Status of Maternal Health among Hospitality Girls in the National Capital Region

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Abstract:

This study was conducted to determine what distinctive circumstances present among hospitality girls are associated with unfavorable outcomes of pregnancies. A total of 101 women were interviewed among those regularly consulting the Venereal Disease Control Clinic of the Manila City Health Department. The average age of the respondents was 22.2 years with 33% of them coming from Leyte and Samar. The questions asked were categorized into a) General Information, b) Menstrual History, c) Sexual History, and d) Obstetric History. Pertinent findings revealed that 36% have dysmenorrhea; 24% have dyspareunia; the average age of their first sexual intercourse was 17.4 years old while the average age of their first pregnancy was 19.1 years old; 58% had more than three sexual partners. The outcomes of their previous pregnancies were as follows: spontaneous abortion (21%), induced abortion (14%), Stillbirth (1%) and Livebirths (64%). Those born alive had an average birth weight of 3.05 kg.

Analysis of selected risk factors showed a significant relationship of higher percentage of induced abortions among women with more than three sexual partners. Thirty-six (36%) percent of induced abortions were done by midwives, 27% by physicians, 18% by *hilots* and 18% by others.

These findings reveal the life-threatening risks being undergone by these women as a consequence of their occupation. Such an alarming situation should merit the attention of the government and concerned organizations in developing programs to remedy the situation.

Introduction:

The public health aspect in the practice of Obstetrics-Gynecology may be considered as one of its more challenging fields. A lot of resources have been utilized by the government in the delivery of its services to women. Yet, it remains limited in scope, mostly concentrating on health services to pregnant women.

Recently, the discovery of the Auto-immune Deficiency Syndrome (AIDS) has led health planners to focus their attention on a special sector of women - - the hospitality girls. Although many are aware of how sexually transmitted diseases can result in abnormal pregnancy outcomes, few studies have been done in determining what other conditions peculiar to this sector of women can affect their pregnancies unfavorably. This study seeks to answer the need to know more in order to understand them and be able to develop relevant maternal health programs. Specifically, this study seeks:

- To determine what distinctive circumstances present among hospitality girls are associated with unfavorable outcomes of pregnancies.
- To describe selected pregnancy risk factors in relation to their menstrual, sexual and obstetric history.

Method:

A survey was conducted among hospitality girls consulting at the Venereal Disease Control Unit of the Manila City Health Department. An interview schedule was used which covers the following topics:

a) General Information
b) Menstrual History
c) Sexual History
d) Obstetric History

The interviews were conducted solely by the authors. Informations gathered were collated, analyzed by means of cross tabulations and their relationships were tested using Chi Square Test and One-Way Analysis of Variance.

Results:

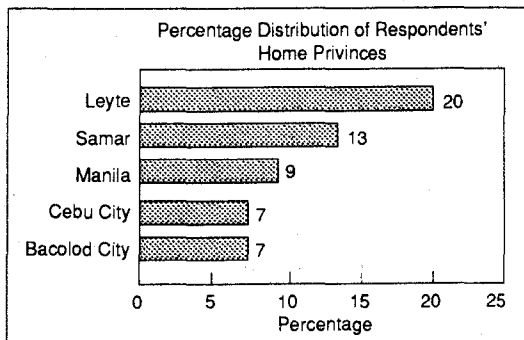The total number of respondents interviewed was 101. The average age was 22.2 years old with

Figure 1
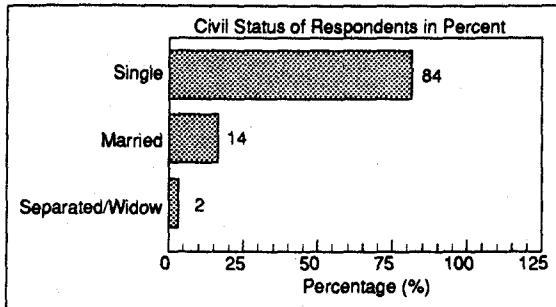
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Civil Status of Respondents in Percent

Figure 2

the youngest being 16 years old and the eldest, 37 years old.

Figure 1 shows the percentage distribution of the respondents' home province. This finding is consistent with a study conducted by BAGWIS[1] which shows that many come from the provinces of Leyte and Samar. Eighty-four percent (84%) are single, 14% are married and 2% are either separated or widowed (Figure 2).

Their stated occupations are receptionists (50%), singer/entertainer (37%), dancer (5%) in massage parlors and entertainment clubs. Eight (8%) percent have other occupations.

AGE (Yrs)	First Sexual Experience		First Pregnancy	
	No.	%	No.	%
12	1	1		
13	1	1		
14	3	3		
15	5	5	2	2
16	18	19	6	10
17	19	20	7	11
18	24	25	6	10
19	10	11	9	15
20	6	6	11	18
21	3	3	7	11
22	4	4	6	10
23			6	10
24				
25	1	1	1	2

Table 1: Age Distribution of Respondents First Sexual Experience and First Pregnancy.

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[1] *Survey on Women Workers in the Bars of Malate*, BAGWIS, 1988

Percentage Distribution of Respondents' Ages at First Sexual and Maternal Experience

Percentage

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30
25
20
15
10
 5
 0
    12      15      18      21      24
              Age
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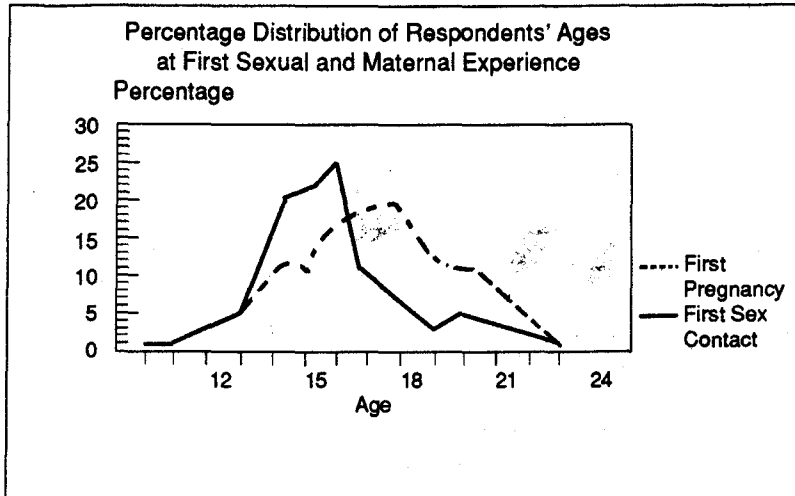- - - - - First Pregnancy
———— First Sex Contact

Figure 3

The average age of menarche is 14.4 years old. Ninety-eight (98%) percent have a duration of menstruation between three to seven days with 92% having regular intervals and 76% with moderate flow. The average menstrual cycle is between 28 to 40 days in 81% of the respondents. Dysmenorrhea* is present in 36% of them.

Note that 10% of those interviewed had their first sexual experience when they were still minors (15 years old or less). Although it was not part of the questionaire, some of them admittted that they were victims of rape. A study conducted by Azucena et. al[2]. showed 20% of women interviewed admitted that their first sexual experi-
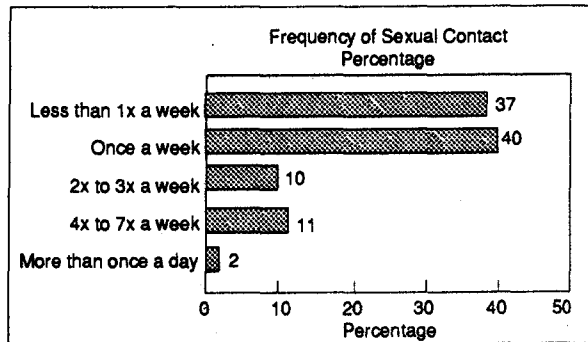
Frequency of Sexual Contact
Percentage

Less than 1x a week	37
Once a week	40
2x to 3x a week	10
4x to 7x a week	11
More than once a day	2

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0     10    20    30    40    50
          Percentage
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Figure 4

* Dysmenorrhea was differentiated from pelvic heaviness in terms of its severity and debilitating effect.

[2] N.P. Azucena, Z.S. Escaño, A. Nielo, E.A. Villamora: *The Psycho-Social Factors of Prostitution in the Philippines*, UP-College of Public Health, (Undated)

ence was in the
form of rape.

As to the
number of sexu-
al partners, 58%
admitted to have
more than three,
13% have two to
three, 27% have
one and 1%
claimed to have
none. The fre-
quency of sexual

Outcomes of Respondents Previous
Pregnancies (Percentage)

Spon. Abortions   21
Induced Abortions 14
Stillbirths 4
Livebirths   64

0   25   50   75
Percentage

Figure 5

contact is shown in Figure 4. Dyspareunia is being experienced by
24% of the respondents.

The sexual behavior of the respondents indirectly indicates a
significant number of them are engaged in the flesh trade. Their
stated occupations only serve to sanitize their real means of liveli-
hood. Actually, during the conduct of the interview, there was no
conscious attempt by many of them to hide the true nature of their
profession e.e., being engaged in the flesh trade.

The prevalence of abortions is alarmingly high as reflected
in Figure 5. In a study done by Lawas and Duque,[3] the yearly in-
cidences of abortion range from 4% to 10.98% of pregnant ca-
ses. **Moreover, the 14% prevalence of induced abortion in this
particular study puts the hospitality girls at high risk for fa-
tal complcialtons such as severe infections and hemorrhages**
**which are more
real and alarming
than the risk of
acquiring AIDS.**

Birth Attendants of Respondents
Previous Pregnancies (Percentage)
Percentage (%)

40
34
30
20   18
          14
10   8   11
  3   4 2   2
3   1   1
0
M.D. Midwife Hilot Others

LIVE-
BIRTH
Induced
Abortions
Spon.
Abortions

The birth at-
tendants to the
pregnancies of the
respondents are
shown in Figure 6.
Thirty-six
(36%) percent of
induced abortions
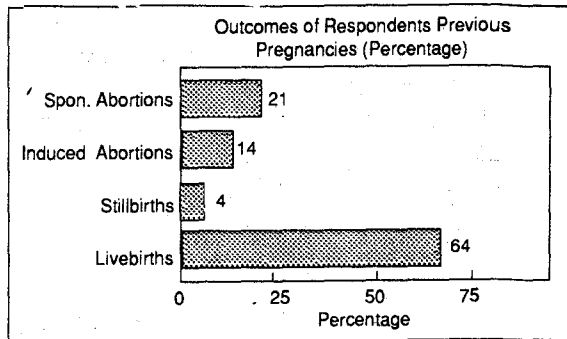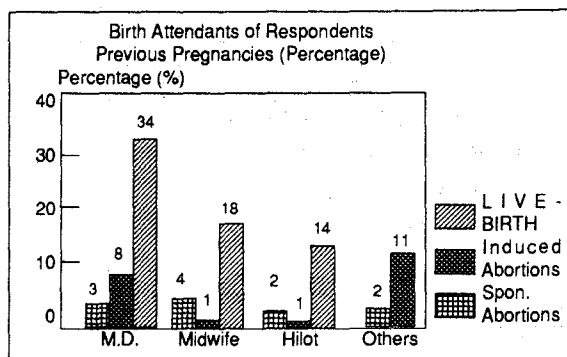
Figure 6

[3] N.L. Lawas, E. Duque: *Status of Maternal Health and Its Risk Factors in the Municipality of Maragondon, Cavite*, UP-College of Public Health, 1989.

were done by midwives, 27% by physicians, 18% by *hilots* and 18% by others. Knowing that safely inducing aboriton requires technical skills generally limited to trained physicians, the dangers of this situation increases tremendously.

Table 2 shows the Pregnancy Outcomes as to Place of Delivery. Hospitals are most popular when the pregnancy is more than 20 weeks age of gestation. For abortions, they are mostly managed in clinics.

Place of Delivery	PREGNANCY OUTCOMES										To-tal
	Spon. Abortion		Induced Abortion		Livebirth		Still Birth		No Answer		
	#	%	#	%	#	%	#	%	#	%	
Hospital	5	24	5	36	27	42	1	100	0		38
Clinics	11	52	8	57	22	34			0		41
Home	1	5	0	0	6	9			0		7
Others	1	5	0	0	0	0			0		1
No Answer	3	14	1	7	10	15			55	100	69
TOTAL	21	100	14	100	65	100	1	100	55	100	156

Table 2: Pregnancy Outcomes as to Place of Delivery.

TABULATIONS GENERATED	chi	DF	p-value	Remark
Civil Status vs Outcome	.183	2	.9124	NS
Dyspareunia vs Outcome	.312	2	.8554	NS
Dysmenorrhea vs Outcome	1.048	2	.5922	NS
# Sex Partners vs Outcome	6.397	2	.0408	SIGNIFICANT
Freq of Sex Cont vs Outcome	.902	3	.8248	NS
Birth Attendant vs Outcome	.252	2	.8815	NS

Table 3: Risk Analysis Using Chi-Square Test.

TABULATIONS GENERATED	F Ratio	p-value	Remark
Age of Menarche vs Outcome	.877	.4194	NS
Age of 1st Sex vs Outcome	1.373	.2581	NS
Age of 1st Preg vs Outcome	1.698	.1884	NS
Gravida vs Outcome	.913	.4054	NS
Parity vs Outcome	1.623	.2061	NS

Table 4: Risk Analysis Using One-Way Analysis of Variance

In determining what conditions peculiar to this sector of women are associated with unfavorable outcomes of pregnancies, crosstabulations and statistical testing using Chi-Square Test and One Way Analysis of Variance were used. The results of these analyses are summarized in Table 3 and 4.

Of the eleven conditions analyzed, only one was found to have statistical significance. This is in the relationship between the Number of Sex Partners and Pregnancy Outcomes. The table is shown below (Table 5).

Number of Sex Partners	Abortions (All types)		Livebirths		TOTAL
	No.	%	No.	%	No.
One	5	15	23	39	28
Two to Three	6	18	11	19	17
More than Three	22	67	25	42	47
TOTAL	33	100	59	100	92

Table 5: Relation in the Number of Sex Partners with Pregnancy Outcomes.

The preceeding table shows that a high number of sex partners is associated with a high rates of abortions.

Discussions:

The women consulting the Venereal Disease Control Clinic, Manila Health Laboratory of the Manila City Health Department clearly represent a specific sector of the women population known as hospitality girls. It has been shown that a significant number of them are engaged in prostitution. This, they were able to do through their occupations as receptionists, singer/entertainers and dancers in nightclubs, beerhouses, sauna and massage parlors. What may be less known to others is that many of these women are migrants with the highest percentage coming from Bicol, Leyte and Samar as shown in other studies. (See footnotes 1,2,4,5,6) Poverty seems to be the root cause of this problem as explained by GABRIELA[4]. This and other social factors are classified by the term, "Push and Pull Factors".[5] The Push Factors are: a) Poverty, b) Absence of job

[4] *A Situationer on Prostitution - Philosophy and Program Action,* GABRIELA, 1987.

[5] P. Su-Labitan, *Prostitution: What Makes a Woman at Risk, Special Problems in Maternal and Child Health,* UP-College of Public Health, 1988.

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opportunities, c) Direct sexual oppression (rape, white salvery, etx.), and d) Breakdown of moral values. The Pull Factors are: a) Higher income of this profession, b) Rising demand for women's bodies, and c) Proliferation of entertainment centers.

The relationships between a total of eleven social and health indicators and pregnancy outcomes (livebirths and abortions) were analyzed statistically. The result showed that abortions are significantly associated with the number of sexual partners these women had. This association is not direct. Forty (40%) of these abortions were admitted to have been deliberately terminated. One does not have to delve deep in order to conclude that the motivating factor is the unwantedness of the pregnancy. Does this mean that these women are solely to be blamed for opting to have their pregnancies illegally terminated? In answer to this question, De la Paz[6] has forwarded a term to describe them, i.e., "prostituted women".

Another significant result of this study is the documentation of what many are aware of. This is the involvement of certain physicians and midwives in criminal abortions. Further analysis revealed that all physicians involved in this activity perform it in hospitals while all midwives do it in clandestine clinics. Because of this and in order to dissuade physicians and hospitals from getting involved in this criminal activity, it is highly recommended that stronger control measures must be instituted by our national leades such as requiring all hospitals with facilities for obstetric and gynecologic procedures be accredited by a specialty board of accreditation prior to renewal or issuance of license to operate.

Conclusion:

The status of maternal health among hospitality girls in the National Capital Region is deplorable. Many are driven by social factors to engage in prostitution. Because of this, pregnancy becomes unavoidable to many by force of circumstances such as ignorance, poverty, etc. This unwanted pregnancy becomes the motivating factor for many of them to have it aborted.

Majority of those who induce abortions ar midwives who can only expose the lives of these women to grave danger. Certain physicians also are involved in this criminal activity. Although all physicians do it in hospitals, it is never an assurance that the risk to the lives of these women are negligible.

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[6] S. De la Paz: *On Prostituted Women, Special Problems in Maternal and Child Health,* UP-College of Public Health, 1989.