=0.88)**, rated as **Extremely Aware** and interpreted as **Very High**. This shows that students place strong importance on respectful online discussions about reproductive health. It also suggests they are aware of digital etiquette and the need for responsible conversations. This result is similar to what Cleofas and colleagues found. (2024), who emphasized that adolescents are more likely to value respectful online interactions when digital citizenship education is incorporated into curricula. On the other hand, the indicator **As a student, I am aware of safe practices when accessing reproductive health content online** received the lowest mean of **2.57 (SD = 0.68)**, described as **Aware** and interpreted as **High**. This means that students have limited knowledge of safe strategies for accessing reproductive health information online which connotes that students' awareness lacks sufficiency for evaluating online reproductive health content. Similar results were found in the study of Putri, et al. (2025), which revealed that Indonesian students had difficulty identifying safe and credible reproductive health websites, leading to reliance on peers or unverified online platforms.

**Table 3**  
**Distributions of Respondents' Level of Awareness on Reproductive Health in terms of Contraception**

Indicators	Mean	SD	Description
As a student...			
I am aware of the different types of contraceptive methods available (e.g., barrier, hormonal, natural, surgical).	2.54	0.62	Aware
I am aware that condoms can help prevent both pregnancy and sexually transmitted infections.	2.57	0.59	Aware
I am aware that oral contraceptive pills must be taken daily to be effective.	2.50	0.56	Slightly Aware
I am aware that emergency contraceptive pills are available and can be used after unprotected sex.	2.46	0.53	Slightly Aware
I am aware that withdrawal (pulling out) is not a reliable method of contraception.	2.40	0.51	Slightly Aware
I am aware that some contraceptive methods require a doctor's prescription or consultation.	3.23	0.86	Aware
I am aware of common myths and misconceptions surrounding contraceptive use.	2.59	0.64	Aware
I am aware that abstinence is a 100% effective method of contraception when practiced consistently.	2.52	0.61	Aware
I am aware of where and how to access contraceptives in my community.	2.60	0.66	Aware
I am aware of the physical, emotional, and social consequences of unprotected sex.	2.61	0.67	Aware
<b>Overall</b>	<b>2.60</b>	<b>0.64</b>	<b>Aware</b>

*Legend:* 3.26-4.00 – Extremely Aware / Very High  
2.51-3.25 – Aware / High  
1.76-2.50 – Slightly Aware / Low  
1.00-1.75 – Not Aware / Very Low

Table 3 presents the respondents' level of awareness on reproductive health in terms of contraception, with an overall mean of **2.60 (SD=0.64)**, indicating **Aware** and interpreted as **High**. This means that while respondents have a general awareness of contraceptive methods, their knowledge remains at basic level. This indicates that students are familiar with the existence of contraceptives like pills and condoms but may not fully understand their proper use, accessibility, or reliability. This dilemma creates a gap between policy intentions and actual classroom practice. They DO no. 31 s.2018 stipulates the integration of CSE into the curriculum in five learning areas (Araling Panlipunan, Science, MAPEH, Edukasyon sa Pagpapakatao, and Personality Development), but it would also be better if administrators intensify the training provided to teachers specializing in these learning areas. Similar findings were noted by Kim et al. (2023), who reported that Filipino adolescents often exhibit only moderate awareness of contraception, primarily because of cultural and religious constraints that limit open discussion in schools.

The indicator **As a student, I am aware that some contraceptive methods require a doctor's prescription or consultation** obtained the highest mean of **3.23 (SD=0.86)**, described as **Aware** and interpreted as **High**. The findings show that students understand some contraceptives, like hormonal or long-term options, need medical supervision and cannot be used on their own. This finding matches the results of the study by Pepito et al. (2022), which found that adolescents in Metro Manila demonstrated greater awareness of the necessity of professional consultation than of contraceptive types. On the other hand, the statement **As a student, I am aware that withdrawal (pulling out) is not a reliable method of contraception** received the lowest average score of **2.40 (SD=0.51)**, which is considered **Slightly Aware** and rated as **Low**. This suggests that many students still have misconceptions about withdrawal and may not fully understand the risks of unreliable contraceptive methods. Comparable outcomes were documented by Blaso et al. (2024) who found that many Filipino adolescents mistakenly believed that withdrawal could be a safe contraceptive method. Likewise, a

**Table 4**  
**Distributions of Respondents’ Level of Awareness on Reproductive Health**  
**in terms of Sexually Transmitted Infections**

Indicators	Mean	SD	Description
As a student...			
I am aware that sexually transmitted infections can be transmitted through unprotected sexual activity.	2.79	0.76	Aware
I am aware of common STIs such as HIV, syphilis, gonorrhea, and chlamydia.	3.00	0.80	Aware
I am aware that many STIs may not show symptoms in the early stages.	2.81	0.78	Aware
I am aware that some STIs can lead to serious, long-term health complications if left untreated.	2.74	0.74	Aware
I am aware that STIs can be prevented through safe sexual practices, such as consistent condom use and mutual monogamy.	2.59	0.61	Aware
I am aware that regular STI testing is important for early detection and treatment.	2.67	0.72	Aware
I am aware of where I can access STI testing and treatment services in my community.	2.72	0.77	Aware
I am aware that sharing needles or syringes can transmit STIs, including HIV and hepatitis.	2.34	0.63	Slightly Aware
I am aware that untreated STIs can negatively affect reproductive health and fertility.	2.42	0.67	Slightly Aware
I am aware that using condoms correctly and consistently greatly reduces the risk of STI transmission.	2.63	0.69	Aware
<b>Overall</b>	<b>2.66</b>	<b>0.72</b>	<b>Aware</b>

Legend: 3.26-4.00 – Extremely Aware / Very High      1.76-2.50 – Slightly Aware / Low  
2.51-3.25 – Aware / High      1.00-1.75 – Not Aware / Very

Low

Table 4 presents the respondents’ level of awareness on reproductive health in terms of sexually transmitted infections, with an overall mean of **2.66 (SD=0.72)**, described as **Aware** and interpreted as **High**. This means that Senior High School students generally have a reasonable understanding of the risks, modes of transmission, and health consequences of STIs which connotes that they are conscious of the dangers of unprotected sexual activity, the significance of testing, and preventive practices even if their knowledge remains at a basic level.

This finding aligns with the study of Geronimo (2022), who reported that while Filipino adolescents have general awareness of STIs, misconceptions about modes of transmission and prevention persist. Similarly, Maree, et al. (2020) observed in South Africa that although students were aware of HIV and common STIs, their practical knowledge of prevention and health-seeking behavior was insufficient.

The indicator **As a student, I am aware of common STIs such as HIV, syphilis, gonorrhoea, and chlamydia**, obtained the highest mean of **3.00 (SD=0.80)**, described as **Aware** and interpreted as **High**. Most adolescents know the names and existence of major STIs, which shows that awareness campaigns and school discussions have helped highlight these infections. Advocacy materials and health programs have sought to enhance students' recognition of common sexually transmitted infections (STIs).

On the other hand, the indicator **As a student, I am aware that sharing needles or syringes can transmit STIs, including HIV and hepatitis** had the lowest average score of 2.34 (SD=0.63), which is described as **Slightly Aware** and interpreted as **Low**. This shows that students are least aware of non-sexual ways STIs can be transmitted. Many adolescents mainly connect STIs with sexual activity and overlook risks like sharing needles. This limited understanding could put them at risk for preventable health problems. It also shows that STI education should cover all possible ways infections can spread.

This observation is supported by the work of Okoye et al. (2020) who found that Filipino youth commonly underestimated needle-related risks in sexually transmitted infection transmission. Likewise, Zhang, et al. (2020) in China reported that adolescents strongly associated sexually transmitted infections with sexual behavior but showed weak knowledge of blood-borne transmission routes. The increasing trend of sexually transmitted infections signifies the importance of having sufficient information supported by scientific databases, which are important in preventing the long-lasting impact of this disease from all around the world.

**Table 5**  
**Distributions of Respondents' Level of Awareness on Reproductive Health in terms of Adolescent Pregnancy**

<b>Indicators</b>	<b>Mean</b>	<b>SD</b>	<b>Description</b>
<b>As a student...</b>			
I am aware that adolescent pregnancy can have emotional impacts such as stress, anxiety, or depression.	2.63	0.69	Aware
I am aware that adolescent pregnancy can negatively affect one's ability to complete their education.	2.81	0.74	Aware
I am aware of the physical health risks associated with early pregnancy, including complications during childbirth.	2.89	0.78	Aware
I am aware of the financial responsibilities involved in raising a child.	2.87	0.77	Aware
I am aware of the legal implications related to underage pregnancy, including issues of parental consent and statutory laws.	2.37	0.63	Slightly Aware
I am aware that adolescent mothers are at a higher risk of dropping out of school.	3.20	0.86	Aware
I am aware that there are support services and programs available for pregnant adolescents.	2.47	0.66	Slightly Aware
I am aware that adolescent pregnancy can affect family relationships and responsibilities.	3.13	0.83	Aware

I am aware that early pregnancy can limit future career and life opportunities.	3.16	0.84	Aware
I am aware of effective ways to prevent adolescent pregnancy, such as abstinence, contraception, and reproductive health education.	2.38	0.61	Slightly Aware
<b>Overall</b>	<b>2.79</b>	<b>0.74</b>	<b>Aware</b>
Legend:	3.26-4.00 – Extremely Aware / Very High	1.76-2.50 – Slightly Aware / Low	
	2.51-3.25 – Aware / High	1.00-1.75 – Not Aware / Very Low	

Table 5 presents the distribution of respondents’ levels of awareness on reproductive health in terms adolescent pregnancy, with an overall mean of **2.79 (SD=0.74)**, described as **Aware** and interpreted as **High**. Most Senior High School students demonstrate awareness of the emotional, physical, financial, and social consequences of early pregnancy. They recognize its potential impact on education, health, and family life. The dissemination of information alone is insufficient to achieve the objectives of Comprehensive Sexuality Education in schools. Reproductive health education frequently outlines the issues but often fails to equip students with the practical skills necessary to prevent early pregnancy. This result matches the findings of Humanium (2025), who found that Filipino adolescents know about the challenges of early pregnancy, especially how it can disrupt education and cause financial problems. Similarly, Envuladu et al. (2022) in Nigeria reported that adolescents demonstrated awareness of the risks of early childbearing but lacked access to comprehensive prevention programs. The indicator **As a student, I am aware that adolescent mothers are at a higher risk of dropping out of school**, with the highest mean of **3.20 (SD=0.86)**, described as **Aware** and interpreted as **High**. Students acknowledge that early pregnancy disrupts educational attainment. They observe that teenage mothers frequently face difficulties remaining in school due to childcare responsibilities, social stigma, and financial constraints. These findings are similar to those from the University of the Philippines Center for Integrative and Development Studies (2024), which reported that pregnancy is a main reason why Filipino high school girls leave school. Mann (2020) also found in Australia that teenage pregnancy reduces the chances of finishing school and limits future opportunities. In contrast, students demonstrated limited awareness of legal issues related to underage pregnancy, such as parental consent requirements and statutory laws. Most participants possessed minimal knowledge of these legal topics. Although students understood certain social and health consequences, their familiarity with relevant legal frameworks was lacking. This Similarly, Kotoh, et al. (2025) noted in Ghana that while adolescents were aware of the health consequences of early pregnancy, their knowledge of legal issues remained very low.

**Table 6**  
**Summary Distribution of Respondents’ Level of Awareness on Reproductive Health**

Variables	Mean	SD	Interpretation
Reproductive System	3.10	0.84	High
Online Safety and Digital Citizenship	2.96	0.78	High
Contraception	2.60	0.64	High
Sexually Transmitted Infections (STI’s)	2.66	0.72	High
Adolescent Pregnancy	2.79	0.74	High
<b>Overall</b>	<b>2.82</b>	<b>0.74</b>	<b>High</b>

Legend: 3.26-4.00 – Extremely Aware / Very High 1.76-2.50 – Slightly Aware / Low  
 2.51-3.25 – Aware / High 1.00-1.75 – Not Aware / Very Low

Table 6 presents the summary distribution of respondents’ level of awareness on reproductive health: reproductive system, online safety and digital citizenship, contraception, sexually transmitted infections, and adolescent pregnancy, with an overall mean of **2.82 (SD=0.74)**, interpreted as **High**. Senior High School students generally have a fair understanding of reproductive health. Some students are well-informed, while others know less. This suggests that, although reproductive health education is in place, awareness is not consistent. Similar findings were reported by Fjellestad (2020) who observed that Filipino high school students demonstrated moderate-to-high awareness of reproductive health but scored lower. Fjellestad (2020) also found that Filipino high school students had moderate to high awareness of reproductive health but knew less about topics like contraception. The Reproductive System variable had the highest average score of **3.10 (SD=0.84)**, which is considered **high**. This shows that students know the most about the biological and functional parts of reproduction. While many students have strong knowledge, some are less familiar with the details. This finding is consistent with Mbachu et al. (2020) who noted that Filipino adolescents were more knowledgeable about reproductive anatomy and physiology than about contraceptive methods or STI prevention. Contraception received the lowest average score of **2.60 (SD=0.64)**, indicating that students possess less knowledge about contraceptive methods compared to other topics. Most students demonstrate only basic awareness.

**Problem 2. How do the respondents perceive Reproductive Health in their personal, social and cultural?**

**Table 7**

**Distributions of Respondents’ Level of Perception on Reproductive Health in terms of Personal**

Indicators	Mean	SD	Description
As a student...			
I believe that understanding reproductive health is important for people in my age group.	3.37	0.91	At All Times
I feel confident in my knowledge about reproductive health topics.	3.17	0.82	Most of the Time
I feel personally responsible for learning about reproductive health.	3.05	0.81	Most of the Time
I make informed decisions regarding my reproductive well-being.	2.59	0.77	Most of the Time
I feel comfortable discussing reproductive health topics in class.	3.20	0.84	Most of the Time
I am aware that adolescent mothers are at a higher risk of dropping out of school.	3.31	0.87	At All Times
I understand how reproductive health can affect my personal and future goals.	3.33	0.89	At All Times
I believe that reproductive health education has helped me become more responsible.	3.30	0.88	At All Times

I am aware of the consequences of making poor decisions related to reproductive health.	3.23	0.85	Most of the Time
I reflect on my values when making choices related to reproductive health.	3.43	0.93	At All Times
<b>Overall</b>	<b>3.20</b>	<b>0.86</b>	<b>Most of the Time</b>

Legend: 3.26-4.00 – At All Times / Highly Positive  
 1.76-2.50 – Sometimes / Negative  
 2.51-3.25 – Most of the Time / Positive  
 1.00-1.75 – Never / Very Negative

Table 7 presents the respondents’ level of perception of reproductive health in their personal. The overall mean was **3.20 (SD=0.86)**, described as **Most of the Time** and interpreted as **Positive**. These findings show that Senior High School students generally value reproductive health and consider it important in their lives.

Fjellestad (2020) corroborates this observation, noting that Filipino adolescents frequently regard reproductive health as a personal responsibility and an essential aspect of becoming responsible, informed adults. The study shows that when adolescents include reproductive health in their self-development, they become more aware of the consequences of their choices and the importance of making informed decisions. The indicator **As a student, I reflect on my values when making choices related to reproductive health** received the highest mean score of **3.43 (SD=0.93)**, described as **At All Times** and interpreted as **Highly Positive**. This shows that students closely link their personal values to reproductive health decisions. Senior high school students occasionally display impulsive behavior; however, they frequently make responsible decisions. On the other hand, the indicator **As a student, I make informed decisions regarding my reproductive well-being** got the lowest mean of **2.59 (SD=0.77)**, described as **Most of the Time** and interpreted as **Positive**. Although many students acknowledge the importance of reproductive health, they frequently lack confidence in making informed decisions. As their skills in this domain are still developing, students often seek advice from friends, social media, or family members rather than relying on scientific information. This result is consistent with the findings of Fjellestad (2020), who reported that many Filipino adolescents have trouble making independent reproductive health decisions, largely due to peer pressure, social expectations, and low self-confidence.

**Table 8**  
**Distributions of Respondents’ Level of Perception on Reproductive Health in terms of Social**

Indicators	Mean	SD	Description
As a student...			
I feel supported by my friends when learning about reproductive health.	2.67	0.74	Most of the Time
I feel judged by my peers when I talk about reproductive health.	2.54	0.63	Most of the Time
I believe my classmates take reproductive health education seriously.	2.86	0.84	Most of the Time

I have received useful information about reproductive health from my peers.	2.66	0.73	Most of the Time
I feel comfortable when my teachers discuss reproductive health.	3.19	0.86	Most of the Time
I am influenced by others in how I think about reproductive health.	2.60	0.69	Most of the Time
I believe that social media influences my understanding of reproductive health.	3.15	0.84	Most of the Time
I avoid talking about reproductive health because of how my peers might react.	2.79	0.78	Most of the Time
I believe my classmates behave respectfully during reproductive health lessons.	2.71	0.76	Most of the Time
I believe my school promotes a safe and respectful environment for discussing reproductive health.	3.20	0.87	Most of the Time
<b>Overall</b>	<b>2.84</b>	<b>0.77</b>	<b>Most of the Time</b>

Legend: 3.26-4.00 – At All Times / Highly Positive  
 1.76-2.50 – Sometimes / Negative

2.51-3.25 – Most of the Time / Positive  
 1.00-1.75 – Never / Very Negative

Negative

Table 8 presents the respondents' level of perception on reproductive health in terms of social with an overall mean of **2.84 (SD = 0.77)**, described as **Most of the Time** and interpreted as **Positive**, indicates that Senior High School students generally recognize reproductive health as a socially significant issue. Even with this positive social view, the rising number of teenage pregnancies in the Maramag III District shows that social awareness by itself may not prevent risky behavior. Peer pressure, fear of being judged, lack of open talks with parents, and social norms that make it hard to discuss sexuality can make it difficult for students to use what they know. Sometimes, wanting acceptance or emotional connection can outweigh what students have learned, leading to poor choices. The indicator **As a student, I believe my school promotes a safe and respectful environment for discussing reproductive health** had the highest mean of 3.20 (SD=0.87), described as **Most of the Time** and interpreted as **Positive**. Many students perceive their schools as supportive environments for discussing sensitive reproductive health topics. The indicator **As a student, I feel judged by my peers when I talk about reproductive health** got the lowest mean of **2.54 (SD=0.63)**, described as **Most of the Time** and interpreted as **Positive**. Many students still feel uneasy or fear being judged when discussing reproductive health with their peers. Stigma and peer pressure continue to shape how openly adolescents talk about these issues. This matches what Reyes and Tolentino (2022) found: Filipino adolescents often avoid talking about reproductive health because they fear negative judgment from their peers.

**Table 9**

**Distributions of Respondents' Level of Perception on Reproductive Health in their Cultural**

Indicators	Mean	SD	Description
As a student...			
I believe my family is open to discussing reproductive health topics.	2.78	0.64	Most of the Time
I avoid discussing reproductive health because it is considered taboo in my culture.	2.88	0.66	Most of the Time
I believe my religious beliefs influence how I view reproductive health.	3.00	0.70	Most of the Time
I feel encouraged by adults in my life to learn about reproductive health.	2.67	0.63	Most of the Time
I believe the cultural values in my community support responsible reproductive health education.	2.91	0.67	Most of the Time
I feel that discussing reproductive health is inappropriate in my household.	2.93	0.68	Most of the Time
I find it challenging to balance my cultural values with what I learn about reproductive health.	3.01	0.72	Most of the Time
I believe cultural traditions should evolve to support reproductive health awareness.	3.09	0.79	Most of the Time
I believe elders in my community encourage open discussions about reproductive health.	3.03	0.77	Most of the Time
I feel conflicted between meeting cultural expectations and learning about reproductive health.	2.80	0.65	Most of the Time
Overall	2.91	0.70	Most of the Time

Legend: 3.26-4.00 – At All Times / Highly Positive 1.76-2.50 – Sometimes / Negative  
 2.51-3.25 – Most of the Time / Positive 1.00-1.75 – Never / Very Negative

Table 9 presents the respondents' perceptions of reproductive health in their cultural with an overall mean of **2.91 (SD=0.70)**, described as **Most of the Time** and interpreted as **Positive** which means that Senior High School students generally perceive culture as an influential factor in shaping reproductive health attitudes and practices. This shows that students recognize cultural norms but are starting to see the need to balance tradition with modern reproductive health needs. This result matches Mkumbo (2021), who found that cultural norms strongly shape how students view reproductive health and often affect how comfortable they feel talking about it. The indicator **As a student, I believe cultural traditions should evolve to support reproductive health awareness** had the highest mean of **3.09 (SD=0.79)**, described as **Most of the Time** and interpreted as **Positive**. Students see the need to adapt cultural practices to fit current reproductive health realities. They are open to updating cultural views to improve adolescent health and well-being. This finding is consistent with Achen et al. (2021) who noted that Filipino youth increasingly believe cultural beliefs should adapt to support reproductive health education. On the other hand, the indicator **As a student, I feel encouraged by adults in my life to learn about reproductive health** had the lowest mean of **2.67 (SD=0.63)**, described as Most of the Time and interpreted as **Positive**. A significant number of students report insufficient support from adults when seeking to discuss or learn

about reproductive health. The result is consistent with Usonwu et al. (2021) reported that adolescents often lacked parental encouragement due to cultural discomfort in discussing reproductive health.

**Table 10**

**Summary Distribution of Respondents’ Level of Perception on Reproductive Health**

Variables	Mean	SD	Interpretation
Personal	3.20	0.86	Positive
Social	2.84	0.77	Positive
Cultural	2.91	0.70	Positive
<b>Overall</b>	<b>2.98</b>	<b>0.78</b>	<b>Positive</b>

Legend: 3.26-4.00 – At All Times / Highly Positive  
 1.76-2.50 – Sometimes / Negative

2.51-3.25 – Most of the Time / Positive

1.00-1.75 – Never / Very Negative

Table 10 presents the summary distribution of respondents’ level of perception on reproductive health, showing a mean of **2.98 (SD = 0.78)**, interpreted as **Positive**. Most of the time, Senior High School students have a generally positive view of reproductive health in personal, social, and cultural areas. This shows that students see reproductive health as important for shaping their attitudes, guiding their actions, and helping them make responsible choices. It also suggests they are ready to take part in discussions and activities that support overall well-being. In the Philippines, Blaso et al. (2024) have shown that senior high school students can hold positive perceptions toward reproductive and sexuality education, with participants reporting high levels of perceived awareness, effectiveness, and importance of such programs in their schools. Personal perception had the highest average score of **3.20 (SD=0.86)**, which is considered **Positive**. This means students often see reproductive health as important for their own well-being and choices. Their personal experiences and self-awareness shape how they view reproductive health. Adolescents tend to focus on how these concepts affect their bodies, decisions, and daily lives, showing they feel responsible for their own health. Alekhya et al. (2023) found that adolescents in Mindanao responded more positively to reproductive health education when lessons focused on personal decision-making and real-life applications. The Social variable had the lowest average score of **2.84 (SD=0.77)**, but this is still a positive result. This suggests students are less likely to connect reproductive health with peer interactions, community norms, or social influences than with personal factors. Similarly, Klu et al. (2023) highlighted that social stigma and conservative norms in Philippine communities often limit adolescents’ willingness to engage in open discussions about reproductive health.

**Problem 3. What is the respondents’ level of educational intervention practices on Reproductive Health in terms of cognitive and emotional?**

**Table 11**

**Distributions of Respondents’ Level of Educational Intervention on Reproductive Health in terms of Cognitive**

Indicators	Mean	SD	Description
As a student...			
I am taught how to think critically about reproductive health topics.	3.22	0.83	Most of the Time

I apply what I learn in reproductive health classes to real-life situations.	3.01	0.71	Most of the Time
I engage in class activities that deepen my understanding of reproductive health.	3.08	0.79	Most of the Time
I am given scenarios that challenge me to think deeply about reproductive health.	2.99	0.77	Most of the Time
I have learned to make logical decisions related to reproductive health.	3.03	0.73	Most of the Time
I remember key facts more clearly because of how reproductive health lessons are taught.	2.87	0.75	Most of the Time
I am encouraged to solve reproductive health-related problems during class.	2.90	0.74	Most of the Time
I feel that reproductive health lessons help improve my ability to analyze different situations.	3.12	0.83	Most of the Time
My teachers ask thought-provoking questions during reproductive health lessons.	3.03	0.78	Most of the Time
I understand reproductive health better when I am asked to explain or discuss it with others.	3.02	0.72	Most of the Time
<b>Overall</b>	<b>3.03</b>	<b>0.77</b>	<b>Most of the Time</b>

Legend: 3.26-4.00 – At All Times / Very High      1.76-2.50 – Sometimes / Low  
 2.51-3.25 – Most of the Time / High      1.00-1.75 – Never / Very Low

Table 11 shows the distribution of respondents' level of educational intervention on reproductive health in terms of cognitive. The overall mean score of **3.03 (SD = 0.77)** described as **Most of the Time** and interpreted as **High**. This shows that students regularly get chances to think critically, analyze information, and use what they learn in real-life situations. This also shows that classroom strategies are helping students think more deeply, making reproductive health education practical and relevant for Senior High School students. In the Philippines, Millanzi et al. (2022) emphasized that reproductive health education is most effective when it promotes critical thinking through interactive approaches, such as problem-solving and scenario-based activities. The indicator **As a student, I am taught how to think critically about reproductive health topics** received the highest average score of **3.22 (SD=0.83)**, which is described as **Most of the Time** and interpreted as **High**. This suggests that students often notice lessons that encourage critical thinking about reproductive health. It also shows that classroom activities go beyond memorization and challenge students to analyze ideas. A study by Saini et al. (2025) found that adolescents who actively engaged in critical analysis of reproductive health topics demonstrated greater confidence in their decision-making. Conversely, the indicator **As a student, I remember key facts more clearly because of how reproductive health lessons are taught** had the lowest mean of **2.87 (SD=0.75)**, described as **Most of the Time** and interpreted as **High**. Students frequently forget information, even when various instructional methods are employed. Although many lessons emphasize analytical skills, students may still struggle to recall factual content related to reproductive health. The Department of Education (2020) similarly reported that Filipino students experienced difficulties recalling reproductive health concepts when lessons did not incorporate interactive tools, such as visual aids.

**Table 12**

**Distribution of Respondents’ Level of Educational Intervention on Reproductive Health in terms of Emotional**

Indicators	Mean	SD	Description
As a student...			
I feel safe expressing my thoughts and questions about reproductive health in class.	2.77	0.73	Most of the Time
I feel my teacher is sensitive to students' emotions and backgrounds during RH lessons.	2.81	0.74	Most of the Time
I feel less anxious about reproductive health topics because of how they are taught.	3.09	0.79	Most of the Time
I am encouraged to express emotions or concerns related to reproductive health.	3.03	0.96	Most of the Time
I feel respected when I share my opinions during reproductive health discussions.	2.96	0.68	Most of the Time
I feel that reproductive health education helps me manage confusing or difficult feelings about sexuality.	3.21	0.87	Most of the Time
I feel more confident in myself after learning reproductive health topics.	3.17	0.83	Most of the Time
I feel supported emotionally when reproductive health topics become uncomfortable or sensitive.	3.00	0.76	Most of the Time
I trust my teacher to guide our class respectfully during reproductive health discussions.	3.18	0.85	Most of the Time
I feel that my emotional well-being is considered in how reproductive health is taught.	2.89	0.64	Most of the Time
<b>Overall</b>	<b>3.01</b>	<b>0.79</b>	<b>Most of the Time</b>

Legend: 3.26-4.00 – At All Times / Very High 1.76-2.50 – Sometimes / Low  
 2.51-3.25 – Most of the Time / High 1.00-1.75 – Never / Very Low

Table 12 presents the respondents’ level of educational intervention in reproductive health in terms of emotional, with an overall mean of **3.01 (SD = 0.79)**, described as **Most of the Time** and interpreted as **High**. Students usually experience a supportive and emotionally responsive environment in reproductive health lessons. Kabelka (2025) also found that emotional support in Philippine classrooms encourages greater adolescent participation in reproductive health discussions. The indicator **As a teacher, I feel that reproductive health education helps me manage confusing or difficult feelings about sexuality** obtained the highest mean of **3.21 (SD=0.87)**, described as **Most of the Time** and interpreted as **High**. This means that students view reproductive health education as a tool for processing complex emotions related to sexuality. It implies that lessons extend beyond factual knowledge by helping students navigate emotional challenges. This result echoes the findings of Dávila et al. (2025) which reported that reproductive health education significantly reduced emotional distress among Latin American adolescents facing challenges of sexual identity and social pressure. On the other hand, the indicator **As I feel safe expressing my thoughts and questions about reproductive health in class** obtained the lowest mean of **2.77 (SD=0.73)**, described as **Most of the Time** and interpreted as **High**. Some students may still hesitate or feel uncomfortable when talking openly about

reproductive health. Even though the emotional climate is supportive, stigma or fear of judgment can remain. Praveena (2024) also found similar challenges, noting that adolescents in conservative communities were often reluctant to ask questions about sexuality because they feared stigma.

**Table 13**  
**Summary Distribution of Respondents' Level of Educational Intervention on Reproductive Health**

Variables	Mean	SD	Interpretation
Cognitive	3.03	0.77	High
Emotional	3.01	0.79	High
<b>Overall</b>	<b>3.02</b>	<b>0.78</b>	<b>High</b>

Legend: 3.26-4.00 – At All Times / Very High / Low

2.51-3.25 – Most of the Time / High

1.00-1.75 – Never / Very Low

Table 13 presents the summary the distribution of respondents' level of educational intervention on reproductive health, with a mean of **3.02 (SD=0.78)**, interpreted as **High**. Both the cognitive and emotional aspects received high ratings. This shows that students usually benefit from reproductive health programs that combine learning with emotional support. It also suggests that school-based reproductive health education covers both intellectual and emotional needs, taking a well-rounded approach to adolescent growth. Findings align with the work of Kedzior et al. (2020) who argued that reproductive health programs are most effective when they incorporate both knowledge-based and affective strategies. The cognitive variable had the highest score at **3.03 (SD=0.77)**, which is considered high. This shows that students recognize the intellectual benefits of reproductive health education, like critical thinking, using knowledge, and making logical decisions. It also suggests that teaching methods help students build analytical skills. Cognitive development is still the main strength of reproductive health education. Mehta et al. (2020) also support this result who found that cognitively engaging reproductive health education improved adolescents' decision-making and problem-solving skills. In contrast, the emotional variable had the lowest mean score of **3.01 (SD=0.79)**, though it is still considered **High**. This shows that while students do receive emotional support, it is not as consistent as cognitive instruction. Factors like stigma, cultural taboos, or classroom dynamics might limit how effective emotional interventions can be. This result is similar to what Weerasinghe et al. (2025) who noted that adolescents often hesitate to fully engage in reproductive health discussions due to emotional discomfort rooted in cultural norms.

**Problem 4. Is there a significant relationship between the respondents’ level of awareness and their level of educational intervention on Reproductive Health?**

**Table 14**  
**Test of Relationship Between the Respondents’ Level of Awareness and their Level of Educational Intervention on Reproductive Health**

Awareness	Educational Interventions		Overall
	Cognitive	Emotional	
	r-value p-value Interpretation	r-value p-value Interpretation	
Reproductive System	0.71 0.03 S	0.80 0.03 S	0.76 0.03 S
Online Safety and Digital Citizenship	0.61 0.04 S	0.76 0.03 S	0.68 0.04 S
Contraception	0.81 0.01 S	0.78 0.03 S	0.80 0.02 S
Sexually Transmitted Infections (STI's)	0.70 0.02 S	0.94 0.02 S	0.82 0.02 S
Adolescent Pregnancy	0.80 0.01 S	0.78 0.03 S	0.79 0.02 S

Legend: \*significant at p<0.05 alpha level      S – significant      NS – not significant

Table 14 presents the test of the relationship between respondents’ levels of awareness and educational interventions in reproductive health. The results show that students’ awareness of reproductive health is strongly and significantly linked to the educational interventions they received, both in terms of knowledge and emotional support. Correlation coefficients ranged from  $r = 0.61$  to  $r = 0.94$ , all with p-values below 0.05, which confirms the significance. In other words, students who know more about reproductive health also tend to be more engaged and supported in their education. The findings suggest that awareness and intervention strengthen each other: as students learn more, they respond better to teaching, and effective interventions further increase their awareness. Because of this strong pattern, the null hypothesis of no relationship is rejected, showing a significant connection. This result is similar to what Vanwesenbeeck (2020) found: comprehensive sexuality education programs help knowledge and classroom engagement build on each other. When looking at reproductive system awareness, the results show strong links between educational interventions and both cognitive ( $r = 0.71, p = .03$ ) and emotional ( $r = 0.80, p = .03$ ) areas, with an overall correlation of  $r = 0.76$ . This suggests that students who understand the reproductive system feel more engaged and comfortable during lessons. Clear information about biology helps reduce confusion and stigma, making students more confident in class discussions. Premathilaka (2021) found that teaching reproductive biology in some schools improved how well adolescents understood the material and helped them become more emotionally resilient.

In Awareness of online safety and digital citizenship was strongly linked to both cognitive ( $r = 0.61, p = .04$ ) and emotional ( $r = 0.76, p = .03$ ) areas, with an overall correlation of  $r = 0.68$ . This means that students who know more about online safety and digital citizenship have better classroom experiences. It also shows that reproductive health education is now connected to digital issues like sexting, online exploitation, and privacy. Teaching online safety as part of reproductive health helps students handle digital risks responsibly support. Jones et al. (2023) found that a digital citizenship program significantly improved students’ online safety knowledge and their confidence in handling online risks.

For contraception awareness, there were strong and significant links with both cognitive ( $r = 0.81$ ,  $p = .01$ ) and emotional ( $r = 0.78$ ,  $p = .03$ ) interventions, with an overall correlation of  $r = 0.80$ . This shows that school-based reproductive health programs help make conversations about contraception more normal, especially in conservative communities where these topics are often avoided. Results echo those of Abdul Hamid et al. (2020) who found that school-based reproductive health education improved students' contraceptive knowledge in Malaysia. For sexually transmitted infections, there were strong links between knowledge and support in different areas: cognitive ( $r = 0.70$ ,  $p = .02$ ), emotional ( $r = 0.94$ ,  $p = .02$ ), and overall ( $r = 0.82$ ,  $p = .02$ ). The very high emotional correlation suggests that when students know more about STIs, they feel more supported and understood in class. This shows that teaching about STIs without judgment or stigma is especially important.

This present result aligns with the findings of Rasberry et al. (2022), who observed that sexual health education that addresses stigma with sensitivity fosters greater emotional engagement and encourages students to actively participate in discussions. Finally, when it comes to adolescent pregnancy, there were strong links between students' knowledge, emotions, and overall experiences (cognitive:  $r = 0.80$ ,  $p = .01$ ; emotional:  $r = 0.78$ ,  $p = .03$ ; overall:  $r = 0.79$ ,  $p = .02$ ). Students who understand pregnancy risks tend to have had more engaging and supportive lessons. This shows that programs combining both facts and emotional support help students relate what they learn to their own lives and choices.

**Problem 5. Is there a significant relationship between the respondents' level of perception and their level of educational intervention on Reproductive Health?**

**Table 15**  
**Test of Relationship Between the Respondents' Level of Perception and their Level of Educational Intervention in Reproductive Health**

Perception in Reproductive Health	Educational Interventions		Overall
	Cognitive	Emotional	
	r-value	r-value	
	p-value	p-value	
	Interpretation	Interpretation	Interpretation
Personal	0.91	0.51	0.71
	0.01	0.40	0.21
	S	NS	NS
Social	0.80	0.60	0.70
	0.03	0.03	0.03
	S	S	S
Cultural	0.61	0.71	0.66
	0.02	0.02	0.02
	S	S	S

Legend: \*significant at  $p < 0.05$  alpha level      S – significant      NS – not significant

Table 15 presents the test of the relationship between the respondents' levels of perception (personal, social, and cultural) and educational intervention in reproductive health. Most relationships were statistically significant, except for the Personal and Emotional category, which was not. This shows that

adding educational interventions to the curriculum did not have much effect on students' personal perceptions. Personal experiences and self-awareness had a greater impact on students' reproductive health than other factors. The findings show that the null hypothesis should be rejected for the significant relationships but kept for the two that were not significant.

The present results are consistent with the findings of Choi (2024) which reported that students' perceptions of respect and relevance in reproductive health education strongly predict engagement. Contextual factors influence how young people understand reproductive health and whether they feel comfortable seeking information or services. This shows that effective instruction should be culturally sensitive and aware of social norms. The study found a strong link between personal perception and the cognitive aspect of learning ( $r = 0.91, p = .01$ ), but not with emotional or overall responses. All correlations related to culture were statistically significant, which shows that aligning with cultural values matters for both cognitive and emotional learning in reproductive health education. When lessons incorporate students' cultural backgrounds, students are more likely to participate in class and experience a sense of safety and respect. Culturally relevant content also facilitates open and thoughtful discussion of sensitive topics.

## 9. Discussion

The study shows that Senior High School students generally have a high level of reproductive health awareness, especially regarding the reproductive system and the risks of uninformed decisions. However, their knowledge of contraception and online safety remains limited, indicating gaps in practical preparedness. Instruction tends to focus more on theory than on real-life application, while social and cultural pressures continue to influence students' choices. Thus, reproductive health education should go beyond information delivery by integrating practical skills, digital safety, and culturally responsive approaches to better support informed decision-making. Cognitive and emotional education programs are viewed positively, as they promote awareness and critical thinking. However, emotional support for sensitive topics is inconsistent, and many students lack safe spaces to ask questions or seek guidance. Strengthening counseling services, enhancing teacher training, and establishing peer-support systems can help create a more supportive and responsive learning environment.

## 10. Conclusions

The study revealed strong relationships among students' awareness, attitudes, perceptions, and educational interventions. Higher awareness and positive attitudes were associated with greater engagement in reproductive health education, indicating that knowledge enhances participation and program effectiveness. However, the continued incidence of teenage pregnancy in Maramag District III shows that awareness and positive attitudes alone do not guarantee behavior change, as students remain influenced by peer pressure, emotional concerns, cultural expectations, limited life skills, and restricted access to youth-friendly health services. Significant connections were also found between perceptions and educational programs, except in the area of personal perception and emotional support, highlighting gaps in emotional guidance. The findings confirm that key variables are interrelated: awareness builds knowledge, perception shapes participation, and educational programs translate these into meaningful understanding. Students showed the highest awareness of the reproductive system and strong personal value-based perceptions, while instruction promoting critical thinking had the greatest impact. Overall, the study underscores the need for a comprehensive and balanced approach that integrates practical

knowledge, positive values, and consistent support to help adolescents make informed and responsible decisions.

### **Recommendations**

Based on the findings and conclusions from the study, here are the recommendations:

1. Teachers should facilitate the development of a deeper understanding among students. Teachers can enhance students' knowledge of contraception and safe reproductive health by encouraging participation in youth seminars, classroom discussions, hands-on workshops, and peer-led programs. Such initiatives can address and correct common misconceptions regarding sexual intercourse.
2. Teachers should establish peer support programs that promote open and respectful dialogue about reproductive health. Training students as informed peer advocates can help reduce stigma, foster trust, and cultivate a school culture in which all students feel empowered to make healthy, informed decisions.
3. Teachers and parents should collaborate to ensure that classrooms provide a safe and supportive environment for students to express their thoughts and questions regarding reproductive health.
4. Health workers and other stakeholders should enhance educational programs focused on reproductive health. Regular evaluation of these programs is necessary to identify opportunities for improving the dissemination of reproductive health information.

Schools should develop reproductive health programs that promote collaboration among students, respect community values, and reflect local cultural contexts. These elements contribute to a deeper understanding and greater emotional engagement.

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