



Original Research Article

Beliefs and Practices on Sexuality and Reproductive Health among Students in Samar College

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ABSTRACT

The study is to determine the beliefs and practices on sexuality and reproductive health among Bachelor in Elementary Education (BEED) and Bachelor in Secondary Education (BSEd). There were 304 respondents comprised of 191 females and 113 males, ages ranging from 18-29 years old. In this study research, design utilized the descriptive and inferential design in order to assess sexuality and reproductive health. A survey with the use of a structured questionnaire for data collection that was modified from the Illustrative questionnaire for Interview-Surveys with Young People by John Cleland. Questionnaire covered BSEd and BEED students of the College of Education, who have reached puberty but have not yet been married. Scores were carefully recorded and ensure the data collected were accurate. Data was used in the analysis and interpretation of data on age, sex, and socio-economic status of the subjects and respondents. Student-respondents were conscious over the issue of gender and sexuality but they have misconceptions that lead to answering undecided in the instrument. The extent of student-respondents practice of natural contraception was "slightly practiced" where withdrawal was highest. The extent of student-respondents practice of artificial contraception was "never practiced". Student-respondents were aware of the presence of Reproductive Health (RH) Law in the country but they have misconceptions over the Law like on abortion and policy concerning women. There was no significant difference on their knowledge of gender and sexuality, HIV/AIDS, Reproductive Health Law, natural contraception across all year level concerned and practice of artificial contraception

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INTRODUCTION

A discussion of sexuality and reproductive health must begin with the acknowledgement that cultural norms and religion, social structures, school environments, and economic factors vary widely around the world and will affect the way that a school and community address these issues.

So much of what occurs in school is gendered or sexualized and for this reason it is important that educators have a strong understanding of how system of sex, gender, and sexuality operate in the school setting. What is then the role of Teachers? It is important for teachers to be aware of pubertal changes students are experiencing and be prepared to address hygiene issues. It is also important to be aware of choices students are confronted with and are making with regard to sexual activity. Many teachers will be approached by students with questions regarding puberty and/or sexual activity. If a teacher doesn't feel comfortable discussing these issues, he/she should know where to refer the student.

Differences in sexual attitudes, religiosity, and spirituality by gender. Moreover, sexual attitudes, religiosity, and spirituality were associated with sexual behaviors among college students. Sexual behaviors among males were influenced by their sexual attitudes, religiosity, and spirituality, while for females, their sexual behaviors were mostly influenced by their sexual attitudes, [1].

The impact of religiosity was also noticed when we examined the effect of sexual initiation on sexual attitudes and current sexual behaviour. Those who had engaged in premarital sexual debut were more likely to support premarital sexual intercourse irrespective of marital status. This indicates strongly that participation and commitment to religious beliefs and practices rather than affiliation is more important in determining sexual attitudes and behaviour [2].

Issues relating to gender and sexual diversity have always been present in schools. From the first day boys and girls enter preschool or kindergarten, children are identified by their sex on registration forms, referred to as "boys and girls", and their gender is consistently practiced and reinforced through stories, free play, and interactions with their teachers and their peers [3,4].

Endorsement of denominational doctrine concerning same-sex sexuality is more influential than religiosity, and that endorsement of denominational doctrine is not simply a proxy for believing that same-sex sexuality is a sin [5].

The majority of students believed that the risk of AIDS and other sexually transmitted infections was moderate but that youth had a low ability to practise healthy behaviour. The majority believed in the benefits of reproductive health knowledge for youth but felt that services were inadequate [6].

Under-utilisation of reproductive health services by men remains problematic. Broadbased strategies that take masculine ideologies into account are needed to increase men's utilisation of healthcare services. This requires education for healthcare providers about masculine ideologies and for individual men about the importance of health seeking and the detrimental effects of masculine role socialisation. Understanding men and their ideologies and helping them to overcome many sociocultural barriers to help them play critical role in comprehensive reproductive health and wellbeing will be beneficial, to men, their partners and families and the society at large [7].

It is therefore, important for educators to become knowledgeable about these issues for four main reasons: student safety, physical and emotional health, diversity and equity, and student engagement and success [8].

Many investigations have been conducted and carried out on adolescent sexuality and reproductive health. Some have dwelt on certain behavioral and environmental factors that are related to sexual behavior [9].

The paucity of college-based data regarding adolescent sexuality has long been a problem which makes it so difficult for school administrator to plan, design and initiates college wide initiative and reproductive health programs and policies which will be used to address the ARH problems of our students. In order to identify these needs, it is imperative to know the extent and level of knowledge, attitudes, behaviours, and practices among young adolescent. It is in the light that the investigators was motivated to examine and explore the knowledge, beliefs, behaviours and outcomes in the context of sexual and reproductive health among college students of the College of Education.

Objectives

This study determined the beliefs and practices on sexuality and reproductive health among BEEd and BSEd in College. Specifically, it sought to find answers to the following questions:

1. What is the profile of the student-respondents with respect to:
 - 1.1 age;
 - 1.2 gender;
 - 1.3 year level;
 - 1.4 religion;
 - 1.5 family size; and
 - 1.6 Average monthly family income?
2. What is the level of knowledge and practices of the student respondents on the following:
 - 2.1 HIV/AIDS and other sexually transmitted disease; and
 - 2.2 Reproductive Health Bill?
3. Is there a significant difference on level of knowledge of student-respondents across year level on the following:
 - 3.1 HIV/AIDS and other sexually transmitted disease; and
 - 3.2 Reproductive Health Bill?
4. What is the belief of the student-respondents on:
 - 4.1 gender; and
 - 4.2 sexuality?
5. Is there a significant difference on the beliefs of student-respondents across year level on:
 - 5.1 gender; and
 - 5.2 sexuality?
6. What is the extent of practice of the student-respondents on contraceptives?
7. Is there significant difference on the extent of practice of student-respondents on contraceptives across year level?
8. What recommendations can be derived based on the findings of the study to improve the welfare of the student-respondents on sexuality and reproductive health?

Hypothesis

The following hypotheses were tested in this study:

1. There is no significant difference on the level of knowledge of student-respondents across year level on the following:
 - 1.1 HIV/AIDS and other sexually transmitted diseases; and

1.2 Reproductive Health Bill.

2. There is no significant difference on the beliefs of the student-respondents across year level on:

2.1 gender; and

2.2 sexuality.

3. There is no significant difference on the extent of practice of student-respondents on contraceptive across year level.

MATERIALS AND METHODS

This describes the methodology used to collect and analyze the data. The following topics were discussed: research design, instrumentation, sampling procedure, data gathering procedure, and statistical treatment of data.

Research Design

This study utilized the descriptive and inferential design in order to assess sexuality and reproductive health among BEEd and BSEd students in College. Furthermore, it determined the significant differences between and among variables.

In order to assess and evaluate the values, beliefs, attitudes, and behaviors in the context of sexuality and reproductive health among BEEd and BSEd students, the researchers used a survey with the aid of structured questionnaire.

Instrumentation

This study utilized survey with the use of a structured questionnaire for data collection that was modified from the Illustrative Questionnaire for Interview-Surveys with Young People by John Cleland. The cover page of the questionnaire includes items regarding the survey arrangements and situation as well as the introductory and informed consent statements.

The questionnaire was consist of four (4) parts particularly: 1) Socio-demographic Data and Family Characteristics, 2) Sexuality profile, 3) Knowledge on HIV/AIDS and other STI's; and Reproductive Health Bill, and 4) Extent of practice on contraceptives methods used.

Part I addressed the key characteristics of the respondents of the life that may shape his/her knowledge, beliefs, and practices on sexuality and reproductive health which include age, sex, gender, course and year, religion, family size, and socio-economic status of the family.

Part II appraised the level of knowledge of the student-respondents on HIV/AIDS and other STI's; and about the Reproductive Health Bill.

Part III determined the belief of the student-respondents on Gender and Sexuality exploring on gender-related norms towards premarital sex, coercion/violence, and protection mechanism.

Part IV determined the extent of practice of student-respondents on contraceptives because of the unique importance of this method in offering a degree of dual protection against sexually transmitted infections.

Sampling Procedure

The questionnaire covered BSEd and BEEd students of the College of Education, who has reached puberty but has not yet been married. Since the student-respondents' population were quit big, the researchers employed the Sloven's formula in getting the sample of the population. As we computed the sample it was reduced to 304 Student-respondents and since we assumed that margin of error was 0.05

Data Gathering Procedure

Before the questionnaire was administered, a letter of permission to administer the questionnaire was constructed and noted by the research adviser and was presented to the dean and coordinators of the College of Education, after the request was approved, the researchers personally gave the questionnaire to the selected College of Education students. Students ages raging from 18-29 year old, out of 304 respondents, there were a total of 191 respondents who were females and 113 respondents are male. The researchers checked and tallied the survey questionnaires. The score was carefully recorded and with extra care to avoid error and ensure the data collected were accurate.

Statistical Treatment of Data

This part includes descriptive and inferential statistics to be used in the study such as frequency count, percentage, weighted mean, Pearson-r and Fisher's t-test.

Percentage

This was used in the analysis and interpretation of data on age, sex, and socio-economic status of the subjects and respondents.

Mean Scores

This statistical measure was used to determine the quantitative characteristics of profile of the student-respondents.

Analysis of Data

Analysis Of Variance (ANOVA) to test that there was significant difference between the knowledge, beliefs and practices of BSED and BEED students toward sexuality and reproductive Health with respect to their profile variance.

Scheffe's Test

When the null hypothesis was rejected in a one - way ANOVA, a further analysis will be done in order to identify which population means are different from each other by identifying and comparing significant difference among the population means be using the Scheffe's method of pair wise multiple comparison of means at 5% level of significance.

Results and Discussion

Majority of student-respondents were first year students with 94 or 30.9% followed by second year student with 76 or 25.0% while the lowest number of respondents came from students taking Certificate in Teaching (CIT) with 33 or 10.9%. Student-respondents knowledge on HIV/AIDS shows that they were undecided that it was possible to cure AIDS, apart from HIV/AIDS, there were other diseases that men and women can catch by having sexual intercourse. A man or woman with Sexually Transmitted Diseases (STI) can have discharge from penis or vagina. Moreover, student-respondents disagree on that a person with HIV always looks unhealthy a man or woman with STI does not experience pain during urination, and Ulcers or sores in genital area can be signs and symptoms of STI in a man/woman.

Difference in knowledge on STD and HIV across year level, the computed t-value was 0.0029 under 0.05 level of significance with t-tabular value of 2.02, hence, the difference in knowledge on STD/HIV and AIDS across different year level was not significant. Thus, the hypothesis which states that "there was no significant difference on the knowledge of student on HIV/AIDS and STD" was accepted. In terms of difference in knowledge on RH Law according to student-respondents' year level, the computer t-

value was 0.00026 under 0.05 level of significance. This t-value was lower compared to the 2.02 t-critical value, hence, the null hypothesis which states that “there was no significant difference on the knowledge of student-respondents on RH Law” was accepted.

Student-respondents knowledge on Reproductive Health (RH) Law showed that they were undecided that the RH Law promotes abortion, it was policy that will protect the rights of the women, it will subsidize

the creation of additional facilities that will cater post abortion complication, RH Bill will promote homosexuality, it’s ultimate solution to the problem of our country about poverty, comprehensive sex education will promote promiscuity among adolescents, On the other hand, they disagree that RH bill it will not teach a 9-year old child on how to use condom; and those who support RH Bill were not evil.

Table 1. Knowledge of Student-Respondents on HIV/AIDS and STD

| Statements | Mean | Meaning |
|---|------|-------------------|
| 1. It is possible to cure AIDS. | 3.5 | Undecided |
| 2. A person with HIV always looks unhealthy. | 2.2 | Disagree |
| 3. HIV can be transmitted through kissing and hugging. | 1.4 | Strongly Disagree |
| 4. Mosquito bite can transmit HIV. | 2.5 | Disagree |
| 5. HIV can be transmitted through sharing of needles. | 4.6 | Agree |
| 6. Apart from HIV/AIDS, there are other diseases that men and women can catch by having sexual intercourse. | 3.4 | Undecided |
| 7. A man/woman with STI can have discharge from penis/vagina. | 3.0 | Undecided |
| 8. A man/woman with STI does not experience pain during urination. | 2.9 | Disagree |
| 9. Ulcers/sores in genital area can be signs and symptoms of STI in a man/woman. | 2.7 | Disagree |

p < 0.05 difference between target and sample populations.

Legend: Strong Agree (5.0); Agree (4.0-4.99); Undecided (3.0-3.99); Disagree (2.0-2.99); and Strongly Disagree (1.0-1.99)

Table 2. Difference in Knowledge on RH Law to Year Level

| Variables | First Year | Second Year | Third Year | Fourth Year | CIT |
|-------------|------------|-------------|------------|-------------|------|
| Mean | 3.7 | 3.53 | 3.74 | 3.33 | 3.24 |
| Variance | 0.5 | 0.21 | 0.4 | 1.27 | 1.65 |
| Observation | 94 | 76 | 55 | 46 | 33 |
| Df | 302 | - | - | - | - |
| t-comp. | 0.00026 | - | - | - | - |
| t-crit. | 2.02 | - | - | - | - |

p < .05 difference between target and sample populations.

Legend: Significance Level = 0.05; two-tailed; DF = 302

Table 3. Knowledge of Student-Respondents on RH Law

| Statements | Mean | Meaning |
|--|------|-----------|
| 1. RH Bill promotes abortion. | 3.5 | Undecided |
| 2. RH Bill is a measure to control the population of our country. | 4.2 | Agree |
| 3. It is policy that will protect the rights of the women. | 3.8 | Undecided |
| 4. It will not teach a 9 – year old child on how to use condom. | 2.5 | Disagree |
| 5. It will fund the creation of additional facilities that will cater post abortion complications. | 3.3 | Undecided |
| 6. RH Bill will promote homosexuality. | 3.1 | Undecided |
| 7. It is a policy that will give each couple the right to choose their family planning method. | 4.4 | Agree |
| 8. It will impose the number of children that a family should have. | 4.0 | Agree |

| | | |
|---|-----|-----------|
| 9. It is ultimate solution to the problem of our country about poverty. | 3.8 | Undecided |
| 10. Comprehensive sex education will promote promiscuity among adolescents. | 3.1 | Undecided |
| 11. RH Bill is immoral. | 3.1 | Undecided |
| 12. Contraceptives are abortifacients. | 3.2 | Undecided |
| 13. RH Bill can help the prevalence of HIV/AIDS and other STI's. | 4.4 | Agree |
| 14. Those who support RH Bill are not evil. | 2.8 | Disagree |
| 15. The state should not prioritize this bill it is not necessary. | 3.4 | Undecided |

p < 0.05 difference between target and sample populations.
 Legend: Strong Agree (5.0); Agree (4.0-4.99); Undecided (3.0-3.99); Disagree (2.0-2.99); and Strongly Disagree (1.0-1.99)

Table 4. Difference in Knowledge on STD/HIV to Year Level
 p < 0.05 difference between target and sample populations.

| Variables | First Year | Second Year | Third Year | Fourth Year | CIT |
|-------------|------------|-------------|------------|-------------|------|
| Mean | 2.85 | 3.003 | 2.99 | 2.85 | 2.85 |
| Variance | 0.68 | 0.48 | 0.60 | 1.36 | 1.36 |
| Observation | 94 | 76 | 55 | 46 | 33 |
| DF | 304 | - | - | - | - |
| t-comp. | 0.0029 | - | - | - | - |
| t-crit. | 2.02 | - | - | - | - |

Legend: Significance Level = 0.05; two-tailed; DF = 302

Student-respondents knowledge on gender and sexuality showed that they were undecided on that they believed it's all right for unmarried boys and girls to have dates, it's all right for boys and girls to kiss hug and touch each other, they believed there was nothing wrong with unmarried boys & girls having sexual intercourse if they love each other, they think that sometimes a boy has to force a girl to have sex if he loves her, a boy will not respect a girl who agrees to have sex with him, most girls who have sex before marriage regret it afterwards, they believe that girls should

remain virgins until they get married, It was sometimes justifiable for a boy to hit his girlfriend, most of their friends who have sex with someone used condoms regularly. On the difference of student-respondents' knowledge on gender and sexuality across year level, the computed t-value was 0.00024 which was lower compared to the 2.02 critical value. Thus, there was no significant relationship on the knowledge of student respondents on gender and sexuality among different year levels.

Table 5: Knowledge of Student-Respondents on Gender and Sexuality

| Statements | Mean | Meaning |
|--|------|-----------|
| 1. I believe it's all right for unmarried boys & girls to have dates. | 3.76 | Undecided |
| 2. I believe it's all right for boys and girls to kiss hug and touch each other. | 3.41 | Undecided |
| 3. I believe there is nothing wrong with unmarried boys & girls having sexual intercourse if they love each other. | 3.39 | Undecided |
| 4. I think that sometimes a boy has to force a girl to have sex if he loves her. | 3.69 | Undecided |
| 5. A boy will not respect a girl who agrees to have sex with him. | 3.04 | Undecided |
| 5. Most girls who have sex before marriage regret it afterwards. | 3.69 | Undecided |
| 7. Most boys who have sex before marriage regret it afterwards. | 2.62 | Disagree |
| 3. A boy & a girl should have sex before they become engaged to see whether they suited for each other. | 2.64 | Disagree |

| | | |
|---|------|-----------|
| 9. I believe that girls should remain virgins until they get married. | 3.63 | Undecided |
| 10. I believe that boys should remain virgins until they get married. | 2.32 | Disagree |
| 11. It is sometimes justifiable for a boy to hit his girlfriend. | 3.37 | Undecided |
| 12. Most of my friends think that one night stand was okay. | 3.19 | Undecided |
| 13. It's all right for boys and girls to have sex with each other provided that they use methods to stop pregnancy. | 2.82 | Disagree |
| 14. Most of my friends who have sex with someone use condoms regularly. | 3.05 | Undecided |
| 15. I am confident that I can insist a condom use every time I have sex. | 2.97 | Disagree |
| 16. I would never contemplate having an abortion for myself or for my partner, | 4.02 | Agree |
| 17. It is mainly the woman's responsibility to ensure that contraception was used regularly. | 2.92 | Disagree |
| 18. I think that you should be in love with someone before having sex with them. | 3.93 | Undecided |
| 19. I feel that I know how to use condom properly. | 3.13 | Undecided |
| 20. Most of my friends would never contemplate having an abortion for themselves or their partner. | 3.82 | Undecided |
| 21. Man needs sex more frequently than woman do. | 3.96 | Undecided |
| 22. Most of my friends believe that you should be in love before you have sex with someone. | 2.98 | Disagree |
| 23. I would refuse to have sex with someone who is prepared to use a condom. | 3.04 | Undecided |
| 24. One night stands are okay. | 3.15 | Undecided |

p < 0.05 difference between target and sample populations.

Legend: Strong Agree (5.0); Agree (4.0-4.99); Undecided (3.0-3.99); Disagree (2.0-2.99); and Strongly Disagree (1.0-1.99)

On extent of respondent's practice of natural contraception, the computed grand mean was measured at 2.86 which means that extent of student-respondents practice on natural contraceptive method. The highest practiced method was "withdrawal" with 3.66 as mean

indicated as "moderately practice". Then, followed by periodic abstinence or rhythm, calendar method, and based body temperature with 2.0-2.99 all which mean "slightly practice"[10,11].

Table 6: Difference in Knowledge on Gender and Sexuality to Year Level

| Variables | First Year | Second Year | Third Year | Fourth Year | CIT |
|-------------|------------|-------------|------------|-------------|------|
| Mean | 3.07 | 3.31 | 3.72 | 3.09 | 3.18 |
| Variance | 0.74 | 0.35 | 0.35 | 0.83 | 0.38 |
| Observation | 94 | 76 | 55 | 46 | 33 |
| Df | 302 | - | - | - | - |
| t-comp. | 0.00024 | - | - | - | - |
| t-crit. | 2.02 | - | - | - | - |

p < 0.05 difference between target and sample populations.

Legend: Significance Level = 0.05; two-tailed; DF = 302

Table 7: Extent of Student Respondents Practice on Natural Contraceptive Method

| Statements | Mean | Meaning |
|-------------------------------|------|---------------------|
| Withdrawal | 3.66 | Moderately Practice |
| Periodic Abstinence or Rhythm | 2.83 | Slightly Practice |
| Calendar Method | 2.78 | Slightly Practice |

| | | |
|------------------------|-------------|-------------------|
| Based Body Temperature | 2.15 | Slightly Practice |
| Total | 11.43 | -- |
| Grand Mean | 2.86 | Slightly Practice |

p <0 .05 difference between target and sample populations.

Legend: Extremely Practice (5.0); Highly Practice (4.0-4.99); Moderately Practice (3.0-3.99); Slightly Practice (2.0-2.99); and Never Practice (1.0-1.99)

Table 8: Difference in Student-Respondents Practice on Natural Contraceptive Method

| Variables | First Year | Second Year | Third Year | Fourth Year | CIT |
|-------------|------------|-------------|------------|-------------|------|
| Mean | 2.42 | 2.42 | 3.2636 | 3.22 | 2.95 |
| Variance | 0.05 | 0.05 | 0.9566 | 1.37 | 1.39 |
| Observation | 94 | 76 | 55 | 46 | 33 |
| df | 302 | - | - | - | - |
| t-comp. | 0.00012 | - | - | - | - |
| t-crit. | 2.02 | - | - | - | - |

p <0 .05 difference between target and sample populations.

Legend: Significance Level = 0.05; two-tailed; DF = 30

On extent of respondent’s practice of artificial contraception, the highest method used was condom with 2.2 which means “slightly practiced” while all other above mentioned methods were “never practiced”. In general, the computed grand mean was 1.4 which means that student-respondents never practiced artificial method. On the difference of natural contraceptive method used among year levels, the t-computed value was 0.00012. This value was lower compared to the t-critical value of 2.02, hence, there was no significant difference on the student-respondents practice on natural contraceptive method.

Furthermore, this statistical analysis means they all have similar extent of practice of using natural contraceptive method. On the difference of artificial contraceptive method used among year levels, the t-computed value was 0.17. This value was lower compared to the t-critical value of 2.02, hence, there was no significant difference on the student-respondents practice on artificial contraceptive method. Furthermore, this statistical analysis means they all have similar extent of practice of using artificial contraceptive method [12].

Table 9: Extent of Student Respondents Practice on Artificial Contraceptive Method

| Statements | Mean | Meaning |
|----------------|------|-------------------|
| Condom | 2.2 | Slightly Practice |
| Pills | 1.4 | Never Practice |
| IUD | 1.0 | Never Practice |
| Depo Injection | 1.0 | Never Practice |
| Total | 5.6 | -- |
| Grand Mean | 1.4 | Never Practice |

p <0 .05 difference between target and sample populations.

Legend: Extremely Practice (5.0); Highly Practice (4.0-4.99); Moderately Practice (3.0-3.99); Slightly Practice (2.0-2.99); and Never Practice (1.0-1.99)

Table 10: Difference in Student-Respondents Practice on Artificial Contraceptive Method

| Variables | First Year | Second Year | Third Year | Fourth Year | CIT |
|-----------|------------|-------------|------------|-------------|-----|
|-----------|------------|-------------|------------|-------------|-----|

| | | | | | |
|-------------|------|-------|------|-----|-----|
| Mean | 1.3 | 1.681 | 1.38 | 1.2 | 1.5 |
| Variance | 0.2 | 1.237 | 0.17 | 0 | 0.2 |
| Observation | 94 | 76 | 55 | 46 | 33 |
| Df | 302 | - | - | - | - |
| t-comp. | 0.17 | - | - | - | - |
| t-crit. | 2.02 | - | - | - | - |

$p < 0.05$ difference between target and sample populations.

Legend: Significance Level = 0.05; two-tailed; DF = 302

CONCLUSION

- 1- Based from the statistical analysis conducted the following conclusions were made:
- 2- Student-respondents are vigilant over the issue of HIV/AIDS however, there were still misconceptions that leads to their answers of being undecided.
- 3- Similarly, student-respondents were aware of the presence of RH Law in the country but they have misconceptions over the Law like on abortion and policy concerning women.
- 4- Among all year levels concerned, there was no significant difference on their knowledge of HIV/AIDS and the Reproductive Health Law.
- 5- Student-respondents were conscious over the issue of gender and sexuality but they have misconceptions that lead in answering undecided in the instrument like on pre-marital sex and homosexual or heterosexual relationship.
- 6- Among all year levels concerned, there was no significant difference on their knowledge of gender and sexuality.
- 7- The extent of student-respondents practice of natural contraception was "slightly practiced" where withdrawal is highest.
- 8- There was no significant difference on the extent of practice of natural contraception across all year level concerned.
- 9- The extent of student-respondents practice of artificial contraception was "never practiced".
- 10- Across all year level, there was no significant difference on the extent of practice of artificial contraception.

CONFLICT OF INTERESTS

Authors have no conflict of interests on the researcher and the respondents of this study significance Level = 0.05; two-tailed; DF = 302.

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