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FEATURE

**Exploring the Underlying Causes and
Psychological Consequences of Teen
Pregnancy in the Philippines**

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Abstract. *Teenage pregnancy has become a global and a public health concern as mortality rates associated with it are on the increase. In the last 2 decades, worldwide, the pregnancy rates are slowly decreasing. However, this is not the case in the Philippines, yet not much is known about its background as majority of the studies have focused on teen motherhood and its effects. This current study explores the underlying causes of teen sexual activity that leads to pregnancy and the psychological consequences in the light of Bronfenbrenner's ecological model. Utilizing qualitative case study method, 9 participants (3 teen mothers, 3 friends, and three parents) were interviewed. Data were transcribed and analyzed using Miles, Huberman, and Saldana's thematic analysis. Three main themes emerged, namely: sociocultural factors (peer influence, lack of parental guidance, culture, and transactional sex), individual factors (curiosity and poor sex knowledge, uncontrolled emotions, and revenge), and psychological consequences (emotional reactions, fear, and low self-esteem). Implications are discussed and recommendations for future research are made.*

Keywords: Teenage Pregnancy, Adolescents, Psychological Consequences, Qualitative, Philippines

Introduction

Teenage pregnancy is a worldwide issue and a major contributor to school drop-out among girls. The incidence of teenage pregnancy among adolescents is alarming and has become more or less a fact of life globally. Statistics show that an

estimated 21 million girls aged 15–19 get pregnant each year. Of these, 16 million give birth, and half of these girls live in developing countries (Jonas, Crutzen, van den Borne, Sewpaul, & Reddy, 2016; World Health Organization, 2016). The Philippines, one of the countries categorized under developing countries, is not exempted. In 2011, the United Nations Population Fund (UNFPA) survey indicated that teenage pregnancy rates across the world have declined in the past two decades, except in the Philippines, which recorded a 65% increase from 2000 to 2010 (Sedgh, Finer, Bankole, Eilers, & Singh, 2015). Further, a report by the United Nations says the Philippines is top on the list of Asian countries that continue to have the greatest number of teenage pregnancies. Moreover, results from the 2013 National Demographic and Health Survey (NDHS) indicated that one in 10 young Filipino women ages 15–19 years of age is already a mother or pregnant with her first child (Jonas et al., 2016).

Teenage pregnancy is a growing epidemic in the Philippines, and presently, it has become a significant public health concern due to its socio-economic consequences. In the light of Bronfenbrenner's ecological model which conceptualizes that ecological space operates at different system levels, where each is incorporated in the next, this study attempted to gain a deep understanding of the root causes and the psychological factors that may be associated with teenage pregnancy. It is evident that most researchers have focused on the outcomes of this phenomenon rather than its underlying causes. Some reasons have been given; for example, Salvador, Sauce, Alvarez, and Rosario's (2016) study postulated that technology and lack of adolescent sexual reproductive health education escalate the phenomenon of teen pregnancy. Also, Acharya, Bhattarai, Poobalan, and Chapman (2014) suggested that low education, poor family structures, and underutilization of health facilities contribute to teenage pregnancy. Studies have mostly been done in developed countries (Serquina-Ramiro, 2014). However, few researchers have given attention to the root causes of teenage pregnancy and the psychological consequences that accompany it in the Philippines.

Therefore, the current study aimed to explore the underlying causes of teenage pregnancy and motherhood, the stories behind it and the psychological consequences attached to it. A study by Barlow et al. (2011) explored the psychosocial effects of adolescent child rearing practices on their parents and the researchers suggested a similar study on the adolescents to explore the experiences from the adolescent perspective. Moreover, most of these studies are quantitative in nature. Thus, there is a need to carry out a qualitative study to find out why these teenagers become pregnant and how it affects them psychologically.

Literature Review

Teenage pregnancy is a harsh reality. It is not only a social issue, but also a public health concern that affects individuals, families, and the society at large. Younger adolescents are forced into accelerated adulthood before their biological

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time. The girls are immature; hence, they are not prepared to handle the responsibilities of motherhood and the psychological consequences that accompany it. The problem of teenage pregnancy also affects individual health, as it contributes to poor obstetric health conditions (Jonas, Crutzen, Van den Borne, Sewpaul, & Reddy, 2016). Inadequate mothering (Pogoy, Verzosa, Coming, & Agustino, 2014), deprived child outcomes (Gyesaw & Ankomah, 2013), poor family relations (Natividad, 2014), and increase in population are among the social problems associated with teen pregnancy.

Another problem that has been linked with teenage pregnancy is maternal mortality. For example, Blencowe et al. (2012) noted that pregnancy and childbirth complications are the second highest causes of death in Asia. The National Statistics Office (NSO) in Manilla reported that the number of teenage maternal deaths is increasing. In fact, records show that the number rose to 10% in 2010 as compared to 5% in the year 2000 (NSO, 2017). Since these girls are still young when they give birth, their development is also affected. A study by Pogoy et al. (2014) showed that developmental risk factors like stunted growth and cervical disorders are common to teenage mothers. Other researchers have ascertained that teen motherhood attracts social isolation, stigma, and discrimination in the society (Cherry & Dillon, 2014; SmitBattle, 2013). Consequently, these girls' education is also affected, with less than 2% of them earn a college degree by age 30 (Natividad, 2014).

Teenage pregnancy is multifaceted and various factors contribute to teenage pregnancy. One of these factors is influence from close friends, which is sometimes overwhelming. Pogoy, Verzosa, Coming, Agustino (2014) study revealed that adolescent girls whose friends were engaged in early sexual behavior were more likely to do the same compared to their peers who did not associate with such girls. Peers tend to have more influence than parents. However, the presence and guidance of a parent are important in an adolescent development and social life. A study by Deptula, Henry, and Schoeny (2010) postulated that high parental guidance has been associated with low levels of teenage intercourse initiation, unprotected sex, and pregnancy. In addition, another study affirmed that lack of parental supervision coupled with poor sex education may lead to teenage pregnancy (Miller, 2011).

The environment in which an adolescent lives and grows tends to significantly influence behavior. Javier et al. (2010) indicated that communication and the mother-daughter relationship have been partly damaged by culture. Moreover, the same scholars discovered that adolescents feel uneasy discussing about sex concerns with their parents because their parents may think that they are already engaging in sex (Javier et al., 2010).

Poverty may be another reason why teenage pregnancy is disproportionately common in low income families, forcing young girls to engage in sex in exchange for money. Pogoy et al. (2014) affirmed that financial and family problems have

been associated with premature sex and teenage pregnancy. Another researcher has also echoed similar sentiments that poor socioeconomic status of teenagers contributes to adolescent pregnancy (Taffa & Obare, 2017). Moreover, records support the fact that incidences of teen pregnancy rise proportionately as one's socioeconomic status decreases (Pogoy et al., 2014). Further, statistics show that youth living in poverty have a teenage pregnancy rate which is five times higher than the average (Berliner, 2013). The same researcher continues to say that teen pregnancy mostly occurs among deprived sections, and that girls who experience poverty characteristics in childhood are much more likely to become pregnant as adolescents.

Often times, adolescents who are ignorant on sex information may be enticed to experiment what they see on media and that sometimes result to teenage pregnancy. Pogoy et al. (2014) indicated that sex knowledge is important. Adolescents who received comprehensive sex education significantly reduced the likelihood of teen pregnancy compared to those who did not receive any formal sex education (Lindberg & Maddow-Zimet, 2012). In fact, O'Donnell, Myint-U, Duran, and Stueve (2010) pointed out that fewer sexual risk behaviors were reported where girls' intervention programs were installed.

A strong sexual drive can be experienced during adolescence. This is because the changes these teenagers experience in puberty are natural and healthy. However, not all teens react in a safe and healthy manner. Researchers have found that the hormonal changes these young people experience can lead to impulsive behaviors that include an inclination to risky sexual activities (Martinez, Copen, & Abma, 2011). In addition, Pogoy et al. (2014) concluded that uncontrolled emotional attachments resulted to unsafe sex, which in turn led to teenage pregnancy.

Communication within the family is important. Studies have established that poor mother-daughter communication is a possible avenue for premature sex and potential conception (Aruda, 2010; Dean, 2013). There is a possibility that poor parent-child relationships may encourage adolescent girls to look for nurturing relationships from their boyfriends. Eventually, pressure from such relations leads to promiscuity and pregnancy (Javier, 2010). Evidently, it is clear from the literature that teenage sexual behavior, including pregnancy, is understood and determined by family structure characteristics, as Panday et al. (2014) suggested.

Adolescent pregnancy is unwanted most times, and it can be a crisis not only to the pregnant girl but also to the family. Pregnancy is often characterized by different emotional reactions ranging from denial and guilt to anger, among many others (Aruda, Waddicor, Frese, Cole, & Burke, 2010). The literature reveals that teen mothers may be severely stressed and are prone to negative emotional reactions (Dean, 2013). Notably, research has shown that pregnant teens undergo counseling and psychotherapy due to depression (Aruda et al., 2010).

When a teenager discovers that she is expecting, she is concerned about her parents or significant other's reaction; hence, fear grips her. Pogoy et al. (2014) postulated that teenagers who were pregnant postponed telling their parents or guardians because of fear. These fears made some adolescents contemplate abortion and sometimes running away from home (Lindberg & Maddow-Zimet, 2012). Teen motherhood has been characterized by societal stigma and discrimination most of the times (Cherry & Dillon, 2014). These teens are also concerned about dropping out of school and may be feeling a lower self-esteem. Elsewhere, confirming studies showed that adolescents who become pregnant drop out of school and sometimes face violence from partners and parents and their self-esteem consequently drops (Gyesaw & Ankomah, 2013). Low self-esteem taints a teenager's self-image and sometimes may result in psychological problems or, at worst, death.

Therefore, to understand and help deal with the problem of the high prevalence of teenage pregnancy in the Philippines, this case study was conceptualized. It is timely as the phenomenon of teenage pregnancy is on the increase yet minimum studies have attempted to address it. Also, most of these studies were quantitative in nature and were done in other countries. Thus, to address this important issue, the following research questions led the investigation.

1. What are the underlying causes of teen sexual activity that leads to pregnancy?
2. How were the participants affected psychologically during pregnancy and after delivery?

Methodology

Qualitative research allows researchers to explore both verbal and nonverbal responses to the questions asked. This permits participants to share their experiences in the context of their own lives, hence, issues and factors that may or may not be similar among the study participants can be explored. Further, this methodology is appropriate and relevant because it answers questions that cannot be answered quantitatively as it allows further clarification and restating of questions if need be. In addition, the researcher can also gather information from nonverbal cues.

Research Design

A qualitative descriptive case study approach is most appropriate for this study because the main interest was to find out the reasons behind teenage pregnancy and its psychological consequences. The focus of the study was to understand the phenomenon in its natural setting rather than in testing theories or predicting anything. Stake (2010) underlined the distinctiveness of qualitative case study design because of its quest for a deeper understanding coupled with the holistic treatment of the phenomenon under study.

Research Setting

The study participants were recruited from a reproductive health clinic. The clinic charges are subsidized by the government and majority of the mothers can access services for a minimum amount. The data gathering was conducted in the said clinic at the participant's convenient time.

Sampling

A total of nine participants were purposely selected and they were categorized into two sets. The first set comprised of three teenage girls aged between 17 and 20. The selection criteria were girls who (a) experienced motherhood before the age of 19 years, (b) attend clinic for their children's immunization, (c) are single mothers, and (d) had not planned to be pregnant. The second set consisted of six participants who were the significant other persons in the teen's life that provided support before and after the pregnancy period. Three participants were the teenagers' parent/guardian, aged between 35 and 45, and the remaining three were the teenagers' best friends, aged between 17 and 21.

Data Collection

Data collection was done through one-on-one interviews to the teen mothers. For triangulation purposes, another interview with the parent/guardian whom the teenagers reside with, and one other person the participant identified as a close friend or confidant was done. The interviews from these significant other persons served as validators of the teen narratives. Further, I was able to cross check the data gathered to facilitate the understanding of the multifaceted aspects of the participants' responses. One-on-one interviews with the participant's parent/guardian were conducted in their respective houses while that of the teenagers and their friends were conducted at the private hospital in a special room provided by the hospital administrators for interview purposes. First, an interview was done with the teen mothers who were the first set of respondents; next, closest friends, and finally the parent/guardian.

Data Analysis

The interviews were audio recorded and later transcribed. Open and axial coding based on keywords and phrases was done, and the emerging themes documented. Throughout the process, I was in consultation with my adviser who served as an expert in guiding me during the study. The participants were counselled by a trained counselor after the interview, and the hospital nurse was also consulted where clarification was needed. Finally, after transcription and sorting of data, analysis was done using Miles, Huberman, and Saldana's (2014) model of data condensation, data display, and conclusions and verification. Later,

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the findings were sent to the participants for clarification before the final report was done. The interview findings included the causes of engaging in premarital sex and the psychological consequences that resulted from it. Demographic profile included the age, educational attainment of the participants and their parents/guardians, social economic status, and family history.

Ethical Considerations

The participants were fully informed about the research study and participation was voluntary. Confidentiality was guaranteed, and pseudonyms were used to protect the participants from any harm. Also, counseling was done at the end of each session to process the participants in case of any psychological disturbances. Before starting the study, permission was given from the researcher's institution and the hospital administration, and an informed consent form was signed by the participants prior to the interview sessions.

Researcher's Positioning

In addition to being a researcher, I am also a Christian who likes to work with adolescent girls because I believe they are the leaders of tomorrow. I subscribe to the saying that 'educate a woman and you educate the whole nation.' I believe that women are the backbone of the society and empowering them equates development. In the current study, I focused on teenage motherhood hoping to find out the underlying causes of teenage pregnancy. This was to help me as a public health promoter structure intervention programs geared toward educating young girls to delay motherhood until they are physically and psychologically prepared. To those who are already mothers, programs to secure their education and to earn livelihood so as to restore their lost dignity and self-worth.

Apart from being a researcher, I am also a mother of three teenage girls. I am also a youth educator in my church and a psychologist by profession. I am aware that these young ladies in their developmental stage are curious hence, vulnerable to unintended pregnancy. Therefore, I take it as my responsibility to ensure young girls are healthy in all aspects (physical, mental, and social-wellbeing) and also I desire to disseminate information to raise awareness on sexual health. I see education as the key to a better future, and I believe it liberates individuals from ignorance and poverty.

Results

The girls became mothers at 16, 17, and 18 years old, respectively. They all reside in Silang, Cavite area. Pseudonyms Wendy, Sharon, and Vera were given to maintain confidentiality. The study findings are presented and classified into three main themes. The first theme that emerged was sociocultural factors, which included four categories: peer influence, lack of parental guidance, culture, and

transactional sex. Second theme, individual factors consisted of three categories: curiosity, uncontrolled emotions, and revenge. The third theme, psychological consequences contained three categories: emotional reactions, fear, and low self-worth that participants experienced when they discovered that they were pregnant, throughout the pregnancy period, and after the delivery.

Sociocultural Factors

These factors are attributed to the social and cultural influences the teen girl experience externally. Pressure exerted by friends, presence or absence of the parent or guardian, the belief system, values, and how the girls behave in venerable situations. Societal expectations at times shapes an individual worldview because of the defined roles and responsibilities each person is supposed to fulfil in the society. Nevertheless, the worldview of a teenager is heavily influenced more by their close friends and allies. Sociocultural factors were further sub-divided into four categories.

Peer influence. Peer influence was the first category under the theme sociocultural factors. All the participants indicated that it is easy talking about sexuality with their friends rather than parents. They felt that parents were 'old school' and did not understand them. Moreover, their peers already had boyfriends and they admired their relations. One participant shared,

I prefer talking to my friend about sexual relations. She already has a boyfriend and they are doing well. In fact, she used to tell us that she is going to see her boyfriend to perform girlfriend duties and I thought sex was one of the duties. I felt left out as if I was missing a lot and that is how I started sleeping with him and within no time I realized I was pregnant.

Another participant confessed that she did not know that wanting to fit in and be accepted by her peers cost her a lot. She lamented, "having a boyfriend felt good and important, but, one thing led to the other and eventually I ended up getting pregnant, to my surprise. I wish I had listened to my parents, because all these would have been avoided! My life has never been the same again"

Lack of parental guidance. The second category under the theme sociocultural factors was the lack of parental guidance. The participants indicated that it is important to have support from parents or significant other person especially during the adolescent period. Many changes take place and guidance is required. Wendy recalled, "I was staying with my mother's sister who didn't care what I did or didn't do. If my mother was around, things could be different." Wendy's mother who was working in the US at the time Wendy got pregnant confirmed that indeed she was absent and knew almost nothing about her daughter. She said, "I thought my sister was in charge of everything and I didn't talk much with my daughter. I think I neglected my duties as a mother, shifting the responsibility to my sister who was also very busy."

Sharon's experience was different from that of Wendy. Although Sharon's mother was present all the time, she did not have time for her. Unlike Wendy who attributes her mother's absence as a contributing factor to her pregnancy, Sharon thought that the presence and attitude of her mother was the main contributor to her pregnancy. Sharon shared;

We rarely had that mother-daughter communication with my mum, all she said was that I was a big girl and I should never do anything stupid. It was all a list of don'ts. She never guided me on how to live or even how to behave with a boyfriend. According to her, love was not for me! Yet, I just fell in love and I thought engaging in sex was a way of expressing it.

Culture. Culture was the third category under the theme sociocultural factors. Evidently, it was clear that culture has a strong influence over individual lives. Vera, one of the participants, was concerned because traditionally it is uncommon to talk about sexual issues, especially in family setting; yet, practically it is evident that it was practiced. Actually, she did not see anything wrong talking about it or even engaging in the sexual acts. Vera said, "Culturally, my parents felt *nakakahiya* (shameful) talking about sex; it was like a secret or taboo because they hid everything about sex. Nobody told me anything and I didn't understand much at school either because the teacher also didn't say much." It was difficult for her to reconcile the fact that no one talks about it yet practically it is being done.

Sharon had a different experience. She claimed,

My mother is very traditional; she thinks that sex is only for married people. But this is a different generation. If she had understood me and talked about contraceptives rather than focusing on abstaining I think things could be different.

Sharon's mother attests that it was the norm then never to speak intentionally about sex issues. She shared, "It is not within my culture to talk about sex with my daughter. Maybe her aunt or her teacher can talk about it because it will be less shameful."

Transactional sex. This was the fourth and the last category under sociocultural factors theme. Two of the participants reported that the low family socioeconomic status motivated them to seek the help of their boyfriends, who were generous. Sometimes these relationships acted as a way of escape from the family misunderstanding and a way of getting their basic needs. Vera painfully remembered,

My father who was our provider was in jail because of alleged rape, my mum was not working and I was out of school. My boyfriend was very helpful and he provided most of the things I wanted. He was everything to me, and yes, that is how one thing led to another and I found myself pregnant.

Vera's friend affirmed her sentiments. She asserted that most of the time, they visited the boyfriend at his workplace and sometimes his house together and that Vera spent a considerable amount of time with him. She said, "Occasionally, I accompanied my friend to visit the boyfriend, but sometimes I went home ahead and left her at his house." She continued to say, "The guy used to take us out and buy my friend many gifts. Vera really liked him and often times, Vera confessed that she could do anything for him."

Individual Factors

Individual factors include those aspects under the control of the individual person. People are responsible for what they think, feel, and do in the day-to-day life. The wise man says that 'ignorance is no defense.' Therefore, it is important for individual to manage their emotions and thrive even in a venerable environment. Individual factors were subdivided into three categories.

Curiosity and poor sex knowledge. This was the first category in the theme individual factors. All the participants indicated that social network, media, and easy access to gadgets contributed significantly to their irresponsible behaviors resulting to pregnancy. According to them, they wanted to discover practically what they had seen in the media wherein they lacked comprehensive sex education. Poor sexual knowledge impacted the teens negatively. They engaged in early sexual intercourse because they misunderstood the information from the social networks and media.

They revealed that they just got the information and acted on it immaturely. Wendy shared her experience; "I like watching romance movies on YouTube. They looked nice and passionate, and I thought why can't I try it out myself?" For Sharon, it was a combination of curiosity and limited sexual knowledge. She attested, "Most of the knowledge I had about sex was from my peers, neighbors, and the media. It sounded good and like promoting sex without limitations and so that is how I thought of trying. I really didn't know I would be pregnant just at the first trial." Vera's friend had an interesting story. She shared, "One of our friends introduced us to pornography and we could watch secretly at her house in the bedroom. It was exciting and it ignited our feeling . . . and that is how we ended up trying. I was just lucky that my boyfriend used a condom, but Vera was unfortunate."

Uncontrolled emotions. The second category in the theme individual factors was uncontrolled emotions. Two participants reported that they were unable to control their emotions and so they willingly participated in sexual activity. Sharon regretfully said, "I passionately fell in love or so I thought, and I just wanted to make him happy, I mean like a reward because we had a good relationship." Wendy's story was similar; she explained how her strong sexual drive contributed to her inability to resist sexual temptation. Wendy said,

I had fantasized about my boyfriend many times, I slept with him because it was my way of showing him that I really loved him and that I can give him everything. I was driven by my passion I forgot my boundaries.

Wendy's friend confirmed that she was always talking about her boyfriend and that she was willing to go an extra mile just to please him. She said, "My friend was preoccupied with her boyfriend most of the time. She occasionally missed to go with us (girlfriends) even when we had planned. I think she preferred to spend time with her boyfriend rather than with us."

Revenge. Revenge was categorized third in the theme individual factors. Two participants lamented that their parents practiced an authoritarian parenting style and were harsh on them, and so they thought becoming pregnant was one way of hitting back. To Sharon, the whole family system was a disaster. She painfully revealed,

My parents don't like us—not even each other. Most of the time it is chaos at home. My father is very strict, always punishing us even for small things. My mother is worse. We never talk anything about love issues because I know she will be angry at me. My boyfriend was my only source of joy. Even if I didn't plan to get pregnant, when I realized I was pregnant, I was happy because to me it was the perfect way of getting back at them! My parents are proud and pretend to be Christians [so], I wanted to see what they will do!

Although for Vera the experience was different, the reason behind it was also revenge. She shared that "my grades were not good and my father kept on telling me that I am wasting his money. To make his threat real, he didn't pay my fees the following term. I was very bitter and I spent most of my time cohabiting with my boyfriend. I wanted to make my father feel the pain I was undergoing by being absent from school."

Vera's mother verified her sentiments when interviewed. She confirmed that their family was undergoing a difficult period at the time her teenage daughter got pregnant. In fact, she remembered that her pregnancy was a wakeup call for them to reestablish their parenting style. Even though she regretted the incident, she was happy that their life perspective changed for the better.

Psychological Consequences

Psychological consequences are behavioral characteristics an individual displayed as a result of internal responses. Psychological consequences tend to be negative most of the time and are reflected in an individual's behavior or emotional state. An individual's function in terms of awareness, motivation, and feelings is affected as the mental status might be altered. The theme psychological factors were further subdivided into three categories.

Emotional reactions. Category one under psychological consequences was emotional reactions. All the three teenage mothers reacted differently when they discovered they were pregnant. However, one thing was common to all. They were all shocked and scared at the initial stage. Sharon voiced out, “I discovered I was pregnant after three months. I was shocked, angry at myself, and scared. I felt guilty that I had disappointed my mother who was working so hard to keep me in school.” The experience after delivery was not different. The young mothers’ world had considerably changed yet they were not ready to grow up overnight and handle the responsibility of motherhood. Wendy sadly remembered,

I felt frustrated, anxious, and bitter, especially when my friends were going out and I had to stay behind to care for my baby. I wanted to go and play with my friends, but I couldn’t because I had to put the baby to sleep. I also missed school a lot. All this made me feel like killing my baby and myself!” However, as time went on I became attached to my daughter and I realized that she was the most adoring thing in this world. This motivated me as I found joy in caring for her. In fact, to some extent I grew up and matured quickly.

At some point Vera became depressed because she felt overwhelmed by the new motherhood responsibilities. Vera said,

At first, it felt good because I was hitting back at my parents, but after delivery reality sank down on me. I couldn’t handle it anymore. It’s like everyone forgot [that] I was [only] a child and all over a sudden much was expected from me and that depressed me!”

Vera’s mother did not know how to handle her daughter who looked miserable and distant from them and she decided to employ the services of a counselor. She shared, “The counselor told me that my daughter was depressed and that she needed our support to overcome it.” The mother continued to say, “The visitations to the counselor helped me and my daughter a lot, it changed my parenting perspective and I was motivated to support my daughter especially with rearing her young child.”

Fear. Another category under psychological consequences was fear. At some point, all the three participants were gripped with fear. Sharon was worried about what her parents could say concerning her pregnancy status. In her community, unwanted pregnancy automatically reflects negatively on the family’s reputation. She shared,

I was in denial and I kept on procrastinating telling my mother that I was pregnant until I could not hide it any longer. Sometimes I deliberated on aborting, but I feared something may go wrong or I die.

Wendy was afraid of her mother’s reaction because it could result to strained family relations and she dreaded that she might never have what she had with her mother. Vera was worried about her future because the situation was now different. She feared the consequences of her behavior like dropping out of school, being

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scorned by society, stigma, and her boyfriend's rejection. In addition, Vera was discouraged, and fear became part of her life. She was worried about her future because motherhood had negatively impacted her life and she felt that her future would be spoilt and that her plans of succeeding in life were thwarted.

Low self-esteem. This was the third and the last category under the theme psychological consequences. The participants highlighted that teenage pregnancy is not welcomed into the society. This implies that teenage mothers are stigmatized and they constantly have to deal with feelings of shame, denial, guilt, depression, anger, and scorn. Also the participants reported feelings of helplessness, lack of confidence, unworthiness, and lack of self-respect. Sharon shared,

Giving birth made me feel so old. Imagine I couldn't do what I used to do with my friends. Now I was a mother, even my way of dressing changed. It made me feel so deteriorated. It felt as if I was ugly. My self-esteem just dropped.

Wendy had a similar experience; she shared, "Most of the time I felt low like degraded and unworthy. It was like I was the black sheep in the family." Wendy's friend confirmed that everything changed after delivery. She said, "Wendy was not the same anymore, she did not like herself and for a long time she blamed herself for what had happened. It was as if it was the end of the world for her."

Vera did not want to go back to school because she felt that she was unworthy and the laughing stock of everyone. Her mother was concerned about her daughter's predicament and she tried her best to help her get out of it. She said, "I thank God for my daughter because she looked down at herself but not anymore. I think the family support boosted her to overcome."

Discussion

Teenage pregnancy and its related consequences do not only involve the adolescent mother who experience early motherhood, but also affect the born child, family, and ultimately the society. Teenage pregnancy is multifaceted and is influenced by psychological factors within the microsystem (family, peers, and school), mesosystem (media and services), and macrosystem (society and culture) confirming Bronfenbrenner's ecological system theory (Sipsma, Biello, Cole-Lewis, & Kershaw, 2010). This theory suggested that a person's behavior is affected by the surrounding environment, which is evident from the current study.

Notably, the study participants expressed feelings of regret, confusion, and isolation. They mourned the lost childhood, which they felt pregnancy robbed them. These feelings related to the daily realities of being a teenage single mother and realizing that life might never be the same again. These findings are consistent with those of Cherry and Dillon (2014), which established that approximately 60% of teen mothers do not obtain a high school diploma. Moreover, it has also been hypothesized that teen mothers are more likely to live in poverty, rarely obtain a college degree, and end up being single parents (Natividad, 2014; Pogoy et al.,

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2014). Also, Rosario et al. (2016) similarly indicated that teenage mothers express feelings of regret and confusion at first although they hoped and dreamed of going back to school someday. In addition, SmithBattle (2013) continued to emphasize that these teenagers are more likely to be stigmatized and discriminated in the society, true to the participant's experiences in the current study.

Markedly, all participants agreed that peer pressure influenced their decisions particularly concerning sexuality issues. Similarly, Pogoy et al. (2014) found out that those teenagers whose friends engaged in sex activities early tended to do the same. More specifically, teenagers who did not listen to their parents became vulnerable. In the current study, participants regretted that they had neglected their parent's advice and others blamed their predicament on the absence of their mothers. Scholars have established that high parental guidance reduce intercourse initiation and unprotected sex, minimizing pregnancy incidents (Deptula et al., 2010). In the same line, Miller (2011) pointed out that lack of parental guidance coupled with poor sex knowledge resulted to adolescent pregnancy.

Sex knowledge is important and plays a significant role in teenage pregnancy. The girls lamented that their mothers were shy to discuss sexual matters with them. They relied on the media and friends on sex issues and these became their downfall. These findings are consistent with those of Javier et al. (2010) which claimed that teenagers felt uneasy discussing sex concerns with their parents. On the other hand, the girls agreed that sex education is important and if exposed to it, motherhood could be delayed. Researchers have agreed with these sentiments as they suggested that receiving comprehensive sex education could significantly reduce the likelihood of teenage pregnancy (Lindberg et al., 2012). O' Donnell et al. (2010) commended that sex education minimize sexual risk behaviors where intervention programs are in place. Despite the fact that hormonal changes in adolescent stage may encourage impulsive behaviors including risky sexual activities, good mother daughter communication may minimize promiscuity and influence from peers which led to premature sex resulting to pregnancy (Aruda et al., 2010; Dean, 2013; Javier et al., 2013; Martinez et al., 2011).

Finally, the study findings suggested that professional help in form of counseling and psychotherapy coupled with support from the significant other members helped the girls cope with the challenges they were facing. Congruence with other previous studies, which concluded that negative emotional reactions like anger, guilt, denial, and stress were resolved in therapy (Aruda et al., 2010; Dean, 2013; Pogoy et al. (2010). Lindberg and Maddow-Zimet (2012) found out that abortion and running away from home are some of the adolescent pregnancy characteristics due to societal stigmatization and discrimination. In addition, pregnant adolescents tend to drop out of school and have low self-esteem as a result of the pregnancy phenomenon (Gyesaw & Ankomah, 2013). In the current study, the teenage girls reported experiencing similar issues; however, most of the

issues were solved in counseling and the support from parents ameliorated the problems.

Implications to Research and Practice

Teenagers live in a changing world and most of the time, they are influenced by social factors like peers, social networks, and other individual factors. Teen pregnancy has become a growing concern as these mothers are less prepared to take parental responsibilities leading to adverse psychological consequences that may impend the adolescent's life. A multidisciplinary and intersectional approach might be the most appropriate to curb this phenomenon. There is a need for a coordinated effort where people take collective responsibility, educating teenagers about pregnancy and relationships.

Conclusion and Recommendations

The study concluded that teenage pregnancy is strongly influenced by psychosocial factors within the microsystem, mesosystem, and macrosystem. At the microsystem level, psychological factors particularly, emotional reactions, curiosity, and low self-esteem directly contributed to pregnancy. On the other hand, factors like peer pressure, parental guidance, and sex knowledge categorized under the mesosystem immensely affected teenage pregnancy outcomes. Furthermore, at the macrosystem level, socioeconomic status and culture significantly influenced teenage pregnancy.

It is a high time for parents to wake up and accommodate a new culture where they take a lead to educate their children on sexuality. Ignorance on sexual matters needs to be addressed as early as possible. Sex education programs should be introduced in the elementary schools to equip children to become responsible adolescents to delay motherhood and consequently minimize the psychological consequences accompanying the pregnancy.

Government programs and health educators should focus on prevention strategies, especially in vulnerable groups prioritizing information regarding risks, health implications, contraceptive use, and psychological consequences associated with teen pregnancy. Furthermore, assertive interpersonal skills should be taught to adolescents to help them negotiate their position and practice abstinence. On the other hand, parenting skills and techniques should be incorporated in sex education workshops to prepare adolescents in case they find themselves in that situation.

References

- Aruda, M. M., Waddicor, K., Frese, L., Cole, J. C., & Burke, P. (2010). Early pregnancy in adolescents: Diagnosis, assessment, options counseling, and referral. *Journal of Pediatric Health Care, 24*(1), 4-13.
doi:10.1016/j.pedhc.2008.11.003
- Barlow, J., Smailagic, N., Bennett, C., Huband, N., Jones, H., & Coren, E. (2011). Individual and group based parenting programs for improving psychosocial outcomes for teenage parents and their children. *Cochrane Database of Systematic Reviews, 11*(3). doi:10.1002/14651858.CD002964.pub2
- Berliner, D. (2013). Effects of inequality and poverty vs. teachers and schooling in America's youth. *Teachers College Record, 115*(12), 1-26.
- Blencowe, H., Cousens, S., Oestergaard, M. Z., Chou, D., Moller, A. B., Narwhal, R., . . . & Lawn, J. E. (2012). National, regional, and worldwide estimates of preterm birth rates in the year 2010 with time trends since 1990 for selected countries: a systematic analysis and implications. *The Lancet, 379*(9832), 2162-2172.
- Cherry, A. L., & Dillon, M. (2014). *International handbook of adolescent pregnancy*. Springer Media: NY, USA. DOI: 10. 1007/978-1-4899-8026-7_4.
- Darroch, J., Woog, V., Bankole, A., Ashford, L. S. (2016). *Adding it up: Costs and benefits of meeting the contraceptive needs of adolescents*. New York: Guttmacher Institute.
- Dean, A. L. (2013). *Teenage pregnancy: The interaction of psyche and culture*. The Analytic Press. NJ, USA.
- Deptula, D. P., Henry, D. B., & Schoeny, M. E. (2010). How can parents make a difference? Longitudinal associations with adolescent sexual behavior. *Journal of Family Psychology, 24*(6), 731.
- Gyesaw, N. Y. K., & Ankomah, A. (2013). Experiences of pregnancy and motherhood among teenage mothers in a suburb of Accra, Ghana: A qualitative study. *International Journal of Women's Health, 5*, 773.
- Javier, J. R., Chamberlain, L. J., Rivera, K. K., Gonzalez, S. E., Mendoza, F. S., & Huffman, L. C. (2010). Lessons learned from a community-academic partnership addressing adolescent pregnancy prevention in Filipino American

- families. *Progress in Community Health Partnerships: Research, Education, and Action*, 4(4), 305.
- Jonas, K., Crutzen, R., Van den Borne, B., Sewpaul, R., & Reddy, P. (2016). Teenage pregnancy rates and associations with other health risk behaviors: A three-wave cross-sectional study among South African school-going adolescents. *Reproductive Health*, 13(1), 50.
- Lindberg, L. D., & Maddow-Zimet, I. (2012). Consequences of sex education on teen and young adult sexual behaviors and outcomes. *Journal of Adolescent Health*, 51(4), 332-338.
- Martinez, G., Copen, C. E., & Abma, J. C. (2011). Teenagers in the United States: Sexual activity, contraceptive use, and childbearing, 2006-2010 National Survey of Family Growth. *Vital Health Statistics*, 23, 1-35.
- Miles, M. B., Huberman, A. M., & Saldana, J. (2014). *Qualitative data analysis: A method sourcebook*. Thousand Oaks, CA: SAGE, USA.
- Miller, A. R. (2011). The effects of motherhood timing on career path. *Journal of Population Economics*, 24(3), 1071-1100.
- Natividad, J. (2014). Teenage pregnancy in the Philippines: Trends, correlates and data sources. *Journal of the ASEAN Federation of Endocrine Societies*, 28(1), 30.
- O'Donnell, L., Myint-U, A., Duran, R., & Stueve, A. (2010). Especially for daughters: Parent education to address alcohol and sex-related risk taking among urban young adolescent girls. *Health Promotion Practice*, 11(3_suppl), 70S-78S.
- Pogoy, A. M., Verzosa, R., Coming, N. S., & Agustino, R. G. (2014). Lived experiences of early pregnancy among teenagers: A phenomenological study. *European Scientific Journal*, 10(2).
- Rosario, A. H., Domocmat, M. C., & Oniashvili, S. (2016). Still a teen, already a mother: Understanding the teen motherhood phenomenon through photovoice. *International Forum*, 19(2), 47-63.
- Salvador, J. T., Sauce, B. R. J., Alvarez, M. O. C., & Rosario, A. B. (2016). The phenomenon of teenage pregnancy in the Philippines. *European Scientific Journal*, 12(32).
- Sedgh, G., Finer, L. B., Bankole, A., Eilers, M. A., & Singh, S. (2015). Adolescent pregnancy, birth, and abortion rates across countries: Levels and recent trends. *Journal of Adolescent Health*, 56(2), 223-230.
- Serquina-Ramiro, L. (2014). Adolescent pregnancy in the Philippines. In *International Handbook of Adolescent Pregnancy* (pp. 505-522). Boston, MA: Springer.

- Sipsma, H., Biello, K. B., Cole-Lewis, H., & Kershaw, T. (2010). Like father, like son: The intergenerational cycle of adolescent fatherhood. *American Journal of Public Health, 100*(3), 517-524.
- SmithBattle, L. I. (2013). Reducing the stigmatization of teen mothers. *MCN: The American Journal of Maternal/Child Nursing, 38*(4), 235-241.
- Stake, R. E. (2010). *Qualitative research: Studying how things work*. Guilford Press.
- Taffa, N., & Obare, F. (2017). Pregnancy and child health outcomes among adolescents in Ethiopia. *The Ethiopian Journal of Health Development, 18*(2).
- UNFPA. (2015). *Girlhood, not motherhood: Preventing adolescent pregnancy*. New York, NY: UNFPA

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