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Factors contributing to and biological concepts about early pregnancy among Filipino adolescent mothers

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ABSTRACT

In the 21st century society, teenage life is the most deceitful stage in the life of a person. This is where teenagers adjust their physical and emotional changes in life. Early pregnancy becomes a social problem in our society and also in the Philippines. The study sought to determine the factors contributing to and biological concepts of adolescent mothers in early pregnancy. This mixed-method research purposively involved 30 adolescent mothers who enrolled in a state university in Zambales, Philippines. Results revealed that most adolescent mothers gave birth when they were 17-19 years old; most of them continue their studies and returned to school after three years and above. Among the factors, family and mass media do not affect their engagement in early pregnancy. Filipino adolescent mothers are all aware of the biological concepts in terms of the types of fertility control, biological processes, signs of pregnancy, and in the effects of early pregnancy. Five themes emerged on how young moms overcome their teenage pregnancy experiences. The respondents are all aware of the biological concepts in early pregnancy. Gender and development office of the university may craft programs that empower student-teenagers to cope with the challenges that they face during pregnancy.

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1. INTRODUCTION

Teenage pregnancy becomes a social problem in our society and also in the Philippines. It could be a result of disappointment and disgrace in the family, relatives, and friends of the young person involved and suffers a lot of psychological traumas. Teenage pregnancy falls within ages 14-19 because some of them get their first menstruation in this range of age. In this age, teenagers engage themselves in various explorations in life such as taking drugs, drinking alcohol, and smoking. Some teenagers engage themselves to this kind of struggle because of inadequate guidance by their parents.

During adolescence, teenagers feel pressured to study and depressed, so some of their peers encourage them doing something even they do not understand what is the consequences of that certain action. Teenage pregnancy in our country is usually outside marriage and pregnant teenagers have also negative experiences regarding early pregnancy like some complications because less than 15 of age, their body is not fully developed to sustain the needs of the fetus. Talking about experiences, there are similarities and differences on what and how hard they faced the reality that being a teenage mother is full of responsibilities and challenges in life.

According to Maputle [1], some of the first-time teenagers is still biologically immature. During pregnancy, they experienced major physiological and mental alterations and they have less time of

assimilating body changes from pubertal development before having certain progressions occur with pregnancy. Mothers are faced with the task of adjusting to inner changes. Taylor [2] states that teenage pregnancy is when a woman under 20 gets pregnant, and it usually refers to teens between the ages of 15-19. Also, during puberty, teenagers may feel pressure to make companions and be with their friends. Many times, these teens follow their companions influence on their choice to have intercourse even when they do not know the consequences associated with the act. This results in an increasing rate of illicit premature births that normally secured by adolescent young ladies just like cases of deserted children in the medical clinics, maternity homes, or centers and dumping of infants in pit-toilets, shrubs or dustbins, as well as high rate of sexually transmitted infections (STI) and acquired immune deficiency syndrome (AIDS) among teenagers.

Adolescent parenthood is a phenomenon that influences both developed and developing countries also constrains girls and young women from participating in education. The main reason why girls drop out from school is teenage pregnancy and child rearing problem. Many teenage moms drop out of school and never return. This is because adolescent pregnancy is the most disruptive occurrence to the educational process of females. Females who stay in school longer are less likely to get pregnant due to the fact that education prepares girls to become mature and independent, as well as increases their self-esteem and social standing [3]. At present teenagers belonging to low community income group are most vulnerable to early pregnancy as cited by Kearney and Levine [4] argue that a low socioeconomic standing causes many adolescent females to bear children while unmarried, with negative consequences later in life. Teenagers are served to be guided by parents but to some curiosity it can lead them to early pregnancy that results to social stigma. In the study of Mejia et al. [5], they pointed out that teenage mothers feel despair and devastation because they feel that they are alone and no one can understand or help them. They feel shame and humiliation because they want to hide their pregnancy from the community. Teenage mothers also feel rebellious towards those who could have warned them or taught them right from wrong. Because they perpetuate the cycle of poverty and inequality, the majority of pregnant teens lack a source of income and experience higher financial issues later in life. They are less likely to pursue more education or training, hence the majority of them drop out of school. Inadequate nutrition during pregnancy owing to poor dietary habits; hazards linked with the reproductive organs because they are not ready for delivery; and maternal mortality due to an increased risk of eclampsia, among others, are among the important health concerns faced by adolescent mothers [6].

Meneses and Saratan [7] stressed in the Philippine setting, teenage pregnancy is becoming a major cause of concern, with alarming increasing rate or early motherhood whom majority are unmarried due to lack prenatal care. Young pregnant women are more vulnerable to death during pregnancy and childbirth. The study sought to determine the factors contributing to and biological concepts of adolescent mothers in early pregnancy.

2. RESEARCH METHOD

2.1. Research design

The study used mixed methods of research design with survey questionnaires as the main instrument in gathering the required data as surveyed in the perception of adolescent mothers to early pregnancy. According to Creswell [8], mixed-methods research is an inquiry approach associated both quantitative and qualitative forms. A mixed-methods design is useful when either the quantitative or qualitative approach by itself is inadequate to best understand a research problem. Mixed-methods inquiry is an investigation in which the researcher gathers and analyzes information, integrates the findings, and draws inference utilizing both qualitative and quantitative strategies in a single study [9].

2.2. Respondents and location

The respondents of this study were the adolescent mothers involved in the different programs of a state university in Zambales, Philippines as revealed in Table 1. These include bachelor of secondary education (BSED), bachelor of elementary education (BEED), bachelor of science in agriculture (BSA), bachelor of science in hotel and restaurant management (BSHRM), bachelor of science in computer science (BSCS) and bachelor of agricultural technology (BAT). The selection criteria include: all bona fide students who gave birth aged 16-22.

The profile of adolescent mothers was determined to give a more comprehensive background of their age, civil status, family status, and program enrolled. There are 27 or 90% of the respondents belong to 20-22 years of age that ranked first while age 14-16 ranked last with only one (3%) respondent. As shown in the table, the married adolescent mothers are 15 or 50% of the respondents, 14 or 47% remain single and only one separated. This supports the findings of Puspari *et al.* [10] who found out that 88% of adolescent mothers were married for about three years, and had completed high school (63%).

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The 23 or 77% of the respondents belong to complete family while seven or 23% belong to broken. Individuals in the surrounding of children from broken families must approach them and check about their well-being, as well as be mindful about the repercussions they have endured [11]. Most of the adolescent mothers are studying in the program of bachelor of elementary education. It reveals that 17 or 57% of adolescent mothers chose to enroll in bachelor of elementary education for them to nurture their child as they care for their pupils, too. Bachelor of agricultural technology and bachelor of science in agriculture both ranked last with only one respondent per program.

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Variable	Category	Frequency	%
Age	14-16	1	3
	17-19	2	7
	20-22	27	90
Civil status	Single	14	47
	Married	15	50
	Separated	1	3
Family status	Complete (legal)	23	77
	Broken	7	23
Program enrolled	BSED	6	20
	BEED	17	57
	BSA	1	3
	BSHRM	2	7
	BSCS	1	3
	BAT	3	9

2.3. Research instrument

The survey questionnaire served as the main instrument in gathering the data. It is composed of five parts. The first part consists of demographic profile of the respondents. The profile includes the age, civil status, family status (before pregnancy), and program enrolled. The second part consists of the pregnancy profile of the participants. This includes the following: first person to know about their pregnancy, feeling when they got pregnant, age when they gave birth, study plan after delivery, time span before they go back to schooling after delivery. The third part spells out the factors that contribute to early pregnancy. This includes self (five attributes), family (five aspects), peer (five reasons), community/culture (five influences), and mass media (five causes).

The fourth part is the awareness on pregnancy concepts such as biological processes (eight concepts), types of fertility control (seven contraceptives), signs of pregnancy (seven signs), and effects of early pregnancy (seven issues). The last part of the questionnaire was an open-ended question about their experiences and how they overcome it and their pieces of advice to the young women who are at risk of getting pregnant at an early age. The survey tool was a researcher-made questionnaire. It was anchored from an article of the National Institute of Child Health and Human Development [12] and modified to meet the necessary data in the study. The survey questionnaire was subjected to construct and content validity. Three experts were tapped to check the consistency of the items in each variable. An acceptable reliability index was obtained.

2.4. Data collection and analysis

The researchers modified a questionnaire from an article of National Institute of Child Health and Human Development [12]. It underwent an intensive validation with the help of the three expert validators. The researchers asked permission to adolescent mothers aged 16-22 enrolled in the university to be part of the study. Then, the researchers administered the research questionnaire to adolescent mothers in a state university in Zambales, Philippines. The research questionnaires were then retrieved from the respondents and encoded using the Microsoft Excel. The MS Excel 2010 computer software was used to process the data. SPSS version 2.0. The statistical tools used were frequency and percent distribution, weighted mean, Pearson correlation, and analysis of variance. For qualitative data, thematic analysis was used to analyze the answers of the adolescent mothers.

3. RESULTS AND DISCUSSION

3.1. Pregnancy profile of the adolescent mothers

The pregnancy profile of adolescent mothers as shown in Table 2 was determined to give a more comprehensive background to whom is the first person to know about their pregnancy. It also presents how did they feel when they got pregnant and their age when they gave birth. The status of their study after they gave birth, and how long they took to go back to schooling after delivery are also included.

Table 2. Pregnancy profile of the adolescent mothers

Variable	Category	Frequency	%
First person to know about the pregnancy	Aunts/uncles	2	6.25
	Best friend	4	12.50
	Brother/sister	1	3.13
	Circle of friends	1	3.13
	Cousin	1	3.13
	Parents	7	21.88
	Partner	16	50
Feeling when go pregnant	Afraid	14	35
	Blessed	12	30
	Depressed	3	7.50
	Grateful	4	10
	Нарру	4	10
	Lost	1	2.50
	Upset	2	5.
Age when they gave birth	14-16	4	13
	17-19	17	57
	20-22	9	30
Status of study	Continue	18	60
	Did not continue	12	40
Time span before they go back to school	Less than a year	4	13
-	1 year	5	17
	2 years	9	30
	3 years and above	12	40

Having a baby is one of the best gift a couple could ever have and the very first person to be informed about it is the husband or partner. Table 2 reveals that the partners of the adolescent mothers ranked first as the first person informed about their pregnancy with 16 or 50% of the respondents. However, the least person informed is their brother/sister, circle of friends, and cousins all with one or 3.13% of the respondents that ranked last. Compared to adolescent girls who are not mothers, adolescent mothers experience higher rates of trauma and abuse, as well as increased risks for mental health disorders [13]. This makes them a particularly vulnerable population and contributes to their feeling less supported by family, community and companions.

Pregnancy is a happy experience if well-planned, however, for unexpected pregnancies mixed emotions are usually experienced. As revealed in the table, there were 14 or 35% of the respondents felt afraid upon knowing they are pregnant while one or 25% felt lost. Mixed feelings show unpreparedness of the adolescent mothers otherwise for married couple being happy, grateful and blessed come first. Mothers may express regret and anger at their inability to assist their children [14]. They may end up distraught thinking that they are failures as parents. The teen mother might become depressed and may think about committing suicide.

Giving birth is a very fulfilling experience among moms for the nine months of pregnancy; the most awaited moment has come. It is also the time full of responsibilities. The table shows that age group 17-19 ranked first of the age of giving birth with 17 or 57%, while aged 14-16 ranked last with only four or 13% respondents. This only means that most of the respondents gave birth at late teen age.

Continuing education is courses that let one develops the knowledge and skills in a specific area. Continuing education for young mothers can be possible with the help and support of the parents and partner. It is worth to continue one's education as it has many benefits, including decent job and financial security to support the needs of the child and for yourself. It also allows you to be sociable with others and less to be lonely. As shown in the table, 18 (60%) of the respondents continued their study after they gave birth while 12 (40%) of them did not continue their study. It shows that most of the adolescent mothers continued their studies despite of multiple responsibilities. Young teachers are the core driving forces for the future development of educational institutions [15].

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Future orientation is a significant component of identity development. A greater future orientation indicates that an adolescent has more clear objectives, a better planning ability, and a stronger capacity to overcome certain circumstances to their future. Despite of all the multiple responsibilities as adolescent mothers still one of their priorities is to continue their studies. The table shows that 12 or 40.00% of the respondents realize to go back to school after three years or more while less than a year ranked last with four of 13.00%. Nurturing their child is their first priority that's why most of them took three years or more before realizing to go back to school. Education is an indispensable tool not only for personal transformation but more so of a societal change [16].

3.2. Factors contributing to early pregnancy among adolescent mothers

Table 3 presents the factors contributing to early pregnancy among the young mothers. A factor is a circumstance or influence that contributes to a result or an outcome. In this result, the survey questionnaire is composed of five factors namely: i) self factor; ii) family factor; iii) peer factor; iv) community/culture factor; and v) mass media factor.

Table 3. Contributing to ea	ırly pregnancy ar	nong adolescent mothers
Factors	Weighted mean	Verbal description

Factors	Weighted mean	Verbal description
Self	2.53	Agree
Family	2.35	Disagree
Peer	2.50	Agree
Community/culture	2.51	Agree
Mass media	2.49	Disagree
Overall weighted mean	2.48	Strongly disagree

3.2.1. Self as a factor

An extrovert or loner individual, grouchy or laid back, easily stirred and frustrated or calm and withdrawn. Self-factors help to explain why various individual behave differently even when apparently in similar circumstances seemingly having the same experiences. The early onset of puberty ranked first as an attribute of a person that the respondents agreed. In some articles puberty starts on average in girls between ages 8-13 and a sign of puberty includes breast development (which is often the first sign) and menstruation. When a girl starts her menstruation, it has a big possibility to bear a child when these girls engage in sexual intercourse. Awareness in the changes of the body contributes much to their early engagement in sex. Meanwhile, low spiritual beliefs ranked last as an attribute to the factor of early pregnancy.

3.2.2. Family as a factor

Family is the fundamental unit in society traditionally consisting of guardians raising their kids. Family influences depend to the limited extent on the child and parent association. It is the relationship between two family members that is developing as one, with each member relationship affecting the other member over time. Teenagers and their parents are essential sources of information regarding many aspects of family relationships [17]. With the advent of technology, time has changed, quality time for the family to be together especially after supper is already lacking because of the exposure to different gadgets and social media. This is supposed to be the time to discuss matters regarding their studies and personal affairs.

Most of the respondents agreed that insufficient parental guidance including intimate communication with their children ranked first while mother as a teen is the least aspect of a family as a factor that affects one's early pregnancy. It only means that if your mother is a teen mother, she does not want her child to be like her. This result was a contradict to a study [18] which stated that parental partition was being associated with a wide range of adverse effect on children's well-being. Effects reported incorporate tutoring [19], early take off from home [20], early-onset sexual conduct [21] and teenage pregnancy [22]. Living with grandmothers has been associated with more behaviour issues for the children. As identified in a study [23], living with relatives and lacking solid ties with their parents or guardians increases the likelihood that a girl may get pregnant at a younger age. Parental support, proximity, and a good connection between parents and children reduce the likelihood of teenage pregnancy.

3.2.3. Peer association as a factor

It is a saying that tell me your friends and I will tell you who you are. Peer pressure can either be positive or negative. Your peers do matter. This doesn't imply that you would never associate with someone who holds various qualities and convictions than you do. They need your positive impact in their lives. Dating is a stage of knowing each other by setting an appointment. Adolescent mothers believed that dating

begins at an early age ranked first as a reason in terms of peer association in early pregnancy, which is described that they agree while the belief that most peers are sexually active ranked last with a verbal description of disagree. They agreed that peer association has a strong influence in the behaviour of young with an overall mean of a 2.50. The numbers of companions providing support was an indicator of a teenage behaviour, also peer support may not be a major factor in improved child rearing practices but rather the more prominent number of peers may reflect greater social capability on the part of the young mothers [18]. Friendships is probably the most significant factor in the spreading of risky behaviour among groups of teens [24]. In addition, Song and Qian [25] stressed that adolescent girl's sexual behaviour is affected by many factors: peer influence is one among them.

3.2.4. Community/culture as a factor

The community where one belongs is a group of people living in the same place or having a particular characteristic in common. Epidemiological research has linked social and community characteristics, such as social support, life stress, and social capital, to health. It shows the influences of the community as it affects adolescent mothers in early pregnancy. The environment plays a big role in the lives of our young. The alarming rates of suicide among teens are usually products of broken families and may also lead to drop outs from school that ranked first as the main issue in the community affecting adolescent mothers. On the other hand, living in adverse environment ranked last as contributing factor to early pregnancy in terms of community as a factor. Children left behind are children enduring parental absence and separation and remaining at home for at least six months under the care of extended family members or themselves [26]. Also, there are many factors that may put students at risk and contribute to a student's decisions to drop out which includes the school, community and family related components. In many cases, early pregnancy is one of the fundamental factors that teenagers lead to drop out school.

3.2.5. Mass media as a factor

Mass media is communication, regardless of whether written, broadcast, or spoken that reaches a large audience. This includes TV, radio, promoting, motion pictures, the web, papers, magazines. Communities and individuals are bombarded constantly with messages from a multitude of sources including internet and magazines. It shows the causes affecting adolescent mothers in early pregnancy in terms of exposure to mass media.

Reading books and online articles with sexual content was the major cause of early pregnancy, when you read, your imaginations will drive you and leads you to arouse. Because people rely on mass media to inform and change their ideas, viewpoints, and behaviors, the media serve as a significant link between science and society [27]. In addition, Mallia [28] said that social media appears in many forms "including blogs, social networks, news, writing communities, video sharing and message boards. Those common sited are "Facebook, Twitter, YouTube, Word Press, Live Journal and dating apps. YouTube is both one of the most popular Internet platforms for adolescent activity and one of the sites most closely associated with Internet-based dangers [29]. They also said that audio-visual material, often violent or sexual, irritated them.

Conclusively, there are five factors affecting adolescent mothers' early pregnancy, namely: self, the family, peer association, community where they live and exposure to mass media. Specifically, there are concerns that gave significant contribution to each factor, early onset of puberty, insufficient parental guidance, dating at early age, high rates of annulment, teen suicide, drop outs and reading books and online websites. Therefore, one must be responsible in his words, thoughts and actions.

3.3. Awareness of biological concepts

The awareness of adolescent mothers on biological concepts is focused on the biological processes, types of fertility control, signs of pregnancy, and effects of pregnancy as shown in Table 4. It includes the weighted mean and the corresponding verbal description. The succeeding discussion is divided into each aspect.

Table 4. Awareness of biological concepts among adolescent mothers

Aspects	Weighted mean	Verbal description
Biological processes	2.89	Aware
Types of fertility control	2.89	Aware
Signs of pregnancy	3.39	Aware
Effects of early pregnancy	3.02	Aware
Overall weighted mean	3.05	Aware

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3.3.1. Biological processes

A biological process is a stage or phase of development among living organisms. Regulation of biological processes happens where any process is regulated in its frequency, rate or extent, examples include the control of gene expression, protein modification, reproduction, ovulation, menstruation and other biology concepts. This is worsened for adolescent moms, as research indicates that adolescent women suffer a heavier responsibility burden during the parenting transition [30].

As shown in the table, adolescent mothers are all aware in the biological processes. It takes nine months to bear a child, ranked first as their most aware concepts on pregnancy processes where all the respondents are strongly aware. While concepts on fertilization ranked last. For the awareness on biological processes the computed overall mean is 2.89 with a verbal description of aware. The result is supported by Cherry [31] that adolescent pregnancy is first of all biological process. The biological reality of adolescent girls and young men need sexual and reproductive health care designed to meet their needs given their physical and emotional development.

3.3.2. Types of fertility control

Some contraceptives are hormones to prevent pregnancy, also known as fertility control. Inexperienced adolescents may use condoms improperly or forget to take oral contraceptives; contraception failure rates are greater in adolescents, especially among women from disadvantaged socioeconomic backgrounds [14]. Partners who used contraceptives of any type aimed for sexual pleasure and not for the procreation of life. Condom ranked first which are commonly used by teenagers because it is affordable, can be purchased over the counter and convenient to use. While spermicide and diaphragm both ranked last because diaphragm needs the assistance of medical professionals. Most teenagers or mothers are afraid to use this because of the chemical content. The result is supported by Mohammad *et al.* [32] that 72% of participants were aware of condoms. Respondents were bound to know about preventative strategies suitable for youth, for example, condoms and oral contraceptives.

3.3.3. Signs of pregnancy

Understanding the symptoms of pregnancy is essential since each symptom may have other reasons than pregnancy. There may be pregnant symptoms within a week after fertilization. For women with a normal monthly menstrual cycle, a missing period is the earliest and most reliable indicator of pregnancy. The unusual cravings for food and others ranked first which implies that it is a positive sign of pregnancy as they experienced. On the other hand, frequent urination was observed as the least sign of pregnancy. However, generally, their general awareness to the signs of pregnancy has a mean of 3.39 which means they are all aware. Foxcroft *et al.* [33] supported the result that lifestyle and other interventions during pregnancy have the ability to influence the frequency and severity of all pregnant symptoms, including nausea, back pain, and incontinence, frequent urination, pelvic pressure, vomiting, swollen of the breast, and unusual cravings are the common symptoms of pregnancy.

3.3.4. Effects of pregnancy

Teenagers face issues that expect them to settle on exorbitant choices every single day. Teenage pregnancy is a major concern for families, schools, and the medical profession. Being a mother demands patience and the capacity to manage the stress of having a child. Deprive of education ranked first meaning they are aware. While medical issues ranked last and still, they are aware. Adolescent mothers are aware on the effects of early pregnancy, they are aware that deprive of education is one of the major effects of being pregnant at an early age. In the study of Lebina [34], many teenage mothers stopped their high school education and this may affect their self-confidence. Some felt they are stigmatized or ignored by their friends. Pregnant teens felt bitterness between their normal teenagers when engage in school activities. Education may be put on hold when a teen becomes pregnant. And instead, the new mom may choose to concentrate on the infant or getting married rather than pursuing further education. In the study of Song and Qian [25], the sexual behavior of teenage girls is impacted by several variables, including peer pressure. Girls of adolescence want to be like their peers; they want to do and have the same things as their peer groups.

Awareness on biological concepts is very important to every growing adolescent. The changes that occur in any aspects of life is really fast and sometimes taken for granted by many. In this study there were four biological concepts that must be given emphasis by every adolescent, namely: biological processes, types of fertility control, signs of pregnancy, and its effects. Specifically, there are basic biological concepts that gave significant attention to adolescent mothers namely; it takes nine months to bear a child, condom is commonly used type of fertility control because it is affordable, can be bought over the counter, unusual cravings for food and others are one of the earliest signs of pregnancy and deprive of education is a major effect of being pregnant at an early age. However, adolescent mothers proudly expressed that there was no

regret of what they have done and shared that family support and guidance is still the best to handle everything. From their experiences, they shared that one must think many times before doing something that will lead them to a very complicated life.

3.4. Coping mechanisms of adolescent mothers in the early pregnancy experiences

There were five themes generated from the experiences of adolescent mothers on how they overcome their early pregnancy. The significant statement and the frequency are indicated in each theme. Each theme is described in the succeeding text.

3.4.1. Theme 1: Family support and guidance

Teenage mom is a sudden shift of role from a teen young lady to motherhood without the support of the family. We could not tell to our parents the truth and face the reality. But, then in the end our parents are the ones who will always be there for us in the tough times of our lives. As cited by Bunting and McAuley [35], the role of family is by far the most commonly researched type of support. Most adolescent mothers live with their mother for up to five years after giving birth; mother is the primary source of child-care assistance. Family structure is viewed to be more important.

3.4.2. Theme 2: Self-acceptance of the child

As one engages to premarital sex always bear in mind the consequences because of unpreparedness, some may think of aborting as they are not yet ready to face the responsibilities. You did it of your free will and learn to accept that having a child is a blessing. In support to the findings, Pillay [36] strongly pointed out that without self-acceptance, and psychological well-being can suffer.

3.4.3. Theme 3: Have faith in God

Pregnancy after premarital sex results to fear and that is the time one calls for God's divine guidance. One always gets strength from God as he/she believes, He has all the reasons why this happens to you. According to Luecke [37], you may be wondering why God let this happen to you. The Lord did not cause this trial to come upon you, but He will use it to draw you to Himself, strengthen you and further His will. Your experiences will not be wasted. Your experiences will not define you as a person.

3.4.4. Theme 4: Did not overcome

As puberty stage starts, awareness of reproductive sex must be given emphasized. This possibly affects the psychological behavior of the teen mom. Some may undergo traumatic experiences because she is not ready in facing the reality of being a parent and mother of her child. Focusing on empowering young moms, giving institutional support, drawing on extended family resources, and encouraging self-help are the essential components of a mother's resilience and her ability to positively overcome obstacles and challenges [38].

3.4.5. Theme **5**: Became stronger

As a young mother, it is hard to take care of their baby, it is hard to give attention to their child, society may neglect them or judge them but young mothers need to be stronger for themselves, for their family, and most of all for their child. It implies that young moms should be role models to their child for their child is the reason for everything. They need to be strong in front of their child.

4. CONCLUSION

The study determined the factors contributing to and the awareness of biological concepts among adolescent mothers. The study concludes that the adolescent mothers got pregnant during their early 20's and above where they are all married at present and majority are enrolled in the teacher education program. Most of the adolescent mothers gave birth at late teenage years. Most of them continued their studies later realizing to return to school after three years and more. They have mixed emotions when they knew they were pregnant and they talked about their pregnancy first to their partners and then later to parents. There are three factors that affect young women in getting pregnant at an early age namely: self, peer, and community/culture while family and mass media does not influence their engagement to early pregnancy. Filipino adolescent mothers are all aware in the biological processes, types of fertility control, signs of pregnancy, and in the effects of pregnancy. Adolescent mothers cope their teenage pregnancy experiences through their family and partner, having faith in God, and acceptance to your current situation as a teenage mother. This could be the reason why family has the biggest role in the teenager's life.

The study has established several implications. Teenagers might be educated about the repercussions of participating in sexual activity early in life, and parents could do their utmost to

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accommodate their needs. As an extension of the college, a program for adolescents that is adaptable to the needs of specific communities and includes health promotion information and counseling, particularly on risky behavior, may be explored. The teacher education program may enhance the Gender and Society course to focus more on the awareness in biological concepts and focusing in the study of sex education among students. Gender and development office of the university may craft programs which empower student-teenagers to cope with the challenges that they face during their pregnancy.

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REFERENCES

- [1] M. Maputle, "Becoming a mother: teenage mothers' experiences of first pregnancy," *Curationis*, vol. 29, no. 2, Sep. 2006, doi: 10.4102/curationis.v29i2.1086.
- [2] R. B. Taylor, "Teenage pregnancy," August 2022. [Online]. Available: https://www.webmd.com/baby/teen-pregnancy-medical-risks-and-realities (accessed Jan. 3 2022).
- [3] B. K. Catherine, N. K. Jonah, and K. L. Joseph, "Impact of teenage motherhood on the academic performance in public primary schools in Bungoma County, Kenya," *International Journal of Educational Administration and Policy Studies*, vol. 7, no. 2, pp. 61–71, Mar. 2015, doi: 10.5897/IJEAPS2014.0383.
- [4] M. S. Kearney and P. B. Levine, "Why is the Teen Birth Rate in the United States So High and Why Does It Matter?," *Journal of Economic Perspectives*, vol. 26, no. 2, pp. 141–166, May 2012, doi: 10.1257/jep.26.2.141.
- [5] N. Mejia, J. M. Pulhin, and M. A. Sarasua, "16 and Pregnant: the Social Discrimination Experienced By Teenage Mothers in Kalumpang , Marikina City, Philippines," 2017. [Online]. Available: file:///C:/Users/DQBJX/Downloads/16_AND_PREGNANT_THE_SOCIAL_DISCRIMINATIO.pdf (accessed Jan. 7 2022).
- [6] C. Van der Hor, "Teenage pregnancy among today's Filipino youth," 2014. [Online]. Available: http://opinion.inquirer.net/74517/teenage-pregnancy-among-todays-filipino-youth.
- [7] J. D. Meneses and C. T. Saratan, "Antecedents and consequences of teenage pregnancy: a phenomenological study," *International Journal of Medicine & Health Research*, vol. 1, no. 2, pp. 1–5, 2015.
- [8] J. S. Creswell, Research Design. Qualitative, Quantitative and Mixed Methods Approaches. SAGE Publications. Inc., 2009.
- [9] D. M. Mertens, Research and evaluation in education and psychology: integrating diversity with quantitative, qualitative, and mixed methods. SAGE Publications. Inc., 2020.
- [10] J. Puspasari, I. Nur Rachmawati, and T. Budiati, "Family support and maternal self-efficacy of adolescent mothers," Enfermería Clínica, vol. 28, pp. 227–231, Feb. 2018, doi: 10.1016/S1130-8621(18)30073-1.
- [11] J. C. Moneva, M. Bantasan, and R. M. Vertulfo, "Performance Tasks and Socialization of Students with Broken Family," International Journal of Social Science Research, vol. 8, no. 2, pp. 88–101, Apr. 2020, doi: 10.5296/ijssr.v8i2.16789.
- [12] NICHD Information Resource Center, "Contraception and Birth Control," 2017. https://www.nichd.nih.gov/health/topics/contraception.
- [13] B. D. Ashby, A. C. Ehmer, and S. M. Scott, "Trauma-informed care in a patient-centered medical home for adolescent mothers and their children," *Psychological Services*, vol. 16, no. 1, pp. 67–74, Feb. 2019, doi: 10.1037/ser0000315.
- [14] M. A. T. Cole, D. Qu'd, M. G. Wild, A. C. Russell, A. R. Caillet, and A. L. Stone, "'My Body Hates Me': A Qualitative Analysis of the Experience of Functional Nausea in Adolescent Girls and Their Mothers," *Children*, vol. 7, no. 8, p. 83, Jul. 2020, doi: 10.3390/children7080083.
- [15] D. V. Rogayan Jr, "Why Young Filipino Teachers Teach?," Asia Pacific Higher Education Research Journal, vol. 5, no. 2, pp. 48–60, 2018.
- [16] D. V. Rogayan Jr. and E. E. N. Villanueva, "Implementation status of k12 social studies program in Philippine public schools," PEOPLE: International Journal of Social Sciences, vol. 5, no. 3, pp. 233–250, Dec. 2019, doi: 10.20319/pijss.2019.53.233250.
- [17] E. E. Maccoby, "Socialization and Developmental Change," Child Development, vol. 55, no. 2, p. 317, Apr. 1984, doi: 10.2307/1129945.
- [18] A. De Los Reyes, C. M. Ohannessian, and S. J. Racz, "Discrepancies Between Adolescent and Parent Reports About Family Relationships," *Child Development Perspectives*, vol. 13, no. 1, pp. 53–58, Mar. 2019, doi: 10.1111/cdep.12306.
- [19] Y. Gil and J. Kim, "Interactive Knowledge Acquisition Tools: A Tutoring Perspective," in Proceedings of the Twenty-Fourth Annual Conference of the Cognitive Science Society, Routledge, 2019, pp. 357–362.
- [20] M. D. R. Evans, J. Kelley, and R. A. Wanner, "Educational attainment of the children of divorce: Australia, 1940–90," *Journal of Sociology*, vol. 37, no. 3, pp. 275–297, Sep. 2001, doi: 10.1177/144078301128756346.
- [21] G. T. Le, J. Deardorff, M. Lahiff, and K. G. Harley, "Intergenerational Associations Between Parental Incarceration and Children's Sexual Risk Taking in Young Adulthood," *Journal of Adolescent Health*, vol. 64, no. 3, pp. 398–404, Mar. 2019, doi: 10.1016/j.jadohealth.2018.09.028.
- [22] C. Odimegwu and S. Mkwananzi, "Family structure and community connectedness: Their association with teenage pregnancy in South Africa," *Journal of Psychology in Africa*, vol. 28, no. 6, pp. 479–484, Nov. 2018, doi: 10.1080/14330237.2018.1544390.
- [23] A. R. Dowden, K. Gray, N. White, G. Ethridge, N. Spencer, and Q. Boston, "A phenomenological analysis of the impact of teen pregnancy on education attainment: Implications for school counselors," *Journal of School Counseling*, vol. 16, no. 8, pp. 1–25, 2018
- [24] M. Ambrosia et al., "Temptations of friends: adolescents' neural and behavioral responses to best friends predict risky behavior," Social Cognitive and Affective Neuroscience, vol. 13, no. 5, pp. 483–491, May 2018, doi: 10.1093/scan/nsy028.
- [25] W. Song and X. Qian, "Adverse Childhood Experiences and Teen Sexual Behaviors: The Role of Self-Regulation and School-Related Factors," *Journal of School Health*, vol. 90, no. 11, pp. 830–841, 2020, doi: 10.1111/josh.12947.
- 26] Q. Dai and R.-X. Chu, "Anxiety, happiness and self-esteem of western Chinese left-behind children," Child Abuse & Neglect, vol.

- 86, pp. 403-413, Dec. 2018, doi: 10.1016/j.chiabu.2016.08.002.
- [27] O. Pearman et al., "COVID-19 media coverage decreasing despite deepening crisis," The Lancet Planetary Health, vol. 5, no. 1, pp. e6–e7, Jan. 2021, doi: 10.1016/S2542-5196(20)30303-X.
- [28] K. L. Mallia and K. Windels, "Will Changing Media Change the World? An Exploratory Investigation of the Impact of Digital Advertising on Opportunities for Creative Women," *Journal of Interactive Advertising*, vol. 11, no. 2, pp. 30–44, Mar. 2011, doi: 10.1080/15252019.2011.10722183.
- [29] S. Livingstone, L. Kirwil, C. Ponte, and E. Staksrud, "In their own words: What bothers children online?," European Journal of Communication, vol. 29, no. 3, pp. 271–288, Jun. 2014, doi: 10.1177/0267323114521045.
- [30] E. Erfina, W. Widyawati, L. McKenna, S. Reisenhofer, and D. Ismail, "Adolescent mothers' experiences of the transition to motherhood: An integrative review," *International Journal of Nursing Sciences*, vol. 6, no. 2, pp. 221–228, Apr. 2019, doi: 10.1016/j.iinss.2019.03.013.
- [31] A. L. Cherry and M. E. Dillon, International Handbook of Adolescent Pregnancy. Boston, MA: Springer US, 2014.
- [32] M. R. Mohammadi et al., "Reproductive Knowledge, Attitudes and Behavior Among Adolescent Males in Tehran, Iran," International Family Planning Perspectives, vol. 32, no. 01, pp. 035–044, Mar. 2006, doi: 10.1363/3203506.
- [33] K. F. Foxcroft, L. K. Callaway, N. M. Byrne, and J. Webster, "Development and validation of a pregnancy symptoms inventory," BMC Pregnancy and Childbirth, vol. 13, no. 1, p. 3, Dec. 2013, doi: 10.1186/1471-2393-13-3.
- [34] C. M. Lebina, "Consequences of Teenage Pregnancy," Texila International Journal of Nursing, vol. 3, no. 2, pp. 124–133, Dec. 2017, doi: 10.21522/TIJNR.2015.03.02.Art011.
- [35] L. Bunting and C. McAuley, "Research Review: Teenage pregnancy and parenthood: the role of fathers," Child and Family Social Work, vol. 9, no. 3, pp. 295–303, Aug. 2004, doi: 10.1111/j.1365-2206.2004.00335.x.
- [36] S. R. Pillay, "Silence is violence: (critical) psychology in an era of Rhodes Must Fall and Fees Must Fall," *South African Journal of Psychology*, vol. 46, no. 2, pp. 155–159, Jun. 2016, doi: 10.1177/0081246316636766.
- [37] P. Luecke, "How To Understand Prophecy," 2020 [Online]. Available: https://s3.amazonaws.com/cogwa-media/booklets/understand-prophecy/how_to_understand_prophecy_web.pdf
- [38] A. Odroważ-Coates and D. Kostrzewska, "A Retrospective on Teenage Pregnancy in Poland: Focussing on Empowerment and Support Variables to Challenge Stereotyping in the Context of Social Work," *Child and Adolescent Social Work Journal*, vol. 38, no. 2, pp. 165–174, Apr. 2021, doi: 10.1007/s10560-020-00735-8.

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