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Outcomes of Teenage Pregnancy Risk of a Young Mother

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Abstract

Research can explore how teenage mothers respond to pregnancy, and how they make decisions. It can also explore how they prepare for and accept their new roles as mothers. This study utilized a Phenomenological Qualitative Research that deals with the outcomes of teenage mother of Barangay PalacPalac Victoria Tarlac. In this type of Qualitative Research approach, it seeks to explain the nature of the phenomenon /situation through the exploration of different perspectives of those who experienced the said event one of the main goals of phenomenology is to expound the defined experience. This study was conducted in Barangay Palacpalac Municipality of Victoria, Province of Tarlac.

The participants of this study focused more on a mother who became pregnant at the age of 15 to 19 years old. Adolescent mothers who experienced physically and emotionally problems. The young pregnant women, from poor families, and only one of them graduated in high school, and they also face a lot of problem from parenting to finances, especially because the teenager has not even started earning money, and because they have not finished their education, teen mothers are forced to take low paying jobs, and many live in poverty and rely on public assistance.

Proper introduction of sex education in the community due to unprecedented increase of teenage pregnant. Encourage them enroll to ALS Alternative learning System which is intended for out-of-school youth who need basic and functional literacy skills, knowledge and values. And providing support for those already affected like livelihood program.

Keywords: Motherhood, Phenomenological Study, Teenage Pregnancy

1. INTRODUCTION

Teenage childbearing and pregnancy have always been global economic and health crises due to their considerable social, personal, and medical effects on the adolescents (Fute, Sun, and Oubibi, 2022). In a global scale, 15% of teenage girls give birth prior to their 18th birthday thus, referred to as early pregnancy or early childbearing (Dogan, and kose, 2022). Resent reports have illustrated those 21 million teenage girls –ages 15-19 years old –are at most an annual trend in developing countries.

In data illustrated by Asia and the Pacific (2021), there are at least 3.7 million births in Asia and the Pacific. In terms of adolescent fertility rates, it has been considered highest in the Pacific (51 births per 1000 girls) and Southeast Asea (43 births per 1000 girls) regions as compared to South Asian countries (26 births per 1000 girls) who have shown a significant decrease in fertility rates for the last two decades. These outcomes can bring about a cycle of elements such as gender- based or intimate partner violence, stigma and discrimination, and lower educational attainment in schools.

A spike in adolescent pregnancies has raised numerous concerns regarding sexual reproductive health and long-term outcomes in the school of this vulnerable population (Zulaika et. al., 2021) early pregnancies in a mother's life span introduces serious infant health and maternal concerns. Social harms,

such as child marriage, pregnancy-related stigma, community isolation, fear of school expulsion, and lack of financial or emotional support (Zulaika et.al 2021*)*.

As mentioned by Stefanie P.W Wong MFcFN et, al (2020) teenage pregnant women have a higher risk for adverse birth outcomes, Infants born to teenage mothers are more likely to be preterm, have low birth weight (LBW), be small for gestational age, and have a low Apgar scoreat 5 minutes. Additionally, perinatal mortality, neonatal mortality, post neonatal mortality, and stillbirth more strongly associated with infants born to young mothers.

As stated by Elad Me-Dan MD et. al. (2015) women previously hospitalized for bipolar disorder are at increased risk of adverse prenatal outcomes compared with the general population. Their level of risk is comparable to women previously hospitalized for major depressive disorder. These risks must be considered in the management of pregnant women with a history of major mood disorders. Attention to potentially modifiable risk factors such as obesity, diabetes, and hypertension before and during pregnancy could reduce the risk for adverse prenatal outcomes.

As claimed by Junita Indarti et.,al (2020) teenage pregnancy may cause a significant obstetric complication. higher prevalence of eclampsia, postpartum hemorrhage, preterm birth, low birth weight, and anemia was found among pregnant teenagers. However, cesarean section was found to be significantly lower among teenagers. Future studies should evaluate the associated factors explaining a higher incidence of adverse maternal outcomes among teenagers. Therefore, targeted antenatal and preventive programs can be arranged to prevent teenage pregnancies and its concomitant adverse outcomes.

As indicated by Jana Diabelková et,.al (2023) pregnancies in adolescents should be considered high-risk pregnancies. It is necessary to emphasize the need for comprehensive prenatal care for pregnant adolescent children because insufficient prenatal care can be harmful to both the mother and her fetus. Promoting early and thorough prenatal care is a key strategy if adolescent pregnancy outcomes are to be improved. Addressing teen pregnancy also requires a major effort by families, service providers, schools, faith-based and community organizations, recreation centers, policymakers, and youth. Teenagers should be educated about the negative consequences

of teenage pregnancy, especially by their parents and at school. Our results confirm the relatively high prevalence of pregnant adolescent girls who smoked. Education should therefore also focus more on the risks associated with the use of substances during pregnancy. The most important elements in preventing unwanted teenage pregnancies are a functional and stable family, good relations between parents, and good relations between parents and children. Parents should be the main source of information about sex. Adolescent pregnancy is not only a medical problem but also a social and societal problem, so society also plays an important role in preventing unwanted pregnancies, spreading awareness among young people, and holding them accountable for their action.

According to Mercer's theory, teenage mothers are unprepared and not ready to take on the role of motherhood, and they need guidance from different stakeholders including families, health professionals, and peers. The current meta-synthesis aligns with this theoretical assumption by highlighting that teenage mothers are not mature and have low parenting skill competencies address with motherhood responsibilities (Apas, 2023; Gyesaw & Ankomah, 2014; Oktaviyana et al., 2018).

As indicated by Kozue Tabei et.,al (2021) in the current study, adolescents who live with neither parent, particularly those living in poor households, were found to be a high-risk population for teenage pregnancy in the Philippines. Results of this study may be relevant to health managers and policy-

makers alike in crafting strategies that will take into consideration how family factors, particularly parent structure, affect the risk of teenage pregnancy.

As mentioned by Joemer C. Maravilla PhD et,al (2017) contraceptive use, educational factors, depression, and a history of abortion are the highly influential predictors of repeated teenage pregnancy. However, there is a lack of epidemiologic studies in low- and middle-income countries to measure the extent and characteristics of repeated teenage pregnancy across more aried settings.

On the authority of Lorraine V. Klerman Dr.P.H. (2016) those who provide care to teenagers and those who study pregnancy outcomes should be aware that individual teenage mothers may not be at higher risk for low birth weight and its associated problems during their second pregnancies. In fact, the results of longitudinal analyses are congruent with the findings for adult women, i.e., that second deliveries are less risky for infants than are first ones.

As stated by D.C. Rigsby MD 1 et,al (2019) there is little consensus as to which risk factors are the most important predictors of recidivism. With as many as half of teenage mothers conceiving again within two years, the identification of “high-risk” teens may be less important than the development of intervention strategies for all these young women.

Honoring by Kozue Tabei (2017) in the current study, adolescents who live with neither parent, particularly those living in poor households, were found to be a high-risk population for teenage pregnancy in the Philippines. Results of this study may be relevant to health managers and policy-makers alike in crafting strategies that will take into consideration how family factors, particularly parent structure, affect the risk of teenage pregnancy.

In terms of pregnancy rates, the Philippines is the only Southeast Asian country were teenage pregnancies were not falling (UNFPA,2015) according to the data retrieved by the Philippine Statistics Authority (PSA), fewer Filipino women ages 15 to 19 are getting pregnant based on a nationwide survey conducted in 2022. Moreover, the latest National Demographic and Health Survey (NDHS) revealed that teenage pregnancies have declined to 5.4% in 2022 as compared to the 8.6% data in 2012. Educational attainment were the main factors identified to be the cause of such results. A total of 27,821 women ages 15 to 19 years old were interviewed from May 2 to June 22,2022. Most teenage pregnancies occurred among 19-years old, at 13.3 percent, but this was down from 22.4 percent in 2017. Those ages 18 followed at 5.9 percent, also down from 12.8 percent five years earlier.

As the regional data decline, Central Luzon remained second in rank among all regions with high incidence of teen pregnancy cases, contributing 11.92 percent or 18,722 out of the 157,060 teenage pregnancy cases in the country. Ranked first is Calabarzon, while the National Capital Region placed third. Among the seven provinces in Central Luzon, Bulacan ranked first in teenage pregnancy in 2020 with a total of 5,156 cases, followed by Pampanga with 5,002 and Nueva Ecija with 3,720. The province of Tarlac recorded 1,889 cases, Bataan with 1,528, Zambales with 1,398 and Aurora with 453.Highly urbanized cities in Central Luzon recorded a total of 1,079 adolescent pregnancies, with Angeles City having 768 and Olongapo City with 311, respectively.

Empirical evidence gathered suggests the interplay of information and communication technology, poverty, lack of access to reproductive health information and services, ineffective parental guidance, negative peer pressure, and early engagement in sexual and non-sexual risky behaviors are among the crucial factors in the prevalence of teenage pregnancy in the region. The agency asserts the issue as both a health and development concern as it affects the health and total development of the individual with implications on the family, community, and socioeconomic development.

Statement of the Objectives

This study aimed to determine the outcome of teenage pregnancy and risks of a young mother at barangay Palacpalac Victoria Tarlac during the transition to motherhood.

Specifically, the study caught answer to the following question;

1. To characterize the profile of the participants.
2. To determine the outcomes of teenage pregnancy.
3. To determine the risk factor of a young mother participants.
4. To identify the Individual Support Program as a coping mechanism as teenage mother.

Based on the provided question, the figure below represents the means of how the study will be directed to the answer it is seeking.

Theoretical Framework

Social Cognitive Theory:

This theory suggests that individuals learn by observing others and by experiencing the consequences of their actions. In the context of teenage pregnancy, it can help explain how social norms, peer influence, and media portrayals can shape attitudes and behaviors related to sexual activity and contraception.

Psycho social Development Theory:

This theory, particularly Erik Erikson's stages of psycho social development, suggests that adolescents may face an identity crisis, which can lead to risky behaviors like teenage pregnancy if not resolved.

Intersectionality Theory:

This framework recognizes the multiple layers of identity that can influence an individual's experience of teenage pregnancy, including race, gender, socioeconomic status, and cultural background.

Social and Psychological Challenges:

Teenage mothers often face stigma, social isolation, and a lack of social support. They may experience mental health issues like depression and anxiety, and their social lives and educational or career opportunities can be severely disrupted.

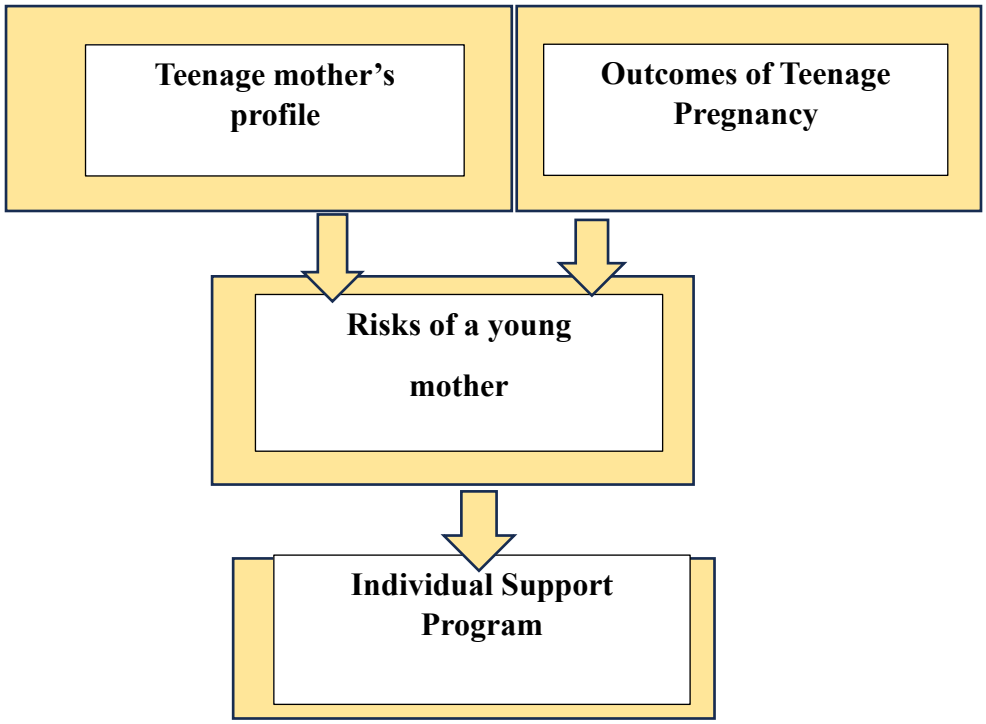

Figure 1. Paradigm of the Study

The first frame represent the profile of the participants which is the age,financial status, health history and educational attainment. The next frame is all about the outcomes of teenage pregnancies, followed by the frame risk of a young mother and the last frame represent the individual support program for the young mother.

2. METHODS

This section explains various methodologies that were used in gathering data and analysis which are relevant to the research. The methodologies will include areas such as the location of the study, research design, sampling and sample size, types of data collection method and its management.

Research Design

This study utilized a Phenomenological qualitative research design that deals with the outcomes of teenage mother of Barangay PalacPalac Victoria Tarlac. In this type of Qualitative Research approach, it seeks to explain the nature of the phenomenom/situation through the exploration of different perspectives of those who experienced the said event (Neubauer,Witkop,and Varpio,2019). One of the main goals of phenomenology is to expound the defined experience, specifically, "what" was experienced and "how" it was experienced.

Research Locale

This study was conducted in Barangay Palacpalac Municipality of Victoria, Province of Tarlac which is known a 2nd class municipality in the province of Tarlac, Philippines. Palacpalac is the barangay at the southernmost tip of Victoria, with its immediate neighboring town, Lapaz, Tarlac. Popularly known for its "Century Old" acacia tree and during "Lenten" season , Palacpalac maintains its stature as one of the active contributors in terms of agricultural development. According to the 2020 census, it has a population of 1,774. This represented 2.56% of the total population of Victoria. Palacpalac is situated at approximately 15.5288,120.7065, in the island of Luzon. Elevation at these coordinates is estimated at 26.9 meters or 88.3 feet above mean sea level.

Research Participants

The participants of this study focused more on a mother who became pregnant at the age of 15 to 19 years old. Adolescent mothers who experienced physically and emotionally problems like. Poverty, malnutrition, complication of pregnancy, emotional problems such as anxiety and depression.

Research Instrument

Phenomenology requires a methodical, thorough, careful effort to acquire and understand the experience that the participants have encountered during that phenomenon. As a process involves an interactive process that is informal and is aimed at extracting a detailed account of the participant's experience, a selection of semi-structured and in-depth interview were the primary procedure for data collection, a pre-interview and primary interview were used and performed to provide individual insights and determine the themes relevant to the study. On one hand—in the interview guide –the participant were able to comfortably establish a social conversation with the researcher

Data Gathering Procedure

A written letter submitted to the thesis committee to secure a certification of approval on the conduct of the study based on the provided ethical guidelines of the barangay. Upon its approval, an examined and validated semi-structured interview guide inquired from the author's research whose study focuses on the Risks of Teenage pregnancy and outcomes of teenage mother. Once the research participants have confirmed their participation, they serve given informed consent to assure that their participation in the

study is voluntary and that they agreed to state their experiences during the interview process. The consent would also inform the participants that acquired information will only be used in this research and their participation and responses were not affect their lifestyle. Participants wore briefed on the mechanism and purpose on the interview. The use of an audio or video recorder will also be explained in detail to avoid an invasion of privacy. From the audio video recordings, transcripts would developed to perform a thematic Analysis of the provided answer by the participants.

Data Analysis

A young mother's experience often reveals themes related to challenges of early parenthood, societal pressures, and the development of maternal identity.

The transcribed interview was analyzed using the steps prescribed by the Marshall and Rosman (2014) forming a proper relationship and developing an understanding with the participants were enable trust and rapport to be gained as experiences may be more personal to the interviewee. Gaining rapport were allow the participants to share information that they might not normally reveal by any other means. On the other hand, the primary interviews were focus on the exploration of experiences encountered by the participant.

3. RESULTS AND DISCUSSION

Results, findings, and discussion of this study are presented according to the specific research objectives laid out in the Introduction of the study. It follows the specific order of (1) Demonstrating the demographic profile of the participants; (2) determining the outcomes of teenage pregnancy (3) determining the risk of a young mother participants and (4) identify the individual support program or the project proposal as a coping mechanism for teenage mother.

The results for the first objective are obtained through a survey by means of verbal communication with the pregnant and teenage mother or the participants of the study while the results and findings for the succeeding objectives were obtained through interviews performed by the pregnant or teenage mother.

3.1 Participant's Profile

The profile of the ten pregnant participants of Barangay Palacpalac Victoria Tarlac was described in terms of age, financial status, health history and educational attainment. The age of the participants is in 15 to 19 years old, their financial status was poor, and most of them are not healthy during pregnancies and undergraduate in high-school.

Participants 1 (Rose)

According to the interview she was just 16 years old when she found out that she was pregnant. "I'm scared, but I'm also determined to face this". She felt like the world was crashing down. At first her parents were angry, but later they accepted. But the baby was miscarried.

She is a member of 4Ps family, she is the second born in a family of five. His father was a farmer and her mother was a a laundress.

She taking prenatal vitamins and eating healthy foods to ensure her baby gets the best start, and she always attend to prenatal monthly check up to ensure the baby is healthy. She told that her first pregnancy were okey, after four months she noticed that her baby is not moving,she went to his OB and told her that her baby had no heartbeat, that's why her first pregnancy is trauma for her.

According to the participant she graduated from high school, but she is having a hard time balancing her studies and motherhood.

Participants 2 (Santan)

In 2020, she fell pregnant. And she was only 17 years old, her boyfriend who does not accept her pregnancy, "I'm not sure where to turn for support but I'm reaching out" and she feels oppressed.

She is from a poor family, she is the eldest of four siblings, his parents are farmers, her family is a 4Ps beneficiary.

She also taking prenatal vitamins and eating healthy foods to ensure her baby gets the best start, and she always attend to prenatal monthly check up.

As mentioned by the participant she did not finish high school because she got pregnant, she chose to parent her child, but it was the hardest thing she have ever done.

Participants 3 (Lily)

She says she was pregnant with her first child at the age of 16, she had a difficult pregnancy because she experiences various physical and emotional ailments during her pregnancy. "I'm learning so much about my self through this experience".

She mentioned that she came from a poor family and also a broken family, that's why she decided to build her own family at the young age.

Because of her early pregnancy she often experiences body pain especially in hips and abdomen and also often dizzy and vomiting.

She stopped her studies because she could not keep up both her pregnancy and academics.

Participants 4 (Lotus)

During the interview she said she was only 15 years old when she get pregnant, she was afraid of his parents and ran away from their house and went with her boyfriend." This is a difficult time, but I'm finding strength I didn't know I had."

She come from a poor family, his parents are farmers, she is the second of three siblings, she is also member of 4Ps family.

During her pregnancy she had difficulty, she has had experiences like dizzy and nauseous and morning sickness.

she mentioned she would not continue his studies because she is having difficulty with her pregnancy.

Participants 5 (Sunflower)

Narrated by the participant that she was 17 years old when she got pregnant."Finding out I was pregnant at 17 was a huge shock, but I've learned so much about responsibility and love.

She came from a poor family, his parents are farmers, she is the youngest of three siblings, she is also member of 4Ps family.

She mentioned she always dizzy and vomiting every morning and her hip hurts, she regularly goes to the center for checkups regarding her pregnancy.

As mentioned by the participant she did not finish high school because she got pregnant, she chose to parent her child, but if she has a chance, she will go back to school.

Participants 6 (Tulip)

She was 18, she didn't know how to be happy about having a fetus inside of her tummy. "I have my whole life ahead of me, this can't be real, why me?" narrate by the participants.

The family finances are tight said the participant during the interview, she also a member of Pantawid Pamilyang Pilipino Program (4P'S). His parents are housekeeper. She is the third of five siblings.

According to her she didn't have too much difficulty during her pregnancy, because she regularly gets check- ups at the center for her pregnancy, and she also mentioned, because of the support of his family,

she did not have any difficulties.
She did not finish high school because she got pregnant, she chose to parent her child, but if she has a chance, she will go back to school for the future of his child and his family.

Participants 7 (Dahlia)

She was pregnant at the age of 18 and her parents adamantly rejected the thought of it.
she was born into a poor family, in a small town on the outskirts of the city, his parents were hardworking, but they never seemed to make enough money to provide them with the life they deserved.
She started getting extremely swollen her legs and hands, that never happened to her throughout her pregnancy, She describes her experience with postpartum pre-eclampsia after her first pregnancy, she recalls she though pre-eclampsia only happened during pregnancy.
As mentioned by the participant she did not finish high school because she got pregnant, she chose to parent her child, but it was the hardest thing she have ever done.

Participants 8 (Orchid)

She conceived a child when she was just 18, and she had her first child when she turned 19.
She lived in a tiny house with no luxuries, just the basic necessity
She was told that she was experiencing typical pregnancy swelling, but when her headache and blurred vision got worst, she checked her blood pressure at the barangay center and she discovered it was dangerous high blood pressure.
She stopped studying because she feel shy, students will look at her because she is pregnant.

Participants 9 (Iris)

She got pregnant at 19 and her parents decided that she should not have it, but three days later they realized and accepted it.
Growing up, she was constantly teased by other kids for the ragged clothes and worn –out shoes. she never had anything new or fancy, she always felt ashamed of her family's financial situation.
She was scared because she felt like no one heard her, she knew things weren't normal She struggled with headache and dizziness during a difficult first pregnancy.
she stopped studying, she prefer to help her mother taking care of her siblings because she is pregnant and cannot work.

Participants 10 (Daisy)

She was 19 when she got pregnant she wasn't living at home! she went home told her mom and at that time step dad her mom accepted her choice but his step dad said he was hit her in her stomach. Long story short she kept the child it was hard she was a single parent his son is now 5 years old.
She was the second child, they lived in a nipahut house with no electricity, her mother was a housewife, while her father had no permanent job. She described their situation back them a hard and pitiful.
She was no risk factors for an ectopic pregnancy and all she had was pain on one side that kept coming and going.
Her pregnancy wasn't easy, and she can't physically manage going to school daily, she would rather stop studying.

Table 1. Summary Table on Presentation

Age	Financial Status	Health History	Educational Attainment
she was just 16 years old when she found out that she was pregnant.	She is a member of 4Ps family,	Having a trauma because her first pregnancy is not okey.	graduated from high school
she was only 17 years old wen she got pregnant.	She is from a poor family	she always attend to prenatal monthly check up.	participant did not finish high school, she chose to parent her child
She says she was pregnant with her first child at the age of 16,	she came from a poor family and also a broken family,	her early pregnancy she often experiences body pain especially in hips and abdomen and also often dizzy and vomiting.	She stopped her studies because she could not keep up both her pregnancy and academics.
she was only 15 years old when she get pregnant	She come from a poor family,his parents are farmers	During her pregnancy she had difficulty, she has had experiences like dizzy and nauseous and morning sickness.	she would not continue his studies because she is having difficulty with her pregnancy.
she was 17 years old when she got pregnant.	She come from a poor family ,his parents are farmers	mentioned she always dizzy and vomiting every morning and her hip hurts	she did not finish high school because she got pregnant
She was 18 when she got pregnant	her family finances are tight	she didn't have too much difficulty during her pregnancy	She did not finish high school because she got pregnant
pregnant at the age of 18	born into a poor family	extremely swollen her legs and hands	participant she did not finish high school because she got pregnant
She conceived a child when she was just 18	she lived in a tiny house with no luxuries	she was experiencing risky pregnancy swelling, headache and blured vision	She stopped studying because she was shy
She got pregnant at 19 and his parents decided that she	She felt ashamed of her family's financial	She struggled with headache and dizziness during her first pregnancy	She stopped studying, she preferred to help her mother taking good care of my siblings

should have it	situation		
19 years old when she got pregnant she wasn't living at her home	they lived in a nipa hut house with no electricity	She had pain on one side that kept coming and going."	She can't physically manage going to school daily

3.2 Outcomes Teenage Pregnancy

Since the teenage pregnant women are the main participants of the prototype of the Individual Support Program, their thoughts on the different approaches, and life experiences during early pregnancy will provide substantial feedback on how such program can be enhanced and be adopted by other institutions. Moreover, their fresh memories of its recent implementation may not cloud their responses to the interview.

The interviews of the participants were then Orthographically transcribed and typed by listening to the video and audio recordings.

Through coding, the participants answers were then given codes and respective flowers name to better organize codes to their categories. Using the methods of Thematic Analysis, three categories were developed from different codes generated from the transcribed interview answer. From the three categories---profile of the participants, experiences and challenges, Complications during pregnancy or childbirth.

Teenage pregnancy is a universal social and educational concern in developed, developing countries. It is not a new phenomenon but is still a major problem throughout the world. High prevalence of teenage pregnancy regardless of the implementation of a intervention strategies to reduce teenage pregnancy such as sex education in schools and community awareness programs. This should not only limited to parental involvement and mindset change in communities to voice and to take the stand in teenage pregnancy

Teenage pregnancy can lead to a multitude of negative outcomes for both the mother and child, including increased health risks, educational and economic setbacks, and social challenges. For the mother, there's a higher risk of complications during pregnancy and childbirth, potential mental health issues, and limited educational and economic opportunities.

Table 2. Outcomes Teenage Pregnancy

Questions: Describe your experience when you were pregnant?			
Participant	**Keypoint**	**Code**	**Categories**
Rose	Mahirap po dahil nagkaroon ako ng trauma sa una kung anak.wala pong heartbeat ang bata.	Still birth	Delicate Pregnancies
Santan	Okey lang ang aking pagbubuntis	Intrauterine pregnancy	Typical Pregnancies

Lily	Sumasakit ang aking balakang, at palagi din po akong nahihilo at nasusuka	Risky Pregnancy	Delicate Pregnancies
Lotus	Naranasan ko po yung tinatawag na morning sickness,	Risky Pregnancy	Delicate Pregnancies
Sunflower	nahihilo, nasusuka at sumasakit po ang aking balakang	Risky Pregnancy	Delicate Pregnancies
Tulip	Hindi po ako gaano nahirapan sa aking pagbubuntis	Intrauterine pregnancy	Typical Pregnancies
Dahlia	Namaga po ang aking mga kamay at paa	Risky Pregnancy	Delicate Pregnancies
Orchid	Sumasakit ang aking ulo at nahihilo po ako at lumabo po ang aking paningin	Risky Pregnancy	Delicate Pregnancies
Iris	Sumasakit ang aking ulo at nahihilo po ako	Risky Pregnancy	Delicate Pregnancies
Daisy	Nagbuntis po ako sa labas ng matris ko	ectopic pregnancy	Delicate Pregnancies

Theme : Delicate Pregnancy

Every year, an estimated 21 million girls age 15-19 years in developing regions become pregnant and approximately 12 million of them give birth Adolescent pregnancy is a global phenomenon with clearly known causes and serious health, social, and economic consequences to individual, families, and communities.

The pregnancy of the ten participants is in high risk, because most of them experienced the unusual pregnancy. Poverty during pregnancy can have many negative effects both the mother and the child like poor nutrition, poor diets during pregnancy can lead anemia, pre-eclampsia, and other health problems for the mother. For the child nutrition can lead to low birth weight, stillbirth, and developmental delays. worry and many other emotions also affect their pregnancy.

Some women experience health problems during pregnancy. These complication can involve the mothers health, the fetus health, or both. Even women who were healthy before getting pregnant can experience complication. These complication may make the pregnancy a high-risk pregnancy (NIH 2019)

3.2 Risk Factor of a Young Mother

Young mothers, particularly teenagers, face increased risks during pregnancy and childbirth, including higher rates of premature birth, low birth weight, and certain pregnancy complications. They also experience potential social and economic challenges like limited educational and employment opportunities, and face higher risks of poverty and social isolation.

Participants or young mothers face higher risks during pregnancy like physiological risks, like Anemia, Pretern Labor, Underdeveloped Pelvis and Nutritional deficiencies.

Table 3. Risks of a Young mother

Question: Do you have any health risks experience during your pregnancy?			
Participant	**Keypoint**	**Code**	**Categories**
Rose	Meron po dahil, maari po akong mamatay pag hindi agad natanggal ang bata sa aking sinapupunan, dahil ito po ay patay na,	stillbirth	High risk in pregnancy
Santan	Sumasakit ang tiyan ko.	Abdominal pain	High risks in pregnancy
Lily	Madalas sumakit ang balakang ko	Hips pain	High risks in pregnancy
Lotus	Kinakabahan baka di ko kaya manganak.	Nervous	High risks
Sunflower	Wala akong ganang kumain	Loss appetite	Eating disorder/high risks pregnancy
Tulip	Okey naman po.nahihilo lang	Hormonal imbalance	High risks pregnancy
Dahlia	Namaga po mga kamay at paa ko	swellen	High risks pregnancy
Orchid	Feeling ko lagi akong pagod, nahihilo at lumalabo ang aking paningin	High blood pressure	High risks pregnancy
Iris	Kinabahan po dahil madalas nahihilo po ako	Nervous	High risks pregnancy
Daisy	Namamaga/namamanas at pabalikbalik na sakit ng tiyan ko	Ectopic pregnancies	High risks pregnancy

Theme : High Risks Pregnancy

It could be seen in Table 6 that most of the young pregnant women experienced several challenges, like physical, emotional and mental symptoms, aches and pains, morning sickness, constipation, and swelling in the ankles, feet, anxiety disorder, depression, panic attack and overthinking, they also face a lot of problem from parenting to finances, especially because the teenager has not even started earning

money, and because they have not finished their education, teen moms are forced to take low paying jobs, and many live in poverty and rely on public assistance.

Complication during pregnancy or childbirth are the leading cause of death globally for girls ages 15 to 19. However, the majority of teen mothers and their children can be positive outcomes if they are provided with strong social and functional supports. Counselling and therapy can help teen mothers work through the impact of teenage pregnancy on mental health.

According to Catherine McNestry et.,al (2023) There has been increasing recognition of the association between various pregnancy complications and development of chronic disease in later life. Pregnancy has come to be regarded as a physiological stress test, as the strain it places on a woman's body may reveal underlying predispositions to disease that would otherwise remain hidden for many years. Despite the increasing body of data, there is a lack of awareness among healthcare providers surrounding these risks. We performed a narrative literature review and have summarized the associations between the common pregnancy complications including gestational hypertension, pre-eclampsia, gestational diabetes, placental abruption, spontaneous preterm birth, stillbirth and miscarriage and subsequent development of chronic disease. Hypertensive disorders of pregnancy, spontaneous preterm birth, gestational diabetes, pregnancy loss and placental abruption are all associated with increased risk of various forms of cardiovascular disease. Gestational diabetes, pre-eclampsia, early miscarriage and recurrent miscarriage are associated with increased risk of diabetes mellitus.

Table 4. Complications During Pregnancy or Child Birth

Question: Young mothers are at an increased risk of several health complications, like pregnancy complications, Fetal complications, Infections, Mental health, and poor weight and premature labor. Have you experienced anything like this?			
Participant	**Keypoint**	**Code**	**Categories**
Rose	Oo, dahil siguro sa pag iinum ko ng alak at paninigarilyo nung buntis ako namatay ang baby ko sa aking sinapupunan..	Alcohol and cigarettes consumption	Smoking and alcoholic can increase the risk of miscarriage.
Santan	Wala po akong naging komplikasyon medical, pero naninibago ako sa mga pagbabago sa katawan ko, like pagtaas ng timbang. At nagkaroon din po ako ng anxiety, madalas akong nag-iisip	Hormonal Imbalance	mood swings and fatigue to more serious complications like gestational diabetes and preeclampsia.
Lily	Nag bleeding po ako, pero naagapan naman po. Madalas din po ako mag	Over thinking	Excessive worry can negatively impact both the pregnant person and the

	alala sa mga posibling mangyari sa amin ni baby,		developing fetus.
Lotus	Wala naman po, sa awa ni Lord. Emotional at sensitive lang po at hindi ako pala kain.	Hormonal changes	Impacting various system and causing both physical and emotional changes.
Sunflower	Nahihilo at nasusuka. At saka sensitive po.	Emotional Sensitive	High risk pregnancy,because have negative impacts on both the mother and the developing fetus
Tulip	Dahil po underweight o payat ako, nakaranas din po ako ng malnutristion..mahirap po pala magbuntis	Under weight during pregnancy	High risk pregnancy,because underweight during pregnancy can increase the risk of several complications, including low birth, pretern birth, and fetal growth restriction.
Dahlia	minsan sumasakit ang balakang ko, at likod. At nagmanas din po ako	Back pain during pregnancy,swolen	High risk pregnancy
Orchid	Wala po, naging matakaw ako sa pagkain, yun lang. saka emotional,	emotional	Low risk Pregnancies because back pain and swelling are common during pregnancy, often stemming from hormonal changes,weight gain,and shifts in posture.
Iris	Wala po complikasyon or infection, pero madalas sumasakit yung ulo at puson ko nung buntis ako	Head and Abdominal pain	Low risk or typical pregnancies because migraine headaches are common type of headache in pregnancy.
Daisy	Nagka nevous din po ako dahil ectopic yung pagbubuntis ko	Nervous and ectopic pregnancies	High Risk pregnancy,because significantly impact a person mental health, leading to anxiety, depression, and post-traumatic stress symptoms.

Theme : High Risk Experienced During Pregnancy

Most of the participants are in unhealthy and high risk pregnancy because based in interview most of the mother experienced a lot of not normal symptoms like the discomforts,morning sickness,and stillbirth during pregnancy .

Health care during pregnancy is called prenatal care. Getting prenatal care can you have a healthy pregnancy and a healthier baby. It also lowers the risk of your baby being born too early, which can lead to health problems for your baby.

Get regular checkups. Schedule a visit with your doctor or midwife as soon as you know you are pregnant or if you think you might be. You all need many checkups with your doctors or midwife during pregnancy. Do not miss any of these appointments---they are all important.

Be sure to get all the medical test that your doctor or midwife recommends so you can find any health problems early. Early treatment can cure many problems and prevent others.

To keep you and your baby healthy it is important that you do not smoke or drink alcohol, eat healthy and get enough folic acid, stay physically active.

To prevent a high-risk pregnancy experience, focus on preconception health, attend regular prenatal care, and maintain a healthy lifestyle. This includes managing existing health conditions, avoiding harmful substances, and addressing potential risks before and during pregnancy.

Table 5, Suggestion to Prevent Teenage Pregnancy

Question: Do you think teenage pregnancy can be prevented in your barangay/ community? what suggestions can you give which will help overcome the problem of teenage pregnancy in your barangay?			
Participants	**Keypoint**	**Code**	**Category**
Rose	Introduction po sa Sexual education	Sex Education Reproductive Health integration	Reproductive Health Integration
Santan	magpa seminar po sa barangay tungkol sa sex education	Seminar about sex education	Sex Education Awareness
Lily	Importanting malaman po ng mga Kabataan na may tamang oras para sa pag aasawa	Right time to build family	Pamily Planning
Lotus	Makinig sa mga magulang, huwag matigas ang ulo.	Obedience to parents	Obedience to Parents
Tulip	Mag focus sa pag-aaral, may time Sa pag-aasawa	Focus on studies	Engage deeply with studies

Sunflower	Piliin ang mga kaibigan na good influence po	Choose friends with positive impact	Positive Influence
Dahlia	Dapat aware sa ganitong issue po	awareness	Emotional at sensitive
Orchid	Pag-isipan ang mga hakbang na gagawin,para di magsisi sa bandang huli.	Wise in decision making	Broad and smart minded
Iris	Huwag po muna mag-boboyfriend.	Avoid having a boyfriend	Prevention of teenage pregnancy
Daisy	Mag focus muna sa pag-aaral	Focus on Studies	Engage deeply with the studies

Theme: Sex Education Awareness to Prevent Teenage Pregnancy

A common response, based on table 7, would be a proper introduction of sex education in the community due to unprecedented increase of teenage pregnant. in an online article by the United Nation Populations Fund Association (UNFPA), they Described sexual education as a means for young people to protect and advocate for their health, well-being, and dignity, by providing them with a necessary toolkit of knowledge, attitudes, and skills (UNFPA.2022).through sex education, the young women will be able to exercise full autonomy of their body by making the right choices of their own body but also have the information to make these choices in a meaningful way.

The individual support program is designed to tailor the young pregnant women at barangay Palacpalac Victoria Tarlac it is a blended learning where the young pregnant women continue to study while pregnant, answer their modules, a support system conducting learning activities, assessing their performance, and monitoring their process. Moreover, the individual support program brings focus and highlight on the performance and continuous update on her progress which is beneficial on the part of the learner since it upscales the academic resilience of the learner

The individual support program also emphasizes the importance of community engagement and family involvement. By organizing workshops and family support groups, young pregnant women can share their experiences and receive guidance from one another, creating a nurturing environment that fosters understanding and encouragement. Additionally, the program incorporates health education session that cover essential topics related to prenatal care and nutrition for new young mothers.

PROJECT PROPOSAL	
TITLE	Community-Based Seminar On Teenage Pregnancy
PROPONENT	Gemalyn V. Blanche
TARGET BENEFICIARIES	Young Mothers (Teenage

	Parents)
RATIONALE	The Implementing Rules and Regulations of the Republic Act 9262 (Anti-Violence Against Women and Children Actof 2004) stated that a member of government agency under this mentioned Act has a pertinent role played in setting up intervention programs that would address the issue of gender sensitivity. Recognizing the role played by the Department of education on this mentioned Republic Act, particularly the school and the parts of the educative process; the Brgy. Palacpalac Victoria Tarlac is continuously conducting training and seminars specifically geared in educating its teachers,parents and students along the aspect of gender advocacy. One of the training align to this area in the act of conducting Seminars about Teenage Pregnancy. This is being done to promote awareness about the risk of unplanned pregnancies among the students as well as providing them knowledge about their

	roles and responsibilities as a of the community.
OBJECTIVES	The project proposal aim to: Define teenage pregnancy and unwanted pregnancy to the students and parents. Describe the impacts of teenage pregnancy to health care, teens their children, families and society. Promote awareness of the students and parents about Reproductive Health Bill/Law Discuss the roles & responsibilities of the parenrts, teachers and other stakeholders the the development of studends/teenager.
ACTIVITY DESCRIPTION AND MECHANICS	This activity addresses the problem regarding the increasing cases of teenage pregnancy among high school students. Its involves students, parents, teachers, and other stakeholder that play an important role in the learner's development.
BUDGET	Foods – Snaks (parents- P 25.00 each) = P 4 500.00 (speakers- P 100.00 each) = P 700.00 Diploma Jackets- (65.00pc) = P 450.00 Tarpaulin - P 700.00

	Token & Certificates – (P 1000.00 each) = P 4 000.00 TOTAL: P 10, 350.00
SOURCE OF FUND	Barangay palacpalac (GAD Budget)
EXPECTED OUTPUT OF THE PROJECT	Accomplishment report of the conduct of activity.
MONITORING AND EVALUATION	100% attendance of parents and teachers are required. QAME Form will be used for evaluation of the conduct of the program.

Proposed by:
GEMALYN V. BLANCHE

Approved by:
Hon. Bonifacio M. Francisco
Brgy. Captain of Palacpalac Victoria Tarlac

Title: Program for Young Parents (PYP)

1. Counseling

Counseling for young parents can provide vital support and guidance as they navigate the challenges of raising a family. This support can address a range of issues, including stress management, communication breakdowns, and developing healthy parenting strategies. Family therapy, group therapy, and individual therapy are all options for young parents seeking help.

2. Parental Education

Parental education is crucial for young parents to develop effective parenting skills and create a nurturing environment for their children's development.

3. Healthcare Support

Young parents face unique challenges and require targeted healthcare support to ensure the well-being of both themselves and their children. This support should be comprehensive, addressing physical, mental, and social needs, and ideally integrated with routine medical care and other relevant services.

4. Life Skill Training

Life skill training for young parents should focus on practical skills that promote self-sufficiency, positive parenting, and healthy family dynamics. This includes teaching skills like effective

communication, stress management, financial literacy, and conflict resolution, as well as parenting-specific skills such as child development knowledge, positive discipline techniques, and building strong parent-child relationships.

5. Educational Support

Educational support for young parents often includes programs that help them re-engage with high school or alternative education, while also providing resources for parenting and life skills. These programs frequently offer counseling, housing and income support, and connections to community services.

6. Financial Assistance

Financial assistance for young parents is available through various programs, including government benefits, social services, and community-based initiatives. These programs often focus on supporting young parents in their educational pursuits, healthcare needs, and overall well-being.

CONCLUSIONS AND RECOMMENDATIONS

Conclusions:

Teenage pregnancy is a complex issue with deep-rooted social, economic,and health implications. It's not just a matter of individual choices but is often linked to factors like poverty, lack of education, and limited access to sexual and reproductive health services. The consequences of teenage pregnancy can be far-reaching, affecting the individuals involved, their families, and the wider community.

1. The young pregnant women are age 15 to 19 years old, from poor families, and moderately healthy and high school undergraduate.
2. Most of the young pregnant women experienced several challenges, like physical, emotional and mental symptoms, aches and pains, morning sickness, constipation, and swelling, anxiety disorder, depression, panic attack and overthinking, they also face a lot of problem from parenting to finances, especially because the teenager has not even started earning money, and because they have not finished their education, teen moms are forced to take low paying jobs, and many live in poverty and rely on public assistance.
3. Most of the participants are unhealthy and high risk pregnancy because they experienced a symptoms like the discomforts such as morning sickness,dizziness,and eating disorder etc..
4. Individual Support Program as a coping mechanism to teenage mother is proposed.

Recommendations

To reduce teenage pregnancy, researcher recommends

1. Proper introduction of sex education in the community due to unprecedented increase of teenage pregnant.
2. Focusing on prevention through education and awareness, and providing support for those already affected like livelihood program.
3. Adopt the proposed Individual Support Program to assist the young parent

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