

# Awareness and Perceptions on Reproductive Health Law among Tausug in Magsaysay, Mati City, Davao Oriental

**Abdullah M. Barabag**

Bachelor of Science in Nursing,  
Davao Oriental State College of Science and Technology,  
Mati City, Davao Oriental, Philippines



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## ABSTRACT

Awareness and perceptions on Reproductive Health Law among Tausug in Magsaysay, Mati City, Davao Oriental were the main focus of this study. This used a qualitative, descriptive research design. Ethnographic methodology was also utilized in the study. The respondents were identified through snowball sampling or chain-referral sampling. A one-on-one interview and thematic analysis were used to collect and analyze the data. There were n=50 respondents identified. The respondents were 15-60 years old for males and 15-40 years old for females, either married or unmarried. As a result of the study, it was found that only 48% of Tausug who were aware of the Reproductive Health Law were male. According to the result of the study, the most common source of their information was television. Their knowledge of the RH Law was limited to Family Planning and Contraceptives. Religion played a significant role in the acceptance of the RH Law. There were only 28% who were aware and willing to accept and follow the RH Law. The reason those 20% who did not accept and follow the RH Law cited was that it was against their religion; thus, there was a lack of awareness and misconceptions among the respondents.

Keywords: Awareness, Contraceptives, Law, Perception, Reproductive

## INTRODUCTION

Awareness refers to the learner's knowledge or subjective experience that he/she is detecting a stimulus (Al-Hejin, 2005); furthermore, awareness can be defined as what is manifest in all forms of perception, in all forms of knowing (Swamiji, 2001). Perception is informed by the perceiver's bodily interaction with the structures of the environment (Braund, 2008) and, as a result of the interaction between stimuli in our environment and our sensory organs (Rankin, 2003).

Reproductive health is defined as a state of physical, mental, and social well-being in all matters relating to the reproductive system, at all stages of life (WHO, 2008). In the Philippines, the Responsible Parenthood and Reproductive Health Act of 2012 (Republic Act No. 10354), informally known as the Reproductive Health Law, is a law that guarantees universal access to methods of contraception, fertility control, sexual education, and maternal care (Olazo, 2013). Moreover, the State recognizes and guarantees the promotion of gender equality, gender equity, women's empowerment, and dignity as a health and human rights concern and as a social responsibility (Arinzana, 2012).

Religion plays a major role in people's decisions to use family planning and in the acceptability of specific methods (Abbas, 2007). Islam encourages marriage, and the main purpose of marriage in Islam is to have children (Ismail, 2010). Muslim sexual ethics forbid sex outside marriage, so its teachings about birth control should be understood within the context of husband and wife. Widespread variation in contraception attitudes can be found in the Islamic faith because contraception is not expressly prohibited in the Qur'an, as many Muslim scholars approve of family planning (Stacey, 2012).

In some Muslim communities, the term "Reproductive Health" has been misunderstood and often interpreted to mean a subject that promotes moral aridity and permissiveness among young people by providing them with information that triggers their curiosity and fuels the desire to experiment with premarital sex (Yusuf, 2005). In many studies, religious leaders have a big contribution in giving and enhancing information, especially in communities that have studied their religion in madrasah (Fariya, 2008; Xygalatas, 2012; Bano & Kalmbach, 2012; Ali & Ushijima, 2003).

In Southern Philippines, where there is a significant number of Muslim minority population, there are many Muslim tribes, including the Tausug (Kamlian, 2005). Tausug derives from tau, meaning "man," and sug, meaning "current," and translates into "people of the current" from Sulu, where they originated (Abubakar, 1963). Tausug spread throughout the country, including Davao Oriental (Bara, 2011). Tausugs were known because of their amazing delicacies, culture, traditions, and their grip on their religious beliefs (Bruno, 1973). Traditionally, Tausug would prefer to have more children, ranging from 5 to 10 or more. They regard children as a form of wealth and a sign of good fortune. Meanwhile, it is also not uncommon to find among Tausug girls getting married at very young ages, like 14-15 years old or even younger (Kamlian, 2005). At these ages, getting pregnant would be risky for both the mother and the baby (WHO, 2013).

Some Muslims, including Tausug, have ideas about family planning and reproductive health law, but their knowledge about these issues is limited, especially among the poorest in the community. Apparently, they do not have access to reliable information, thereby making them hesitant to embrace the law. By understanding their knowledge, attitude, and perception, there would be a chance of formulating approaches or possible interventions in order to achieve the goals of RA 10354, especially among the Muslim populations.

Poor reproductive health is an enormous problem in the developing world (Islamic

Relief, 2008). Impoverished women suffer disproportionately from unintended pregnancies, maternal death and disability, sexually transmitted infections including HIV, gender-based violence, and other problems related to their reproductive system and sexual behavior (UNFPA, 2010). According to the Department of Health, the mortality rate for Filipino mothers increased to 221 per 100,000 live births in 2011 from 162 per 100,000 live births in 2009 (Alave, 2012). But not only do women suffer, but the children do, too. The children remain undernourished and undereducated, especially those in poor families, because parents cannot meet their demands as they grow and develop. In some Muslim communities, especially in those remote areas, many families do not understand what the reproductive health bill is all about. They just perceived it as a program that promotes abortion. Some families also do not accept the Reproductive Health Bill because it's against their religion. Still, these problems are just some of the reasons why some people do not accept the said law, when in fact, it needs to be changed because the reproductive health bill is all about promoting reproductive health rights.

### **Tausug brief background on their beliefs and reproductive health practices**

According to the National Commission for Culture and the Arts (2011), "Tausug" derives from the word tau, meaning "man," and "sug", meaning "current," and translates into "people of the current." It refers to the majority Islamized group in the Sulu archipelago, their language, and culture (Magdalena, 2010). The Tausug speak bahasa sug, a Malayo-Polynesian language related to the Visayan variety spoken in Surigao, and written in a Malayo-Arabic script known as jawi or sulat sug (Abubakar, 1963). The Tausugs follow a standard on Islamic beliefs and practices. The Quran is considered by all Muslims as the words of Allah (God), revealed to the Prophet Muhammad through archangel Gabriel, and as the source of all Islamic Law, principles, and values. Aside from the Quran and the Sunnah and Haddith (literally, "a way, rule, or manner of acting"), other Islamic sources of law include Ijtihad (independent judgment) and Qiyas (analogy) (Velasco, 2003). The Five Pillars of Islam are the declaration of belief in the oneness of God and the prophethood of Muhammad, and the four obligations of praying, almsgiving, fasting, and pilgrimage to Mecca at least once in one's lifetime (Pecorino, 2001).

However, as observed that nowadays, Tausug marriage has become a mixture of Adat (refers to local regional customs and tradition), Islam, and westernized elements manifested in the new practices or changes such as the use of a hotel or gymnasium as venue for pagtiyaun, the holding of a two-day lavish celebration, getting non-Muslim witnesses, among others (Stephens, 2003). The modern way of celebrating pagtiyaun is a deviation from Islamic and adat marriage principles (Kamlan, 2005). The bond between husbands and wives in marriages is extremely close in both ideal and actual phenomena. Kiefer (2005) found that the rate of divorce is probably less than 10%, but he stresses that a low divorce rate does not necessarily indicate a high degree of happiness in marriage; rather, it may indicate a low level of expectation from marriage. He continues to say that while many couples have considerable affection toward each other, marriage will usually only break up for the non-fulfillment of other, more practical obligations.

However, according to Bangahan (2013), Tausug traditions (adat) do not allow courtship before marriage. Marriage is usually fixed and arranged by parents. In most cases, the groom and bride do not even know each other before marriage. Pre-marriage courtship is makasipug (shameful) and a taboo within a traditional Tausug community (Zawaj, 2013). Both males and female of marrying age are allowed to choose their future husband or wife. It is the parents who usually make the choices for their children. This is based on the traditional family and

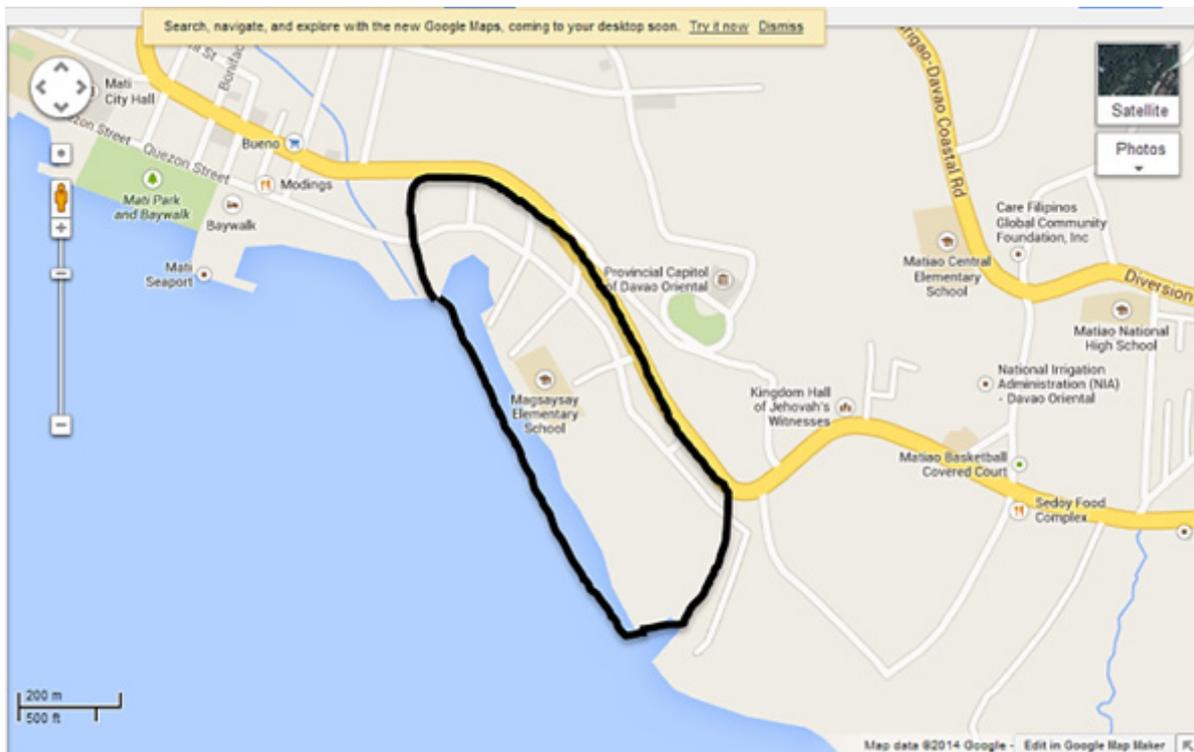
cultural belief that parents usually know best for their children’s interests, including the choices of their better half (Rajim, 2011). Kamlian (2005) added that Tausug would prefer many children from 5 to more than 10 for some reason.

The Reproductive Health Bill was passed in 2012, with many controversies attached to it. The said Law was concerned with the universal access to methods of contraception, fertility control, sexual education, and maternal care (Olazo, 2013). And one of the antagonists of the said Law was the church, and also the majority of Muslims in the country (Rufo, 2012). The assumption underlying the approach was that most people are either ignorant or not fully knowledgeable about the Law, especially in places where literacy is low (UNFPA, 2000). So many people perceived that the said law was concerned with the killing of a baby inside the mother’s womb, which needed to be corrected to educate them about what the Reproductive Health Bill is all about (Overpopulation, 2013).

This study aimed to determine the awareness and perceptions of the Tausug community in Magsaysay, City of Mati, Davao Oriental, regarding the Reproductive Health Law (RH Law). Specifically, it sought to find out whether the Tausug are aware of the existence of the RH Law, to determine their perceptions about the different topical aspects of the Reproductive Health Law, to identify the factors that affect their knowledge and practice formation regarding the RH Law, and to assess their acceptability of the Reproductive Health Law.

### METHODOLOGY

This study was conducted at Magsaysay Village, Mati City, Davao Oriental, with a total of 17 Puroks. The village is located near the central business district of the city with a total land area of 1,087.57 hectares. The rural health center is situated in the middle part of the village, and behind it is the Mayor Santiago Memorial Elementary School and the Day Care Center. Based on the survey of the Rural Health Center of Magsaysay as of the year 2014, the total population was 6,888.



**Figure 1.** Map of Magsaysay, Barangay Central, City of Mati, Davao Oriental.

### **Research design**

The study used a descriptive type of qualitative and quantitative methods in collecting and analyzing data. Ethnographic methodology was also utilized in the study. Quantitative technique was used in collecting data for the demographic profile while Qualitative technique was used to determine the awareness and perception of Tausug towards RH Law.

Upon the initial visit to the area, the researcher found out that there were no accurate data about the population of Tausug. In order to cope up with the situation, the researcher used Snowball sampling or chain-referral method in order to identify such respondents. There were 17 Puroks that Magsaysay consisted of, but only 2 Puroks were chosen where the respondents lived. These were Purok 17-1 and Purok Kaislaman-2. Out of these 2 Puroks, there were only n=50 respondents identified.

### **Data gathering procedure**

A formal letter of request seeking permission to conduct the study was submitted to the Barangay Captain. After the approval, the researcher sought assistance from each Purok President in identifying and establishing rapport with the possible respondents. The interview started from 8:30 am to 5 pm on February 15-16, 2014, and February 22-23, 2014. The Respondents were asked to fill out the survey questionnaires containing questions about their demographic profile, such as age, civil status, and occupation. A one-on-one interview was conducted during the said days and time, to know about their awareness and perception towards reproductive health and its impact to their lives. Each interview lasted 10 - 15 minutes per respondent. The purpose of the study was explained to the respondents. After each one-on-one interview, the researcher asked each respondent if they know the location of the next possible respondents. The procedure of the data gathering was being repeated over and over until such time the researcher finished interviewing each household who had such respondents. A consent form was given to the identified key informants. A schedule interview was set after the respondents had signed the approval to become the respondents of the study. The respondents were informed that their real names will be hidden and replaced by pseudonyms for their protection and confidentiality. The researcher respected the decision of each respondent who decided to cancel the interview or be included to the respondents.

### **Data analysis**

The data collected were tallied and analyzed from qualitative to quantitative. The recorded interviews were transcribed, interpreted and analyzed. As one of the qualitative analytic method, thematic analysis was used in analyzing the data gathered. Thematic analysis was the method used for identifying, analyzing, and reporting patterns (themes) within data.

## **RESULTS AND DISCUSSION**

The Researcher interviewed N=50 Tausugs out of 17 Puroks of Magsaysay, Mati City, Davao Oriental. There were 17 Puroks that Magsaysay consisted of, upon the data gathering there were only 2 Puroks that had Tausug members. The said Puroks were Purok Kaislaman-2 and Purok 17-1. The Respondents being interviewed were female aging from 15-40 years old and male aging from 15-60 years old. The Researcher used Erik Erickson's Developmental Stage to bracket the age of respondents. Table 1 showed that the sixty percent of respondents were male as what some of them had stated, their wives went abroad and/or not Tausug, while fifty-six percent of the respondents were married. Forty-eight percent of their age ranged from 20-39 years old. It also showed that sixty-two percent of the

respondents were unemployed.

**Socio-Demographic Profile**

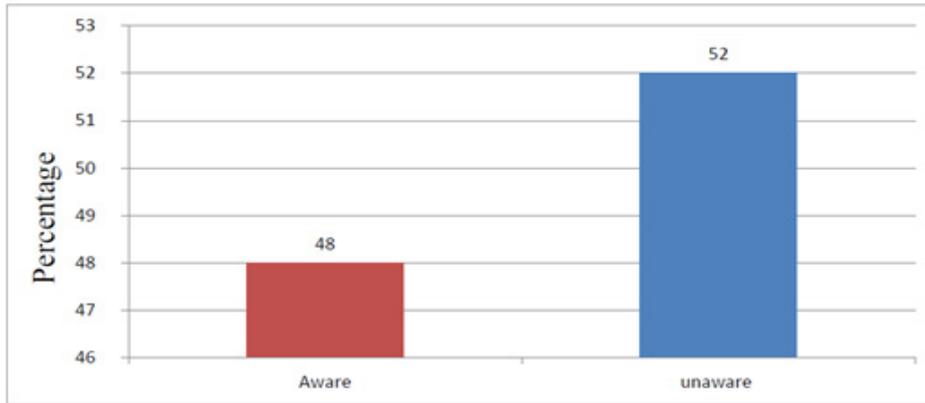
**Table 1.** Distribution of respondents according to their demographic profile.

<b>Demographic Profile</b>	<b>N</b>	<b>%</b>
<b>Sex</b>		
Male	30	60
Female	20	40
<b>Age</b>		
(adolescence) 15 to 19	12	24
(young adulthood) 20 to 39	24	48
(middle adulthood) 40 to 60	14	28
<b>Civil Status</b>		
Single	21	42
Married	28	56
Separated	1	2
<b>Educational Level</b>		
Elementary	11	22
High School	21	42
College	16	32
Vocational	2	4
<b>Occupation</b>		
Self-employed	9	18
Government Employee	10	20
Private Employee	0	
Unemployed	31	62

**Awareness on RH law**

As the data were gathered and interpreted, fifty-two percent of the Tausug in Magsaysay, City of Mati, Davao Oriental were not aware of Reproductive Health Law (please see Figure 2). While forty-eight percent of the respondents who were aware of Reproductive Health Law said that their mere source of information was television. They regarded Reproductive Health Law to family planning, specifically in contraceptive aspects only. This explained that Family planning and using contraceptives methods were their main focus about RH Law. Reproductive Health Law had been a hot issue since 2010; every broadcasting network followed the debate and issues regarding the said bill. They’ve been airing it every time on their news programs. As what some of the respondents stated, they watched the news over and over until such time that it was embedded in their minds until now.

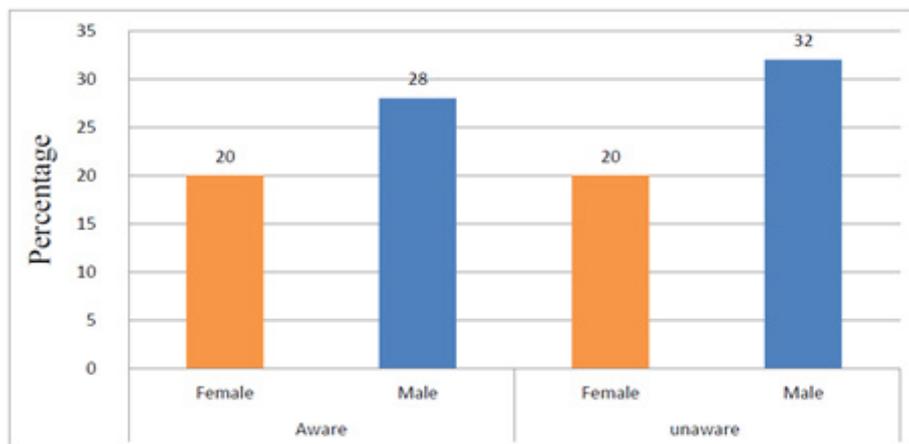
This implied that the reason why they knew Reproductive Health Law was because of the role of media. As we know, media is one of the most powerful tools in disseminating information (Perez, 2009). Mass media have been also used as a way of delivering preventive health messages. They have the potential to reach and to modify the knowledge, attitudes and behavior of a large proportion of the community (Sowden and Arblaster, 2010) .



**Figure 2.** Percentage of the respondents' awareness of the RH law.

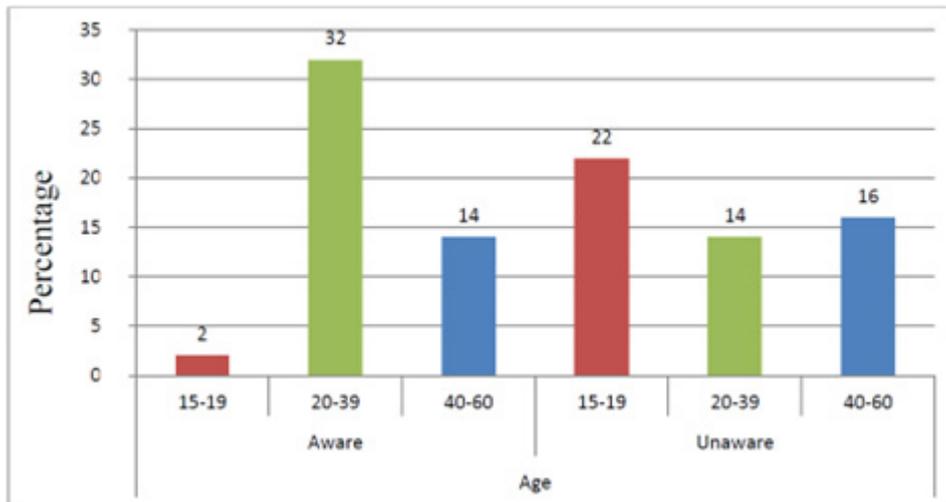
Figure 3 showed that 28% were aware while 32% were unaware. According to those males that were aware, they watched RH Bill on Television frequently specially when they watched news programs. Unlike them, most of male who were unaware stated that they were very busy at work and couldn't find time to watch television frequently. While in female respondents, both aware and unaware had 20%. According to those female respondents who were aware, even though they were busy doing household chores they always find time to watch television. While most of those female respondents who were unaware stated that they were really busy doing household chores and even they had free time for themselves, they tend to rest it in order to prepare themselves to other household chores.

Based on the result, it implied that their work schedule mostly affects their awareness on RH Law. They tend to work hard thus, making their time to watch or listen to news lesser. Men and Women have different ways on perceiving things (Pusavat, 2007), but share many more similarities both in cognitive functioning (Spelke, 2005) and personality traits (Hyde, 2005). Men and Women's understanding of Reproductive Health Law may vary. Women tend to view Reproductive Health as regard to their own health and roles and responsibilities within their marriages and families, and in the harsh socioeconomic conditions in which they and their families and communities are living (Hafez, 2006), while Men tend to dominate female's perception when it comes to family matters (Welbourne, 2009). Study in Nigeria shows that the most common single reason for non-practice of family planning was rejection by the husband (Obiajulu, 2005).



**Figure 3.** Percentage of respondents' awareness of the RH law by sex.

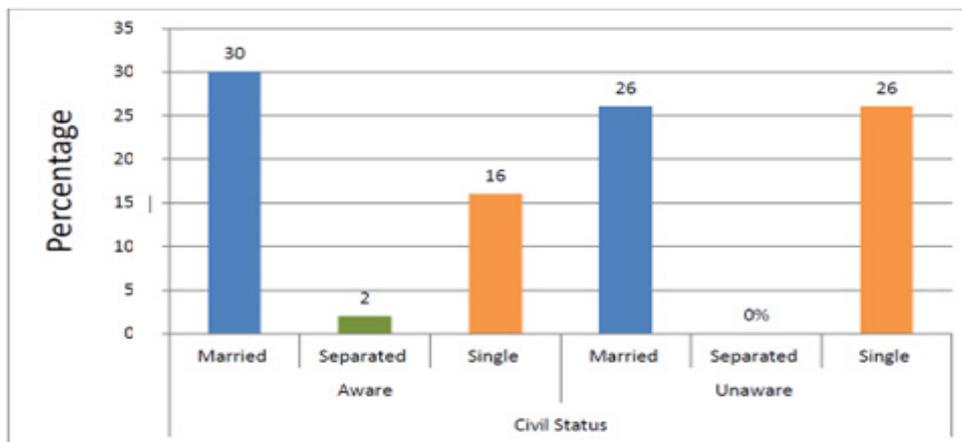
Figure 4 showed that 32% of the respondents who were aware of RH Law were in the age bracket of 20-39 years old because most of them were married at this age and were more familiar with contraceptives. It was also noted that 22% of the respondents who were unaware were at the age bracket of 15-19 years old. According to most them, although they watched television frequently, but they did not usually watch or listen to news programs. They also tend to spend most of their time outside during daytime. They did not experience pre-marital sex which made them unaware about contraceptives or family planning. Based on the result, it explained that almost of those teenagers were unaware because they were not interested to watch news programs and did not engage to premarital sex thus, making them more unaware to reproductive health law. It also implied that they just chose what television programs to watch. Selective exposure is the tendency for people to expose themselves to media messages match their attitudes and interests. (Baran & Davis, 2003). Selective exposure is the ability to process only certain information and avoid other stimuli (Sandra, 2004). In general, we expose ourselves to situations we view as pleasant, interesting, or necessary and avoid others with unpleasant characteristics (Wilkie & William, 2004). Age plays a role in perceiving things and the decision making (Chavis, 2003). Study in Kenya shows that low used of contraceptives are among adolescents 15-19 years (Kinaro, 2009). Better understandings regarding reproductive health are mostly common in adults rather than teenagers (Ravisankar, 2010). Study in Norway shows that knowledge of family planning is higher among younger (20-30 years old) than older age groups (Abedin, 2011).



**Figure 4.** Respondents' awareness according to their age bracket.

Figure 5 showed that thirty percent of married respondents were aware while 26% of them were unaware on Reproductive Health Law. There were 16% of single respondents who were aware to RH Law while twenty-six percent of single respondents were unaware. According to those married and single respondents who were aware to RH Law, they frequently watched it on television and most of them expressed that RH Law was about contraceptives and family planning. All of those married respondents who were aware knew different types of contraceptives and few of them were using contraceptives specially pills. This explained that most of married respondents were more aware to RH Law because they watched news programs frequently and become aware of the different types of contraceptives, while few of them were using contraceptives. They regarded the law as a program for birth control. Civil Status is a characteristic which recently has been shown to influence perception of women's and men's personal and professional traits (Etaugh & Birdoes, 1991).

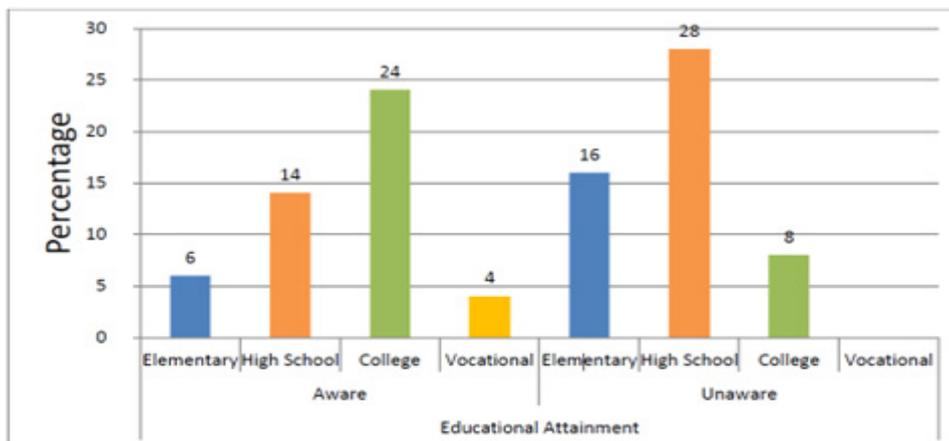
Various studies shown that level of awareness on contraceptive method is high among married (Yusuf, 2005). Study in Norway shows that knowledge and practices of contraceptives were high in married people (Abedin, 2011).



**Figure 5.** Respondents’ awareness according to their civil status.

Figure 6 showed that 24% of the respondents who were aware were those who went to college while 28% of respondents who were unaware were from high school level. According to those college respondents who were aware, RH Law was about family planning or birth control to prevent poverty in the country. Unlike those who had lower educational level, most of them stated that they didn’t know this law, while some of them expressed that this law was regarded as family planning alone. This explained that educational level would affect each judgement to RH Law. They now seemed to understand the purpose of this law.

Educational attainment is positively associated with the perceptions of dominance in decisions regarding both sex and contraception (Dabral and Malik, 2004). Men whose partners are highly educated, however, are more likely to perceive that decisions about sex are egalitarian, and they are also more likely to perceive that women have greater responsibility in contraceptive decision-making are also more likely to perceive that women have greater responsibility in contraceptive decision-making (Farré, 2011). Various studies shows that low contraceptive usage were prevalent to those who have low education level (Weiss, 1993). The proportion of women who felt that contraception was unislamic was highest among those who had Islamic education compared to those who had no education and those who had other forms of education (Fadel, 2009).



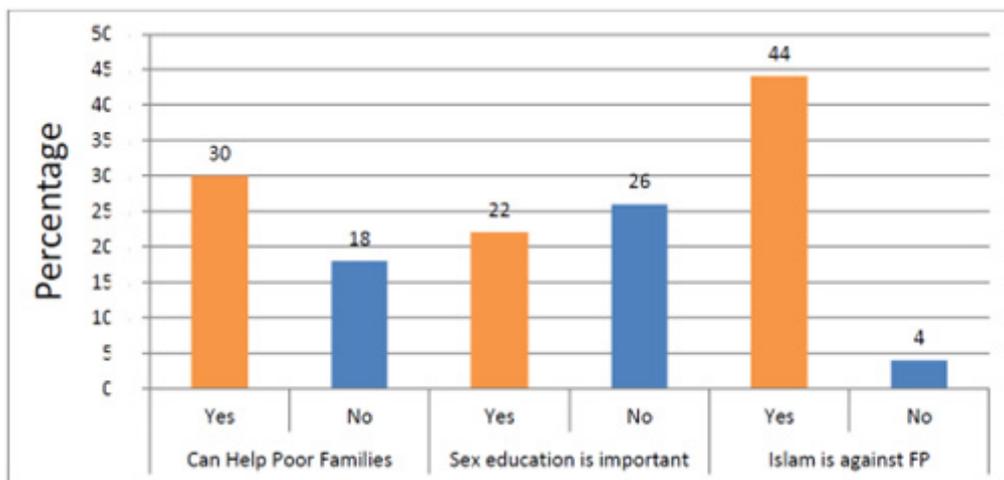
**Figure 6.** Respondents’ awareness according to their educational attainment.

**Perception on RH law**

Figure 7 showed that 30% of the respondents who were aware on RH Law stated that RH Law was important and could help poor families regarding their economic status while only 22% of them believed that sex education was important. 44% of them stated that Family Planning was against their religion.

Based on the results, it explained that most of the respondents perceived RH Law as a program that could help their economic status. In contrast to this, some of respondents did not believe that birth control or spacing could help because according to them it’s a matter on how the parents work hard to meet their needs. Study in Uganda shows that the main reason for use of modern family planning among the families was economic factor (Kafuko, 2010). They believed that the lesser of number of children in the family, the greater future they could give. Most of the respondents did not view sex education as important. They believed that it could only give idea that would trigger those youngsters to apply it to their lives and engage more with risky behavior like sex. In Philippines, many parents were opposed to sex education because it is the responsibility of the parents on how to guide their children regarding reproductive health (Espinosa, 2010).

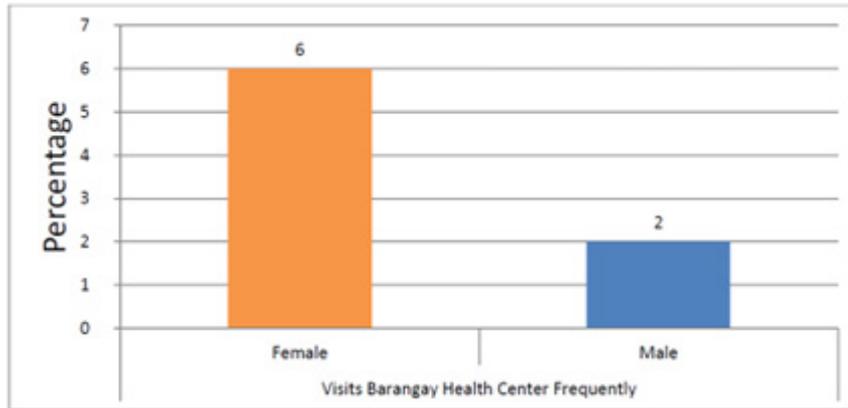
Almost all of the respondents who were aware stated that Islam was really against family planning. They stated that Islam preferred to have more children. They also added that it was a major offense to control birth. But in contrast to this, some of them stated that there were some considerations in Islam to practice family planning especially when the health of the mother was at risks when giving birth. Study in Uganda showed that religious beliefs were highlighted as a factor for non-use of family planning among women with unmet need. Specifically, respondents reported that being catholic and Muslim discouraged the use of family planning (Kafuko, 2010).



**Figure 7.** Respondents’ (aware) perception on RH law.

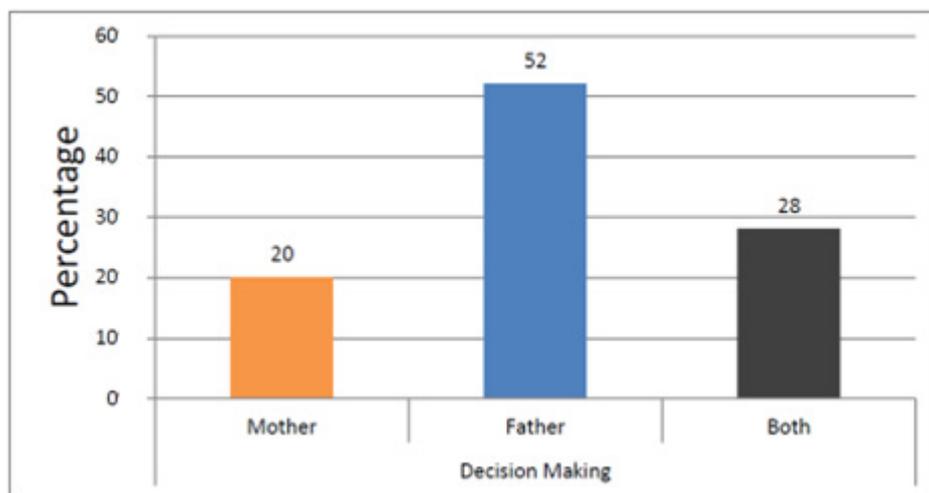
**Factors affecting Tausug’s knowledge and practice formation on RH Law**

Figure 8 showed that out of 50 respondents interviewed, there were only 6% of female and just 2% of male visited their Barangay Health Center frequently. The respondents were practicing family planning and they had chosen to use pills. This explained that those respondents who frequently visited Barangay Health Center had acquired right information and knowledge regarding reproductive health. One factor has a significant sway on contraceptive use decisions, and that is complete and accurate knowledge of contraception methods (Suresh and Atika, 2013).



**Figure 8.** Respondents who visit the barangay health center frequently.

52% of the respondents stated that in decision making, the father was the one who really decided regarding seeking health care (see figure 9). This implied that father was really the one who decided most of the time. As what they stated, the father was the one who sought financially. In a family, it is a customary law that the fathers do all the decisions when it comes to family matter (Dela Cruz, 2003). In both the extended family and the nuclear family, it is the husband that makes the important decisions in the house and generally manages the household budget (Zurayk, 2005). Women’s sphere of decision-making is very narrow until the woman reaches the status of matriarch within the household (Stege, 2010). Study in Jordan shows that in deciding to use contraceptives, it is always the husband that decides whether to use or not (Underwood, 2000).



**Figure 9.** Decision maker in their family.

Out of the N=50 respondents, 70% of the respondents knew that Islam was against family planning, while there were only 26% of the respondents who did not know if it was against Islam or not (Figure 10). According to those respondents who said that Family Planning was against Islam, it was one way of killing the undeveloped baby inside and rejecting God’s gift. While according to those respondents who did not know if Family Planning was against in Islam, they did not frequently attend seminars that were conducted by A’immah. This explained that there was a misconception regarding the use of contraceptives. It also showed that religion played a role on how the respondents perceived Reproductive Health.

Seminars regarding Islam could clarify misconception and doubts (Parveen, 2013). Enforcing the knowledge of people can help them to understand the Islam Religion (Fahimi, 2004).

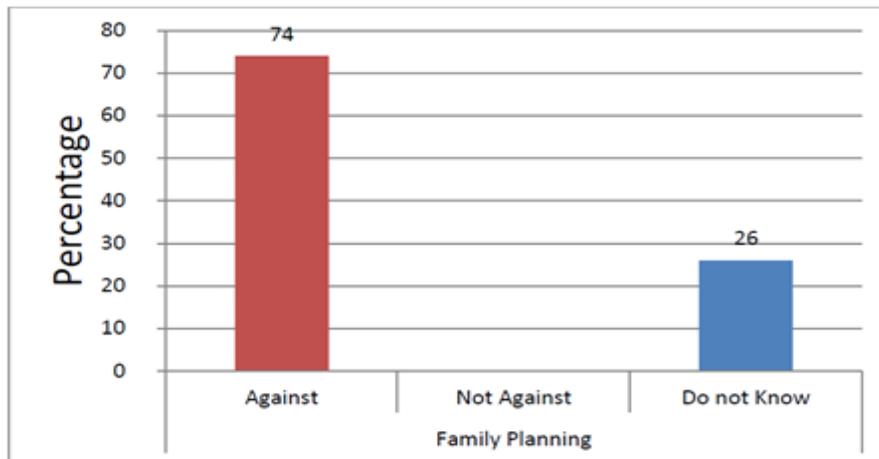


Figure 10. Family planning in Islam.

**Tausug’s acceptability on RH Law**

Out of those respondents who were aware, 48% would follow RH Law while 20% would not (see Figure 11). Both 14% of female and male respondents would follow and practice Reproductive Health Law while only six percent of those female and fourteen percent of male respondents would not (see Figure 12). According to those respondents who would follow RH Law, they really believed that it could help their lives specially in financial matters. While those respondents who stated that they would not follow RH Law were afraid that they might break their faith in their Religion. Most of them stated that controlling pregnancy and birth was one way of disobeying their Religion, but in contrast to this, some of them stated that they would rather use birth control rather than having many children for they could not raise them well and meet their needs, in which they believed that it was a major sin to Islam. Based on the results, it implied that most of those aware respondents who would follow RH Law believed that the inability to meet the needs of their children was also one way of committing sin to their Religion. Thus, a factor that pushed them to use birth control. Many Muslims who did not want to use contraceptives believed that contraception was unislamic and majority of those who felt this way were those who had Islamic education only (Sule and Umar, 2006). Religious and cultural factors have the potential to influence the acceptance and use of contraception by couples from different religious backgrounds in very distinct ways (Srikanthan and Reid, 2008).

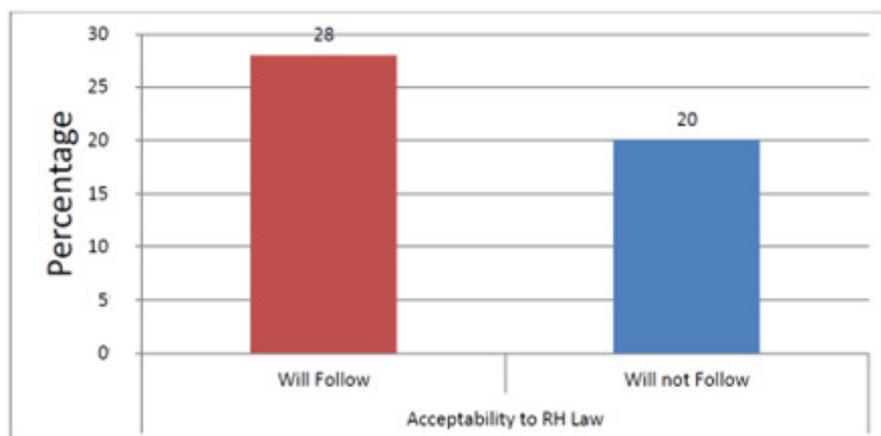
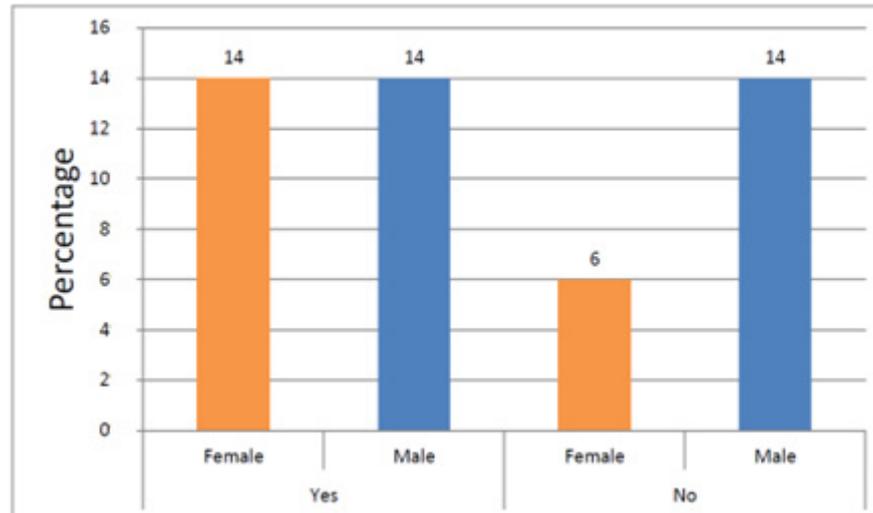


Figure 11. Tausug’s acceptability to RH law.



**Figure 12.** Tausug's (Aware) acceptability to RH law according to sex.

### CONCLUSION

Tausug is one of the most dedicated Muslim tribes when it comes to Religion (Tomawis, 2005). Most Tausug in Magsaysay, Mati City, Davao Oriental were not aware that Reproductive Health Law existed. However, most of those who were aware were ready to accept the programs of the RH law. Poverty was one of the reasons why they were willing to follow the law. Others did not accept the said law because they believed that it would compromise their faith in their Religion. It only showed that, many of Tausug's knowledge about RH Law were focused only on the concepts of contraceptives. Thus, in order to meet the purpose and goals of RH Law, there is really a need to design health interventions and techniques to debunk misconception and misinformation in the community.

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