

Kabuwanan ni Nena: Pregnancy Experiences of Early Adolescent Mothers in Metro Manila, Philippines

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Abstract

This research study presents a descriptive analysis of the experiences of early adolescent mothers who gave birth when they were 10 to 15 years old. The investigation developed as a knowledge generation partnership with the Likhaan Center for Women's Health. As the issue of adolescent pregnancy continues to be a challenge globally and locally, the research posits the idea that early pregnancy is not only a health concern but also influenced by the sociocultural, economic, and political environments surrounding early adolescent girls in urban poor neighborhoods. Using online ethnography, photovoice, and online diaries as methods, the study reflects those multilayered aspects suggested by the socioecological model of McLeroy et al. (1988). Results reveal how various influencers—i.e., family, peers, community, and laws—have directly and indirectly impacted on an early adolescent girl's perceptions and knowledge of relationship building, awareness of reproductive health issues, abrupt transition into the role of being a new mother, and in planning towards her and her child's future. The study contributes to the limited research on the younger batches of

adolescent mothers and will be the basis for developing teen-centered policies and programs for adolescent reproductive and sexual health.

Keywords: adolescent pregnancy, socioecological model, urban poor

Introduction

Adolescent pregnancies have raised worldwide alarm in recent years. Globally, adolescents contribute 11% of births. Roughly 16 million girls aged 15–19 years and 2 million girls aged below 15 years experience early childbirth (Ghose & John, 2017). The United Nations Fertility Report (2020) also recorded elevated and moderate adolescent fertility rates in 62 countries around the world, particularly in Africa, Asia, Europe, Latin America, and the Caribbean.

In recent years, the younger cohort has shown a gradual increase in numbers. More than 700,000 girls under 15 years old who give birth each year (World Health Organization, 2020) receive limited representation in research as a separate cohort within adolescent pregnancies. Most studies also fail to emphasize the risks that increase as the age when pregnancy happens decreases, as with girls 15 years old and below who are often identified as “children having children” (Brooks-Gunn & Chase-Lansdale, 1991).

In the Philippines, reports of adolescent pregnancy are rising along with the number of younger groups of pregnant teenagers. In fact, a 2021 Social Weather Stations national survey reported that early teenage pregnancy is one of the most important problems that women face today followed by physical violence. The 2019 Report of the Philippine Statistics Authority revealed a 7% increase in births among 15-year-olds and below. One of three births in this category occurred in Calabarzon, National Capital Region, or Central Luzon. The trend was also recognized by the Commission on Population (POPCOM), which revealed that there are at least 40 to 50 Filipino girls aged 10 to 14 years in the country who

have given birth every week. Moreover, in the 2019 Responsible Parenthood and Reproductive Health Annual Report of the Department of Health, an increase in the number of live births in adolescents aged 10–14 years was reported, rising from 1,903 in 2016 to 2,250 in 2018. These numbers are troublesome, especially considering that the trend was observed during the implementation of the Responsible Parenthood and Reproductive Health Act (RH Law; Gonzales, 2020).

Bringing in the effects of the current pandemic, POPCOM has projected an even higher number of unplanned pregnancies during the pandemic due to the increased number of out-of-school teenagers (Ramos, 2020) with inadequate access to information and reproductive health services (Plan International, 2020). Early adolescent girls also face higher risks of health problems, such as anemia, postpartum hemorrhage, and obstructed labor. Therefore, young mothers are more likely to experience complications during pregnancy compared to older mothers (Ahorlu et al., 2015).

To contribute to the limited studies on the pregnancies of early adolescent girls, this study focuses on the experiences of younger groups of adolescent mothers in Metro Manila, Philippines, that reflect the multiple sociocultural factors highlighted in the socioecological model. Utilizing this theory, the sociocultural spheres of influence have been identified as affecting the perceptions and behaviors of an early adolescent mother directly and indirectly. The researcher reveals different angles for consideration in the discourse of early pregnancies, showing that being an adolescent goes beyond mere age categories. It is a process in which adolescents are continually being shaped by social, cultural, and political environments that produce inequalities affecting the young mothers.

Theoretical Framework

The social-ecological model (SEM) was adopted in this study to approach the issues of early adolescent pregnancies. The theory works on the proposition that an individual and her environment have an intertwined relationship. Hence, human behavior can be significantly

affected by, as well as affect, multiple levels of influence making up their social conditions.

McLeroy et al. (1988) propose five levels influencing human behavior: (a) intrapersonal, (b) interpersonal, (c) institutional, (d) community factors, and (e) public policies.

According to theory, the *intrapersonal* can be defined as the knowledge, attitudes, behavior, self-concept, skills, and developmental history of an individual. At this level, we can understand behavior by examining the attitudes and skills of the actors while relating them to their social environment. Next, the *interpersonal* level includes the formal and informal social networks of an individual. This level comprises the family, peers, neighbors, work group, and other networks that can directly influence the developing person. Moving outwards in the model is the *institutional* level which is determined as social institutions with organizational characteristics and formal and informal rules and regulations for operation. At this level, institutions such as schools, workplaces, places of worship, and local organizational groups are perceived to have positive or negative impacts on behavioral changes.

Following the intrapersonal, interpersonal, and institutional levels is the community. While most models define community only as the primary social networks of an individual, *community* in this model is characterized in three ways—(a) as a mediating structure, (b) as the relationship among organizations, and (c) as a power structure. This phase resembles the mesosystemic level of Bronfenbrenner (1977), at the same time, reflects the community norms that surround an individual. Last, *public policy* encompasses the local, state, and national regulatory rules and laws that mainly affect human behavior. The public policy factors and community are also deemed to have a direct relationship because the community as a mediating entity serves to connect the individual and the social environment. Through distinguishing these levels, causal and potential interventions can be employed in a problematized phenomenon while proposing anticipated reinforcements and interactions between them.

Methodology

Various online consultations were conducted with the Likhaan Center for Women's Health, or Likhaan, to successfully accomplish the objectives of the study. Likhaan assisted in selecting the participants and other data gathering related activities in the study because they have an established network in the target communities and strict restrictions due to the COVID-19 pandemic hindered face-to-face data gathering. In addition, the conversation guide used in the study was also cross-checked by the same organization and a licensed psychologist was present to ensure the questions posed minimal harm to the participants.

Online ethnography has characteristics that approximate those of traditional ethnography. It is described as “a qualitative approach to data collection in virtual communities” often using specific communication technologies (Rahm-Skågeby, 2011). The online interviews were conducted from December 2021 to January 2022. Facebook and Zoom have served as the main operating systems for the study. Online observations on Facebook included engagement with the participants in posts on the official group pages and group chat.

The online ethnography was enhanced by the photovoice technique and diaries, which were used to capture the participant's perspectives. Photovoice was initially used by Wang and Burris (1997) to explore community issues (Nykiforuk et al., 2011). The data collection for photovoice and diaries started from February to March 2022 to avoid generating participant fatigue. The participants were tasked to take two photos that best reflected their easiest and hardest experience as an early adolescent pregnant girl or early mother. These photos were submitted after a month. During the activity, the researcher asked the young girls to use their cellphone cameras as the main tool for the activity. Based on the procedures, the participants have an active role in the production of the images. Such roles involved answering the assigned question through the photos and sharing their views on how they interpret the images which are crucial elements in the photovoice technique.

Online diaries also served as a vehicle to observe circumstances and “capturing life as it is lived” (Bartlett et al., 2015). Most early adolescent

mothers (EAMs) chose to write journals via online through the Google forms. They were asked to have one entry per week for a period of 1 month. The exact day they wanted to write was also their choice. Entries in their diaries were not structured but were supported by guide questions that helped them write down their thoughts and opinions. The guide questions given focused on the schedule of activities for early adolescent mothers in 1 day.

The Early Adolescent Mothers

The 16 respondents were composed of six primary and 10 secondary respondents. The primary group included three EAMs from Letre, Malabon while the three other EAMs came from Barangay 105, Tondo. Both are urban poor areas. The 10 secondary respondents consisted of two Likhaan staff, two barangay health workers, three partners, one parent, one guardian, and one sibling.

The discussion of the findings is structured based on each stage of the pregnancy journey or the pre-, during, and postpregnancy. All names mentioned in the analysis are pseudonyms.

The six EAMs included in our discussions are Bea (14 years old), Jackie (15 years old), Casy (15 years old), Rachel (16 years old), Josephine (16 years old), and Jasmine (16 years old). At the time of the interviews, Jasmine was 6 months pregnant while the rest of the mothers had already given birth at the ages of 14 and 15 years.

Results

Prepregnancy

Panliligaw (*Courtship*)

Similar for almost all EAMs are their love histories as couples. The narratives of the young mothers started from what they regarded as a sincere courtship. Interestingly, these girls first met their partners through *retos*, or matchmaking, schemes organized by friends or relatives often in a *tambayan*, or hangout places like a computer shop. Yet, it did not

end there. Wooing the EAMs was amplified using social media applications like Facebook Messenger that allowed the young girls to develop feelings towards their suitors or partners and eventually led them into having a relationship.

For instance, Bea met her partner who was already 21 years old when she was 13 years old. Through her aunt's *reto*, her partner made his move by constant communication on Facebook Messenger and house visitations. After 5 months, Bea decided to get into a relationship with her partner. They have now been in a relationship for 2 years, the first year of which her baby boy was conceived.

Josephine and Casy both met their partners also through matchmaking, but this time through their friends. Josephine was 14 years old, while her partner was 17 years old. After 3 months, Josephine agreed to be his girlfriend. Josephine wanted someone to help with their heavy housework, such as carrying gallons of water; that was not an easy task in their home since they were all women. Later, Josephine learned to love her partner and got pregnant also during the first year of the relationship.

Casy's story of courtship began when she was 12 years old. Like Bea and Josephine, her partner was introduced as *reto* while she was casually hanging out with her friends in their *tambayan*. She was quickly introduced to her partner's parents and right there, they got into a relationship. Her parents usually scolded them for having a relationship too early but the two did not mind her. Two years later, their baby arrived. Casy was 14 years old while her partner was 16 years old.

Akin to Casy's experience, her younger sister, Jasmine met her partner when she was 13 years old at the *tambayan*. He was 4 years older than she was and hailed from Masbate. After their encounter, Jasmine chatted with him on Facebook Messenger. At first, she only wanted a short-term relationship, or *jowa-jowa lang*, but as time passed, she slowly became close to her partner and his family. Currently, they are already 3 years into their relationship, she is now in her second pregnancy after an initial miscarriage.

Rachel also experienced courtship using Facebook Messenger. Her current partner was a neighbor and one of her four ex-boyfriends. They

had known each other for 7 years, the last two of which brought them into a relationship. She recalls having received a message from her partner asking if he could court her again. Luckily, according to Rachel, she agreed to give him another chance. The two had their baby girl after a year of being together. Rachel and her partner were 15 years old.

Jackie recalled how she was courted by her partner of 2 years through Facebook Messenger. She met her partner when she was 13 years old while he was 17 years old. Her partner was sitting next to her at a computer shop and was constantly peeking at her Facebook account. From there, he added her on his Facebook and started communicating with her through chats. Jackie had her baby when she was 14 years old, a year after she and her partner met.

Knowledge About Sex

One of the distinct observations that emerged during the conversations with the EAMs is that they knew very little about sex. They had no definitive ideas concerning intimacies and sexual intercourse. The only bit of information they knew were: (a) they might get pregnant after having sex as shared by their parents, friends, and neighbors and (b) the different reproductive parts taught in science subjects which were taught in schools.

During the conversations, Jasmine's partner expressed that he only knew how to kiss and penetrate by trying those actions out of his curiosity. Casy's partner learned about sex by imitating his friends in the *tambayan*. He shared that he copied his friends' actions toward their girlfriends whom they usually invited to their houses "on an intended short-term *jowa-jowa* basis" ["*Nagaya nalang po, sa mga barkada ko. Meron kaming ano . . . meron kaming jowa-jowa sa isa't isa. Inuuwi po namin sa ano namin, bahay namin*"].

Josephine's partner gained his knowledge of sex from conversations with his friends. He felt uncomfortable because he knew he was not ready to hear about "such subjects, so he would leave the discussion" ["*Parang ayaw ko pong makarinig ng ganun. Parang kung sakali, sakaling mangyari sa akin, di pa po, di pa po ako handa*"].

First Sexual Encounter

All the EAMs had their first sexual encounter with their current partners. Narratives of the girls reveal that most of their sexual activities happened after they hung out or celebrated their “monthsaries,” or monthly celebration of their relationship. Commonly, after their date, they would go straight to their boyfriend’s house while his parents were out, to spend more time and for privacy.

First sexual encounters involved feelings of discomfort, hesitance, and fear. When asked about her first encounter, Jasmine said that she felt “uncomfortable because it was her first time doing it” [*Nailang po. . . Kasi, ngayon ko lang po siya ginawa*]. It happened when she was 15 years old.

Some of the girls were also unsure of their actions because of the consequences after. As Josephine mentioned, “I was hesitant I might get pregnant, I’m still studying. I might stop” [*Nag-aalangan po nung una. . . Kasi baka nga mabuntis ako, nag-aaral pa ko. Mapapa-stop*]. Her partner felt the same way due to his fear towards Josephine’s parents, yet they continued doing it. He did not want to end their serious relationship. All the EAMs were afraid because of the possibility their parents would find out and because they feared getting pregnant.

Jackie and her partner used condoms the first time. She was 14 years old when it happened. The sexual encounter was also repeated, yet, in the succeeding instances, they did not use any condoms because they had run out of them.

Other motives revolved around the idea of having a child. One of the partners expressed his thought by saying that having sex without protection is the only thing he could think of, and he already had plans of having a baby with his partner [*Yun lang po sa isip ko, tsaka balak ko naman po na ano . . .*]. By having a child, the EAMs and their partners see themselves starting to build their own families so they can feel happy and escape the sad environment of their own family [*Yun kasi nakikita ko sa . . . kasi yung gusto ko magkaroon ng masayang pamilya eh. Yung pamilya kasi namin di masaya eh*].

Pregnancy

Suspicious and Confirmations

As already mentioned, early adolescent mothers knew what might happen after having sexual intercourse. Nevertheless, abortion was never an option because for them it was sinful.

The EAMs became suspicious about their pregnancy upon observing changes in their bodies. First, Jackie and Jasmine noticed becoming sickly, feeling nauseous, and having body pains. There were also remarks from other people regarding their body changes such as a growing belly, escalating qualms about their situation. Notably, all of them realized that they had not had their menstruation for the past months.

The boyfriends are usually the first ones to hear about the girls' hunch. At that point, the boyfriend would advise the EAM to undergo a pregnancy test as a confirmatory procedure. The EAMs and their partners had varying reactions. Confirmation of their pregnancy brought fear to the girls. As Casy recalled, "I was nervous and scared because my mother might again get angry at me" [*Kinakabahan po ako, natatakot, kasi baka mamaya pagalitan na naman ako ng nanay ko*"].

Unlike the girls, the partners were mostly happy, even blissful, upon validating that their girlfriends are carrying their child. One of the partners described the experience as a "light-feeling moment" as he was absorbing his new role as a prospective father. As he articulated, "I told myself that I can't do anything about it because it's already there" [*Wala naman, sabi ko nga po sa sarili ko na wala na po akong magagawa kasi andun na po*"].

Pregnancy and Telling the Family

The confirmation of pregnancy in an adolescent girl is not only surprising to the prospective mother but also to her family—both immediate and extended. Most of the EAMs had a hard time worrying about having to share the news with their parents, siblings, and other immediate family members.

For example, Jasmine's parents expressed strong displeasure and angrily scolded their daughter for getting pregnant too early even before she could help them improve their family situation [*“Yung sa magulang ko naman po, nagalit po . . . bakit daw ako nagpabuntis ng maaga, hindi pa daw ako nakakatulong”*].

The researcher had the chance to interview one of the EAMs' mother and aunt. Both shared their feelings about the unexpected situation of their daughter and niece. Bea's mother felt all kinds of emotions upon realizing that her daughter was pregnant. She recalls thinking, “Of course, as a parent, I felt depressed. After all, my daughter is still a child, so I felt so sorry and so disappointed. However, that's life, you have to accept it [pregnancy]” [*“... siyempre bilang magulang parang manlulumo ka muna, ma-ano ka muna. Kasi siyempre bata pa yung anak mo. Parang nanghihinayang ka. Pero siyempre ganun talaga, kailangan pa ring tanggapin”*].

Jasmine's guardian likewise expressed her feelings of shock upon learning of her charge's pregnancy. Jasmine had experienced a miscarriage a few months earlier. Her aunt had been unaware of her first pregnancy, “We did not know anything about it; she was not saying anything” [*“Hindi naman po namin nalaman kasi hindi po yun, hindi po niya kasi sinasabi”*]. For that reason, her aunt constantly reminded Jasmine to be careful during her second experience. She also advised her nephew, Jasmine's partner, to avoid picking fights with Jasmine because she was carrying a child.

It is important to note, however, that there are also instances where the girl's family was pleased about her pregnancy, Josephine's parents were happy that they would be having a grandchild. Her parents and siblings also hoped that her child would be a boy so that they would have an additional household member able to help the family.

Eventually, all the girls subsequently felt the support of their family members upon revealing their situation. Extra care and love for the early adolescent mothers and their babies emerged in the extensive efforts of their mothers to help them cope with their pregnancy. The EAMs and their partners also received financial assistance from the family whenever

possible. Exchanges of motherhood experiences and tips about relationships were also happening.

Pregnancy and Community

As young mothers, the girls became the main object of local gossip. Neighbors in their small communities were the leading spreaders of the news. Hearing these stories made some of the EAMs feel hurt and displeased about themselves. Rachel, for example, asserts indignantly, “I am angry, but I just let them be because it is true, I got pregnant at an early age” [*“Masama din po yung loob, pero inano ko po kasi totoo naman eh, maaga nabuntis”*]. Jasmine adds that she was especially hurt when the neighbors told her that aside from not finishing her education, she did not weigh her options about men and simply chose a man from their community. Despite the relentless judgments of their neighbors, ignoring the critics became the response of the EAMs. While they acknowledged it was true, they also wanted to avoid conflict and show respect to their older neighbors.

In their school community, unlike the others, Bea and Rachel continued their education during their pregnancies. The current pandemic allowed Bea and Rachel the advantage of online learning, a combination of asynchronous and synchronous teaching, or blended learning. Eventually, both Bea and Rachel’s teachers and classmates became aware of their situation.

Likhaan and BHWs

Maria and Mikee, community mobilizers in Malabon for almost 10 years, and Betty and Rose, barangay health workers (BHWs) in Tondo for 8 years brought out the more sobering aspects of early adolescent pregnancies. Their broader experience demonstrated that not all cases came out as positively as reported by the six respondents.

Over the past few years, the Likhaan staff have been observing a gradual increase in pregnancies among 10- to 14-year-olds in the community. They highlighted the rampant gender and domestic violence experienced by some early adolescent mothers from their partners. Mikee related the case of a homeless 14-year-old pregnant girl whom she had

assisted. Due to the incapacity of the homeless young couple to find acceptable employment, the girl had to engage in sex work to sustain the family.

In addition, encouraging community members to visit the clinic became a problem for some. Family planning services occasionally raised tensions in the community. Maria recalled experiences where young pregnant girls were too scared to avail of the free family planning services because of the gossip a visit there would generate in the community. The Likhaan staff also related the increase in early adolescent pregnancies to parental negligence. Most parents were too trusting and lax with their children, who then, lacking supervision, began to explore experiences like sex.

In the provisions of the Responsible Parenthood and Reproductive Health Act of 2012, BHWs like Betty and Rose have the responsibility to disseminate information and attend necessary trainings that promote responsible parenthood and family planning in their community. For Betty and Rose, these responsibilities encapsulated their roles as motherly advisers for the youth. Rose felt she has become their “second parent, adviser, and counselor” [*Ano, para na din kaming magulang nila . . . adviser, counselor*].

They constantly remind the young mothers to be mindful of their motherly responsibilities, like going to follow-up check-ups, following their doctor’s instructions, ensuring they have been vaccinated, and know the hows of breastfeeding. In addition, Rose and Betty spread awareness and information about reproductive health, specifically on contraceptives, family planning, and pre- and postnatal care for mothers. Sometimes, they also linked the young girls with the Likhaan clinic to avail of free services like family planning.

Giving Birth

The pregnancy journey of the early adolescent mothers was stressful because of the health, emotional, and financial risks that it entailed. Stories about their labor had one common denominator—pain. The EAMs shared that they felt a series of contractions and water broke, which generated a rush to the hospital. Rachel recalls that, “. .

. I was scared. I was crying because of the pain” [“... *natatakot. Naiiyak na sa sobrang sakit . . .*”].

The stories of Jackie and Josephine revealed that they not only experienced the hardships of childbearing at a young age but also experienced them during a pandemic when neither their partner nor their family could be with them. Moreover, financial expenses were much higher compared to giving birth at a normal time because swab tests were required for the mothers before being admitted to the hospital.

Most of the girls had their labor between 5 hours to 4 days and had their actual deliveries in less than an hour. Despite the agonies presented above, pure contentment filled their hearts once they saw their child.

As Current Mothers

The EAMs' common easiest experience as mothers focused on taking care of their babies. Casy, Bea, and Rachel found it uncomplicated to put their babies to sleep and additionally pleasurable because that was when they could also rest for a while. In Josephine's case, bathing her child was easy because her baby enjoyed being bathed.

Most of them emphasized that their most difficult experience as young mothers was having to do household chores like washing the dishes and clothes, and cooking rice over charcoal, or *pagpapadingas*. Tasks like these were challenging with no one watching their babies while they carried out these care work duties. It became harder when their babies began to cry. Others featured some of the tasks related to their child like breastfeeding and taking medicine. This was reflected in their diary entries.

Table 1
Sample Diary Entries

Diary Question	Entries
<p>Can you describe what happened in your day? What did you do in the morning, noon, and at night? [Maari mo bang ikwento ang mga nangyari sayo ngayong araw? Ano ang mga ginawa mo sa umaga, tanghali, at gabi?]</p>	<ul style="list-style-type: none"> - In the morning, I washed the dishes. In the afternoon, I breastfed my baby then at night, I soaked our clothes. [<i>Umaga naghugas ako ng plato, tanghali nagpapadede ako kay baby tapos kumain sa gabi nag babad ako ng damit namin.</i>]—Rachel - I woke up at 4:50 a.m. because my baby woke up then, at 8:30 a.m. we both went back to sleep. I woke up again by 12:30 p.m. because we will eat lunch. I woke up late because my baby woke up very early. By 3:00 p.m., I did the laundry because my partner had his vaccine but I did not finish it. I just have to finish it tomorrow because it's already late and my mother said that my baby might have a cold breast milk. [<i>Nagising ako ng 4:50 a.m. kasi nagising yun baby ko tas pag dating ng 8:30 a.m. nakatulog na sya tas matulog na den ako tas nagising ako ng 12:30 kasi kakain na late nako nakakain kasi ang aga nagising ng baby ko tas pag dating naman ng 3:00 p.m. naglaba ako ng damit namen kasi nagpa-vaccine yun partner ko tas di nako natapos sa paglalaba kasi bukas mo na ulit itutuloy kasi gabe na daw sabi ng mama ko yun lamig daw madede ng baby ko.</i>]—Jackie

The photos and diary entries collected indicated the societal expectations of the young mothers after giving birth. The EAMs were faced with the realities of becoming a new mother. Most of their time are spent in fulfilling responsibilities related to taking care of their household and ensuring the needs of their babies are met.

Figure 1
Jackie (Hardest)



Note. Jackie expressed the difficulty of fixing some important documents for her school because it was the first time she had to file those papers, usually assisted by her partner and mother-in-law.



Figure 2
Jackie (Easiest)

Note. Jackie's easiest experience as a mother was when she washed her baby's clothes. Her baby's crib was beside her while doing the laundry so she could also look after her child. That was easy because even before she was a mother, she was already washing her family's clothes.

Figure 3
Rachel (Hardest)

Note. Rachel viewed her breastfeeding situation as one of her hardest experiences as a mother. Looking back at her first try when she did not produce any milk, she cried and felt sad because her baby was crying from hunger.





Figure 4
Rachel (Easiest)

Note. Rachel's easiest experience, which was putting her baby to sleep. It was part of her baby's routine in the morning after Rachel changed her diaper and clothes.

Figure 5
Bea (Hardest)



Note. Bea found it challenging to give medicine to her 1-year-old baby. Her baby had a cough which she believes came from the coldness of her breast milk because she drank cold water.



Figure 6
Bea (Easiest)

Note. Bea's easiest experience was putting her baby to sleep, a regular routine after feeding her baby.

Figure 7
Josephine (Hardest)

Note. Josephine's hardest experience included washing dirty dishes after they had lunch. It was difficult because when her baby cried, she would leave the dishes unfinished so as to quickly soothe him.





Figure 8
Josephine (Easiest)

Note. Josephine's easiest experience was bathing her son. She shared how her baby loved to be put in a small basin during bath time.

Figure 9
Casy (Hardest)

Note. Casy showed how she usually used charcoal to cook rice for lunch. It was challenging for her because it took time for the rice to be cooked and she could not look after her baby.





Figure 10
Casy (Easiest)

Note. Casy's easiest experience shows how she puts her baby to sleep at noontime. It was her easiest experience because she could also rest while lying down with her baby.

Figure 11
Jasmine (Hardest)

Note. As a pregnant girl, Jasmine found it hard to do her family's laundry. She felt tired with pains in her hips when doing the task. She would start at 2:00 a.m. and end at around 4:00 p.m.



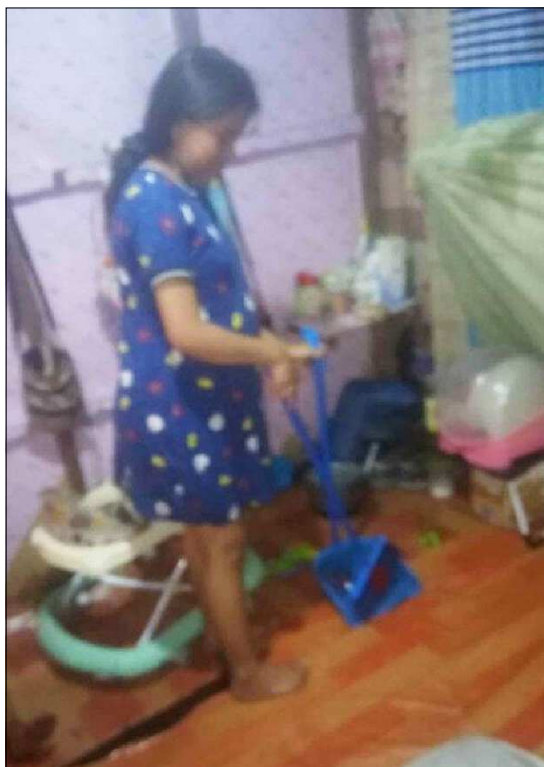


Figure 12
Jasmine (Easiest)

Note. Jasmine's easiest experience included cleaning their small house, an easy and familiar task for her.

Discussion

Being an Early Adolescent Mother (Intrapersonal)

As noted by Habito et al. (2021), one pathway of being a teenage mother is to engage in early union. The daily situations experienced by the EAMs such as poor housing, poverty, hunger, largely inaccessible education, and family problems have a great influence on their decision to seek comfort elsewhere. For one, their parents were perceived to give too little attention to them because they must make a living. This results to the EAMs finding others who will care for them and a defining factor in engaging in sexual relations (Samano, 2017). Hence, most of the EAMs' relationships were rarely driven out of love, but a search for security, safety, and having someone to lean on when times get rough.

The study by Baccay et al. (2022) found that less than half of the 163 teenage mothers were fully informed about family planning methods. Hence, teenage mothers have a low utilization of contraception and insufficient knowledge of sexual and reproductive health, which parallels the case of the EAMs. The credibility of sources on sexual intimacy and intercourse, such as friends, partners, and neighbors, is also a concern. The lack of sexual communication between parents (Ventanilla & Villaruel, 2022) and insufficient education provided by schools lead adolescents to turn to other sources to satisfy their curiosity.

Gender double standards subconsciously exist in the EAMs as soon as they confirm their pregnancy. As Salvador et al. (2016) have pointed out, being with child was daunting to the young girls, who anticipated with fear adverse outcomes in the reactions of their parents. The EAMs knew that they would be severely scolded and criticized when they shared the news. On the other hand, their partners experienced the contrary, reveling in the joy of being new fathers. This is rooted from the expected attitudes from men and women in the society. While men are granted sexual freedom, women should uphold modesty and virtuousness (Ventanilla & Villaruel, 2022). In addition, the young girls were also forced to adapt to a new role of being the frontline workers in their household. Gregorio (2018) discussed that adult-like instincts commonly result in early mothers and fathers to search for a living at a young age and are driven by economic situations that leave them no other option. Most of the EAMs were stuck inside their homes not only taking care of their babies but also taking charge of household chores. Their partners, on the other hand, have had to take on the role of breadwinner covering yet another family member.

On Connections (Interpersonal)

The study reveals a noteworthy discovery that most couples have met through the process of *reto*. Typically, the initial phase of getting to know each other for the girl and her partner transpires on Facebook. Fox (2013) pointed out that Facebook Messenger serves as a social space for interaction to explore potential romantic relationships. Essentially,

social media platforms have given adolescents the opportunity to interact with their friends or significant others, thereby strengthening their relationships. According to Lenhart et al. (2015), many teenagers feel more connected and informed about their partner's daily activities. As a result, relationship-building has become faster and more efficient. In the case of EAMs, a simple private message, or PM, is sufficient to acquire a significant other.

Developing their relationship continued in their cases, resulting eventually in sexual intercourse. Wider age differences in relationships are perceived to be linked to the likelihood of adolescents having sex (Oudekerk et al., 2014) along with representations of unequal power (Raven, 2014). Clearly, the EAMs had older partners with age gaps varying from 2 to 7 years. Based on the conversations among the male partners, having sex and pregnancy was perceived to be a way of securing one's relationship with the girl. Even contraceptive usage illustrates power imbalances. The girls who eventually learned about condoms revealed their partner had rejected using one, even though she wanted it. The others remained clueless on the purpose of condoms when having unprotected sex.

The concept of social support comes in the picture when the young girl becomes pregnant. Social support is described as a well-intentioned plan of action given to a person that may result in immediate or delayed feedback from the recipient (Logsdon et al., 2004). It is mostly provided by the girls' partners, peers, family, neighbors, and organizational groups. Further, early childbearing becomes a shared responsibility, not only with the EAM's partner, but also to both families. Peers remain a strong influence among the EAMs. In terms of sexual exploration, friends set up models for interaction specifically among the partners. They talk about sex during their hangouts. They also imitate what their friends are doing (Gregorio, 2018) out of curiosity and because of the inaccessibility of reliable information about sexual and reproductive health.

Helping Hands for the Young Girls in the Community (Organizational)

Teachers, for instance, became supportive and compassionate when they learned that their students were pregnant. Failing the young girls was not an option for the teachers. Instead, their assistance emerged in asking the EAMs if they needed help with their academics or if they needed rest during online classes.

For the health organizations and sectors, the BHWs act as second mothers to the EAMs by guiding them in getting vaccines, pre- and postnatal services, and family planning. Likewise, Likhaan staff provide free reproductive health services in the clinics.

Sexual empowerment, as characterized by Crissman et al. (2012), is a woman's ability to make decisions about her sexuality and to recognize her right to self-determination in sexual situations. In the case of young mothers, unconventional methods are used by health staff to provide reproductive health services that empower them. For example, male partners who oppose the use of birth control methods are tricked by giving girls injectables instead of implants, which can be easily seen and felt. This enables health workers to secretly provide family planning services to girls and women who need them but are afraid to inform their family or partner. This disguise increases the agency of young girls, allowing them to assert their right to make sexual choices, which is crucial for adolescents (Vanwesenbeeck, 2002) and combat community resistance to adolescents obtaining reproductive health services.

Other practices included the use of social media applications like Facebook Messenger which helped the health staff to establish communication among the youth. Additionally, their methods included information dissemination, not only specific to the youth, but among the parents of young girls to help them understand the significance of their children's availing of reproductive health services.

Community Norms at Play (Community)

Sexual discourses are entangled with feelings of shyness (Tan et al., 2001), embarrassment, and negativity. This is true in the case of the young mothers because most of them acquired their knowledge and ideas about it through their boyfriends and others with whom they felt most comfortable. Meanwhile, the negative stance about sex commonly came out in conversations with family members.

“*Oh baka mamaya makipag-sex ka ha!*” these are the words shared by one of the EAMs on how her mother gave warnings about engaging in sexual activities. Parents play a critical part in inculcating sexual information, attitudes, perceptions, and expectations to adolescents. Yet, most Filipino families remain reluctant in conversing about sexual-related information with their children due to the conservative cultural narratives around sex (Ventanilla & Villaruel, 2022). There were instances where parents of the EAMs automatically linked sex conversations with subtle and less-than-subtle warnings about boys. As a result, the young girls feared their parents’ reactions if the latter were to find out their daughter was having sex.

Gossip, as defined by Brillon (2017), mirror societal conditions. Rumors, therefore, functioned as a shared response of the community on the early pregnancy of the young girls, reflecting the community’s prevailing social values and standards. Early childbearing was judged as an indecent and undesirable circumstance, especially when the girl clearly engaged in promiscuous behavior. Girls were the only ones talked about, displaying the prevalence of gender stereotypes in the community wherein females adhere to the socially constructed belief of femininity while males are glorified by their virility (Upadhyay et al., 2006; Ventanilla & Villaruel, 2022).

In some literature on teenage pregnancy, out-of-school youth serve as the main group affected by early pregnancies (Porcalla & Crisostomo, 2019; Habito et al., 2021; Daquiao, 2021). Yet, the case of the EAMs appeared to be different. Some of them stayed in school and enrolled in a livelihood training program when they got pregnant while others wanted to stop schooling even before they got pregnant because they already preferred

to work. Additionally, contrary to Miura et al.'s (2020) ideas about teenage pregnancy as related to a lack of interest in schooling, the EAMs acknowledged the importance of education for succeeding in life. Most of them emphasized wanting to ensure that their children would complete their education, ideally through college graduation. This is ironic considering that half of them had no intention of finishing their own education.

Governing Policies

It is apparent that the lack of information and knowledge about sexual and reproductive health has made these young girls extremely vulnerable. Despite the passage and implementation of the RH Law, there is still little awareness among these very young urban poor groups about adolescent sexual reproductive health.

Moreover, the overarching issue of accessibility of adolescents to family planning services in public health facilities also remains a challenge to them. Government restrictions on enabling unmarried adolescents, especially young girls who are already engaging in sex, to gain access to safe contraception without parental consent leaves them open to pregnancy. These issues affect significantly the reproductive health and lives of the adolescents in lessening their ability to protect themselves when they engage in sexual acts.

In addition, the situation taps into the issue of age of consent. Fortunately, that age has been recently raised from 12 to 16 years old as of March 2022 (Parrocha, 2022). The extent to which a wider range of minors may be protected from exploitative sexual acts such as rape and sexual abuse remains to be seen. Yet, such implementation remains unnoticed by the youth themselves. They cited no issues about the age gap between them and their partners because it had become a normal consensual encounter for them.

The situation of the EAMs demands a more intensive implementation and reexamination of the RH Law and other legislation affecting their lives. It also argues for adolescent-centered policies that will directly mitigate and resolve the problems faced by young girls or mothers-to-be. The implications for young male adolescents necessarily enter in as well.

Conclusion

In this study, the researcher has pointed out the multilayered facets as presented in the SEM framework that directly and indirectly affects an early adolescent girl's journey to motherhood. The narratives presented have highlighted interesting points and patterns that should also be considered when approaching the subject of teenage pregnancy.

Clearly, social and economic factors influence young girls' beliefs, perceptions, and behaviors around sexual health. Young urban poor girls seem almost compelled through risky sexual experimentation encouraged by their peers to take on the roles and responsibilities of being a mother. That happens even as they realize that an early pregnancy significantly lessens their access to opportunities for a better life. As compensation, they hope for a successful future for their children through the completed education they themselves had to relinquish.

Moreover, the COVID-19 pandemic heightened the impact of early pregnancy on vulnerable young mothers, their partners, and family members. As the schools shifted to remote learning, the technical resources needed became additional burdens for the girls. Partners and parents who simultaneously lost their prior jobs or sources of income meant even greater poverty in the family. The study reveals the many challenges the girls encountered not only as a young mother but also as an adolescent girl taking on physical and emotional risks, financial difficulties, and social threats.

Society as a whole is also accountable. To comprehend and come to grips with the problem, scientists, health professionals, educators, and policymakers need to locate the medical aspects affecting these girls within the socioeconomic contexts affecting them. This study of early adolescent girl-mothers paves the way for other interested scholars to delve deeper and more broadly into the situation of early pregnancy and eliminate or reduce the guilt of being a young mother on the girls. Worthy of further investigation would be youth issues, values, and aspirations affecting both girls and boys; gender roles of caring mixed with violence, sex, and reproductive health knowledge; and intergenerational issues involving the family, school, and community.

Likewise, empowering early adolescent girls and the youth to voice their concerns related to sexual and reproductive health and the lives they hope to live must also be included.

Recommendations of the Study

The results from this study enabled the researcher to suggest the following recommendations for scholars, concerned groups, and policy developers in further understanding the issue of early adolescent pregnancies:

- Consider the particular situations of younger batches of adolescent mothers/girls, as well as their male partners. While the slight increase in pregnancy for girls under 14 years old is not as large compared to 15–18-year-olds, there are reasons to question why younger girls or boys are moving toward parenthood. Expand the findings to cover a larger group of EAMs/girls and young fathers in urban informal settlements.
- Use the power of social media and other online platforms to inform young adolescents meaningfully about sexual relations and their reproductive health options and rights. Technology and social media, especially Facebook, have become one of the most useful communication tools of this generation. Therefore, this arena should be used to develop programs aimed at disseminating legitimate sexual and reproductive health information and campaigns. Accordingly, they need guidance in the best use of these social media and other online platforms to achieve their goals for success effectively and in their best interests.
- Intensify sound information dissemination. There are still young people who are not well informed about sexual and reproductive health issues despite existing laws. This only reinforces the importance of calls highlighting the proper information dissemination and comprehensive sex education for the youth. Likewise, inclusive forms of information

dissemination can help many sectors to consider sex as a normal event in their lives and reduce the existing stigma surrounding the discussion of sexual and reproductive health.

- Develop adolescent-centered policies that address the needs of both girls and boys. The development of guidelines for the youth must be carefully consulted with members of their generation as they are the ones who can best provide an accurate account of the challenges that directly affect their sexual and reproductive lives. Enabling the youth to voice their concerns and know they are being seriously listened to is key to success in the serious matter of children having children.

Ethical Considerations

The study obtained its ethical clearance from the Ateneo University Research Ethics Office.

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