

# **Broken Pots, Mended Dreams: Concepts, Causes, and Effects of Teenage Pregnancy in Outreach Barangay**

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## **ABSTRACT**

This study aimed to determine the concepts, causes and effects of teenage pregnancy among selected residents in outreach barangay as an entire group and when classified as to sex. Mixed descriptive and phenomenological methods of research were used, utilizing 50 selected residents as respondents, 7 or 14% were male and 43 or 86% were female, whom were selected through random sampling. The data were obtained through the use of a survey questionnaire. Based on the findings, results revealed that when respondents were categorized by the entire group, teenage pregnancy was the transition period between childhood and adulthood, while, incident of teenage pregnancy was high and was avoided in the outreach barangay were the least concepts of teenage pregnancy exist. The top cause of teenage pregnancy was lack of sex education while, the least cause of teenage pregnancy was the socio-economic status. The effect of teenage pregnancy was primarily an incomplete education and the least effect will be isolation and rejection of friends or community. Furthermore, no significant differences and relationship on the concepts, causes and effects of teenage pregnancy resulted among selected residents in outreach barangay.

Lived Experiences among Respondents of Teenage Pregnancy were divided into subthemes: (a) socio-economic status (b) health and (c) family relationship. Coping to Survive the Dilemmas of Teenage Pregnancy were divided into subthemes: (a) family support and (b) prayers and believing to the help Most Powerful Almighty.

Statistical treatments were mean, standard deviation and t-test for independent samples set at 0.05 alpha level. All computations were done via SPSS software.

**Keywords:** *causes, concepts, effects, outreach program, barangay, dilemma, teenage pregnancy*

## **INTRODUCTION**

Adolescent pregnancy affects the emotional, social, physical, and economic well-being of the teenage parent and child (Rice, 1992). Rice (1992) further added that when a pregnant teenager is emotionally disturbed, she ends up taking wrong decisions. A desperate teenage mother abandoned her one-year-old toddler because the child no longer fits into her lifestyle. Another child was discovered abandoned aged between one and three. The number of abandoned children is steadily increasing.

Apart from the socioeconomic and medical problems presented, teenage pregnancy has also been found to cause psychological disturbance for some teenagers. Teenagers who have normal delivery later report and present with depressive symptoms (Clemmens, 2002). Similar findings were earlier reported by Deal and Holt (1998) who used the Centre for Epidemiological Studies Depression Scale (CES-D) to learn about depressive symptoms among teenage mothers. In another study that Hudson, Elek and Campbell-Grossman (2000) examined, the levels of depression, self-esteem, loneliness and social support and the relationship between these variables among adolescent mothers, result of the depression scores were in the higher ranges (CES-DC > 15) for 53% of the participants. Other previous investigations have indicated that teenagers who have delivered babies are likely to have depressive symptoms and other psychological problems; less information is available on the psychological impact of teenage pregnancy on teenagers at the time of pregnancy (Hudson, et. al., 2000).

### **Trends in World's Adolescent Pregnancy**

The magnitude of the issue of adolescent pregnancy can be better understood by looking at evidence from household surveys such as the (Demographic and Health Survey) DHS and (Multiple Indicator Cluster Survey) MICS on the percentage of women aged 20 to 24 who had a live birth by age 15 or 18. The most recent estimate available indicates that almost one in five women aged 20 to 24 (19 percent) had a live birth by their 18th birthday. An equivalent value of 3 percent was observed for those who had the live birth by age 15. As with many averages, there are substantial variations across different regions. Age younger than 18 years old, extreme results are observed in sub-Saharan Africa, at 28 percent in West and Central Africa, and 25 percent in Eastern and Southern Africa,

compared to just 4 percent in Eastern Europe and Central Asia. By contrast, Latin America and the Caribbean show a value close to the global estimates at around 18 percent (UNFPA, 2013).

In absolute terms, UNFPA (2013) said that in 2010, 36.4 million women aged 20 to 24 had their first live birth before age 18, and 5.6 million did so before age 15. This value is equivalent to 7.3 million girls under the age of 18 giving birth every year, or 20,000 every day. Out of 36.4 million, almost half or 17.4 million adolescent mothers lived in South Asia. The Sub-Saharan Africa, have the highest prevalence of pregnancies among adolescent girls, accounted for 28 percent of adolescent mothers, with 15 percent in West and Central Africa, and 13 percent in Eastern and Southern Africa.

### **Teenage Pregnancy in Asia and Pacific**

Rates of adolescent childbearing have dropped significantly in most countries of Asia and the Pacific in the past two to three decades. However, the recorded teenage pregnancy remains high in many countries of South and South-West Asia, the rate being 35 percent in Bangladesh, and 21 percent in Nepal and India (<http://siteresources.worldbank.org/INTCY/Data/20333440/YIN-SA.pdf>).

Many Pacific nations are still recording high rates of unwanted teenage pregnancies, indicative of unprotected sex and shortfalls in basic sex education. In the Marshal Islands and the Cook Islands, teenage pregnancies account for 20 percent of total deliveries ([www.unicef.org/eapro/10\\_pacific.pdf](http://www.unicef.org/eapro/10_pacific.pdf)). UNICEF (2011) states, that adolescent childbearing rate remain high in some countries because of the persistent prevalence of child marriage. Child marriage is disproportionately high in Asia and the Pacific, in particular South Asia, where 30 percent of all 15-19 year old females are in a married union, compared to a world average of 22 percent. UNICEF (2011) further added that subregion, the percentage of 20-24 year old women who gave birth to their first child before the age of 18 is 22 percent, higher than the world average of 20%, and almost triple the rate of East Asia and the Pacific, at 8 percent. Child marriage is associated with a high likelihood of complications in pregnancy and childbirth and is among the leading causes of death for girls between the ages of 15 and 19 worldwide. It is also associated with an increased risk of sexually transmitted infections and unwanted pregnancies.

### **Teen Pregnancies in the Philippines**

In the Philippines, according to the 2013 Young Adult Fertility and Sexuality Study by the University of the Philippines Population Institute (UPPI) and the Demographic Research and Development Foundation, 17 percent of our Filipino youth nationwide from ages 15 to 19 admitted having a premarital sex experience. What's worse is that 65.3 percent of our youth are already in a live-in arrangement (Natividad, 2014). The 2013 National Demographic and Health Survey (NDHS) reveals that among women ages 25-49, 15 percent were married by age 18 and this percentage more than doubles by age 20. By age 22, 48 percent of women were married, increasing further to 66 percent by age 25. Similar patterns are found in the other age groups. Overall, the median age at first marriage among women ages 25-49 is 22.3 years and this is not very different across age groups (Philippine Statistics Authority, 2014).

Reolalas, (2014) explained further that, female respondents for ages 10-19 years old show a slow declining trend from 24.8 percent in 1970 to 21.5 percent in 2010, same holds true to female population for 10-19 years old from 12.43 percent in 1970 to 10.52 percent in 2010. NCR, Region V and Region VIII showed an increase in the female population 10-19 years old between the two census years 2000 and 2010. Teen marriages also showed a declining trend from 14.8 percent in 2000 to 13.0 percent in 2010. Teen brides consistently contributed more than 10 percent of the brides each year.

On the other hand, births to women under 20 years old showed an increasing trend from 126,024 in 2000 it rose to 207,898 in 2010 with an increase of about 64.97 percent. The contribution of teenage mothers ranged from 7.13 percent in 2000 to 11.66 percent in 2010. In 2000, 14 babies were born per hour or 345 babies born per day to teenage mothers and this increased to 24 babies born per hour or 569 babies born per day in 2010. In NCR, around three (3) babies born per hour or 79 babies born per day in 2010, the highest among the regions. Birth rate for women under 20 is 14.99 live births per 1,000 women and increased to 21.4 live births in 2010, an increase of 6.4 births per 1,000 women under 20 years old. Region X (13 births), Region II (12 births) and Region XII (11 births) share more than 10 births difference increase between 2000 and 2010. The proportion of illegitimate births is increasing from 30.2 percent to 42.9 percent,

although illegitimate births to women 13-19 show an erratic trend but the contribution is 22 percent from 2006 to 2010 (Reolalas, 2014).

Furthermore, Reolalas (2014) added that there is an increasing trend on the number of first-time mothers for women under 20 years, the proportion ranged from 19.5 percent in 2000 to 26.7 percent in 2010. This holds true to second time and third time mothers of the same age. Proportion of babies born with low birth weight to women under 20 increased from 14 percent in 2006 to 15.5 percent in 2010. Fetal deaths from mothers aged 20 and below contributed more than 8 percent of the total each year and numbered more than 8,000 each year from 2000 to 2010. Fetal death ratio to women under 20 years old show a decline from 4.58 fetal deaths per 1,000 live births in 2006 to 3.22 fetal deaths per 1,000 live births in 2010. Increasing and high incidence of late fetal deaths to unwed mothers under 20, from 75.16 percent in 2006 to 90.12 percent in 2010.

Maternal deaths were recorded from year 2006 to 2010 was more than 1,500 each year. Number of maternal deaths for teenage women ranged from 99 at the lowest in 2006 to as high as 164 in 2010. Maternal mortality ratio in 2010 was 97.3 maternal deaths per 100,000 live births for all ages and 80.8 maternal deaths for women under 20 years of age and varies among regions (<http://aboutphilippines.ph/documents-etc/Teen-pregnancies-in-the-Philippines.pdf>).

Motivated by these concerns, the researcher conducted a study to determine the concepts, causes, and effects of teenage pregnancy in the outreach barangay. Lived experiences and coping with the dilemmas of the teenage pregnancy were ascertained further.

### **Objectives of the Study**

The general objective of this study was to ascertain the concepts, causes and effects of teenage pregnancy among selected residents of the outreach barangay as an entire group and when classified as to sex. Furthermore, significant differences and relationship on the concepts, causes and effects of teenage pregnancy among selected residents of the outreach barangay. Lived experiences and coping with the dilemmas of the teenage pregnancy were ascertained further.

## MATERIALS AND METHODS

### Research Design

This descriptive study was conducted to ascertain the concepts, causes and effects of teenage pregnancy among selected residents of the outreach barangay. Wherein, the selected barangay was part of the outreach program of the Junior High School Department, of the University for five years.

### Respondents

The respondents of this study were the 50 selected residents of the outreach barangay. The distribution of the respondents was shown in Table 1. Most of the respondents were female which comprised the 86% (N=43) and 14% (N=7) were made up of male respondents.

**Table 1**  
Distribution of Selected Resident Respondent (n=50)

Personal Profile	f	%
<b>A. Sex</b>		
Male	7	14
Female	43	86
<b>Total</b>	<b>50</b>	<b>100</b>
<b>B. Age (years old during the study)</b>		
12-14	1	2
15-17	2	4
18-20	9	18
21-23	18	36
24-26	4	8
27-29	3	6
30-32	1	2
33-35	12	24
<b>Total</b>	<b>50</b>	<b>100</b>

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<b>Personal Profile</b>	<b>f</b>	<b>%</b>
<b>C. No. of Children (during the study)</b>		
0-1	16	32
2-3	20	40
4-5	10	20
6-7	3	6
Above 7	1	2
<b>Total</b>	<b>50</b>	<b>100</b>
<b>D. Occupation</b>		
Tailoring/Dressmaking	0	0
Fishing	20	40
Farming	0	0
Business	10	20
Other Occupation	9	18
No Occupation	11	22
<b>Total</b>	<b>50</b>	<b>100</b>

When the study was conducted, most of the respondents were in the age bracket of 21-23 years old. It is followed by ages 33-35 years old. However, ages 12-14 and 30-32 years old were the least numbered among the respondents. According to the Report of the Secretary-General on Adolescents and Youth (2012) that more worrying fact in many countries that women aged 20–24 years are likely to have been married before age 15 and it is a very clear indicator of being on the category of teenage pregnancy. Most of the respondents have 2-3 children in the family. It is followed by only 1 child and 4-5 children in the family.

Since the location of the outreached barangay is strategic for keeping the fishpens/fishponds, most of the respondents are fishermen or a fish vendor. Moreover, still some of the respondents do not have occupation in order to sustain their family needs. Teens in minority groups and those living in low-income communities remain at higher risk (Teenage Births: Outcomes for Young Parents and their Children, 2008).

## **Data Gathering Procedure/Technique**

### **Phase I. Preparation of Instrument**

The researchers made the instrument, a survey questionnaire checklist in order to gather the needed data. The instrument was also translated to the vernacular for easy understanding of the selected respondents.

### **Phase 2. Administration and Fielding of Instrument to the Respondents**

The researchers went to the Office of the Principal, Social Action and Community Engagement Office (SACEO) and Office of Associate Vice President for Research to seek approval for the study to be conducted. The questionnaires are then administered. But before the respondents answered the instrument, they were given a brief instruction regarding the instrument.

### **Phase 3. Tallying and Making Tables for the Result**

After the instruments were gathered from the respondents, the researchers made a tally sheet of answers for each student whether they answered Strongly Disagree, Agree or Strongly Agree. The researchers made the tables and categorized it by Concepts, Causes and Effects, to answer the statement of the problem and/or the hypothesis.

### **Phase 4. Interpretation of Tables**

The researchers interpreted the self-made tables that were categorized into concepts, causes and effects, and mean and percentage were used. To determine the significant difference, a level of significance set at 0.05 was also used.

### **Phase 5. Data Analysis**

The responses of students were tabulated by obtaining the mean frequency ( $f_{\text{mean}}$ ) and mean percentage ( $\%_{\text{mean}}$ ) for concepts, causes and effects. To determine whether a significant difference in concepts, causes and effects, the mean frequency Statistics was used set at 0.05 level of significance. Answers in concepts, causes and effects were given points in analyzing the inferential statistics. After they were computed, the concepts, causes and effects were compared if there is a difference in their responses. The scores in the computation were used in the statistical inference, which is the mean frequency, set at 0.05 level of significance.



### **Phase 6. Transcription**

The transcription of the respondents' written descriptions in section C of the questionnaire about teenage pregnancy was analyzed using Colaizzi's (1978) phenomenological steps.

- a. The researcher decided to follow the principle of Morse (1994) to satisfy needed data of the research. The researcher took six representatives, three male and three female respondents. They were randomly chosen out of the 50 respondents.
- b. All written responses in section C were transcribed verbatim by the researcher. Then completeness was verified adding to the observational notes taken during the conduct of research.
- c. The researcher read the written transcript of each respondent's several times to acquire a feeling for the essence of the phenomena. Significant statements and phrases that directly pertained to the phenomena were extracted.
- d. Meanings from the significant statements and phrases from the interview were formulated and organized into themes. Then the themes were clustered.
- e. The emergent themes common to all of the respondents' descriptions were organized, by comparing each individual's transcript with the transcript of other individual respondent. Themes which emerged after analyzing each new transcript were added to the categories of themes which had already occurred.
- f. The results of the data analysis were integrated into an exhaustive description of teenage pregnancy experiences and coping up with the dilemmas of teenage pregnancy.

### **Statistical Analysis**

The data gathered will be computed, tabulated and reported as mean. The data will be analyzed using the mean frequency and the significance will be determined ( $p < 0.05$ ). In order to determine the concepts, causes and effects of teenage pregnancy among selected residents of the outreach barangay, the mean, ranking and t-test, were used.

**Table 2**  
Assigned values for Likert scales used in the study

Options	Scale	Verbal Interpretation
1	0.0-0.9	Strongly Disagree
2	1.1-2.0	Disagree
3	2.1-3.0	Agree
4	3.1-4.0	Strongly Agree

### **Data Gathering Instruments**

A questionnaire adopted from Ogori A. F., Ajeya S. F. and Yunusa A .R. (2013) was used as instrument in determining the concepts, causes and effects of teenage pregnancy among selected residents of the outreach barangay. The questionnaire was modified and translated to Hiligaynon to suit the status of the respondents and for its easy understanding. The researcher named the questionnaire as Questionnaire for the Concepts, Causes and Effects of Teen Age Pregnancy. It is made up of three parts namely: Part I are items for Personal Data, Part II are items for concepts, causes and effects of teenage pregnancy and Part III are interviews about lessons learned from teenage pregnancy and its coping mechanisms which were represented by six respondents taken randomly from 50 original respondents. For Part II, a four-point Likert scale wherein, Four (4) is Strongly Agree, Three (3) is Agree, Two (2) is Disagreed and One (1) is Strongly Disagreed. Upon the approval of the request from the Principal, Social Action and Engagement Office-Director and Associate Vice President for Research, the researcher distributed the questionnaire to the respondents. Then, it was gathered, tabulated, and recorded using the computer assisted package for the analysis and interpretation of data.

## RESULTS AND DISCUSSION

### Concepts, Causes and Effects of Teenage Pregnancy

The concept of teenage pregnancy when taken as an entire group shows that teenage pregnancy is the transition period between childhood and adulthood (3.70), teenage pregnancy is dangerous (3.62), teenage pregnancy usually occurs among underage girls (3.60), incident of teenage pregnancy is high in the outreach barangay (3.06) and teenage pregnancy is avoided in the outreach barangay (2.96).

Table 3 shows the mean ratings and its corresponding rank of the concepts of teenage pregnancy in the outreach barangay.

**Table 3**  
Concepts of teenage pregnancy and its corresponding rank  
as an Entire Group (n=50)

Concepts of Teenage Pregnancy	Mean	Interpretation	Rank
Teenage pregnancy is the transition between childhood and adulthood.	3.70	SA	1
Teenage pregnancy is dangerous	3.62	SA	2
Teenage pregnancy usually occurs among underage girls	3.60	SA	3
Incident of teenage pregnancy is high in the outreach barangay	3.06	A	4
Teenage pregnancy is avoided in the outreach barangay	2.96	A	5
<b>Total mean</b>	<b>3.39</b>	<b>SA</b>	

It can be seen in table 3 the causes of teenage pregnancy when taken as an entire group shows that the lack of sex education (3.30) is the primary cause, peer pressure (2.98), curiosity (2.90), early marriage and traditional gender roles (2.86), and the least was caused by socio-economic background (2.82).

Table 4 shows the mean ratings and its corresponding rank of the Causes of teenage pregnancy in an outreach barangay.

**Table 4**  
Causes of teenage pregnancy and its corresponding rank  
as an Entire Group (n=50)

Causes of Teenage Pregnancy	Mean	Interpretation	Rank
Socio-economic background	2.82	A	5
Peer pressure	2.98	A	2
Lack of sex education	3.30	SA	1
Curiosity	2.90	A	3
Early marriage and traditional gender roles	2.86	A	4
<b>Total mean</b>	<b>2.97</b>	<b>A</b>	

The effects of teenage pregnancy when taken as an entire group show that teenage pregnancy will just lead to incomplete education (3.70), it will also put the mother's health at risk (3.38), isolation and rejection of parents (3.04), it will lead also to lack of love, affections and care from both parents (2.88), it can lead to one's mental disorder in the locality (2.76) and lastly, isolation and rejection of friends or community (2.56).

Table 5 shows the mean ratings and its corresponding rank of the Effects of teenage pregnancy in an outreach barangay.

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**Table 5**  
Effects of teenage pregnancy and its corresponding rank  
as an Entire Group (n=50)

Effects of Teenage Pregnancy	Mean	Interpretation	Rank
Incomplete education	3.70	SA	1
Mother's health will be at a risk during child birth	3.38	SA	2
Lack of love, affections and care from both parents	2.88	A	4
Isolation and rejection by parents	3.04	A	3
Isolation and rejection of friends or community	2.56	A	7
Financially incapable	2.64	A	6
Leads to one's mental disorder in the locality	2.76	A	5
<b>Total mean</b>	<b>2.99</b>	<b>A</b>	

The concepts of teenage pregnancy when grouped as to sex shows that both male (3.86) and female (3.67) respondents conceptualized teenage pregnancy as the transition period between childhood and adulthood while female respondents considered teenage pregnancy as dangerous (3.67). The least rating for the concepts of teenage pregnancy when grouped as to sex among male respondents are incident of teenage pregnancy is high in the outreach barangay (3.14) and teenage pregnancy is avoided in the outreach barangay (3.14). However, female respondents considered only item that teenage pregnancy is avoided in the outreach barangay (2.93) as the least concept.

According to Rindfuss, Swicegood, and Rosenfeld (1987), the transition to adulthood can take place in different orders and over a wide range of ages from the teens through the mid- to late 20s and beyond, and most youth successfully make these transitions.

However, many youth experience setbacks early on by becoming parents too soon, dropping out of school, failing to find work, or getting in trouble with the legal system. These experiences not only make the transition to adulthood more difficult, but can also have long-lasting effects by compromising a youth's potential to provide for himself or herself in adulthood, and by increasing the risk that a youth's own offspring will experience the same negative outcomes (Jekielek & Brown, 2005).

Hardly a day goes by without a news story featuring teenagers being in trouble or causing trouble. They wreck cars, vandalize property, use and abuse drugs and alcohol, get themselves pregnant, spread STDs, drop out of high school, and pressure each other to do stupid and sometimes dangerous things. They are, in a sense, both a tribe apart (Hersch, 1998) and an abandoned generation (Giroux, 2003) both risk-takers (Bell & Bell, (Eds.) 1993) and at risk (Capuzzi & Gross, (Eds.) 2008), both rebellious (Lebrun, (2011) and perilous (Newton, 1995) and we—the grownups — simultaneously fear them and fear for them.

Table 6 shows the mean ratings and its corresponding rank of the concepts of teenage pregnancy and its corresponding rank as to sex.

The causes of teenage pregnancy when grouped as to sex show that male respondents considered peer pressure (3.57) as the highest item for the causes of teenage pregnancy while, early marriage and traditional gender roles (2.57) is the least cause of teenage pregnancy. Furthermore, female respondents considered lack of sex education (3.28) as the primary cause of teenage pregnancy, while female respondents considered socio-economic background as the least cause of teenage pregnancy (2.79). This was proven by UNESCO (2006) that being able to prove that he is a 'man' is the foremost pressure on a male adolescent. During adolescence and early youth, this pressure is particularly acute. It is the core of male peer pressure, which is now a recognised adolescent concern. It is often a matter of life and death for boys/ men and a failure to prove one's manhood may even drive an isolated young man to suicide. This 'masculinity' pressure can turn this otherwise beautiful period of a man's life into a nightmare (Masculinity for Boys: Resource Guide for Peer Educators, 2006).

Early comprehensive sexeducation is also important because even though most teens are not cognitively or emotionally ready to have children, they are biologically and physically prepared. A heterosexual adolescent female who is sexually active but does not use contraceptives has a 90% chance of becoming pregnant within a year (Harlap, Kost, & Forrest, 1991).

Finally, teenagers themselves view sex education as important and highlight the need for factual information as well as practical skills related to sexual health (Byers, Sears, Voyer, Thurlow, Cohen & Weaver, 2003).

**Table 6**  
**Mean Ratings and Its Corresponding Rank of the concepts of Teenage Pregnancy and Its Corresponding Rank as to Sex.**

Concepts of Teenage Pregnancy	Male			Female		
	Mean	Interpretation	Rank	Mean	Interpretation	Rank
Teenage pregnancy is the transition between childhood and adulthood.	3.86	SA	1	3.67	SA	1.5
Teenage pregnancy is dangerous.	3.29	SA	3	3.67	SA	1.5
Teenage pregnancy usually occurs among underage girls.	3.27	SA	2	3.60	SA	3
Incident of teenage pregnancy is high in the outreach barangay.	3.14	SA	4.5	3.05	SA	4
Teenage pregnancy is avoided in the outreach barangay.	3.14	SA	4.5	2.93	A	5
<b>Total mean</b>	<b>3.40</b>	<b>SA</b>		<b>3.39</b>	<b>SA</b>	

**Table 7**  
Causes of teenage pregnancy and its corresponding rank as to sex (n=50)

Causes of Teenage Pregnancy	Male			Female		
	Mean	Interpretation	Rank	Mean	Interpretation	Rank
Socio-economic background	3.00	A	3.5	2.79	A	5
Peer pressure	3.57	SA	1	2.88	A	3.5
Lack of sex education	3.43	SA	2	3.28	SA	1
Curiosity	3.00	A	3.5	2.88	A	3.5
Early marriage and traditional gender roles	2.57	A	5	2.91	A	2
<b>Total mean</b>	<b>3.11</b>	<b>SA</b>		<b>2.95</b>	<b>A</b>	

**Table 8**  
Effects of teenage pregnancy and its corresponding rank as to sex (n=50)

Effects of Teenage Pregnancy	Male			Female		
	Mean	Interpretation	Rank	Mean	Interpretation	Rank
Incomplete education	3.71	SA	1	3.70	SA	1
Mother's health will be at a risk during child birth	3.29	SA	3	3.40	SA	2
Isolation and rejection by parents	3.43	SA	2	2.98	A	3
Lack of love, affections and care from both parents	3.29	SA	3	2.81	A	4
Isolation and rejection of friends or community	2.57	A	7	2.56	A	6
Financial constraint	3.29	SA	3	2.53	A	7
Leads to mental disorders in the locality	2.71	A	6	2.77	A	5
<b>Total mean</b>	<b>3.18</b>	<b>SA</b>		<b>2.96</b>	<b>A</b>	



Table 7 presents the mean ratings and its corresponding rank of the causes of teenage pregnancy and its corresponding rank as to sex.

Both male and female respondents considered incomplete education as the major effect of teenage pregnancy. Male respondents obtained the rating of (3.71) and female respondents obtained the rating of (3.70). Moreover, male respondents considered isolation and rejection of friends or of the community (2.57) as the least effect of teenage pregnancy. On the other hand, female respondents considered financially constraint as the least effect of teenage pregnancy.

Nearly one in three girls cited pregnancy as the reason they dropped out of school in 2004. Even after controlling for race, economic status, and other characteristics, having a child before the age of 20 reduces academic attainment by almost three years. Only 63% of teenagers who give birth before age 18 either graduate from high school or receive their GED as compared to 85% of women who delay childbirth until their early twenties. Only 5% of young teen mothers complete at least two years of college by age 30 and less than 2% obtain a college degree (Pregnancy and Childbearing among US Teens).

Table 8 shows the mean ratings and its corresponding rank of the effects of teenage pregnancy and its corresponding rank as to sex.

### **Inferential Data Analysis**

In order to determine whether significant or no significant differences existed in the concepts, causes and effects of teenage pregnancy, t-test, set at 0.05 level of significance were employed.

**Table 9**  
Differences in the teenage pregnancy using T-test

Category	mean	df	t value	Sig	Statistical decision
<b>Sex</b>					
male	3.23	.29602	1.342	.186	Not significant
female	3.08	.25309			

*p 0.05*

Table 9 discusses the differences in the teenage pregnancy when they are classified as to sex.

When the respondents were classified as to sex, the results revealed that no significant difference existed as shown by the t-value of 1.342. The two tailed probability of .186 was greater than the set .05 level of significance.

**Table 10**  
Differences in the concepts of teenage pregnancy using T-test

Category	Mean	df	t value	Sig	Statistical decision
<b>Sex</b>					
male	3.40	.38297	.113	.911	Not significant
female	3.39	.29080			

*p* 0 .05

Table 10 shows the differences in the concepts of teenage pregnancy when they are classified as to sex.

When the respondents were classified as to sex, the results revealed that no significant difference existed as shown by the t-value of .113. The two tailed probability of .911 was greater than the set .05 level of significance.

**Table 11**  
Differences in the causes of teenage pregnancy using T-test

Category	mean	df	t value	Sig	Statistical decision
<b>Sex</b>					
male	3.11	.32367	.799	.428	Not significant
female	2.95	.52932			

*p* 0 .05

Table 11 shows the differences in the causes of teenage pregnancy when they are classified as to sex.

When the respondents were classified as to sex, the results revealed that no significant difference existed as shown by the t-value of .799. The two tailed probability of .428 was greater than the set .05 level of significance.

**Table 12**  
Differences in the effects of teenage pregnancy using T-test

Category	mean	df	t value	Sig	Statistical decision
<b>Sex</b>					
male	3.18	.318	1.526	.134	Not significant
female	2.96	.360			

*p 0.05*

The differences in the effects of teenage pregnancy when they are classified as to sex is presented in Table 12.

When the respondents were classified as to sex, the results revealed that no significant difference existed as shown by the t-value of 1.526. The two tailed probability of .134 was greater than the set .05 level of significance.

### **Looking Back: Lived Experiences of the Respondents of Teenage Pregnancy**

The overall experiences of respondents in teenage pregnancy were divided into subthemes: (a) socio-economic status (b) health and (c) family relationship.

TR#1 said, *“Indi gid dapat magbusong sa huben pa lang nga pang edadun kay tam an gid kapigado kag indi gid matagaan sang mayo nga edukasyon ang akon bata.”* (Since way of living is very poor, it is not advisable to be pregnant at very early age, essential needs cannot be provided for my child)

TR#2 said, *“Mabudlay magbata, indi dapat magpadalus dalus sa mga desisyun kag dapat pilion ang mga barkada.”* (Giving birth is very difficult, decisions should be properly done and peers should be chosen properly)

TR#3 said, *“Sobra gid ka budlay kay tungod sa pangabuhi nga pigado kag kon nagamasakit ang imo bata wala ka gid sang pang doctor tungod nga wala ka permanente nga obra.”* (Life is very miserable because of a very poor situation, if the child will get sick, we don’t have money to go to the doctor.)

TR#4 said, "*Indi mahapus lampasan.*" (Cannot cope up or survive easily)

TR#5 said, "*Gina tago tago ko pa kay nahadlok ko sa ginikanan ko kag kabudlay gid nga magbata kag nagbusong ako.*" (I kept my situation of being pregnant because I am afraid if my parents know it. Giving birth is very difficult.)

TR#6 said, "*Indi mahatagan sang mayo nga pag atipan ang bata kag pirme indi mag intindihanay ang mag asawa kay wala pa sa husto nga paminsaron ang mag asawa tungod huben pa sila.*" (The proper care of the child cannot be provided. Most of the time the wife and husband will always quarrel because they were not psychologically matured.)

It is noted that in the lived experiences of teenage pregnancy, fear of their condition as a pregnant teenager was the common emotion thus; the situation of being pregnant was kept from the attention of the parents. This behavior might be brought about by being rejected by parents.

### **Coping up: Surviving the Dilemmas of Teenage Pregnancy**

Despite of the things that come across and happened in one's life, life must go on. Affected individuals need to be strong and adjust to their new life and social status.

TR#1 said, "*Nakaluwas lang ako kay matured nga pang edadun ang akon bana. Kabalo sya maghatag kag mangabudlay para matagaan ya kami suporta sang akon bata.*" (I survived from the problem because I have a matured husband that work hard in order to support us.)

TR#2 said, "*Naging matatag ako at nanalangin sa Diyos na gabayan ako sa lahat ng problema.*" (I become strong and I pray to God that he will guide me in all my problems.)

TR#3 said, "*Siguro kung may guide ang parents kay makabulig man ang imo pamilya.*" (Maybe if there is parental guidance, your family can really help you.)

TR#4 said, *“Makalampuwat ka siguro kung mabuligan ka sang imo pamilya.”* (You might survive if your family will help you.)

TR#5 said, *“Tungod sa pag intindi ka pamilya ko sa akon kag biskan anu ka budlay gina antos ko gid para lang sa bata ko.”* (Because my family understands me, I endure whatever the difficulty was.)

TR#6 said, *“Paagi sa pagsuporta sang ginikanan kag pagpangamuyo sa diyos kon may mag abot nga mga problema.”* (With the support of my parents and with fervent prayer to God when problems come.)

In summary, the 6 representative respondents of the study revealed their lived experiences. Teenage pregnancy will likely to affect the socio-economic status, health and family relationship. It was assumed that the sub-themes of the lived experiences have a domino effect. If one was affected with financial constraint, medical services or other essential services cannot be availed easily. Thus, husband-wife relationship will be affected and cause some misunderstanding inside the house. However, the family was a strong support to lean on during hard times among these respondents. They were made stronger by prayers to the Most Powerful Almighty that hoping one day they will survive all the trials in their life. Believing that trials in this life were God’s mercies in disguise.

## CONCLUSION

In view of the findings, the following conclusions were made:

1. The concepts of teenage pregnancy among the selected male and female respondents were that teenage pregnancy happened during the transition period between childhood and adulthood. However, female respondents believe that teenage pregnancy could be dangerous to them.
2. The primary cause of teenage pregnancy among selected male respondents was peer pressure and for female respondents was lack of sex education. Both respondents considered socio-economic background as the least cause of teenage pregnancy.

3. Effects of teenage pregnancy to both respondents will result in an incomplete education. However, male respondents considered isolation and rejection of friends or community and female respondents considered financial constraint as effects of teenage pregnancy.
4. When the respondents were grouped according to sex, there was no significant difference in their concept, causes and effects of teenage pregnancy in the outreach barangay.
5. Lived Experiences among Respondents of Teenage Pregnancy were divided into subthemes: (a) socio-economic status (b) health (c) family relationship. Coping up to Survive the Dilemmas of Teenage Pregnancy were divided into subthemes: (a) family support and (b) prayers and believing to the help Most Powerful Almighty.

### **RECOMMENDATIONS**

On the basis of the findings derived from the study, the following are recommended:

1. Extentionist should exert more effort and enhance their ability in order to deliver services that most needed by the outreach barangay. Framing of proposed services especially in addressing teenage pregnancy should be put into consideration.
2. Local Government Unit officials, administrators, as well as teachers and students of the school that deliver outreach services to the recipient barangay should conduct information sessions among mothers and teenage parents pertaining to responsible parenthood with appropriate integration of values.
3. Young adults and teenagers should always view parenthood as a responsibility that needs knowledge, commitment and deeper understanding.
4. Finally, for future researchers, a similar study is recommended to include more factors, which believe to be concepts, causes, and effects of teenage pregnancy.

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