

Problems Encountered and Support System among Teenage Mothers in San Isidro, Tagbilaran City, Bohol

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ABSTRACT

Pregnancy brings both physical and psychological changes in a woman. Teenage mothers are unprepared for pregnancy because of their young age and lack of experience. They encounter problems during their period, so they are highly dependent on their family, community, government and non-government support. Their study aims to determine the problems encountered and support received by teenage mothers within the duration of their pregnancy. The study utilized quantitative survey method of research. Random sampling in the selection of participants was used where there were seventeen (17) teenage mothers with the age range of 13-19 years who participated in the study. Data gathering was conducted in their respective homes with the use of a self-made questionnaire. The results showed that the level of problems encountered by the teenage mothers regarding physical, psychological and socio-economic was low as well as they have received supports from their families, community and the government and non-government sectors. However, there wasn't ample support from the sectors mentioned in this study that was experienced by the teenage mothers.

KEYWORDS

Teenage mothers, problems encountered, support received, quantitative, San Isidro, Tagbilaran, City, Bohol, Philippines

INTRODUCTION

Pregnancy has always proved to be a critical point in a woman's life. When a woman gets pregnant, the body undergoes many physical changes since she must be able to support the child that is developing inside of her. The mother must prepare mentally and emotionally for the responsibilities that come with expecting a child. Pregnancy puts stress on the mother physically, psychologically, economically, and socially. Not only does the pregnancy give the mother strain but also exposes the mother to a multitude of complications, especially if she is a teenager. It puts the mother at a greater risk for complications which is why there is a great need for a support system to assist and alleviate the pressures that accompany motherhood (Pines, 2010).

To give a background on the situation of in a survey done by the Young Adult Fertility and Sexuality in Region VII, which includes Bohol, it was found that 13.1% of females aged 15-19 years old have already began childbearing of which 11.2% are already mothers and 1.9% are pregnant with their first child at the time of the survey interview. Although the level of teenage fertility in the region is below the national level, the rates are still continuing to rise. On a national level, according to the Philippine Statistical Authority (PSA) reported that one in ten Filipino women between the ages 15-19 years old has already began childbearing. The survey found that of the 10% of Filipino women that have began childbearing 8% are already mothers and another 2% are pregnant with their first child. On an international level, a survey done by the United Nations Population Fund found that the Philippines has seen a 65% increase over the 10-year period from 2000-2010 which is the third highest among the ASEAN countries (National Demographic and Health Survey, 2013).

Pregnant teenagers are at a higher risk for conditions like pregnancy-induced hypertension, iron-deficiency anemia, premature delivery, cephalopelvic disproportion, postpartum hemorrhage. Apart from facing the physical strain of the baby on her body, the adolescent mother will have to face her family who may or may not support her throughout her

adjustment period as a mother. The adolescent mother is exposed to a wide range of physical complications, but it should not be forgotten that the physical strain is only one aspect in which the adolescent mother will experience stress (World Health Organization, 2002).

Teenage mothers also experience psychological strain. Not only do teenage mothers have to balance their role as an adolescent but they must also adjust to their new role as a mother. Studies have shown that teenage mothers are more prone to depression and increased stress levels than their non-pregnant counterparts. Also, studies have shown that adolescent mothers are at higher risk for suicide. Teenage mothers have to deal with societal pressures and social stigmas that come with early pregnancy (Young et al., 2002).

Economically the adolescent mother is unable to provide for herself or her child, and so this pushes her to an increased dependency on her parents. During this development stage according to Erik Erikson (1994) teenagers are in the stage in which they are becoming independent from their parents, and the pregnancy may come to prevent that. It is at this stage that financial strain may play a role in influencing the development of complications for the teenage mother and her child. Studies have been found that children born to adolescent mothers are also prone to delinquency and substance abuse. Economic support is needed in this aspect for the adolescent mother (Musick, 1995).

Socially, the adolescent mother will have to identify with her new role in society as a teenage mother. She must deal with watching her peers proceed with their daily lives, and she must learn to take up this role of being a mother. In the majority of societies, teenage pregnancy is still very much frowned upon. Without the support of family or her peers, a young teenager would be lost and would not know what to do in her condition. A good support system can make a difference in either preventing or the development of certain complications (Bronfenbrenner, 2009).

Thus, the purpose of this study is to determine the problems teenage mothers experienced and the support system received from the family and community.

The study further seeks to answer the following problems:

1. What is the demographic profile of the teenage mothers regarding:
 - 1.1 Age;

- 1.2 Educational Background;
 - 1.3 Marital Status;
 - 1.4 Family Socio-economic Status; and
 - 1.5 Living Arrangements?
2. What are the problems encountered among teenage mothers in terms of the following aspect:
- 2.1 Physical;
 - 2.2 Psychological; and
 - 2.3 Socio-economic?
3. What are different support system received by teenage mothers from the following:
- 3.1 Family;
 - 3.2 Community; and
 - 3.3 Government and Non-Government Agencies

According to Michael Rutter, a Psychosocial resilience and protective mechanisms, especially for pregnant women, plays a significant part of the support system. The concept of mechanisms that protect people against the psychological risks associated with adversity and in relations to the four main processes which are the reduction of risks impact, reduction of negative chain reactions, establishment and maintenance of self-esteem, and opening up of opportunities. This concept of mechanisms must be functioning well at the key turning points in people's lives must be given exceptional consideration. Even though there are associations between teenage pregnancy and adverse birth outcomes, it could be explained be the harmful social environment, ineffective prenatal care or biological immaturity and thus remains controversial. All teenage groups were associated with increased risk for preterm delivery, low birth weight, and neonatal mortality. APGAR scores for infants born to teenage mothers aged 17 or lower had a higher risk for a low score. Low socioeconomic status, ineffective prenatal, harmful social environment, and inadequate weight again during pregnancy shows an association of an adverse birth outcome (Chen et al., 2007).

It is often describing that the problem of teenage pregnancies as endemic rather than epidemic. Teenage pregnancy has represent a problem of intense and growing concern in communities, social organizations and the various levels of government. The fact that there

is a large number of babies that are being born and will continue to be born as teenagers with consequences that are often adverse both for the teenage mothers and for their children which will be a great concern for everyone in the future. There would be a greater risk for both couples to end up a single parent and of enduring long-term poverty when both of the couples. In perspective of what is thought about the antagonistic outcomes of neediness in connection to physical, enthusiastic, and psychological improvement, there can be little question that offspring of teenagers are additionally liable to be essentially distressed. Besides, because a great extent of such youngsters spends a generous piece of their adolescence in single-parent families, dangers are exacerbated, kids from single-parent families have been indicated over and again to have higher rates of conduct issues and school disappointment (Pillow, 2004).

In the late years, the interest for confirmation based teenage pregnancy and obstetric dangers of pregnancy in ladies under 18 years of age have been measured. The age-related dangers of aggressive result amid pregnancy in ladies under 18 years old. Pregnancy in ladies under 18 years of age was connected with the expanded danger of preterm labor, before 32-week gestation, maternal iron deficiency, midsection contamination, and urinary tract disease. Operative vaginal delivery, elective cesarean, or crisis cesarean were all more improbable in ladies matured under 18 years. Ladies under 18 years of age were not any more prone to have still births or little for-gestational-age newborn children than ladies matured 18-34 years. In most different regards, they have less maternal and perinatal unpleasantness and will probably have typical vaginal deliveries (Liou et al., 2010).

The study employed a quantitative method approach with the aid of interview schedule. Seventeen teenage mothers were interviewed to gain data on their problems encountered and support they received from their families, community and the government and non-government organizations.

With the collaboration of the barangay health unit in Barangay San Isidro from the city of Tagbilaran where the study was conducted, the list of teenage mothers was procured with the assistance from the barangay health workers. The random sampling procedure was used to choose the respondents in this study. The data gathering was conducted in the respondent's respective home through rating a checklist and an interview.

This study used a self-made questionnaire which was patterned from the literature reviews. Pre-testing was conducted before the interview proper.

After the data gathering, a codebook was prepared for the coding, encoding, and analysis of the data. Frequencies, percentages, and weighted mean were used to deliver the data, and results in the study were presented in tabular and narrative forms.

FINDINGS AND RESULTS

Profile of the Teenage Mothers

In the following tables, the personal attributes of the respondents are presented which include the age, educational attainment, family socio-economic status, living arrangements, and marital status. The data were included in the survey to provide researchers a background of the respondents and if there are similarities and commonalities between the respondents.

Age. The results revealed that the majority or 15 respondents were between the ages of 17-19 years old and 2 (11.77%) of the respondents are between the ages of 15-16 years old during the time of pregnancy. There were no respondents that fall in the 13-14 years old age range.

It can be seen that teenage pregnancy is more frequent in the later teenage years, although very few fall in the 15-16 years old age range there is a sharp increase in the frequency in the following years.

Table 1.1. Respondent's Age Groups

Age	<i>f</i>	%	Rank
13-14	0	0.00%	3
15-16	2	11.77%	2
17-19	15	88.23%	1
TOTAL	17	100%	

Educational Attainment. The results showed that 8 of the respondents (47.06%) only attained up to secondary school whereas 9 of the respondents attained college level (52.94%). All respondents had surpassed elementary level.

Table 1.2. Respondent's Educational Attainment

Educational Attainment	<i>f</i>	%	Rank
Elementary	0	0.00%	3
Secondary	8	47.06	2
College	9	52.94	1
TOTAL	17	100%	

Family Socio-economic Status. It reflected in table 1.3 that 8 (47.06%) of the respondents' parents are both employed and have an income, 9 (52.94%) of the respondents have only one parent working, and none of the respondents had both unemployed parents and none were found to employed or self-supporting during her pregnancy, and none were financially supported .

Table 1.3. Respondent Family's Socio-economic Status

Family Socio-Economic Status	<i>f</i>	%	Rank
Both Parents are working	8	47.06%	2
One parents is working	9	52.94%	1
Both parents are not working	0	0.00%	3
Employed (self-supporting)	0	0.00%	3
Supported Solely by Partner	0	0.00%	3
TOTAL	17	100%	

Living Arrangements. It shows that 12 (70.59%) of the respondents are still residing in their parent's home, 5 (29.41%) are residing in their partner's home with partner's parents. None of the respondents were renting a house alone with their partner.

Table 1.4. Respondent's Living Arrangements

Living Arrangements	<i>f</i>	%	Rank
Living at parents' house	12	70.59%	1
Living in partner's house (with his parents)	5	29.41%	2
Renting a house with your partner	0	0.00%	3
TOTAL	17	100.00%	

Marital Status. The results show that 10 (58.82%) are still single, 3 (17.65%) are married, and 4 (23.53%) have a live-in partner.

Table 1.5. Respondents' Marital Status

Marital Status	<i>f</i>	%	Rank
Single	10	58.82%	1
Married	3	17.65%	3
Live-in Partner	4	23.53%	2
TOTAL	17	100.00%	

Problems Encountered Among Teenage Mothers

This section speaks about the problems encountered by the teenage mothers. The problems were categorized into three such as: physical, psychological and socio-economic. The legend below illustrates the scaling used in measuring the level of the responses in this study.

Legend:

Mean Weight Equivalent	Symbol	Derived Value	Value Range
4	A	Always	3.25 – 4.00
3	S	Sometimes	2.50 – 3.24
2	R	Rarely	1.75 – 2.49
1	N	Never	1.00 – 1.74

Physical. The first item reflects the number of teenage mothers surveyed that experienced complications during their pregnancy. Among all the items mentioned in the problems encountered, the item on “I always experienced body malaise” got the highest rating of 3.12 derived as always, while next in rank was the item on “I experienced nausea and vomiting even after the first trimester of my pregnancy” with a rating of 2.59. With a little disparity, third in rank was the item on “I was exposed to toxic chemicals such as cigarettes, fertilizer and pesticides” with a rating of 2.18 derived as rarely.

On the other hand, the bottom of the ranking was the item on “I experienced bleeding during my pregnancy” with a WM of 1.41 derived as never, while second from the bottom was the item on “I experienced complications during my pregnancy” with a WM of 1.88 derived as rarely.

On the overall composite mean, physical problems mentioned in this study were rarely experienced by the first time mothers as it has a WM of 2.18.

Table 2.1. Physical problems encountered by the teenage mothers

Physical Problems	WM	DV	Rank
1. I experienced complications during my pregnancy.	1.88	R	7
2. I experienced bleeding during my pregnancy.	1.41	N	8
3. I experienced nausea and vomiting even after the first trimester of my pregnancy.	2.59	S	2
4. I always experienced body malaise.	3.12	A	1
5. I contracted an infection or sickness during my pregnancy.	2.12	R	4
6. I experienced long periods of standing throughout my pregnancy.	2.06	R	5.5
7. I had lifted heavy objects that caused strain on my body during my pregnancy.	2.06	R	5.5
8. I was exposed to toxic chemicals. (cigarettes, fertilizer, pesticides)	2.18	R	3
Composite Mean	2.18	R	

Psychological Needs. Table 2.2 illustrates the level of psychological problems encountered by the teenage mothers. As can be seen in the table the item on “I felt that I could not express feelings” gained a rating of 2.94 which means this has sometimes been encountered by the teenage mothers. Next in rank was the item on “I experienced emotional instability during my pregnancy” which is rarely encountered by the teenage mothers (2.35).

On the other hand, bottom from the ranking was the item on “I had thoughts of aborting the baby” with a rating of 1.24 derived as never.

On the overall composite mean on this category, the psychological problems mentioned were rarely experienced by the teenage mothers with a WM of 2.09.

Table 2.2. Psychological problems encountered by the teenage mothers

Psychological Problems	WM	DV	Rank
1. I experienced emotional instability during my pregnancy.	2.35	R	2
2. There were times during my pregnancy where I felt depressed, suicidal, and sad.	2.00	R	3
3. I felt that I was alone.	1.94	R	4
4. I had thoughts of aborting the baby.	1.24	N	5
5. I felt that I could not express feelings.	2.94	S	1
Composite Mean	2.09	R	

Socio-economic Needs. Table 2.3 speaks about the socio-economic problems encountered by the teenage mothers. As reflected in the table, top among all the items was the item on “I experienced financial stresses during my pregnancy” with a WM of 2.12 derived as rarely, second from the rating was the item on “I had no financial support from the father and his family” with a WM of 1.88 derived as rarely.

Meanwhile, bottom from the rank was the item on “no one supported me financially during my pregnancy with a WM of 1.53 derived as never.

The overall composite mean on this category possesses a rating of 1.81. Therefore, in this section, the teenage mothers rarely encountered socio-economic problems.

Table 2.3. Socio-economic problems encountered by teenage mothers

Socio-Economic Problems	WM	DV	Rank
1. My family would not support me during my pregnancy.	1.82	R	3
2. I experienced financial stresses during my pregnancy.	2.12	R	1
3. I had no financial support from the father and his family.	1.88	R	2

4. I had no financial support from the community.	1.71	N	4
5. No one supported me financially during my pregnancy.	1.53	N	5
Composite Mean	1.81	R	

Support Received by Teenage Mothers

This portion reveals the supports received by the teenage mothers from their respective family, community, government and non-government sectors. The legend below indicates the particular scale and description used in the responses of the study.

Legend:

Mean Weight Equivalent	Symbol	Description	Value Range
4	A	Always	3.25 – 4.00
3	S	Sometimes	2.50 – 3.24
2	R	Rarely	1.75 – 2.49
1	N	Never	1.00 – 1.74

Family. Table 3.1 illustrates the result of support received from the family of the teenage mothers. It is reflected in the table that the item with the highest WM (3.59) is on “My family accepted my pregnancy and received the situation well” derived as always. While second from the ranking was the item on “My family was concerned for my wellbeing and the wellbeing of my baby” with a WM of 3.41, still derived as always.

However, there were items on the mentioned supports from this study gained a derived value of sometimes. Bottom of the ranking was the item on “My family or a family member accompanied me to my prenatal visits.”

The overall composite mean (3.23) states that the family sometimes supports the teenage mothers.

Table 3.1. Support Received from the Family

Family	WM	DV	Rank
1. My family treated me with love and care after finding out of my pregnancy.	3.12	S	3
2. My family or a family member accompanied me to my prenatal visits.	3.00	S	5

3. My family accepted my pregnancy and received the situation well.	3.59	A	1
4. I could share my thoughts, feelings, and fears with my family.	3.06	S	4
5. My family was concerned for my wellbeing and the wellbeing of my baby.	3.41	A	2
Composite Mean	3.23	S	

Community. This portion grants the result of the supports received by the teenage mothers from the community. The item that got the highest rating with a WM of 3.18 was “I was accepted by my friends, peers and neighbors” derived as sometimes, meanwhile, second from the rating was a tie between the items on “I felt that everyone around me was excited for me and my new baby” and “My friends, peers, and neighbors visited me throughout my pregnancy” with a WM of 3.00 still derived as sometimes.

Bottom of the ranking was the item on “I was able to share and confide in my friends” with a WM of 2.76 derived as sometimes, while second from the bottom was the item on “I was not gossiped about” with a WM of 2.59 still derived as sometimes.

The overall composite mean revealed that the teenage mothers sometimes received support from the community (WM = 2.90).

Table 3.2. Support Received from the Community

Community	WM	DV	Rank
1. I was accepted by my friends, peers and neighbors.	3.18	S	1
2. I was not gossiped about.	2.59	S	4
3. My friends, peers, and neighbors visited me throughout my pregnancy.	3.00	S	2.5
4. I was able to share and confide in my friends.	2.76	S	5
5. I felt that everyone around me was excited for me and my new baby.	3.00	A	2.5
Composite Mean	2.90	S	

Government and Non-Government. This portion speaks about the support that the teenage mothers received from the Government and Non-Government organizations. As reflected in table 3.3, the item on “I received full immunizations, and prenatal consultations from health centers” gained with the highest WM (3.12) derived as sometimes, while the item on “I was able to participate in health teachings about pregnancy provided by the health centers” ranked as second gained a WM of 2.59 still derived as sometimes.

Meanwhile, the items on “I participated in government programs for pregnant mothers” and “I received financial support from the government” tied with a WM of 2.12 ranked at the bottom from all the items mentioned.

With a composite mean of 2.49, the teenage mothers revealed that they rarely received support from the government and non-government organizations.

Table 3.3. Support Received from Government and Non-Government Organizations

Government and Non-Government Organizations	WM	DV	Rank
1. I received financial support from a government/nongovernment organization.	2.53	S	3
2. I participated in government programs for pregnant mothers.	2.12	R	4.5
3. I received financial support from the government.	2.12	R	4.5
4. I was able to participate in health teachings about pregnancy provided by the health centers.	2.59	S	2
5. I received full immunizations and prenatal consultations from health centers.	3.12	S	1
Composite Mean	2.49	R	

CONCLUSION

The teenage mothers in this study received inadequate support from their families, from the community and the government and non-government organizations. Also, they sometimes experienced problems on physical, psychological and socio-economic.

Basing from the findings and conclusion, the study proved to be very helpful in determining the needs of the teenage mothers for the reason that they are believed to have a lack of capacity wherein they need to have stabilized physical, psychological and socio-economic attributes to support their condition. As well as they need ample support from the family, community and different sectors from overcoming their difficult situation.

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