Original Research

Driving Factors and Challenges of Adolescents in Teenage Pregnancy

Florian E. Manzanilla, Flordelisa N. Escultura, Maria Amanda T. Buquid, and Mary Rose Q. Cabreros

Dalubhasaang Lungsod ng Lucena, Lucena City 4301, Philippines

Journal of Human Ecology and Sustainability

Citation
Manzanilla, F. E., Escultura, F. N., Buquid, M. A. T., & Cabreros, M. R. Q. (2024). Driving Factors and Challenges of Adolescents in Teenage Pregnancy. *Journal of Human Ecology and Sustainability, 1*(2), 2.
doi: 10.56237/jhes23sp04

Corresponding Author
Florian E. Manzanilla
Email
froimanzanilla@gmail.com

Academic Editor
Inero V. Ancho

Received: 23 October 2023
Revised: 1 August 2024
Accepted: 7 August 2024
Published: 14 August 2024

Funding Information
LGU of Lucena City

Abstract

In the Philippines, approximately 13% of adolescents become pregnant, resulting in 180, 916 births to girls aged 10-19. The study aims to understand the driving factors and challenges of adolescent teenage pregnancy. It also aims to propose a strategic intervention and implementation plan to address the rising number of teenage pregnancies. It was conducted in the 12 barangays who has the highest rate of teenage pregnancy in Lucena City. A total of 103 conveniently selected teenage mothers in the 12 barangays served as respondents of the study. The study is a descriptive research that utilized the qualitative method. Data were collected from interviews and focus group discussions. It was revealed that the impelling causes of teenage pregnancy were social media use, natural causes, pornography, peers, parents, chores, poverty, materialism, and female enticement. The respondents identified several challenges in terms of their social lives, health, schooling, and finances. Challenges in terms of social lives include access to public health facilities, child rearing, self-care, assistance in parenting, and limited supplies and services in Barangay Health Centers. The educational challenges include education disruption, financial hardships, the need for alternative forms of learning, and support from partners and immediate family to continue education. Meanwhile, for economic issues, financial hardship, future education plans, and plans to secure well-paid jobs were identified. Lastly, for social issues, the thematic analysis revealed the following: negative acceptance from the family and the community, normalizing being pregnant at a very young age, and feeling judged and becoming the center of gossip. The developed strategic intervention program includes three approaches: healthy sexuality, a comprehensive teenage program, and a societal approach. Parents and adults discomforted with their sexuality family approach, consistent adult involvement for the child, healthy communities, media responsibility, and reaffirming the importance of values and involvement of religious and other organizations may be targeted.

Keywords— *impelling causes, implementation plan, Lucena City, strategic intervention, teenage pregnancy*

1 Introduction

In 2019, around 21 million pregnancies occurred annually among adolescents aged 15–19 years in low- and middle-income countries (LMICs). Of these pregnancies, roughly 50% were unintended, leading to approximately 12 million births [1]. Moreover, in 2019, approximately 55% of unintended pregnancies among adolescent females aged 15 to 19 resulted in abortions, with these procedures often being unsafe in LMICs.

Young mothers in the adolescent age group, ranging from 10 to 19 years, are at a heightened risk of experiencing eclampsia, puerperal endometritis, and systemic infections compared to women aged 20 to 24 years [1]. Additionally, infants born to adolescent mothers face elevated risks of low birth weight, preterm birth, and severe neonatal conditions. The availability of data on childbirths among girls aged 10 to 14 is increasing, and globally, the adolescent birth rate for this age group in 2022 was estimated at 1.5 per 1000 women, with higher rates observed in sub-Saharan Africa (4.6) and Latin America and the Caribbean [2].

In this light, adolescent pregnancy remains a significant public health concern in Southeast Asia. According to a regional study conducted by the United Nations Population Fund (UNFPA) [3], as of 2022, the adolescent birth rate in Southeast Asia stands at an alarming 45 births per 1,000 girls aged 15-19. These statistics underscore the persistent challenges faced by young women in the region, with factors such as limited access to comprehensive sex education, cultural norms surrounding early marriage, and unequal gender dynamics playing pivotal roles. The consequences of adolescent pregnancy extend beyond health concerns, affecting educational attainment and perpetuating cycles of poverty.

In the Philippines, approximately 13% of adolescents become pregnant, resulting in 180,916 births to girls aged 10-19 in 2019 [4]. Calabarzon had the highest number of live births among 10-19-year-old girls, with 23,383 births, followed by Cavite, Quezon, Rizal, Laguna, and Batangas [5]. Among Filipino youths aged 15-19, over 17% are married, with an average age of first sexual encounter at 16.6 years old [5]. Contraceptive use among 15-19-year-old females is 7.5%, while previously married adolescents and sexually active unmarried adolescents have rates of 31.9% and 59%, respectively. The unmet need for family planning services is 20.5% among females aged 15-19, while the total need is 52.5%.

Indeed, teenage pregnancy is influenced by various social, cultural, and personal factors, with 90% of pregnancies in the developing world occurring within marriages [6]. Factors contributing to teen pregnancy include financial hardship, unemployment, social isolation, cultural norms, peer pressure, forced marriage, and sexual assault [7]. It can also have adverse effects on maternal and infant health, with pregnancy-related problems being a significant cause of mortality for girls aged 15-19. Teenage parents face higher mortality rates than women aged 20-24. Teen pregnancy can lead to negative outcomes such as school dropout, poverty, early marriage, and coerced abortions [8].

More importantly, teenage pregnancies are associated with early birth, low birth weight, stillbirth, and increased mortality for both the fetus and the baby. Limitations in data tracking systems may affect the accuracy of research findings. Therefore, first-hand information will be used to study factors affecting teen pregnancy in Lucena City.

Objectives of the Study

The study aims to assess the driving factors, issues, and insights of adolescents to teenage pregnancy to address its prevalence. The study specifically sought to address the following objectives:

1. Determine the impelling causes contributing to teen pregnancy;
2. Find out the views, attitudes, and behaviors of teenagers around sexual activity, methods of birth control, pregnancy, and motherhood;

3. Examine some of the challenges that adolescent mothers confront; and
4. Propose a strategic intervention to address the rising adolescent pregnancies.

2 Methodology

This study employed a qualitative research. Qualitative research is a methodological approach to profoundly exploring and understanding complex phenomena by examining people's experiences, perceptions, attitudes, and behaviors. Qualitative research is a suitable method for examining adolescents' driving factors, issues, and insights into teenage pregnancy due to its ability to provide an in-depth understanding of complex phenomena. This approach allows researchers to explore the subjective experiences, contextual influences, and multifaceted aspects of teenage pregnancy, offering valuable insights that quantitative methods may not capture. The flexibility of qualitative methods in data collection and analysis enables a nuanced exploration, making it well-suited for uncovering the intricacies of this sensitive and multifactorial issue, ultimately contributing to the development of targeted interventions and policies.

Participants were selected from the 12 barangays in Lucena City, Quezon Province, Region IV-A (CALABARZON), namely Barra, Bocohan, Cotta, Dalahican, Gulang-gulang, Ibabang Dupay, Ibabang Iyam, Ilayang Iyam, Isabang, Kanlurang Mayao, Market View, Mayao Crossing, and Silangang Mayao.

Participants were involved in semi-structured interviews and focus group discussions (FGDs). The study aimed to survey a comprehensive range of individuals, including adolescent mothers aged 10-19, Barangay Health Workers, potential project beneficiaries, educators, and health service providers/policymakers.

Pretested, structured, interviewer-administered questionnaires were developed in English and translated into Filipino. The questionnaire was based on a standard tool used by the World Health Organization (WHO) to measure the sexual and reproductive health of teenagers and young adults. Adjustments were made to suit the current context, and a pretest was conducted to ensure consistency and difficulty level.

Data collectors, including a supervisor with expertise in adolescent pregnancy, were recruited, all of whom were female, to minimize participant discomfort. Ethical considerations were strictly adhered to, ensuring anonymity and confidentiality of the obtained data and participant identities, in compliance with the Data Privacy Act of 2012.

Transcriptions of FGDs and interviews were then analyzed through theme analysis. Themes were coded according to the study objectives, FGDs, and interview topics, providing a comprehensive understanding of adolescent pregnancies in the studied areas.

3 Results and Discussion

The research results and subsequent discussion unfold in this section, thoroughly examining the outcomes derived from the study's methodology and approach. Focused on addressing the key research question or objective, the data analysis reveals nuanced insights into the intricacies of the studied phenomenon.

3.1 Impelling Causes Contributing to Adolescent Pregnancy

Participants cited their lifestyle as the most important factor contributing to their engagement in sexual activities (see Table 1. This includes engaging in using social media, viewing romantic or pornographic films, and wearing clothing that is likely to result in unwanted sexual advances from men. Only a minority of the teens interviewed mentioned having natural sexual drives, but all of them said they occasionally watched or read pornographic material to satisfy those urges. In addition, the participants believed that their capacity to control their sexual cravings was tied to their level of sexual maturity. Seduction was also mentioned as a way to attract males to engage in

Table 1. Factors Contributing to Adolescent Pregnancy

Impelling Cause	Key Phrases	Themes
Social Media	Exposure to sexual content, explicit sexual messages from friends	Temptation and Innate Curiosity
Natural	Temptation, queerness, sexual maturity	
Pornography	Enticement, power relations, peer pressure	
Peers	Desiring what others have, Femininity, Conforming, mocking	Peer Pressure
Parents	Lack of support, abuse, Maltreatment, Lack of monitoring, imitation, Low education	Parental upbringing, Financial Problems and Sex
Chores	Too much household burden & work	
Poverty	Vulnerability, sex work, education, breadwinner, Materialism	
Materialism	Poverty, Desiring what others have, peer pressure	
Female Enticement	Seduction, dress code of females, Sexual Harassment	Gender Norms

sexual activity. Teenage girls also spoke about more basic emotions like love and attraction. Nearly all mothers who gave birth while still teenagers said they found their spouses through social media. A teenage mother revealed:

> "*Ni-add friend po nya ako sa FB, tapos ni-message at nag-eyeball po kami sa mall. Ayon niligawan tapos napasagot hanggang nauwi na po sa ganun…hi hi hi. Kaya un lumaki na ang tiyan ko.*"

Another teenage mother revealed that exposure to pornographic films made her engage in sexual activities together with her friends:

> "*Mas matanda sa akin ang BF ko at palagi nya ako inaayang manood ng sine. Pero yung pinapapanood nya sa akin yung mga malalaswa hanggang nasanay na rin ako, kaya pag minsan inaaya ko na rin manood ng ganun mga kaibigan ko*"

The responses suggest some participants can access movies or shows with adult content. In certain cases, peers use such material to pressure teenage girls into sexual activity. Sexual maturity in adolescents and acting on sexual impulses are viewed as signs of independence from parental oversight. Moreover, social networking platforms contribute to teen pregnancies by serving as a common avenue for young people to connect with potential partners, often resulting in unexpected pregnancies. Also, many households lack well-defined boundaries and guidance for their children.

In addition to this, respondents often mentioned the influence of their social circle. Young women reported that hearing peers discuss positive sexual experiences increased their own curiosity and desire to engage in sexual activity. Additionally, they expressed a desire to avoid being perceived as dull or lacking experience by their age group. This sentiment was confirmed by one of the study participants:

> "*Minsang magkakasama kaming tropa, nalaman nila na virgin pa ako at silang lahat ay hindi na…pinilit nila akong ipartner sa isa naming kasamahan pero ayaw ko…*

natatakot ako! Pero kalaunan dahil ayaw na nila akong isama sa barkada, napilitan akong gawin."

Peer influence is frequently cited, especially in instances where female peers promote sexual activity to others, implying that they are not experiencing certain pleasures. Teenagers often yield to social pressure, driven by a desire to possess what their friends have. This could include coveted items such as particular smartphones or other material possessions, which may lead a young woman to feel the urge to acquire similar things. The core idea presented is that some female adolescents obtain these goods through exchanging sexual favors, and then motivating their friends to follow suit. A participant's personal narrative supported this observation:

"*Pag inilalabas ko CP ko nahihiya ako kasi di pindot samantalang sa mga besties ko, Android wala naman akong pambili ng ganun, sabi nila mag BF daw ako at ng may magregalo sa akin ng android na CP kasi mga CP daw nila regalo ng BF nila, nag BF nga ako kaso nabuntis din ako…malas!*"

As children enter adolescence, parental influence diminishes as the sole source of direction and authority. The network of influences on teenagers expands. Peer pressure is considered to have a significant negative impact on adolescent sexual conduct. Young women face social pressure and encouragement to engage in sexual activities, as this is perceived as a crucial aspect of transitioning into adulthood. Female adolescents may exert pressure on other young women in their social circle to become sexually active.

Inadequate parental care and poverty were the most frequently reported factors by research participants, and they are highly interrelated; there is also an underlying sexual motif, and employment is also involved. Participants believed that parents do not monitor them, and in certain circumstances, parents from low-income households urge their daughters to work outside the home, placing them in vulnerable positions. Participants in the study said that parents are frequently unable to provide for their households. As a result, young girls are either forced to care for themselves or urged to engage in sex work to supplement the household income. The adolescent girls cited their parents' failure to pay their school fees and meet their basic requirements. These adolescent girls thought they were the breadwinners of the household, as they were the ones who frequently brought in the family needs. As one of the participants revealed:

"*Karaniwan di sumasapat ang kinikita ng nanay at tatay ko sa pangangailangan ng pamilya namin, at dahil sa ako ang panganay pinagtrabaho na nila agad ako at di na pinag-aral.*"

A recurring narrative is that these young women engage in transactional sexual activities to support their families financially. Teenage girls who expressed desires beyond basic necessities viewed sexual encounters as opportunities to obtain clothing and trendy items typically received as gifts. Early sexual activity among adolescent girls is frequently attributed to abuse by parents or guardians. This perspective was illustrated by another participant's statement:

"*Kapag kunyari wala akong pambili ng load o di kaya ay nagugutom ako, tumatambay kami sa terminal ng traysikel dun sa dalahican tapos ayun rumaraket pahingi-hingi. Pero kung gusto mo mas malaking bigay, aalukin kang makipag-ano…yung ano alam mo na yun… hi hi hi.*"

In addition, some adolescent girls were influenced by their parents' tendency to model their behavior after their own. According to the teenage females, they and their parents slept in the same room, and that's how they got their first lessons in sexuality from their parents. This is a

common criticism against parents, who are frequently held responsible for the problem. They had the impression that the parents themselves had a low level of education and did not place a high value on education; as a result, they would put their children in precarious situations since the youngsters were unable to converse with one another about sexual problems.

> "*Ang bahay po naming ay isang kwadrado lang andun na ang kusina, sala at tulugan. Lapit-lapit po kami pag natutulog kaya kita at dinig ko po sina mama at papa pag naglalabing labing.*"

The nature of parent-child relationships significantly shapes adolescents' sexual attitudes and behaviors. These findings indicate that parents and guardians are not only failing to engage in discussions about sexuality with their children, but are also exposing them to risky situations. This increases the likelihood of teenage pregnancy and other negative sexual and reproductive health outcomes. The core issue appears to be the value system of economically disadvantaged parents.

Aside from this, teenage girls unanimously identified community-specific issues contributing to early sexual experiences. Sexual misconduct emerged as the primary concern, with male perpetrators ranging from peers to older men and authority figures, including relatives. This topic arose frequently in the interviews, mentioned 13 times. Given that multiple participants disclosed personal experiences of abuse, this subject is clearly sensitive and impactful.

> "*Nirape ako ng pinsan kong 25 years old nung 10 yrs old pa lang ako. Pero, di na kami nagsampa ng kaso, kasi sabi magkakamag-anak naman kami kaya solusyunan na lang namin sa aming pamilya.*"

Adolescent female participants reported experiencing sexual harassment from both parents and male peers. Focus group discussions revealed significant peer pressure dynamics. There was social coercion to join specific mixed-gender groups, with those who refused facing potential humiliation and restricted mobility. Additionally, the girls described feeling pressured by their peer groups to engage in shoplifting from retail establishments. One participant provided a specific comment on this issue:

> "*Dun sa may amin, kamakailan lang, may 40 years old na lalaki na nahuling ginahasa ang isang batang babae na mag wawalong taon pa lang.*"

Four of the teen girls who participated in the study came out and said they had been sexually assaulted. Other adolescent females shared stories of sexual abuse at the hands of stepfathers, uncles, and stepmothers who pressured their daughters into prostitution.

Five interviewees discussed how much of their time is taken up by domestic duties and other key responsibilities. The females felt intense pressure to succeed; they believed that, unlike boys, who are just required to go to school and execute easy tasks, girls are also expected to take care of younger siblings and children at home and do well academically. Another respondent said she was prevented from going to school because her mother wanted her to do the house chores instead of going to work. She stated:

> "*Maraming gawaing bahay ang binibigay sa akin ng nanay ko at kung di ko matapos gawin. Sinasaktan nya ako at minumura.*"

Girls were not only expected to help out around the house but, in some cases, were expected to bring men into the home and use them as a source of income.

> "*Kapag walang-wala na kami kahit pambili ng bigas, sinasabihan ako ng nanay ko na magbf ka ng mayaman, gamitin mo ang itsura mo, dalhin mo dito at ipakilala mo sa amin. Pag dinala ko na sa bahay ,hinihingan nina mama at papa at inaasahan nila na magbibigay ng pera at mga materyal na bagay sa aming pamilya.*"

Teenage girls also reported being subjected to parental harassment and unwanted sexual advances from teenage guys. There was clear evidence of peer pressure in the FGDs; students were encouraged to join particular coed groups, and those who did not do so were at the risk of being humiliated and having their freedom of movement curtailed. The girls also discussed how they felt pressured by their peers to steal from convenience stores or malls, as one participant stated:

> "*Kahit di ko gustong gawin, ginawa ko kasi kailangan para mapabilang ako sa grupo para…para di nila masabing boring ako.*"

Other women have voiced their frustration with what they see as bias against them simply because of their gender. This was seen as especially true by the female students at their schools, as they believed that guys were unfairly awarded higher grades "although they didn't deserve it."

Some adolescent females complained that their parents expected them to perform too much housework. Others reported that their parents did not prioritize education and were fine with them working as salesladies or in any other job that brought in money. They claimed that once their parents learned to read and understand the basics, they could participate in activities that would generate quick cash for the family.

Teenage sexual activity and pregnancies are also impacted by sexual harassment. There is a lack of child protection systems and knowledge for teenagers, which is evidenced by the fact that people in positions of power are exploiting them to gain sexual favors from teenagers in communities that are already struggling with poverty. It is also important to note that a teen's ability to negotiate the use of contraceptives and the avoidance of pregnancy and STIs/HIV is greatly diminished when they are put in such an unfavorable and vulnerable scenario.

3.2 Teenagers' beliefs, attitudes, and practices in adolescent sex, contraception, pregnancy, and parenthood

All adolescent girls reported being aware of measures to prevent pregnancy and STIs/HIV. Participants mentioned faithfulness, condoms, contraceptive pills, and abstinence as options for contraception (see Table 2). 88.8% of adolescent mothers reported that they knew how to prevent pregnancy and STIs/HIV, while 11.1% reported that they did not know how to do so. However, among the 88.8% of respondents who claimed to know how to avoid pregnancy and STIs/HIV, some cited wrong strategies, such as squatting after sexual activity and withdrawing before ejaculating. Consequently, these participants lack appropriate education/guidance from their health centers.

All of the adolescent girls surveyed were conversant on questions on the avoidance of unwanted pregnancies and the transmission of sexually transmitted diseases like HIV. In addition, the participants only offered effective strategies for preventing pregnancy and STIs/HIV, such as the use of condoms, abstinence, and fidelity. Less impressively, the adolescent mothers also memorized the important prevention messages for sexually transmitted infections (STIs) and HIV. As one of the participants claimed:

> "*Gumagamit kami ng condom at sinasabi ko rin sa iba ang mga panganib ng pagiging padalos-dalos sa desisyon.*"

Almost all of the respondents were confident in their ability to prevent pregnancy and STDs/HIV. However, the research demonstrated that many teenage girls have an incorrect understanding of how to avoid STIs and unplanned pregnancies.

Unwanted pregnancies and STDs like HIV were more common among these young mothers because they lacked the resources to prepare themselves better. Since these mothers were so uninformed, their children were exposed to potentially harmful sexual behaviors. Young individuals are more inclined to engage in preventative actions when they believe they are at risk for pregnancy

Table 2. Key Themes About the Teenagers Beliefs, Attitudes, and Practices

Themes	Beliefs, Attitudes, and Practices
Family Planning	Aware of the concept of family planning
	Accessible family planning services in barangay centers
	Plans of continuing their education
	Lack of knowledge on STDs and HIV
	The negative effect of artificial Family planning methods
Pregnancy and Parenthood	Occasional to No Support from family/relatives and friends
	Financial Hardship
	Parenting and Child-Raising Difficulties
	Lack of readiness in medical situations
	Lack of Emotional and psychosocial support
Lesson Learned	Accepted the situation and learn from it
	Use contraceptives/ family planning
	Parenthood is not an easy situation
	Financial difficulties
	Prioritize education first
	Lack of parental guidance

or HIV. Adolescents may be able to recognize the presence of danger, but they may lack the maturity to thoroughly weigh the benefits and drawbacks of a certain course of action. This highlights the ongoing worry about acquiring consistent and reliable SRH information along with behavioral change interventions.

Only 3 of the 103 adolescent mothers who participated in the study said that their friends had been a good source of support after becoming pregnant. The remaining respondents noted several negative attitudes and behaviors from their classmates and community members. Teenage mothers felt they were the focus of all community gossip and name-calling (loose, ineffective, poor example); connections with friends deteriorated; they were purposefully isolated; and sometimes other mothers forbade interaction with them. The teenage mother said:

> "*Yung mga kapitbahay at kakilala namin, karamihan sa kanila ay nakikita nilang wala raw akong silbi at masamang impluwensya. Kaya ganun, ayaw nilang makipag-interact sa akin ang mga anak nila.*"

The teenage mothers overwhelmingly claimed to feel ashamed, inferior, and humiliated by their peers and community. When the adolescent girls were asked what happens when a teen becomes pregnant, the comments were once again predominately unfavorable, including a lack of emotional and mental support. The girls explained how pregnant women are often expelled from their homes, beaten, denied food, ostracized, and abandoned by their communities. A participant stated that "some parents have empathetic feelings toward their offspring, thus they take care of both their children and grandchildren" despite the paucity of comments regarding any favorable treatment of pregnant adolescents. One of the worst experiences reveals in the interview by a teenage mom:

> "*Binugbog ako ng papa ko nung malaman nya na nagdadalang-tao ako, tapos ikinulong ako sa bahay at di pinapalabas. Araw araw din akong pinapagalitan ng mama ko. At dahil dito dinugo ako at dinala nila ako sa clinic pero sabi ng doctor wala na daw ang baby ko nakunan daw ako.*"

Ambivalent attitudes toward early pregnancy may increase the likelihood of adolescent pregnancy. While the majority of adolescent participants had negative views on pregnancy and par-

enthood, this is not reflected in their early sexual debut or lack of consistent contraception usage. These views are typical among adolescents from poor homes. For these adolescents, the desire to avoid pregnancy combined with a lack of knowledge and resources is insufficient to inspire action against early sexual debut, consistent contraceptive usage, and unpreparedness for medical problems.

After having a child, teenagers have a lot more on their plates than they did before. As a result, they needed the assistance of others since they were having trouble making ends meet, had a hard time caring for their children, and were worn out physically and emotionally. It was too much work for most teenagers. Teenagers who have become mothers have trouble organizing their lives and sticking to schedules. Thus, they could not find a window of time to give equal weight to every factor. Many young women have a sense of confinement and deprivation when they are confronted with the many demands of parenting [9].

The support given to teenage mothers is minimal and has been described as some mobile loads or a small amount of food or snacks, with friends possibly providing some shelter. 76% of teenage mothers receive no support from the child's father, and in some cases, the father refuses to acknowledge that the child is his. According to the mothers, their children's fathers are frequently irresponsible or still in school. Another described a story of betrayal.

> "*Close kami. Araw-araw, binibigyan niya ako ng halagang tatlong daang piso para sa aking allowance na nakwento ko sa kaibigan ko. Pinilit nyang mapalapit sa bf ko at naging magbf din sila. Nagkataon na sabay kaming nabuntis pero hindi nagtagal napansin pa ng bf ko na buntis ako kaya iniwan niya ako sa pagbubuntis ko.*"

Ten of the adolescent mothers said they regret becoming pregnant because they lack financial assistance and fear for their own and their children's safety. The adolescent mothers did not report any support systems beyond their family and friends (and even the family support is intermittent). No practical support channels exist for teen mothers, not at the neighborhood level. Considering that this is in the context of extreme poverty, where parents struggle to meet their children's basic requirements without an additional kid, fathers must assume greater responsibility for their children. Only 24% of adolescent moms cited their partners as a source of support. In this setting, it is not surprising that the mother must become independent. There is a need for immediate family and community-level support structures to mitigate the detrimental social, educational, and financial effects of adolescent motherhood.

Simmons [10] found that physical, psychological, and financial insecurity are the top three reasons why adolescent mothers do not get married. A few participants explicitly stated that having a child at a young age changed their lives forever. These shifts put an end to their hopes and goals for a better life, adding to the stress brought on by prejudice and misconceptions about this global societal issue. Six distinct themes were extracted to shed light on the foregoing concept. One teenage mother participant narrated:

> "*Ako ay 15 taong gulang at nasa ika-siyam na baitang nang malaman kong buntis ako. Natakot ako at natanong ko sa aking sarili, Paano ito nangyari? Alam ko kung ano ang ginawa ko, ngunit hindi ko inaasahan na mabuntis – alam kong napakabata ko pa para maging isang ina.*"

Almost all of the participants felt guilt about their choices that led to their pregnancies, but they eventually came to terms with their situations and grew as a result. 66 percent of those surveyed admitted that they had learned the hard way that parenting isn't easy and that they intended to prioritize schooling in light of their new responsibilities;

> "*Ang mga karanasang ito ay wala sa plano ko, nadama kong nag-iisa ako at natatakot; ngunit, ang mga karanasang ito ang nag-udyok sa akin na magtapos ng pag-aaral.*

Alam ko ito lang ang susi para makapagbigay ako ng ligtas na tahanan para sa aking anak, kailangan makatapos ako ng pag-aaral."

Looking at the number of participants, 65% indicated that they knew and used contraceptives but still became pregnant, over 35% of the teenage mothers interviewed said that they were not taking any contraceptives and that was the reason why they got pregnant. From this, we can deduce that access to and knowledge of contraception are not an issue but rather the method and frequency with which they are used. It was further reiterated by one of the participants:

"*Gumagamit naman po kami ng pills pero pag minsan po ay nakakalimot he. he.he. Pero di po ba dapat di naman ako mabuntis dahil may ginagamit naman ako?*"

3.3 Challenges that adolescent mothers confront

As shown in Table 3, some mothers expressed concern about their inability to obtain adequate health care. This is also related to a low income. However, services for pregnant and lactating women and children are available throughout the country in all Rural Health Units (RHU), even though teenage mothers do not highly regard service delivery. The teenage mother reiterated:

"*Kung gusto kong makakuha ng serbisyo medikal ang anak ko, kailangan kong pumunta sa QMC pero pila-pila rin ho, tapos matagal pag minsan ay inaabot ng hanggang kinabukasan Sa dami ng nagpapatingin, pero kung gusto mo ng mabilis sa Private na lang -kaya nga lang wala kaming perang pampatingin sa mga ganun.*"

Table 3. Key Themes About the Challenges the Adolescent Mothers Confront

Key Themes	Challenges
Health Care	Access to Public Health Facilities
	Child Rearing Difficulties
	Lack of Self Care
	Lack of assistance in Parenting and child-raising
	Limited supplies and services in barangay health units
Education	Disruption of Education
	Lack of understanding of their situation as teenage parents
	Financial Hardships
	Lack of Alternative forms of learning
	Lack of support from partner and immediate family to continue education
Economic	Living on an average income
	Financial Hardships
	Need an additional source of income
	Lack of a stable and high-paying job
Social	Negative feedback
	Financial and Economic Hardships
	They feel judged and become the center of gossip

Only 18% of teen mothers did not have access to any form of child care, while 82% did. Immunizations, monitoring of growth, additional feeding, and medical counsel were the most prevalent forms of treatment provided. However, most teen moms reported that the RHUs in their areas provided insufficient care and medication for themselves and their children.

"*Pagkaminsan, sinasabi ko na lang sa BHW o sa Nurse sa Center na resetahan na lang po ako para makabili sa labas keysa umasa sa kulang nilang gamot.*"

Other participants complained that some of the nurses were very rude to them. One participant described an incident where she was humiliated loudly by a nurse in the waiting room and sent away because the girl wore old and worn-out pants.

Pregnant women and their unborn babies need constant attention to ensure their health. It all starts with taking better care of yourself, the first step toward better mother health. Taking responsibility for one's own and one's family's health, as well as taking measures to reduce the risk of disease and speed recovery from illness or injury, are all examples of self-care [11].

Although Antenatal Care (ANC) is provided at no cost to pregnant and lactating women and their children by Rural Health Units, the adolescent moms did not report receiving it. Despite the known health risks of early pregnancy (including the possibility of obstructed labor, preterm labor, low birth weight, and fistula), ANC remains underutilized. As seen in the articles mentioned earlier, teen mothers are often unhappy with the care they and their children receive. Patients have low expectations for the quality of care provided at RHUs because of their limited inventory and poor service. Government agencies are responsible for the smooth operation and supply of RHUs, and free healthcare has been provided nationwide for quite some time. Nurses, in particular, should learn to be more friendly and approachable to their patients, especially teen moms who are often seen as outcasts and are more vulnerable. All medical practices ought to incorporate kid-friendly practices into their standard care.

Lack of education is a factor that contributes to teen pregnancy in countries with low and low-middle incomes [12, 13]. Education is important for everyone, regardless of their socioeconomic standing; yet, persons living in nations with low and lower-middle incomes receive a poorer standard of education than those living in nations with high incomes [14]. According to Michaelowa [15], a lack of basic education contributes to poverty since it decreases the chance of economic growth and the quality of living, especially for women. This is especially true for women. As a consequence of this, teen pregnancy and a lack of education are typically associated with poverty. Furthermore, nations that struggle with poverty are more likely to have higher rates of teen pregnancy and a lack of education among their younger population [12, 16].

This research again emphasizes the negative effect of teen motherhood on a young woman's ability to get an education. Fifteen percent of young women in elementary schools and over eighty-nine percent of adolescent females in secondary schools drop out because they become pregnant. Although many still-young women who participated in this study expressed an interest in continuing their education, none had. Teenage pregnancy is a major contributor to the high dropout rates among women, and schools can help mitigate this problem. Most high school students have not begun sexual activity (the average age of sexual debut is 16 years old). Since there are so many young people in a confined space, like a school, it is crucial to take advantage of this opportunity to prevent sexual activity and to help those who are sexually active stay safe.

Of the 103 teenage mothers 89% (n= 92) were attending school before their pregnancy and 11% (n= 11) were not in school. None of the teenage mothers are now attending school. From 2017 to the present, 92 of 103 participants (or 89%) in our study dropped out of school because they were pregnant. Therefore, all of their absences from school can be attributed to pregnancy.

Of the 89 teenage mothers interviewed across the 12 barangays who drop out due to pregnancy, there were only 34% or 30 participants who said that they were planning to go back to school. In contrast, 66% or 59 participants were unwilling to continue schooling. This indicates that most of the teens who get pregnant tend not to go back to school, thereby limiting the opportunity to have a prosperous life in the future and just continuing the cycle of poverty.

Teenage mothers mentioned a lack of resources as the second most challenging factor; many reported struggling to provide their children's basic needs, including food, clothes, and education. Since these young mothers are often forced to flee their homes and find themselves in a situation where they have nowhere safe to go, they often seek refuge with friends who have not turned on

them. Some lucky couples have convinced their partners to welcome back the teen mom who gave birth to their child. Despite this, reunification is not without its difficulties. As one of the teenage mother participants claims:

> "*Hindi naging madali para sa akin ang magkaroon ng anak, kahit ngayun nga na pinabalik ako ng mga magulang ko matapos nila akong palayasin nung mabuntis ako. Tapos parang palagi nilang pinamumukha sa akin ang mga nakaraang pagkakamali ko.*"

> "*Naiisip ko na dapat pala nag-anak ako ay kapag talagang handa na sa pinansyal, materyal at mental na pangangailangan sa pagpapamilya di tulad nito na hirap na hirap at totoong wala sa hinuha ko yung ganitong paghihirap.*"

Women in their teens, who became pregnant, face social stigma and often are pushed out of their communities. Teenage girls who are pregnant have spoken out about the stigma they face and the isolation they feel. Despite this, it is precisely these groups—the community, the family, and the peers—that might lead to an incident in which a young girl becomes pregnant due to unfavorable peer pressure, insufficient information on SRH, and a lack of monitoring and counseling from the girl's parents. Raising awareness of the complex causes of teen pregnancies can spark productive dialogue and mitigate the detrimental impacts of stigma on the broader community and within families.

Lawmakers have responded to the ensuing rise in teen pregnancies by proposing measures to provide access to birth control, promote sex education, and prohibit the expulsion of female students for pregnancy. Until now, none of them have been enacted. A teen pregnancy, according to Erken [3], can have a significant effect on keeping families in poverty. They're doomed if they give birth as a child, he said. A teenage girl in the Philippines who drops out of school to raise a child earns 87% of the median income for a woman her age. Moreover, the decreased income persists well into adulthood [3].

Participants in the study picked up social norms and expectations by watching their parents, friends, and neighbors. Generations later, we still see cases of teenage pregnancy because of this pattern of conduct. Only a small percentage of the participants were from single-parent households or had women who had given birth as teenagers. A few of the participants' loved ones took the news of their pregnancies very badly. While these responses were being voiced, participants countered them with phrases like "We are just following their footsteps." Indeed, these findings provide considerable credence to Bandura's Social Learning Theory [17]. A teenage mother shared:

> "*Nung malaman nila na buntis ako siyempre galit sila sa akin at pinapalayas ako, pero di ako lumayas at sinagot ko sila -di ba ganyan din naman kayo? Galit pa rin sila pero dahil magulang ko sila di nila ako natitiis, tinutulangan pa rin nila ako. Yung ibang pangangailangan ng baby ko pag minsan dun sa center o di kaya sa mga kaibigan at sa tatay ng anak ko.*"

Although the participants' parents were initially devastated by the news, they eventually got encouragement from friends, family, and the government. When these young women needed help with their children, their mothers, grandmothers, and aunts were there to provide a hand. In addition, they coordinated with the adolescent mother's teachers to pick up and return her schoolwork so she could keep going to class and graduate on schedule. Participating families in the study were given government subsidies to help pay for prescription drugs, infant formula, and daycare. The fathers of several of these children also provided financial support. In addition, the girls' close friends did not openly mock their academic performance or pregnancy. They found that some of their contemporaries shared their predicament [18].

3.4 Strategic intervention to address the rising number of adolescent pregnancies (STAR KA!)

STAR KA! helps teens identify positive life goals and develop the knowledge, attitudes, behaviors, and relationships to avoid teen pregnancy and prevent STIs and AIDS, and reach their goals. STAR KA! is organized in three sections or "arcs":

Section 1: The Community and Family Approach

A key component of the approach is the strong emphasis on family and community. The importance of protecting one's family and community is used as a motive to change individual behavior. This strategy differs from the traditional approach of HIV prevention, which focuses solely on protecting oneself as the motive to change risky behavior. The STAR KA! theme encourages adolescents to be proud of themselves and to abstain from sex or practice safer sex to prevent sexually transmitted diseases and pregnancy, not only for their own sake but for the sake of their families and community as well.

Section 2: The Role of Sexual Responsibility and Accountability

Learning to be sexually responsible and accountable is something that adolescents need to be taught. STAR KA! teaches participants to make responsible decisions regarding their sexual behavior, urges them to respect themselves and others, and stresses the importance of developing a positive self-image. They learn that being responsible and practicing safer sex, if they choose to have sex, can contribute to reaching their goals and dreams.

Section 3: The Role of Pride and STAR KA with Safer Sex as Their Choice

It is no secret that adolescence is not always easy. Confusion, conflicting feelings, and a lack of certainty are common experiences for adolescents. The media, mainstream music, and even their peers all send them explicit sexual messages daily. There is a lot of pressure on them to engage in sexual behavior. They have problems with feelings of worthiness, dignity, and pride in themselves. They must learn to respect themselves and their decision to engage in safer sex as a result. STAR KA! illustrates that making proud choices about safer sex and condom use can lead teens to develop a sense of pride, safe condom use can lead teens to develop a sense of pride, self-confidence, and self-respect. The role-play exercises and other skill-building activities reinforce the many positive benefits, both psychological and physical, of practicing safer sex.

A program that facilitates positive peer, parent-child, and partner relationships, and emphasizes that reducing the risk of teen pregnancy in the context of high educational achievement and academic supports will reduce exposure to unprotected sex. This will be achieved by either increased abstinence or improved contraceptive use, which will then reduce early pregnancy and sexually transmitted infections and thereby increase educational attainment and lower the risk of poverty.

How can we reduce the number of births to teenagers and lessen the impact of the negative societal consequences that come with it?

Both in Lucena City and throughout the entirety of Quezon Province, some methods have been implemented to reduce the number of young pregnancies and the negative societal outcomes that are linked with teen pregnancy. We need to introduce a Teenage Pregnancy Strategy, which sets a high target to reduce the rate of teenage pregnancies in Lucena City by 50%. It also aims to increase the proportion of teenage parents in education, employment and training to reduce their risk of long-term social exclusion. The goal is to halve the cases of teenage pregnancy. Strategies to tackle social issues associated with teenage pregnancy need to involve concurrent interventions, including education, skill building, clinical and social support for teenage mothers and contraception services

for young people and pregnant teenager.

3.5 Strategies for the Prevention of Pregnancy Among Teens

I. The Healthy Sexuality Approach: Promoting Health While Preventing Disease

Our present approach focuses on teenagers' "activity" or "behavior"- what they "do" rather than on natural, evolving adolescent sexuality. The current techniques are predicated on fear rather than an awareness of an individual's maturing sexuality. An approach that is both constructive and developmental acknowledges that "society has a responsibility to assist teenagers in comprehending and accepting their developing sexuality and to assist them in making appropriate sexual choices."

II. A Comprehensive Approach: From "Below the Waist" to the Whole Person

Researchers such as Claire Brindis [19] and Joy Dryfoos [20] have emphasized the significance of using an all-encompassing strategy for some time. Carrera realized very early on that adolescent pregnancy is not simply a "genital problem" or a "female sexuality problem." Instead, teen pregnancy is a response to bigger social and economic issues, especially in the context of the Philippines. In light of this, he based the foundation of his program on the conviction that "unintended pregnancies among poor, urban teens can be more effectively curtailed if we reduce the impact of the social media that is systemic in our society; if we provide informed quality education for everyone; and if we create more employment opportunities for young people and adults." The eight components listed below are a part of Carrera's holistic approach, as it was executed. 1) a program that teaches about family life and sexuality; 2) medical and health services; 3) mental health services; 4) activities that boost self-esteem through the performing arts; 5) lifetime individual sports; 6) academic assessment and homework help; 7) a job club and career awareness program; and 8) a program that helps students get into college.

III. A Societal Approach: from Teen to Adult Sexuality and Community Responsibility

We are unable to distinguish between adolescent and adult sexuality. It is obvious that adult attitudes and values about sexuality have an impact on children, whether we are discussing the sexual behavior models that children learn from their parents, the subliminal messages they receive from educators, social workers, and other professionals who work with young people, or the media images that surround them. The idea that adolescents are to blame for the rise in single-parent households is no longer tenable. The data compel us to concentrate on societal concerns such as unemployment and work possibilities, shifting views on gender roles, welfare reform legislation, and shifting family structures. The report presents comprehensive promising prevention strategies based on the above three approaches. These are summarized in Table 4.

Table 4. Intervention Program and Implementation Plan

INTERVENTION PROGRAM	
PROGRAM OVERVIEW	Smart Teens - Aware, Responsible, Kind & Accountable (STAR KA!)
Program Summary	The STAR KA! curriculum aims to enhance awareness, attitudes, and intentions related to condom usage and various protective measures during sexual activities among adolescents who are sexually active, pregnant, or already parents. Furthermore, it addresses the repercussions of HIV and AIDS on pregnant women and their offspring, along with strategies for disease prevention during pregnancy and the postpartum phase. Additionally, it highlights the specific challenges faced by young mothers. The training consists of eight sessions, with each session lasting sixty minutes. Each session concentrates on themes such as self-efficacy, feelings of maternal protectiveness, behavioral attitudes, and expectations. Additionally, the training includes instruction on negotiation and problem-solving skills.
Target Population	The program targets adolescent mothers and fathers in grades 7 through 12.
Program Setting	The program developed will be tested in schools/ barangay health centers at junior and senior high schools (grades 7-12).
PROGRAM COMPONENTS	
Program Objectives	STAR KA! The program aims to reduce unprotected sex among sexually active, pregnant and parenting teens to about 50% by affecting knowledge, beliefs, and intentions related to condom use and sexual behaviors (e.g. frequency of intercourse). The program also addresses the impact of HIV/AIDS on pregnant women and their children, the prevention of disease during pregnancy and the postpartum period, and special concerns of young mothers.
Program Content	STAR KA! uses elements from two different theories Both the Theory of Reasoned Action and the Social Cognitive Theory assert that different people learn in different ways due to their unique personalities, experiences, and environments. The hypothesis states that one's intentions are a reliable indicator of their subsequent actions. The program's eight courses cover all the essentials: • Modyul 1: PAGKILALA SA SARILI AT MGA HAKBANG PARA MATUPAD ANG IYONG MGA PANGARAP • Modyul 2: ANG BUNGA NG PAKIKIPAGTALIK - HIV IMPEKSYON • Modyul 3: MGA SALOOBIN TUNGKOL SA PAKIKIPAGTALIK HIV -STI AT PAGGAMIT NG CONDOM • Modyul 4: MGA ISTRATEHIYA SA PAG-IWAS SA IMPEKSYON NG HIV - HUMINTO MAG-ISIP AT KUMILOS • Modyul 5: ANG BUNGA NG PAKIKIPAGTALIK - MGA SAKIT NA NAILLIPAT SA SEKSWAL NA PARAAN • Modyul 6: - ANG BUNGA NG PAKIKIPAGTALIK - PAGBUBUNTIS • Modyul 7: PAGBUO NG MGA KASANAYAN SA PAGGAMIT NG CONDOM AT PAKIKIPAGNEGOSASYON • Modyul 8: PAGPAPAHUSAY NG MGA KASANAYAN SA PAGTANGGI AT PAKIKIPAGNEGOSASYON During these sessions, all questions and concerns raised by participants regarding HIV/STDs and pregnancy prevention will be addressed. A key focus is on boosting maternal protectiveness, alongside fostering skills in negotiation, problem-solving, self-efficacy, and confidence. This includes educating young

INTERVENTION PROGRAM	
	individuals about the impact of HIV on families and children, as well as the advantages and challenges associated with early parenting.
Program Methods	The program's content will be shared through various methods, including facilitator modeling, role-playing with feedback, films, group discussions, written exercises (such as "Letter to My Baby"), and skill demonstrations (for instance, condom application).
IMPLEMENTATION REQUIREMENTS AND GUIDANCE	
Program Structure and Timeline	The curriculum includes eight sessions, each lasting 60 minutes, which can be conducted over a period ranging from one to eight days (refer to permissible adaptations). The ideal group size for each facilitator is from five and fifteen participants.
Staffing	The evaluation of the curriculum will be conducted by professional nurses; however, the program may also be implemented by qualified educators and social workers. Facilitators are required to have experience working with adolescents who are pregnant or parenting, as well as an understanding of the factors that affect sexual risk-taking in this population. For groups consisting of 5 to 15 participants, one facilitator is necessary to enhance the quality of interaction and skill-building exercises. It is also advisable for facilitators to exhibit a caring and supportive attitude, actively engage participants, and employ interactive techniques.
Program Materials and Resources	STAR KA 1) Facilitator Curriculum; 2) Activity set (posters, role plays, interactive cards); and 3) curriculum DVDs 4) posters
Additional Needs for Implementation	The program requires the use of a DVD player, LCD projector or TV monitor.
Fidelity	Providers have access to fidelity benchmarks, a logic model, and monitoring tools to ensure the program is implemented accurately and consistently.
TRAINING AND STAFF SUPPORT	
Staff Training:	It is strongly advised that educators intending to teach STAR KA! undergo research-based professional development to equip them for the effective and faithful implementation and replication of the curriculum for the specified target group.
Allowable Adaptations	The developer notes several ways the program may be adapted: • The program can be conducted in a larger group environment; however, participants should be divided into smaller groups of 6 to 8 for certain activities, with those small groups reconvening to share their discussions and outcomes. • Additionally, the program is suitable for implementation in community settings, such as agencies that serve youth. Agencies can structure the program sessions in the following four ways: • Eight days of approx. one hour per day • Four days of approx. two hours per day • Two days of approx. four hours per day • One day (Saturday) for approx. eight hours, plus time for serving lunch and snacks

4 Conclusion

The research findings reveal a complex web of factors contributing to adolescent pregnancy, encompassing social media influence, peer pressure, inadequate parental care, poverty, and pervasive gender norms. The study underscores the urgent need for comprehensive sexual and reproductive health education that not only targets adolescents but also extends to parents. The identified challenges, including societal expectations, domestic duties, and the prevalence of sexual harassment, emphasize the necessity for multifaceted interventions. Initiatives should focus on reshaping societal attitudes, fostering open communication, and implementing child protection measures to break the culture of silence surrounding sexual abuse. A collaborative and holistic approach involving families, communities, and policymakers is crucial to creating an environment supportive of adolescent well-being and the prevention of early pregnancies.

While the participants demonstrated awareness of family planning methods and contraception, the research uncovered misconceptions and inadequate education, as evidenced by the incorrect strategies mentioned. Teenage mothers faced significant challenges, including minimal support from family and friends, financial hardships, and societal stigmatization. The study underscores the need for comprehensive sexual education that goes beyond mere awareness, addressing misconceptions and promoting responsible practices. The findings emphasize the complexity of factors contributing to adolescent pregnancy, including inadequate support structures, financial difficulties, and societal biases. To address these issues effectively, interventions should focus on holistic education, community support, and destigmatization to empower teenagers with the knowledge and resources needed for responsible decision-making regarding their reproductive health.

Access to adequate health care for both mothers and children proved to be a persistent issue, with low-income and inadequate service delivery at Rural Health Units contributing to dissatisfaction among teen mothers. Education disruptions were evident, with a significant dropout rate due to pregnancy, emphasizing the need for targeted interventions to support continued education for teenage mothers. Economic struggles were prevalent, with financial hardships, limited income, and a lack of stable employment affecting the ability of young mothers to provide for their children. Socially, the study revealed pervasive negative feedback and stigmatization, indicating the urgent need for destigmatization efforts and community support. Despite the challenges, there were instances of familial and governmental support, showcasing the potential positive impact of comprehensive assistance programs. The findings underscore the complexity of issues contributing to the struggles of adolescent mothers and emphasize the necessity of holistic interventions to address their health, education, economic, and social needs.

Addressing the rising number of adolescent pregnancies requires strategic interventions that encompass a comprehensive and holistic approach. The STAR KA! program is a promising initiative, emphasizing family and community involvement. Its three-section structure addresses key aspects, starting with the importance of protecting one's family and community, instilling pride in making positive choices related to sex, and teaching sexual responsibility and accountability. The program's focus on building positive peer, parent-child, and partner relationships aligns to reduce teen pregnancy in the context of high educational achievement.

The highlighted strategies for preventing teen pregnancies extend beyond individual behavior modification. The Healthy Sexuality Approach advocates for understanding and accepting evolving adolescent sexuality rather than focusing solely on behavior change. A Comprehensive Approach, as demonstrated by Carrera's program [19], recognizes teen pregnancy as a response to broader social and economic issues, calling for interventions that encompass family life education, health services, mental health support, self-esteem activities, academic assistance, career awareness, and college preparation.

The Societal Approach emphasizes the need to integrate adolescent and adult sexuality, recog-

nizing the impact of societal norms and values on young individuals. To bring down the number of births to teenagers, a proposed Teenage Pregnancy Strategy is essential, setting ambitious targets to reduce teenage pregnancies by 50% and increase the proportion of teenage parents in education, employment, and training.

The Prevention of Pregnancy Among Teens outlines two crucial approaches. The Healthy Sexuality Approach shifts the focus from teenagers' activities to understanding and accepting their developing sexuality, fostering a responsible attitude toward sexual choices. The Comprehensive Approach acknowledges the multifaceted nature of teen pregnancy, proposing interventions that address social and economic issues in addition to education and healthcare.

Ultimately, the STAR KA! program, coupled with the outlined prevention strategies, provides a comprehensive framework for addressing the complex issue of adolescent pregnancies. By combining education, family involvement, societal awareness, and supportive interventions, there is potential to make a significant impact on reducing teenage pregnancies and mitigating the associated societal consequences.

5 Recommendations

For schools, the emphasis is on overcoming hesitancy to teach Sexual and Reproductive Health (SRH) by aligning concepts like abstinence and faithfulness with religious beliefs. Incorporating SRH education into classrooms is deemed imperative, offering diverse curricula to prevent early sexual activity and provide sexually active individuals with the necessary knowledge and skills for self-protection. Community and family sensitization campaigns are proposed to understand the root causes of adolescent pregnancies.

AHD program workers are encouraged to establish platforms for quality SRH education in barangays, focusing mainly on empowering teenage girls to protect themselves. Follow-up initiatives for teenage mothers, effective counseling, and information dissemination are recommended. A holistic approach involves linking city health offices with barangay health centers, forming Youth Health Centers (YHC), and exploring religious-sanctioned SRH youth materials.

Teenage mothers are advised to engage in peer-to-peer communication, receive training on resourceful child-rearing with limited means, pursue skills training, and access educational scholarships. Positive and open dialogues, reduction of stigmatization, and involving fathers in accountability are highlighted. Policymakers are urged to conduct community sensitization, disseminate information through broadcast media, establish counseling units through YHCs, and open Social Amelioration Programs to parents. The importance of improving interactions and relationships with teenagers, encouraging access to medical facilities, and supporting income-generating activities is emphasized.

Recommendations for parents of teenage girls include reducing reliance on children for household income, incorporating guidance and counseling into schools, and promoting family planning seminars. The key aspects include sensitization of family planning methods, the importance of education, and establishment of peer educator clubs in barangays. Integrating SRH as a subject in schools, providing accurate information, and training SRH clinics on youth-friendly service delivery are crucial steps. Overall, the recommendations call for a comprehensive, multi-dimensional approach involving various stakeholders to address the complex challenges associated with adolescent pregnancies.

Statements and Declarations

Funding

The authors of the study obtained funding from the local government of Lucena City.

Conflicts of Interest

Authors have no competing interest in funding, employment, financial interest, or non-financial interest, All authors certify that they have no affiliations with or involvement in any organization or entity with any financial interest or non-financial interest in the subject matter or materials discussed in this manuscript.

Data Availability and Ethical Considerations

The raw data and any information obtained about teenage mothers are strictly confidential. Release or storage of the raw data outside the control of the researchers is not permitted under the conditions set by LGU in the research clearance and signed waiver.

Authors Contributions

F.E.M.: conceptualization, methodology, data analysis, formal writing; **F.N.E.**: conceptualization, methodology, supervision, project administration; **M.A.T.B.**: methodology, data gathering, analysis, formal writing; **M.R.Q.C.**: methodology, data gathering, analysis, formal writing, review and editing.

Acknowledgments

This study acknowledges the support and the funding allocation from Dalubhasaan ng Lungsod ng Lucena – Office of the College Research and Development Services-Publication. Also, the support of the Dalubhasaan ng Lungsod ng Lucena Administration headed by the President and Dean- Dr. Maria Charmaine V. Lagustan. The researchers wish to convey their appreciation for the participation of the chosen respondents from the 12 barangays who have the highest rate of teenage pregnancy namely Bocohan, Cotta, Dalahican, Gulang-gulang, Ibabang Dupay, Ibabang Iyam, Ilayang Iyam, Isabang, Kanlurang Mayao, Market View, Mayao Crossing, and Silangang Mayao..

References

[1] WHO. (2019). Adolescent pregnancy: Evidence brief. https://www.who.int/publications/i/item/WHO-RHR-19.15

[2] WHO. (2024). *Adolescent pregnancy*. World Health Organization. https://www.who.int/news-%20room/fact-sheets/detail/adolescent-pregnancy

[3] Erken, A. (2019). *State of world population 2019, unfinished business: The pursuit of rights and choices for all*. UNFPA. https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA_PUB_2019_EN_State_of_World_Population.pdf

[4] POPCOM. (2020). *POPCOM: Number of filipinos in 2021 estimated at 110.8 million, sizes of families trending lower at 4 members*. Commission of Population and Development.

[5] PSA. (2019). *2019: A year of innovation*. Philippine Statistics Authority. https://psa.gov.ph/system/files/main-publication/PSA%20Coffee%20Table%20Book%20%28Full%20Book%20for%20Online%29%2009112020-rev110320.pdf

[6] WHO. (2014). *Adolescent pregnancy fact sheet*. World Health Organization. http://www.who.int/mediacentre/factsheets/fs364/en/

[7] Senkyire, E. K., Boateng, D., Boakye, F. O., Logo, D. D., & Ohaja, M. (2022). Socio-economic factors associated with adolescent pregnancy and motherhood: Analysis of the 2017 ghana maternal health survey. *Plos one*, *17*(12), e0272131. https://doi.org/10.1371/journal.pone.0272131

[8] Cruz, E., Cozman, F. G., Souza, W., & Takiuti, A. (2021). The impact of teenage pregnancy on school dropout in brazil: A bayesian network approach. *BMC Public Health*, *21*, 1–8. https://doi.org/10.1186/s12889-021-11878-3

[9] Erfina, E., Widyawati, W., McKenna, L., Reisenhofer, S., & Ismail, D. (2019). Adolescent mothers' experiences of the transition to motherhood: An integrative review. *International journal of nursing sciences*, *6*(2), 221–228. https://doi.org/10.1016/j.ijnss.2019.03.013

[10] Simmons, B. J. (2006). *Understanding teen pregnancy through the younger sister's voice: A focused ethnography*. Georgia State University. https://scholarworks.gsu.edu/cgi/viewcontent.cgi?article=1003&context=nursing_diss

[11] Rezaie, R., Mohammad-Alizadeh-Charandabi, S., Nemati, F., & Mirghafourvand, M. (2021). The effect of self-care counseling on health practices of adolescent pregnant women: A randomized controlled trial. *BMC Pregnancy and Childbirth*, *21*, 1–11. https://doi.org/10.1186/s12884-021-04203-8

[12] Decat, P., De Meyer, S., Jaruseviciene, L., Orozco, M., Ibarra, M., Segura, Z., Medina, J., Vega, B., Michielsen, K., Temmerman, M., et al. (2015). Sexual onset and contraceptive use among adolescents from poor neighbourhoods in Managua, Nicaragua. *The European Journal of Contraception & Reproductive Health Care*, *20*(2), 88–100. https://doi.org/10.3109/13625187.2014.955846

[13] Handa, S., Pineda, H., Esquivel, Y., Lopez, B., Gurdian, N. V., & Regalia, F. (2009). Non-formal basic education as a development priority: Evidence from Nicaragua. *Economics of Education Review*, *28*(4), 512–522. https://doi.org/10.1016/j.econedurev.2009.01.001

[14] Ferre, Z., Gerstenblüth, M., Rossi, M., & Triunfo, P. (2013). The impact of teenage childbearing on educational outcomes. *The Journal of Developing Areas*, *47*(2), 159–174. https://doi.org/10.1353/jda.2013.0031

[15] Michaelowa, K. (2000). *Returns to education in low income countries: Evidence for Africa*. University of Zurich, Frankfurt, Germany. https://www1.aucegypt.edu/src/skillsdevelopment/pdfs/returns%20to%20education%20low%20income%20countries.pdf

[16] Barnet, B., Rapp, T., DeVoe, M., & Mullins, C. D. (2010). Cost-effectiveness of a motivational intervention to reduce rapid repeated childbearing in high-risk adolescent mothers: A rebirth of economic and policy considerations. *Archives of pediatrics & adolescent medicine*, *164*(4), 370–376. https://doi.org/10.1001/archpediatrics.2010.16

[17] Bandura, A. (1977). *Social learning theory*. General Learning Press, New York. https://ia903002.us.archive.org/15/items/BanduraSocialLearningTheory/Bandura_SocialLearningTheory_text.pdf

[18] Akella, D., & Jordan, M. (2015). Impact of social and cultural factors on teen pregnancy. *Journal of Health Disparities Research & Practice*, *8*(1). https://digitalscholarship.unlv.edu/jhdrp/vol8/iss1/3

[19] Brindis, C. D., Decker, M. J., Gutmann-Gonzalez, A., & Berglas, N. F. (2020). Perspectives on adolescent pregnancy prevention strategies in the united states: Looking back, looking forward. *Adolescent health, medicine and therapeutics*, 135–145. https://doi.org/10.2147/AHMT.S219949

[20] Dryfoos, J. G., & Barkin, C. (2006). *Adolescence: Growing up in america today*. Oxford University Press. https://doi.org/10.1093/acprof:oso/9780195179613.001.0001