



RESEARCH ARTICLE

REPRODUCTIVE HEALTH AWARENESS AMONG GRADE 6 LEARNERS: AN INPUT FOR SCHOOL IMPROVEMENT PLAN FOR STUDENT DEVELOPMENT PROGRAM

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Abstract

The purpose of this study was to determine the level of Reproductive Health Awareness among Grade 6 learners. The study utilized descriptive-evaluative research design and utilized questionnaire-checklist as the main tool to gather the needed data of the study. The respondents of the study were seventy-two (72) Grade 6 learners. Frequency, percentage, mean, standard deviation, Chi-square and Analysis of Variance (ANOVA) were the statistical used in analysing the data gathered. Most of the learners were male, 2nd to the eldest in terms of their birth order, most of their fathers and mothers are secondary level in terms of their highest educational attainment. Most of the learners' house location belongs at Location 11. The results revealed that the learners in Large, Medium and Small School were aware on their level of reproductive health awareness in maturation process, and teenage pregnancy while in terms of HIV/AIDS and contraceptives most of them were not aware of these. Based on the analysis of the data gathered the following were the conclusions and recommendation of the researcher. There is slightly significant difference between the learners' level of awareness on reproductive health among the schools as well as the difference between the learners' level of awareness on reproductive health when they were grouped according to their demographic profile in terms of sex, birth order, parents' highest educational attainment, and house location. The researcher recommended that the school may organize awareness campaigns at school level to focus the learners in curbing the potential involvement of young learners on the risk of low reproductive health awareness.

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Introduction:-

World Health Organization (WHO) defines Reproductive Health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and its functions and processes. It implies that people can have a satisfying and safe sex life and that they can reproduce and the freedom to decide if, when, and how often to do so. Further World Health Organization (WHO) defines an adolescent as an individual in the 10-19 years age group and usually uses the term young person to denote those

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between 10 and 24 years. The reproductive health desires of an individual as a group have been largely ignored to date by existing reproductive health services. The response of societies to the reproductive health desires of an individual should be based on facts that benefit them achieve a level of maturity required to make liable choices. In particular, information and services should be made accessible to everyone to help them understand their sexuality and protect them from unwanted pregnancies, sexually transmitted diseases, and subsequent risk of infertility. This should be combined with the education of young men to respect women's self-determination and to share responsibility with women in matters of sexuality and reproduction.

This determination is individually important for the health of young women and their children, for women's self-determination and, in many countries, for efforts to slow the thrust of population progress.

Motherhood at a very young age requires a risk of maternal death that is much greater than average, and the children of young mothers have higher levels of morbidity and mortality. Early child-bearing continues to be a disorder to improvements in the academic, economic, and social status of women in all parts of the world. Overall, for young women, early marriage and early motherhood can severely restrain educational and employment opportunities and are likely to have a long-term, contrary impact on them and their children's quality of life. (United Nations Population Fund)

One of the most controversial disputes opposing in the country nowadays is about reproductive health. Many printed resources and publications are existing affirming about fundamentals of reproductive health with different viewpoints. Their vital goal is to increase the quality of life and deliver for justifiable human development. The Philippines is a signatory of the International Conference Plan of Action of Reproductive Health in Cairo in 1994. The main goal is realizing "Better Quality of Life among Filipinos." Reproductive Health is a condition in which the reproductive functions and processes are accomplished in a state of complete physical, mental, and social well-being (DOH). Reproductive health guarantees a more efficient and effective referral scheme from primary to tertiary, public, and private facilities.

Under the K-12 Program of the Department of Education, the Reproductive Health has been integrated. Learners as early as seven years old – or those in Grade 1 – can currently have "age-appropriate, developmental, and culture-sensitive" sexuality education to make sure that they are protected from sexual exploitation. Grade 1 learners are imparted about 'good touch' and 'bad touch,' which supports them escape becoming prey of other people's annoying conduct. DepEd adolescent reproductive health focal person Rosalie Masilang said, "Children at this age are most vulnerable to abuse and exploitation, stressing the need for them to understand that they have the right to refuse attempts to take advantage of their youth." The DepEd aforementioned the move to incorporate sexuality education is in line with the Responsible Parenthood and Reproductive Health Law of 2012, which orders the provision of age- and development-appropriate reproductive health education for adolescents.

Objectives of the Study:-

This study aimed to determine the level of Reproductive Health Awareness among Grade 6 learners.

Specifically, the study sought to find out the following

1. The mean level of learner's awareness on reproductive health among the schools in terms of maturation process, teenage pregnancy, contraceptive, and Human Immune Deficiency Virus (HIV)/ Acquired Immune Deficiency Virus (AIDS).
2. The significant difference between the learners' level of awareness on reproductive health when they were grouped according to their demographic profile in terms of sex, birth order.

Materials and Methods:--

The study utilized a descriptive-evaluative research design and utilized a questionnaire-checklist as the main tool to gather the needed data of the study. This design is to appraise the worthiness of the current study carefully. According to Padua (2006), the descriptive method is the best method of describing the status of events, people, or subjects as they exist. Furthermore, this is useful in obtaining the prevailing status and conditions of the problems, which are essential to understand the present and future conditions.

The respondents of the study were the learners ages 13 years old enrolled in public elementary schools in Bay District, Bay Laguna, and School Year 2019-2020.

Table 1 shows that there is three classification of public elementary schools in the Bay District consist of Large School, Medium School, and Small School. Out of 1307 total population of enrolled Grade 6 Learners, there are 73 (5.59%) enrolled learners in Grade 6 level with the age of 13 years old.

Table 1:- Distribution of Learners per School.

School Categories	Total Population (Grade 6 Learners)	Sample Size	%
Large Schools	481	14	19.44
Medium Schools	422	28	38.89
Small Schools	404	30	41.67
Total	1307	N= 72	100.00

It was also shown that there is 14 learner - respondents out of 481 enrolled learners from Large School. In contrast, 28 out of 422 from Medium School, and 31 out of 404 from Small School, a total of 73 Grade 6 learners were the actual size of the learners, and in applying statistical inference, a 1% marginal error was needed, and 72 learners were used as the sample size of this study.

A survey questionnaire with a Likert scale was the primary instrument for data gathering. This questionnaire was constructed and made by the researcher himself. It underwent a thorough review by the expert in the field of study for validity purposes after which, the instrument was subjected to a reliability test. The instrument yielded a reliability score of 0.73.2 Cronbach Alpha. This means that the instrument is reliable and consistent. In the construction of the questionnaire, the researcher took into consideration the data or information required to satisfy the query raise in the statement of the problem. Part I of the survey questionnaire was designed to determine the demographic profile of the respondents such as age, gender, birth order, parent's highest educational attainment and house location. While the Part II of the survey questionnaire, dealt on the level of awareness on reproductive health such as maturation process, and Part III is about on teenage pregnancy, Part IV is about on contraceptive and lastly Part V dealt on HIV/AIDS. In Part II and III, the respondents will answer the statements by choosing from the following score; 5- Strongly Agree, 4- Agree, 3- Moderately Agree, 2- Disagree and 1- Strongly Disagree. While in the Part IV and V, the respondents will answer the statement of Yes, No or Do not Know. For a clearer understanding of the questionnaire, the researcher provided a Filipino version of the instrument to cater to the respondents' language facility. Lastly, all parts of the questionnaire are designed to obtain answers or responses that pertain to the issues raised in this study.

The following statistical tools were applied for the analysis of data that was gathered.

Frequency and Percentage Distributions were used for the demographic profile of the respondents.

Mean and Standard Deviation were used in determining the level of awareness about topical aspect of reproductive health.

Analysis of Variance (ANOVA), and Chi-square were used in determining the significant difference between the level of awareness on reproductive health of learners among the schools under studied and is difference when learners were grouped according to their demographic profile.

Furthermore, the respondents were also given the assurance that all the data to be gathered would only be used for this research, and their identities would remain confidential.

Results and Discussion:-

This section provides the presentation and discussion of the results in the study.

Table 2:- Learners' Level of Reproductive Health Awareness in terms of Maturation Process.

MATURATION PROCESS	Mean	SD
1. Puberty is stage in life where may changes occur like physical, mental and emotional changes.	4.26	0.88
2. The changes that happen in a child is caused by the brain's pituitary gland	3.86	1.07

that signals other parts of the body that has something to do with gender.		
Composite Mean	4.06	0.87

Legend: 4.50-5.00 Highly Aware (HA); 3.50-4.49 Aware (A); 2.50-3.49 Slightly Aware (SA); 1.50-2.49 Not Aware (NA) & 1.00-1.49 Not Highly Aware (NHA)

As a whole, learners in Large School (M=3.68; SD=1.03), Medium School (4.27; SD: 0.84), and Small School is (M=4.23; SD=0.73) were aware of the maturation process.

The result of the study is supported by UNICEF (2012), which says that in comparison to early and mid-adolescent, teenagers at this group are more composed and mature. Not only have they already acquired major physical changes, they have also obtained cognitive maturity. The typical adolescence features like risk-taking, curious, anxious are less prevalent among late adolescents. Therefore, late adolescence is also perceived as the period of opportunity. However, they still have strong peer influence.

Table 3:- Learners' Level of Reproductive Health Awareness in terms of Teenage Pregnancy.

TEENAGE PREGNANCY	Mean	SD
1.Bad influence of peers	3.59	1.41
2.Family problem	3.36	1.40
3.Lack of knowledge about its effects	3.39	1.32
4.Influence of viewing explicit shows	3.23	1.59
5. Trying things out of curiosity.	3.68	1.27
6. Early pregnancy possibly have an adverse effect on the health of the teenage pregnant person as well as the child in his or her womb.	3.42	1.32
7. Early pregnancy can be fatal to the unborn child due to a lack of proper care by the teenage pregnant person.	3.41	1.37
8. It is more likely that teenage pregnancy will result in having more children.	3.46	1.23
9. Babies born to teenage women will not be given properly nurtured and cared.	3.54	1.34
10. Early pregnancy brings poverty due to the lack of knowledge and skills in raising a family.	3.66	1.30
Composite Mean	3.47	0.98

Legend: 4.50-5.00 Highly Aware (HA); 3.50-4.49 Aware (A); 2.50-3.49 Slightly Aware (SA); 1.50-2.49 Not Aware (NA) & 1.00-1.49 Not Highly Aware (NHA)

The composite mean of 3.27 for the learners in Large School and 3.48 for Medium School determined that their learners were slightly aware of teenage pregnancy while 3.67 for the learners in Small School were aware.

Moreover, according to USAID (2013), it is essential to reach adolescents before they are sexually active with information about puberty, fertility awareness, contraception, relationships, and gender dynamics, and opportunities to develop communication, decision-making, and negotiation skills.

Table 4:- Respondents' Level of Reproductive Health Awareness in terms of Topics about Contraceptives.

CONTRACEPTIVES	Mean	SD
1. Contraceptives is used to prevent pregnancy.	1.95	0.63
2. Contraceptives is not harmful to human.	2.01	0.88
3. Calendar Method Is an effective natural family planning for couples carefully watching when you can or cannot conceive the woman.	1.65	0.82
4. The use of condoms by men in their intercourse is a way to prevent HIV.	1.9	0.93
5. Ties or cuts small tubes that connect semen and egg cell sources.	1.54	0.82
In men it is called Vasectomy.		
6. And in women it is called Ligation.	1.61	0.85
7. The condom, diaphragm, cervical cap, sponge and shield are contraceptives that block the entry of semen into the female's womb to prevent it from meeting the female egg cell.	1.87	0.92

8. Pills and injectable drugs in women are examples of the Hormonal Method.	1.5	0.78
9. Natural Method is much better than Artificial Method.	1.77	0.89
10. Using contraceptives can fail.	1.75	0.99
Composite Mean	1.76	0.49

Legend: 4.50-5.00 Highly Aware (HA); 3.50-4.49 Aware (A); 2.50-3.49 Slightly Aware (SA); 1.50-2.49 Not Aware (NA) & 1.00-1.49 Not Highly Aware (NHA)

Most of the learners answered “no” from the statements about contraceptives except from the statement “ties or cuts small tubes that connect semen and egg cell sources, in men it is called Vasectomy” same with the statement “And in women it is called ligation” having the same mean of 1.43 and SD of 0.85, and in the statement that “Pills and injectable drugs in women are examples of the Hormonal Method” with mean of 1.21 and 0.58 standard deviation.

Meanwhile, according to Khanal Prakash (2016), adolescence is an equally fragile phase because the recently acquired sense of awareness and emotional independence is still in a liquid state, which required favorable family and socio-cultural environment to crystallize and take proper shape. In short, adolescent is that crucial phase of human life where one develops and assume greater personal responsibility according to their exposure and experimentation.

Table 5:- Learners’ Level of Reproductive Health Awareness in terms of Topics about HIV or AIDS.

HIV / AIDS	Mean	SD
1. Have already heard about HIV/AIDS.	2.60	0.62
2. Know the difference between HIV and AIDS.	1.69	0.80
3. Has anyone taught in the class about HIV / AIDS.	1.94	0.71
4. HIV can be transmitted through the following;	0.00	0.00
4.1. Insect Bite	1.92	0.83
4.2. Kissing a person with HIV/AIDS	1.99	0.87
4.3. Blood transfusion	2.21	0.88
4.4. Having sex with a person with HIV/AIDS	2.22	0.91
4.5. Through Saliva (laway)	2.10	0.87
4.6. Hugging a person with HIV	1.69	0.61
5.HIV/AIDS has a cure,	1.75	0.78
Composite Mean	2.01	0.53

Legend: 2.50-3.00 Yes; 1.50-2.49 No; & 1.00-1.49 Don’t Know

The mean ranges from 1.50 to 2.36 showed that most of the learners among three schools respond “no” from all the statements under HIV/AIDS except from the statement “have already heard about HIV/AIDS” wherein the learners’ responses were “yes” with mean of 2.64, 2.54, and 2.63 from Large, Medium, and Small Schools respectively.

Due to multiple reasons, adolescents are exposed to unprotected sex. Lack of awareness and improper sex education is an important reason for unprotected sex in adolescents. In developing and underdeveloped countries, the parent-child communication related to sexuality and sexually transmitted diseases is poor (Hindin, &Fatusi, 2009).

Table 6:- Test Significant Difference between Male and Female Learners’ Level of Reproductive Health Awareness in Maturation Process.

MATURATION CONCEPT	Computed X^2 -value (df=4)	p-value
1. Puberty is stage in life where may changes occur like physical, mental and emotional changes.	6.201	.185
2. The changes that happen in a child is caused by the brain’s pituitary gland that signals other parts of the body that has something to do with gender.	6.161	.187

It was shown that there is no significant difference in the reproductive health awareness in terms of the maturation process between male and female learners with X^2 -value of 6.201 and 6.161, with p-values of .185 and .187 which are greater than the 0.05 level of significance.

The results show that both female and male have the same knowledge in terms of maturation process. This result may be attributed to the lessons taken by the students in science and health subjects and may also be attributed by the maturation process personally experienced by the both female and male. This claim is supported by Sandhya and Bimala (2017) which they explained that male and female have the same level of awareness in terms of pubertal changes. Most of the boys and girls might have experienced either of their pubertal changes in this age group (Daskeo, 2011). Also, education might play the role for higher awareness level in this study group.

It can be gleaned from the results, that teaching students with pubertal changes can help improve their awareness on the topic. Thus, the school can be a strong agent to inform students in terms of sex education. Likewise, personal experiences of the students can be used in the discussion of sex education in the classroom. As there are more theorists postulated that tapping experiences of the learners can be the best source of motivation, hence learning progresses.

Table 7:- Test Significant Difference between Male and Female Learners' Level of Reproductive Health Awareness in Teenage Pregnancy.

TEENAGE PREGNANCY	computed	p-value
	X ² -value	
	(df=2)	
1. Bad influence of peers	7.126	0.129
2. Family problem	0.665	0.956
3. Lack of knowledge about its effects	1.215	0.876
4. Influence of viewing explicit shows	5.962	0.202
5. Trying things out of curiosity.	13.571**	0.009
6. Early pregnancy possibly have an adverse effect on the health of the teenage pregnant person as well as the child in his or her womb.	4.767	0.312
7. Early pregnancy can be fatal to the unborn child due to a lack of proper care by the teenage pregnant person.	2.96	0.565
8. It is more likely that the teenage pregnancy will result to having more children.	3.925	0.416
9. Babies born to teenage women will not be given properly nurtured and cared.	3.902	0.419
10. Early pregnancy brings poverty due to the lack of knowledge and skills in raising a family.	2.981	0.561

It was shown that most of the indicators show no significant difference on the reproductive health awareness in terms of teenage pregnancy between male and female learners with computed X²-value ranges from .665 to 7.126 with p-values range from .129 and .956 which are greater than the 0.05 level of significance except for trying things out of curiosity which shows a highly significant difference with computed X²-value 13.571 and p-value of .009 which is less than 0.01 level of significance.

The results may be attributed to the exposure of both male and female in mass media. As of today, students are spending much time in social media, watching TV, and watching movies. These types of media developed the awareness of the students in terms of Teenage pregnancy. This is being supported by the study conducted by Asekun-Olarinmoy, Asekun-Olarinmoye, Adebimpe, Omisore (2014) which they found out that mass media and internet had greatly influenced the undergraduate students in terms of sex education particular on pregnancy. Although this study focuses only on minor age however, young learners right now are more exposed to mass media and internet.

Though this study shows the same level of awareness for both genders, there are studies conducted which proves also that the awareness of both genders differ. The assessments of the effectiveness of a school based "Adolescent Reproductive Sexual Health Education Package" in improving students' knowledge of reproductive sexual health matters in Kerala; they observed that in the pre-intervention period, the majority of adolescents were poorly informed about reproductive sexual health matters, particularly about contraceptives. As compared to boys, girls had much poorer knowledge about prevention of pregnancy and after intervention; there was a statistically significant

increase in the knowledge in both boys and girls, (Thankachi Y, Nair MKC, Paul Mini K, Leena ML, George Babu, Russell PS, Vijayan Pillai H., 2012).

This result implies whether both male and female do have the same knowledge or not about teenage pregnancy, the school have the big role to do in guiding this young learner on their knowledge and awareness about teenage pregnancy. Since both genders are aware on teenage pregnancy, teachers may also have the big role to portray. In school, teachers must seriously discuss to the young learners the pros and cons of being pregnant in an early age. Teachers may provide specific example of what will be the negative impact of teenage pregnancy to the future of the of the whole family.

Table 8:- Test Significant Difference between Male and Female Learners' Level of Reproductive Health Awareness in Contraceptives.

CONTRACEPTIVES	computed	p-value
	X ² -value	
	(df=2)	
1. Contraceptives is used to prevent pregnancy.	0.823	0.663
2. Contraceptives is not harmful to human.	4.568	0.102
3. Calendar Method Is an effective natural family planning for couples carefully watching when you can or can not conceive the woman.	1.921	0.383
4. The use of condoms by men in their intercourse is a way to prevent HIV.	0.546	0.76
5. Ties or cuts small tubes that connect semen and egg cell sources.	0.683	0.711
In men it is called Vasectomy.		
6. And in women it is called Ligation.	2.273	0.321
7. The condom, diaphragm, cervical cap, sponge and shield are contraceptives that block the entry of semen into the female's womb to prevent it from meeting the female egg cell.	2.232	0.328
8. Pills and injectable drugs in women are examples of the Hormonal Method.	1.421	0.491
9. Natural Method is much better than Artificial Method.	1.223	0.645
10. Using contraceptives can fail.	0.168	0.92

It depicts that there is no significant difference between male and female level of reproductive health awareness in terms of contraceptives with computed X²-value ranges from .168 to 4.568 with p-values range from .102 to .920 which are greater than the .05 level of significance.

In the study of Manish Jain, Shuchi Jain, Shubhangi Patil, (2014), the knowledge of females was higher as compared to males regarding oral and emergency contraception. Benjamin et al. 15 in his study found that when the students were asked to list the contraceptive methods they knew, a significantly lower proportion of girls were (47.3%) knew about condoms, but more girls (87.3%) knew about oral contraception. Knowledge of other contraceptive methods in both sexes was very poor.

Though, there were claims as to whether the young learners both male and female are aware or unaware on the idea of contraception, the school, teachers as loco parentis, and the stakeholders must be there to educate the students in terms of contraception. Likewise, pros and cons must be laid clearly so that students may realize if contraception is bound within their faith or not.

Table 10:- Test of Significant Difference between Male and Female Learners' Level of Reproductive Health Awareness in HIV/AIDS.

HIV/AIDS	computed	p-value
	X ² -value	
	(df=2)	
1. Have already heard about HIV/AIDS.	4.62	0.099
2. Know the difference between HIV and AIDS.	0.652	0.722
3. Has anyone taught in the class about HIV / AIDS.	0.128	0.94
4. HIV can be transmitted through the following;		
4.1. Insect Bite	0.247	0.884

4.2. Kissing a person with HIV/AIDS	5.782	0.053
4.3. Blood transfusion	1.284	0.526
4.4. Having sex with a person with HIV/AIDS	4.286	0.117
4.5. Through Saliva (laway)	3.889	0.143
4.6. Hugging a person with HIV/AIDS	5.676	0.059
5. HIV/AIDS has a cure	2.275	0.201

It was shown that all of the statements and questions about HIV/AIDS shows non-significance between the difference of male and female learners in HIV/AIDS with computed X^2 -value ranges from .128 to 5.676 and p-values of .053 to .940 which are greater than 0.05 level of significance than the 0.05 significance level.

A study conducted on youth in Mumbai revealed that young people had limited awareness of most of the sexual matters such as HIV/AIDS and safe sex practices. In depth awareness of HIV/AIDS is limited in youth, though 91 percent of young men and 73 percent of young women had heard about it, (International Institute of Population Sciences, 2010).

This result may be attributed with the influence of mass media and internet that the young learners are much exposed to (Asekun-Olarinmoy, Asekun-Olarinmoye, Adebimpe, Omisore 2014). AIDS cases in the Philippines are undeniably popular among teenagers. Young learners can see and hear news about AIDS more often. So, this influences by mass media and the internet helps in shaping the minds of the learners. As mentioned above, young learners should be rightly guided about this topic to prepare them in the future, and to help them grow in a rightful manner. School, teachers, and the community, must work together to serve as model for the young generations.

Table 11:- Test on the Significant Difference between Learners' Birth Order Towards their Level of Reproductive Health Awareness in terms of Maturation Process.

MATURATION PROCESS	Computed X^2 -value (df=28)	p-value
1. Puberty is stage in life where may changes occur like physical, mental and emotional changes.	48.483**	.010
2. The changes that happen in a child is caused by the brain's pituitary gland that signals other parts of the body that has something to do with gender.	32.862	.241

It was presented that there is a highly significant difference between the learners' birth order towards their level of reproductive health awareness in the maturation process in terms of puberty is stage in life where may changes occur like physical, mental and emotional changes with computed X^2 -value of 48.483 and p-value of .010 which is equal to 0.01 level of significance while in the changes that happen in a child is caused by the brain's pituitary gland that signals other parts of the body that has something to do with gender, found no significant difference between birth order toward their awareness in the maturation process with computed X^2 -value of 32.862 and p-value of .241 which is greater than the assigned level of significance.

A growing catalogue of research has been produced to show that birth order has influenced different areas of psychology such as education and intelligence, personality, relationships, parental favoritism, and political affiliation (Faraon&Ozolins, 2009).

However, it is noteworthy that children decide for themselves, along with the environment they live in, what role they want to hold in the family hierarchy. In the same way, Adler (cited in Faraon&Ozolins, 2009) concluded that birth order per se was not the cause of the personality differences but rather that each serial child must adapt itself to find a unique position in the family and thus secure survival.

According to Adler and Sulloway (cited in Faraon&Ozolins, 2009) a child holds a certain position in a family. The most common ones are: only child, firstborn, middleborn, and lastborn. Each one of these positions has characteristics that express the family situation and the child's characteristics researched for decades such that some researchers found an indisputable certainty of birth order effects, while others have denied such effects. A study by Boling and Boling (cited in Faraon&Ozolins, 2009) showed that birth order influenced the level of creativity. The

results indicated that firstborn males and lastborn females had the greatest creativity in contrast to other birth order positions.

Hence, the awareness of the respondents in terms of maturation process may vary. This imply that in teaching the students about sex education, teachers must understand the different perspective of the child. Teacher must be aware not individual is unique and must also be treated individually.

Table 12:- Test on the Significant Difference between Male-Learners' Birth Order Towards their Level of Reproductive Health Awareness in terms of Maturation Process.

The following are physical changes that occur in male	Computed X^2 -value (df=21)	p-value
1. Voice changes sometimes low and slow.	18.736	.906
2. Growing mustache and hair on the legs and private parts of the body	17.161	.945
3. Adam's Apple becomes visible	26.933	.522
4. Fast development of body parts such as shoulder and chest extension.	11.397	.954

The results revealed that there is no significance difference between male learners' birth order towards their level of awareness on reproductive health in maturation process in terms of the changes in their body such as voice changes sometimes low and slow (X^2 -value:18.736; p-value:.906), growing moustache and hair on the legs and private parts of the body (X^2 -value:17.161; p-value:.945), Adam's Apple becomes visible (X^2 -value:26.933; p-value:.522), and fast development of body parts such as shoulder and chest extension (X^2 -value:11.397; p-value:.954).

Although, it is being mentioned above that birth order may influence the personality of an individual, however, there are cases that it may vary. The results on table 11 is contrary to the claims may by Faraon and Ozolins (2009).

The result is also in contrast with the study of McGuirk and Pettijohn II (2008) when they examined the relation between birth order and romantic relationship attitudes and reported that middleborns had significantly higher jealousy ratings than firstborns and lastborns had significantly higher romantic ratings than firstborns. In contrast, social relationships have lately become another interesting area with regards to birth order. Recent research by Salmon (2003) investigated the impact of birth order on attitudes toward friends, family, and mating. The findings showed that middleborns expressed more positive views in terms of attitudes toward friends. The reason behind this fact was that middleborns tend to be less family-oriented than firstborns or lastborns.

Table 13:- Test on the Significant Difference between Female-Learners' Birth Order Towards their Level of Reproductive Health Awareness in terms of Maturation Process.

The following are physical changes that occur in female	Computed X^2 -value (df=21)	p-value
1. Having menstrual period	19.779	.535
2. Enhancement of the breast	27.797	.475
3. Hair growth on the armpit and in private part of the body	29.939	.336
4. Smooth and soft skin complexion	20.008	.521

The results depicted that there is no significance difference between female learners' birth order towards their level of awareness on reproductive health in maturation process in terms of the changes on their body, such as having menstrual period (X^2 -value:19.779; p-value:.535), enhancement of the breast (X^2 -value:27.797; p-value:.475), hair growth on the armpit and in private part of the body (X^2 -value:29.939; p-value:.336), and smooth and soft skin complexion (X^2 -value:20.008; p-value:.521).

The results is contrary to the study conducted by McGuirk and Pettijohn II (2008); Salmon (2003) and Faraon and Ozolins. These researchers had made a strong claim that there is really significant differences in terms of personality when birth order is considered. However, this recent study shows that now significant difference among female respondents. This shows that female respondents regardless of their birth order have the same perception and knowledge when it comes to maturation process.

The results imply that when teaching sex education in school, there are students who has the same point of view and there are those who differ. Again, individualized instruction in the teaching of sex education must be used, since this topic could be sensitive to one and it may otherwise to others.

Table 14:- Test on the Significant Difference between Learners' Birth Order Towards their Level of Reproductive Health Awareness in terms of Teenage Pregnancy.

TEENAGE PREGNANCY	Computed X^2 -value (df=28)	p-value
1. Bad influence of peers	36.667	.126
2. Family problem	37.508	.108
3. Lack of knowledge about its effects	24.975	.629
4. Influence of viewing explicit shows	36.846	.122
5. Trying things out of curiosity.	45.670*	.019
6. Early pregnancy possibly have an adverse effect on the health of the teenage pregnant person as well as the child in his or her womb.	44.330*	.026
7. Early pregnancy can be fatal to the unborn child due to a lack of proper care by the teenage pregnant person.	39.374	.075
8. It is more likely that the teenage pregnancy will result to having more children.	29.407	.392
9. Babies born to teenage women will not be given properly nurtured and cared.	31.285	.305
10. Early pregnancy brings poverty due to the lack of knowledge and skills in raising a family.	39.602	.072

It can be seen that most of the statements found no significant difference between the learners' reproductive health awareness in teenage pregnancy when they were grouped in terms of their birth order with computed X^2 -value ranges from 24.975 to 39.602 with p-value ranges from .072 to .629 except for the two statements which depicts significant difference, first is about trying things out of curiosity with computed X^2 -value of 45.670 and p-value of .019 which is less than 0.05 level of significance, next is that early pregnancy can be fatal to the unborn child due to a lack of proper care by the teenage pregnant person with computed X^2 -value of 44.330 and p-value of .026 which is also less than 0.05 level of significance. This result revealed that the null hypothesis is partly upheld.

The results above is in contrast with this theory of Sulloway, (cited in Rohrer, Egloff, & Schmukle, 2015) that firstborns, who are physically superior to their siblings at a young age, are more likely to show dominant behavior and therefore become less agreeable. Later-borns, searching for other ways to assert themselves, tend to rely on social support and become more sociable and thus more extraverted. Siblings compete for scarce resources, and parental favor can be a crucial part of survival. Firstborns try to please their parents by acting as surrogate parents for their siblings, a behavior that can increase conscientiousness. Predictions for imagination and intellect, both subdimensions of the Big Five trait openness to experience, tend to differ. Later-borns are constrained to finding an unoccupied family niche through exploration and therefore score higher on imagination. Firstborns perform better on psychometric intelligence tests and correspondingly score higher on intellect, a self-reported trait correlated with objectively measured intelligence. Finally, no birth-order effects on overall emotional stability were assumed. However, for specific emotional stability items, Sulloway had predicted firstborns to be more anxious and quicker to anger, and later-borns to be more depressed, vulnerable, self-conscious, and impulsive.

Unlike in any other study which supports the theory of Sulloway, this study found no significant differences of the respondents on some concepts on teenage pregnancy, however there are items which the respondents' awareness differ.

Table 15:- Test on the Significant Difference between Learners' Birth Order Towards their Level of Reproductive Health Awareness in terms of Contraceptives.

CONTRACEPTIVES	Computed X^2 -value (df=14)	p-value
1. Contraceptives is used to prevent pregnancy.	9.295	.812
2. Contraceptives is not harmful to human.	14.681	.400

3. Calendar Method Is an effective natural family planning for couples carefully watching when you can or can not conceive the woman.	16.405	.289
4. The use of condoms by men in their intercourse is a way to prevent HIV.	20.510	.115
5. Ties or cuts small tubes that connect semen and egg cell sources. In men it is called Vasectomy.	25.219*	.032
6. And in women it is called Ligation.	14.631	.404
7. The condom, diaphragm, cervical cap, sponge and shield are contraceptives that block the entry of semen into the female's womb to prevent it from meeting the female egg cell.	22.752	.064
8. Pills and injectable drugs in women are examples of the Hormonal Method.	17.791	.216
9. Natural Method is much better than Artificial Method.	13.577	.887
10. Using contraceptives can fail.	15.492	.345

It can be seen in table 24 that most of the statements found no significant difference between the learners' reproductive health awareness in contraceptives when they were grouped in terms of their birth order except for ties or cuts small tubes that connect semen and egg cell sources, shows significant difference with computed X^2 -values of 25.219 with p-value of .032 which is less than 0.05 level of significance

This result imply that birth order does not affect the awareness of the respondents in terms on the concepts of contraceptives. Most of the items in under contraceptives displayed no significant difference.

The result of this study is in contrast with the study conducted by Daskeo (2011); Sandhya and Bimala (2017); Asekun-Olarinmoye, Asekun-Olarinmoye and Adebimpe, Omisore (2014); McGuirk, and Pettijohn (2008); Salmon, (2003); Faraon and Ozolins (2009); Sulloway (1999); Rohrer, Egloff and Schmukle (2015).

However, it can also be noted that the researchers conducted on the effect of birth order to the personality of the child may have no significant effect on a particular situation. Just like this study, which only focus on the sex education of the learners.

This means that the learners' level of reproductive health awareness in terms of contraceptives does not depend on the birth order of the learners.

Table 16:- Test on the Significant Difference between Learners' Birth Order Towards their Level of Reproductive Health Awareness in terms of HIV/AIDS.

HIV / AIDS	Computed X^2 -value (df=14)	p-value
1. Have already heard about HIV/AIDS.	12.092	.599
2. Know the difference between HIV and AIDS.	10.892	.695
3. Has anyone taught in the class about HIV / AIDS.	17.824	.215
4. HIV can be transmitted through the following;		
4.1. Insect Bite	16.552	.281
4.2. Kissing a person with HIV/AIDS	15.395	.352
4.3. Blood transfusion	11.661	.634
4.4. Having sex with a person with HIV/AIDS	10.352	.736
4.5. Through Saliva (laway)	20.632	.111
4.6. Hugging a person with HIV	16.461	.286
5.HIV/AIDS has a cure,	12.943	.689

It shows that there is no significant difference between the respondents' level of awareness when they were grouped according to birth order with computed X^2 -values ranges from 10.352 to 20.632 with p-values from .111 to .736 which are greater than the 0.05 significance level.

For centuries, psychologists, philosophers and pretty much anyone with a family has argued that birth order shapes personality. It goes something like this: firstborns are reliable and hard-working. Middle children are rebellious, but

friendly. Last-borns are more outgoing and doted on. Only-children are wiser than their years, perfectionists and spoiled. That isn't for lack of trying. Psychologists have long sought insights into the way birth order shapes us, but recent research has shown the studies to be so flawed that they are almost meaningless. Now, though, the largest birth order analysis yet aims to set the record straight, (Thomson, H.2019).

Conclusion:-

Based on the analysis of the data gathered the following were the conclusions of the researcher.

The null hypothesis stating that there is no significant difference between the learners' level of awareness on reproductive health among the schools is slightly rejected.

The null hypothesis stating that there is no significant difference between the learners' level of awareness on reproductive health when they were grouped according to their demographic profile in terms of sex, birth order, parents' highest educational attainment, and house location is also slightly rejected.

Recommendation:-

Based on the conclusions, the researcher recommended the following:

1. Schools may organize awareness campaigns at the school level to focus the learners in curbing the potential involvement of young learners on the risk of low reproductive health awareness.
2. The government may implement comprehensive education on sexuality and relationships in and out of schools, and provide affordable, safe contraception to tackle the root causes of adolescent pregnancy.
3. The parents need to coordinate in with the local government units in terms of sex education for them to discuss it with their children properly.
4. For future researchers, look more into the results of this study, which will be the basis for future study related to the learners' level of awareness about Reproductive Health and identify more additional information to make the study more valuable.

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