Moms Too Soon: Status and Challenges of Teenage Mothers--Implications for Exension

Jacinta Pueyo

Follow this and additional works at: https://vc.bridgew.edu/jiws

Part of the Women's Studies Commons

Recommended Citation
Available at: https://vc.bridgew.edu/jiws/vol23/iss6/6

This item is available as part of Virtual Commons, the open-access institutional repository of Bridgewater State University, Bridgewater, Massachusetts.
This journal and its contents may be used for research, teaching, and private study purposes. Any substantial or systematic reproduction, re-distribution, re-selling, loan or sub-licensing, systematic supply, or distribution in any form to anyone is expressly forbidden. Authors share joint copyright with the JIWS. ©2022 Journal of International Women's Studies.
Moms Too Soon: Status and Challenges of Teenage Mothers—Implications for Extension

By Jacinta Torres Pueyo

Abstract

Teenage pregnancy is a worldwide phenomenon that affects girls as young as 10. The present qualitative study answers these questions: what are the lived experiences of young mothers at the University of Southern Mindanao? and what are the challenges faced by these young mothers? The phenomenological research design was used in this study. Due to data saturation, a total of twenty-five data sources were involved in the study. The transcribed data were coded and inductively analyzed to determine the themes and sub-themes that described the lived experiences of the girls. Thematic themes include: 1. Coming of Age: The Metamorphosis, 2. Becoming a Mother, 3. Supportive Mechanism, and 4. Rebuilding Dreams through Education: Grit and Gut. Cultural and social practices include: liberal and loose relationship, easy acceptance of teenage pregnancy by the family, curiosity, and technology use. Their challenges were physiological, psychological, and financial. It is recommended that results may be translated into an extension program that will benefit the young people at the University of Southern Mindanao.

Keywords: Phenomenology, Teenage pregnancy, Thematic themes, University

Introduction

Teenage pregnancy is a global reproductive health promotion problem that affects teenagers, families, and communities, both in developed and developing countries, as children aged 10 to 19 years, unmarried and still at school, become pregnant (Mchunu et al., 2012:428). According to the World Health Organization in 2014, adolescent pregnancy and subsequent childbirth to girls under 18 years old continues to be a major global public health concern, affecting more than 16 million girls and young women worldwide.

Teenage pregnancy has become a complex issue as well as an important public health problem and a socio-economic challenge to society (Osakhiwuwomwan & Osemwenkha, 2013). Similarly, Sedgh et al. (2015) associate it with adverse psychosocial, socio-economic, and health outcomes. Compared with older mothers, women who become pregnant in adolescence tend to have lower levels of educational attainment and socio-economic status, and children of adolescent mothers are more likely to have low birthweight and developmental and behavioral difficulties.

Estimates indicate that greater than 90% of adolescent pregnancies occur in low and middle-income countries (Chandra-Mouli et al., 2013; Kirbas et al., 2016, WHO, 2014.) In East Africa, almost 10% of young women give birth by age 16 (Neal et al., 2015). In particular, Uganda reports the highest proportion (63%) of women giving birth before the age of 20 (Uganda Bureau of Statistics, 2014. These teen pregnancy rates have health impacts – they are the leading causes of death and disability in young women. A total of 41% births among 15-19 years-old women are reported to be either mistimed or completely unwanted (UBOS & ICF

1 The researcher is a Gender and Development (GAD) advocate and champion of the University in particular and the nation in general. She has given lectures and conducted GAD-related research and presented them in national and international conferences. Her other research interests include sociolinguistics and literature. She is currently the Campus Director of the University of Southern Mindanao—PALMA Cluster Campuses in Libungan, Cotabato, Southern Philippines.

Although many researches have unearthed the causes of adolescent pregnancy and childbirth globally, there is a dearth of information about how adolescents themselves perceive adolescent pregnancy and the context in which it occurs. This gap leads to how mature individuals understand young pregnant mothers and how they perceive their situation. There is also little understanding of how cultural values, gender roles, and other prevailing norms contribute to high rates of adolescent pregnancy, as well as how these norms influence adolescents’ perceptions of and responses to early childbearing. Such information can inform reproductive health programs to cater to the specific needs of adolescents most at risk, by developing salient and culturally appropriate measures for preventing unintended pregnancies.

Arai (2009) describes teenage pregnancy as a ‘kind of blight with viral - like nature, something that spreads to a helpless and unsuspecting population who are unable to combat; more so, defeat it. SEU (1999), Bullen, et al (2000), Dawson and Hosie (2005) stress that educational disadvantage and disaffection are also thought to be key influences, as is the experience of not being in education, employment or training (NEET) after school-leaving age. Ethnicity also plays a significant role with teenage pregnancy more common amongst Pakistani, Caribbean, and Bangladeshi young women (SEU 1999).

Much of the statistical literature on teenage pregnancy in the UK depicts early childbearing as both a cause and consequence of social exclusion. Gallhager (1999) noted that pregnant teenagers generally have a negative attitude toward relationships with men in their lives, but idealize the idea of a relationship between themselves as mothers and their unborn children. Some teenagers perceive motherhood to be gratifying, as well as a safe way to give and receive love. This view may represent an attempted solution to problems related to relationships and sexuality, as teenage pregnancy often occurs in situations where the girl has become estranged from her family (Gallagher, 1999).

Moreover, research has also shown that television and modern technology devices, programs, and activities have had a significant impact on learning about inappropriate behavior and premarital activities among teenagers. Explicit deviant behavior, inappropriate language, and sexual references occur regularly on television programs during family and prime time hours when children are awake to listen and watch. In return, the children absorb and easily tend to imitate the mixed messages they receive. Unfortunately, though, the ill effects or consequences of these activities are rarely given focus on television nor are they discussed in schools or homes.

At the University of Southern Mindanao, the number of girls getting pregnant increases every year and they are getting younger with a few at the senior high school level. How these girls view their condition and how they cope are things yet unknown. Whether they are aware of the risks or are presently facing risks are among the things that need to be uncovered.

Purpose of the Study

The study was conducted to find baseline data on the incidence of teenage pregnancy at the University of Southern Mindanao. It aimed to examine the conditions of these young people and to determine the challenges that surrounded them. Recommendations of this study can be inputted to the University Gender and Development (GAD) Program as well as the Guidance and Counseling Program. Foremost, the study desired to assist young people in making decisions that are to their best interest.

Research Questions

The study aimed to answer the following questions:

1. What is the lived experience of teenage mothers studying at the University?
2. What are the perceived or actual challenges faced by the teenage moms?

**Methodology**

This section presents the research design, respondents of the study or data source, role of the researcher, data gathering procedure, data analysis, and ethical considerations of the study.

**Research Design**

The phenomenological inquiry is grounded on exploring and understanding the lived experiences of human beings by figuring out the meaning of the experiences and human being’s lived experiences’ essences (Creswell, 2012). Creswell (2007) stated sources of data in qualitative research include unstructured interviews, observation, and documents. The choice of data sources is usually based on "purposive sampling," which focuses on collecting data from sources most likely to provide relevant information, in this case the teenage mothers enrolled in the University.

Phenomenology was used in this study to understand the lived experiences of the teenage mothers studying at the University. This qualitative design as a research method is best used for the “subjective interpretation of the content of text or data through the systematic classification process of coding and identifying themes or patterns” (Hsieh & Shannon, 2005). The defining elements of qualitative research involve the in-depth study of cases, interpretation of behaviors, or detailed description of respondents. The focus is on individuals or groups, the subjects' natural language accounts, and the observations of the researcher. The analysis is ideographic because the goal is comprehension of the phenomenon, the interaction of factors, and how they define the case in question.

Structured In-depth Interview (IDI) was the means to get the answers to the research questions. All the identified sources of data were interviewed after their consent was obtained. Since most of them were young girls, the objectives of the study were explained to them clearly.

**Data Source**

The data source or respondents of the study were purposively chosen. They were 25 students who were either single or married, with or without any child or children. They were 24 years old or younger during the conduct of the study. The inclusion criteria for this study include: informed consent, below 24 years old, willingness to share their lived experiences, and their commitment to attend follow-up dialogues.

**Role of the Researcher**

The researcher was the key facilitator of information gathered from the respondents. She had to scout or look for possible respondents or sources of information. She needed to explain the purpose and the process in the conduct of the study. No coercion was done to engage the students in the study.

**Data Collection Procedure**

Structured In-depth Interview (IDI) was the main procedure in data gathering. It was done in a secluded and comfortable room or office so that confidentiality of the disclosure was ensured. The data sources were taken from the different colleges of the University so that data were representative of the teenage mothers in the University.

**Data Analysis**

The collected data were content analyzed to get the themes of the responses of the data sources. Data was transcribed, translated into English, and then coded for analysis. The process
of content analysis was done to find answers to the research questions. Responses which were in the first language of the data sources were translated into English, then were interpreted into themes and subthemes.

An inductive analysis and exploratory approach were applied during this process. Coding, sorting, and organizing data was an integral part of thematic analysis. The process of transcribing verbatim, coding, and grouping the subcategories and categories of the responses were created by the researcher in the preliminary results and together with another person in the same field. The data were searched systematically for re-occurring words, which later became code words; these code words were then grouped to form themes.

Ethical Consideration

Because the study focused on a very sensitive issue—adolescent pregnancy—the researcher cum interviewer tried to be very cautious during the data gathering process. She tried to explain the purpose of her study to the data sources who were willing to disclose their condition and their “herstories”. The sources were informed of the voluntary nature of the study and that they had an option to quit or not to continue in the study anytime when they felt like it and without any explanation required from them.

All interviews were conducted confidentially, and the data were coded for anonymity. At the beginning of each interview, the participants were assured of the confidential handling of the data to ensure they do not provide simply socially acceptable responses. Data was kept private. Any information from participants bore a code name. The recordings and verbatim transcriptions were kept in strict security.

Trustworthiness of data was ensured through the following measures: Credibility: the study participants were chosen through a strategic purposive strategy to achieve a diversity of conditions which this method ensures, thus increasing credibility. Moreover, before finishing the interview, the researcher had summarized the sharing conducted from the participants in order to get confirmation from them and increase validity of the data. Inaccurate data was deleted.

Transferability refers to whether the findings can be transferable to other settings or groups. The researcher can give suggestions and recommendations, but it is the readers who could decide whether or not the findings are transferable to another setting.

Results

Narratives bring into light the untold events in the personal lives of human beings. These narratives are therefore both a process and a product that are worthy of investigation. This chapter presents and discusses the narratives of the teenage mothers who were enrolled at the University.

The “herstories” of teenage mothers enrolled at USM presented a kaleidoscope of their colorful lives. The stories showed how these young girls got hooked into marriage or into relationships and how they managed studying and parenting at the same time. They also presented how they coped with the problems they faced and enumerated the support that enabled them to pursue their studies.

A total of 25 young mothers served as the data source in the study. The youngest was 18 years old, a senior high school student, and the oldest was 24 years old. Eighteen had children, five were pregnant at the time of study, while two had no children. Eight had two kids, four had one and became pregnant for the second time, six had one each, while five were pregnant with their first babies. Twelve got pregnant at the age of 17; eight at 18, three at 19; twelve were single and living with parents; eight were living together or cohabiting with their partners or boyfriends, while four were married, and one was a widow.
**Lived Experiences**

The 25 young girls generously shared their “herstories” as teenage mothers. The stories, though varied, have similar strain and color. Among the girls, the youngest was an 18 year old high school senior student who was pregnant at the time of interview and single living with her parents; the oldest was a 24 year old second year student who is a student returnee with three kids and who got pregnant at age 18 and is now a widow. As the analysis was done, these themes emerged: 1. Coming of Age: The Metamorphosis, 2. Becoming a Mother, 3. Support Mechanisms, and 4. Rebuilding one’s Life through Education.

<table>
<thead>
<tr>
<th>Themes</th>
<th>Thematic Statements</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Coming of Age: The Metamorphosis</td>
<td>Bodily Changes (MJ1, MJ10))</td>
</tr>
<tr>
<td></td>
<td>Becoming a lady (MJ 7)</td>
</tr>
<tr>
<td></td>
<td>Hot-blooded (M5) Feeling sexy (MJ 24)</td>
</tr>
<tr>
<td></td>
<td>Seeking Male attention (MJ 19, 22, 23, 24)</td>
</tr>
<tr>
<td>2. Becoming a Mother</td>
<td>Feeling Shocked (MJ2, MJ 13, 14, 15)</td>
</tr>
<tr>
<td></td>
<td>Mixed Feelings (MJ9, MJ 18, 19, 20)</td>
</tr>
<tr>
<td></td>
<td>Abortion (MJ 10, 17, 22)</td>
</tr>
<tr>
<td>3. Rebuilding One’s Dream through Education</td>
<td>Education as accomplishment (MJ 9, M25)</td>
</tr>
<tr>
<td></td>
<td>Dream Graduation</td>
</tr>
<tr>
<td>4. Support Mechanism</td>
<td>Financial Support (MJ 9, 10)</td>
</tr>
<tr>
<td></td>
<td>Family support (Mj2, Mj3)</td>
</tr>
<tr>
<td></td>
<td>Dreams (MJ2, MJ 7)</td>
</tr>
</tbody>
</table>

**Coming of Age: The Metamorphosis**

The transition from childhood to adolescence is always abrupt. A young girl’s menstrual period is the transition from girlhood to adolescence resulting in both physical and psychological changes in a young girl’s life. This usually happens at age 10-12 depending on the development of a girl. As shared by MJ1, when she had her menstruation, she felt that she became sexy. Another also shared that she became attractive to boys. Getting the boys’ attention became a favorite pastime for them and having several male friends was found engaging and moral boosting. Seeking attention from boys or having boys around was found confidence-boosting to some.

The girls shared that as they reached adolescent period, so many changes happened to them and the changes at some point confused them.

**MJ 1:** When I was 12, I had my first menstruation. I noticed that I became sexy. My breasts became bigger.

**MJ 10:** I had my menstruation at age 10 and was big for my age.

Many boys were attracted to me. I had a boyfriend at Grade 6.

The girls also felt they had transformed into young ladies. As shared by MJ7, her mother kept on telling her to be wary of boys because she was already a lady. Her breasts started to develop, her hips became more formed, her body became more shapely, and she became more sensitive to the opposite sex. In short, her sex hormones started to kick in.
MJ 7, 11: My mother kept on telling me that I am already “dalaga” (lady) and must not be playing with boys anymore. I had to go home early too.
MJ 5, 15: Because, this generation Ma’am, probably, we are more hot-blooded.

Having male friends, talking with them and getting their attention were also found interesting and exciting to some of the girls.

MJ 22: I love having boyfriends. I feel more important.
MJ 24: With male friends as companions, I feel more popular.

**Becoming a Mother**

The girls became mothers between the ages of 17-19. Twelve got pregnant at the age of 17, eight at age 18, and three at age 19. At such a young age, they have become responsible for the lives that they have brought or were about to bring into the world. They are expected to feed, to clothe, to nurse, and to educate these young lives that they have produced.

**Becoming a mother at a young age was found difficult by all of the girls. Some felt shocked and could hardly believe the circumstances that they were in. One said that she thought that she was infertile while one said that she was safe when she engaged in sex with her second boyfriend. Yet, she was not, so she got pregnant for the second time. Being young and still so inexperienced, facing motherhood was quite a daunting experience to them. They felt shamed and ostracized in their neighborhood for becoming pregnant while in senior high school.**

One of the respondents, a fourth year AB student, has one three year old baby and is currently 8 months pregnant with her second baby to her second boyfriend. Another young mother is married and has two kids. One, although married and pregnant for the first time, expressed not being ready to have a baby despite two years of marriage.

MJ 2: I am shocked. I did not expect to get pregnant.
MJ 9: I have mixed feelings Ma’am. I am glad but I am afraid of the responsibility. This is not a joke.
MJ 10: I thought I was safe. We used protection. But once I thought I was safe; but I got pregnant.
G 1: I felt all eyes were on me and I was the center of all talks in my neighborhood.

Two teenage moms experienced almost having an abortion. Her mother brought her to an abortionist who gave her bitter herbs to drink in order to remove the fetus. Unfortunately, however, it failed; so, she had the baby. She asked forgiveness from her baby and prayed hard that her baby would be fine and normal. To her joy, the baby came out normal.

MJ 4: My parents wanted me to abort the baby because out of their three children, I was the only one who was studying, and they had high hopes for me. I was already two months pregnant and my mother brought me to an abortionist who made me drink bitter stuff.

One teenage mother had mixed feelings regarding her becoming a mother. On one hand, she felt excitement; but most of the time, she was bothered, shaken, and afraid. Despite the positive aspects of motherhood, the girls faced challenges that affected their lives. Most often, the challenges included coping with increased responsibilities following the birth of the baby, and
managing the competing demands of schooling, work, and taking care of a baby. The young mothers indicated they received good support from their mothers, siblings and close friends, but rarely from the father of their baby and the wider community. Participants felt that teenage mothers are frowned upon by their wider ethnic communities, which left them with feelings of shame and embarrassment, despite the personal perceived benefits of achieving motherhood.

Rebuilding their Dreams through Education

Education, to most Filipinos, is often thought of as a way out of poverty or any difficulty. Similarly, to these young girls, becoming a mother is not the end. According to them, life for them has to go on and their dreams need not end with their becoming young mothers. Education to them is still a way out of their present predicament. All of them are in school, though not at the same pace. Five of the girls had stopped studying when they got pregnant and continued after a year or two. One had kept her pregnancy and baby’s birth from her father who was sick. Together with her mother and brothers, she kept her secret and tried to finish all her requirements for graduation.

MJ 9: My friends told me not to stop, although I got pregnant. I have an accomplishment although I got pregnant. They gave me motivational words and uhh uhh they still are there for me, so I do not feel alone, …
G 4: I opted not to marry because I wanted to finish my studies. If I marry I feel that I will have more problems.
MJ 5: I will graduate next year Ma’am because I can’t have my OJT this year because I am pregnant.
MJ 6: I just have to finish my studies. After I graduate, I won’t be going back overseas anymore.

Strong Support Mechanism

A strong support mechanism was common to all the girls. They were all able to continue their studies despite their condition because of the significant others in their lives who accepted and supported them during their trying time. These were usually their parents, siblings, and sometimes from their live-in partners or husbands.

MJ 9: I survived Ma’am because, together with my brothers who helped me, supported me financially, physically, then my friends who motivated me not to stop…
MJ 7: My mother in law gave a capital of P60,000.00 for a small store but it went bankrupt because of debts that I was not able to collect.

The teenage moms continued their education because they still have big dreams despite the pregnancy. Their determination to finish their studies was stronger as can be viewed from their statements:

MJ 10: My parents support my education. They have dreams for me.
MJ 7: I have to finish because I have three children to support. I hope to graduate and find a job to support my family.
MJ 11: Education is my way to improve myself and my family.
MJ 13: I want to finish my studies so that I can help my parents.

Perceived or Actual Challenges Faced by Teenage Moms

Being so young and already mothers or pregnant, the teenage moms faced challenges both perceived and real. The first fear of girls was stopping school. One third year college student had to keep her condition till the baby was accidentally seen by her father and her secret came out. Her father did not talk to her even though she was doing well in school and could graduate on time. Her father wanted her to be married.

On the other hand, three girls had to stop for a few years and then came back to school while their partner stopped to look for odd jobs to help support their family’s needs. The senior high school student, being six months pregnant, is still in school, feeling ashamed of her condition, but still wanting to finish her studies because her mother had high dreams for her.

Table 2. Perceived or Actual Challenges Faced by Teenage Mothers, USM

<table>
<thead>
<tr>
<th>Themes</th>
<th>Thematic Statements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physiological Challenge</td>
<td>Shocked, nauseated (MJ5, 17, 22)</td>
</tr>
<tr>
<td>Psychological Challenge</td>
<td>Feeling Rejected (MJ9, 22),</td>
</tr>
<tr>
<td></td>
<td>Embarrassed (MJ1, 14)</td>
</tr>
<tr>
<td></td>
<td>Self-fulfilling prophecy (MJ10, 20)</td>
</tr>
<tr>
<td></td>
<td>Broken Promises (MJ6, 17, 21)</td>
</tr>
<tr>
<td>Economic Challenge</td>
<td>Making both ends meet (MJ7) (MJ6), (MJ4), (MJ 19)</td>
</tr>
</tbody>
</table>

The challenges or risks faced by the girls were either physiological, psychological, or economic or all of the above. Being pregnant was quite daunting because of the condition they had. To one, her problem was as simple as the clothes to wear in school. Another had a difficult pregnancy—she felt nauseated in the morning and always feels tired.

Physical Constraint

MJ 9: I don’t like what I feel now Ma’am. I am sick in the morning. I feel tired always that’s why I am very late in my thesis.
MJ 10: I have grown so big now. I don’t have clothes to wear in school.

Psychological Constraints

One also shared that because of her parents too that she rebelled. She was called names and she made it real for them:

MJ 10: Many times, the relatives on my father side call me, “dumb”. You know “garampingat* Ma’am? I was spanked at the back and called Garampingat. I got mad Ma’am. I said to myself, “Ok. I’ll show you Garampingat.” I think the negative things I heard from my parents and relatives made me what I am today.

• Flirt

MJ 20: I was always told that I am a flirt. It made me feel bad about myself.

MJ 14: I feel so embarrassed when school mates stare at me because I am pregnant.
MJ 17: I feel so sad because my boyfriend and I broke up and I am pregnant.

Broken relationships resulted in broken hearts for these young girls. They experienced deep emotional strain and pain from their “young love” that turned sour because of the responsibility that went with the pregnancy. Some experienced rejection when boyfriends ran away, boyfriends who did not support them at their most trying time.

MJ 8, 11: While I was still pregnant ma’am, we lost touch. Our communication stopped.

MJ 6: When I was 6 months pregnant, I had to go home because it was haram in Qatar. My boyfriend promised that he would take me and my baby back there. But he did not keep his promise. He sent me some money before, but no longer now.

Fear of not being accepted by their parents of their condition led to lies. A young mother shared that when she got pregnant for the first time, she told her parents that she was raped. She believed that her lie would make them accept her condition though it also resulted to a rape case charged to her boyfriend. Another girl also had to lie to her father for fear that he would have a stroke.

MJ 10: I could not explain to my parents that I was pregnant. I was only 17 then. So, I said that I was raped so they accepted and supported me. But we had to file a case against my boyfriend.

Financial Constraints
At a young age, the girls wake up to a huge responsibility especially if the guys that had them pregnant did not stand up to their responsibility.

MJ 9: When I got married my parents had nothing to do with me anymore. All my needs are taken care of by my husband.

MJ 9: He knew I was pregnant but he was afraid of the responsibility. He said he would inform his parents when he has started his OJT in Davao because he was afraid his parents will not support him anymore.

MJ 7: I sold charcoal Ma’am. I would buy one sack at P250.00 and I could earn P500.00 after 2-3 days. That becomes my allowance for school.

MJ 5: Everyone pitched in Ma’am. My mother, my mother-in law helped us financially.

MJ 4, 16: My problem is how to divide my time and my allowance. My daughter expects something when I go home, so I need to save here in school. I don’t join my classmates if they eat out and they told me I am KJ. So, I posted my daughter’s picture and so now they understand me.

Discussion
Lived Experiences
From the “herstories” of the young mothers, these themes were identified: 1. Coming of Age: The Metamorphosis, 2. Becoming a Mother, 3. Enabling Mechanisms, and 4. Building One’s Dream through Education.

Adolescence is a stage that is characterized by the fast development of the different parts of the body. According to Count (2010), it marks the onset of sexual maturity. It is a time for them to show interest to the opposite sex and curiosity about the topic of sex. The girls got pregnant at age 17-19. Au-yeung (2014) reported that 14% of the teenage girls in the age bracket of 15-19 were reported for the first time to be already mothers or have had several children in the 2014 survey of Young Adult Fertility and Sexuality. Ajiboye, et al. (2014) reported that personal reason was the most perceived reason for premarital sex among Nigerian youths while inadequate knowledge of reproductive health was perceived as the most important specific factor.

The girls owned responsibility at an early age and with the help of their mothers, siblings, and friends they were able to survive the rigors of both hearth and school. According to the WHO, a contributory factor to the increasing prevalence of early childbearing is the decreasing age at menarche which according to literature occurs in countries which have experienced significant improvements in living conditions and nutritional status of females.

According to Patrick (2010), the transition from childhood to teen may cause unstable emotions to some teenagers, and this may cause complex teenage psychology break on teenagers. Complex teenage psychology results in immature and irresponsible behavior which in turn may be another cause of teenage pregnancy. Mann, Cardona & Gomez (2015) identify the feeling of shock upon finding and confirming the pregnancy before attaining its acceptance. Messages from their own parents, family members, and partners are seen as the directive towards the resolution of it.

Meanwhile, weak family bonding fails to provide the emotional support that they need during their transitional term. This lack of attention and affection from the family causing depression and pushing them to look for love and attention from others, especially from the opposite sex.

Childbearing has become pronounced among those in high school and college as much as those young girls who are out of school or not educated (Natividad, 2013). This is true with the girls. All of them were in school, yet they were not able to escape the trap of early pregnancy.

**Perceived or Actual Challenges of Teenage Moms (Grit and Gut)**

The young mothers experienced varied trials and difficulties as a result of their condition. These were either psychological, physiological, or financial. However, these were faced by the girls with resilience and inner grit. According to Mpetshwa’s (2000) in his study, he reported that young mothers experienced a lot of ill treatment from their family members, especially from their parents who felt betrayed by their children falling pregnant. They were no longer treated like other members of the family, as was the case before pregnancy. Pregnancy made some of the teenagers feel isolated and rejected by parents. It is these feelings which may result in severe psychological conditions like depression. As reported by Kim (2008), teen sexual activity is usually associated with negative outcomes that bear long term physical, emotional, social, and economic impacts on the lives of young people, but much more for the young women. The challenges that emerged affected various aspects of the young women’s life. Most often, these challenges stemmed from coping with the responsibilities of looking after a baby, coping with school demands, and sometimes finding ways to make extra income for their baby’s needs.

Across countries, teenage pregnancy tends to be more prevalent in rural areas, among women with low education, and among the poor, as cited by Natividad (2013). She also
reported that in the Philippines, there is no consistent pattern as to who gets pregnant. NSO in 2008 reported that the majority of babies born to women under 20 are illegitimate as reported in the Young Adult Fertility and Sexuality Study in 2003.

According to Melissa (2012), teenage pregnancy could lead to incomplete education, unemployment, and other numerous emotional traumas. Early motherhood had been linked to adverse effects on the psychological development of the child. Besides psychological physical risks cannot also be ignored. In the present study, the young mothers faced difficulties like balancing time with their child and their tasks in school, meeting their basic needs and having so little resources, wanting time for themselves to meet up with friends and the time for their home obligations. Some also faced the problem of adjusting to the thought of being a young mother and the sad reality of not having a father for their child, or of having broken relationships. The girls tried to adapt to these conditions and tried to surpass all these problems. Mangino (2008) identified that teenage mothers drop out from school to give way to assume their mothering role. Among the young mothers and fathers, the former suffers the consequences the most, which include: impediment in education, the health risks for the mother, developmental crisis, and family constraints. One had to do multitasking - selling patil*, charcoal, among other things, to help raise money for their families’ needs. Common to all the girls was the financial difficulty that they experienced because they needed money for milk, diapers, food, and clothes not only for themselves but for their baby. Sometimes, they felt ashamed to ask for money from their parents. On the other hand, the Maguindanaon girl who was married off said that after marriage she became the obligation of her husband. Her parents did not have anything to do with her. Her education and all her needs were provided by her husband.

However, these ten teenage mothers at the University were able to surpass the challenges they have encountered because of the support they got from their parents, siblings, friends, and classmates. Similarly, in the study of Mann, Cardona & Gomez (2015), they reported that parents are one of the support networks and coaches in resolving pregnancies. Anwar and Stanistreet (2015) concluded that young mothers rely too much on the people who are always at their back such as their family, trusted friends, and other people who they believe could be of help to them. This was one of the primary reasons how the apparently challenging and anxiety-inducing instance became a positive experience.

Implications for Pedagogy and Extension Program

The insights gained from the study is a rich resource for a program that will be intended for the young—both male and female students of USM. In consultation with them and some USM clinical psychologists and in cooperation with the Gender and Development Office of the University, a program will be designed and will be tried out among the first year Bachelor of Arts and Development and Communication students of the College of Arts and Sciences. The program would aim to increase their awareness and understanding of themselves and to equip them with values that will arm them in their day to day undertakings. It would also aim to decrease prevalence of teenage pregnancy at the USM.

Journaling will be introduced to the participants. They will be provided with free journal notes for them to regularly write their thoughts on the issues discussed in the module. The informal meetings will be made very interactive, fun, and reflective so that the students will benefit at the same time enjoy the experience. It will be handled by the class advisers who will be GAD Focal Persons of the identified departments.

Concluding Remarks

The study is a long-dreamt study because of the yearly experience of listening to the tales of woes and sometimes excuses of teenage mothers in my classes. They would miss
quizzes and exams for varied reasons: a sick child, no money, a lover’s quarrel, no time to study, an illness, among many others.

The study has made me see first-hand the experiences of the girls and I came to realize that each one really had stories to tell. The circumstances—bordering from stupidity to ignorance, to the bizarre, to the unbelievable, to gruesome, to funny—may be different to each girl, but the effect to all is similar.

I saw the premium put to education by all data sources. Everyone believed that education is their way out, their redemption. Hence, I see the need that these young girls should be assisted while they are in school. They have to be helped morally, emotionally, and even financially so that they can really complete their education and be ready to face a better future not only for themselves but for the soul that they bring to the world. Meanwhile, proactive activities as well must be done in the University in order to avoid or limit occurrences of the same.

Doing the study was a cathartic experience being a teenage mom too, getting pregnant and married at age 18. Looking back, the road was difficult, but the journey was worth it. Indeed, I can attest that education and support from many significant others made the difference in my success and hopefully those also of these teenage girls in the University.

Acknowledgment

I would like to acknowledge the support of the University of Southern Mindanao Research and Development Office, the Gender and Development Office, and the USM Administration for the financial support for the conduct of the study. Most significantly, I am grateful to the teenage moms who gladly shared their herstories with me.
References


Chandra-Mouli, Venkatraman, Catherine Lane, Sylvia Wong. What Does Not Work in Adolescent Sexual and Reproductive Health: A Review of Evidence on Interventions Commonly Accepted as Best Practice.


McMichael C. Promoting sexual health amongst resettled youth with refugee backgrounds. Melbourne: La Trobe University; 2008.


Social Exclusion Unit (1999a). Teenage Pregnancy: Report by the Social Exclusion Unit presented to Parliament by the Prime Minister by command of Her Majesty.
