

Teenage Pregnancy in Secondary Schools: A Multiple Case Study

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Abstract

The purpose of this qualitative multiple case study was to describe the teenage pregnancy in secondary schools in the Philippines and delve into the lived experiences of the participants involved in the study. Five secondary school students who experienced early pregnancy without the benefit of marriage were chosen through purposive sampling. In-depth interview, observations, and field notes were utilized in the gathering of data. Using thematic analysis, major findings disclosed that pregnant students experienced physical and emotional distress, anxiety of the unknown, shame and humiliation, changes and prohibitions, love and support of significant others. Pregnant students tried to cope the situation by means of apathy, tenacity and turning to support systems. Along with the realizations of pregnant students, the study highlighted that regrets and remorse always come to fore, early pregnancy is a momentary setback, young girls should know better about life, love and sex, and that love and acceptance prevail in the end.

Keywords: educational leadership; teenage pregnancy; public schools; qualitative multiple case study; Philippines.

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1. Introduction

One of the prevalent dilemmas today is about teenage pregnancy. Teen pregnancy continues to be a problem for families, educators, health care professionals, and the government [10]. Since 2001, the United States has not made much advancement in reducing the number of unintended pregnancies (49 percent of all pregnancies are not planned). These rates have been increasing and remain fairly high overall. Teen pregnancy also poses a concern since more than four out of five unintended pregnancies occurred in teens 19 years old and younger. The number or unplanned teen pregnancies ending in abortion has also increased for teens 15 to 17 years old between 2001 and 2006 [45].

In the Philippines, teenage pregnancy cases rose by 70 percent in the past 10 years. This was revealed by Percival Cendaña, Commissioner of the National Youth Commission (NYC) and he based it from the study conducted by the United Nations Population Fund (UNFPA) that ranked the country first in terms of teenage pregnancy in Southeast Asia. He also cited the NYC's National Youth Assessment Study that revealed that unplanned pregnancy was one of the main reasons young people do not complete their education [33].

The National Statistical Coordination Board (NSCB) 11 data shows a 3.6 percent increase in the number of young Dabawenyas ages 15 to 24 who have become pregnant, from 25 percent in 2003 to 28.6 percent in 2008. The Davao region has the highest increase in the number of teenage pregnancies compared to the Zamboanga Peninsula, Socsksargen and Caraga. Both Northern Mindanao and the Autonomous Region for Muslim Mindanao experienced a decline in the number of teenage pregnancies by 2.7 percent and 4.9 percent, respectively. Report also added that lawyer Romeo Cabarde, a family planning of the Philippines board member exclaimed that the statistics on teenage pregnancy and abuse in the Davao region is already at an alarming stage [13].

The Department of Education (DepED) encourages public school teachers through DepED Order No. 39, s. 2016 to conduct research and in-depth study focusing on the theme about child protection. The Department is committed to address reported incidents of teenage pregnancy in order to address the need to assess the effectiveness of previous interventions and the potential of new approaches to better protect learners in schools. However, there is no study yet regarding teenage pregnancy in Davao City schools. Hence, this in-depth qualitative case study would give a clearer, better and deeper understanding about this present dilemma.

1.1. Purpose of the Study

The purpose of this qualitative case study was to document the information about the reasons of teenager in engaging early pregnancy and relative experiences they encountered. Specifically, it aimed to answer the following research questions:

- What are the lived experiences of the secondary students regarding early pregnancy?
- What coping mechanisms do pregnant students use to address problems on pregnancy?
- What are the realizations of the pregnant students learned?

1.2. Theoretical Lens

Furthermore, the social cognitive theory would support this study. Social cognitive theory emphasizes behavior, environment, and cognition as the key factors in development. The social cognitive model is concerned with ways in which mental representations of social events, societal, and cultural norms, and personal characteristics influence behavior, reasoning, emotion, and motivation. Specifically, the approach addresses acknowledgment, self and social goals, mental representations of self and others, and the role of social facilitation in decision-making, memory, and judgment [4].

Social cognitive theory, complex cognitive functioning involved in coping, everyday problem-solving, and decision-making in health as well as in social situations depends on basic cognitive methods. Furthermore, it depends on the organization of existing knowledge structures and socially-derived emotional and motivational influences on performance. Reference [37] explained how cultural influences serve as behavioral models for young people: social-cognitive theory contends that people observe important role models, make inferences and attributions and acquire scripts, schemas and normative beliefs that then guide their subsequent behavior. This theoretical perspective would predict that adolescents learn sexual behaviors and their likely consequences by watching television. To the extent that adolescents acquire favorable beliefs about sex and confidence in their own sexual abilities as a result of viewing sexual content on television, they become more likely to attempt the modeled behaviors. In this study, other contributing factors could be also explored.

Furthermore, the social-cognitive analysis of pregnancy prevention would stress the importance of information concerning sexual activities, skills for managing behavior in relation to reducing pregnancy risk, feelings of self-efficacy in relation to pregnancy prevention, and social influence factors as determinants of pregnancy preventive behavior. Hence, this study would suggest better preventive ideas based on deeper understanding about early pregnant students [37].

Self-efficacy is a frequently cited construct in social cognitive theory. Bandura's social cognitive theory assumes self-efficacy and outcome expectancies (related to situation and action) are central determinants of behavior. According to Bandura [4], self-efficacy is confidence in one's own ability to carry out a particular behavior. In the present context, self-efficacy theory predicts that pregnancy- and STD prevention behaviors will be performed if the individual perceives they have control over the outcome, there are few external barriers, and they have confidence in their own ability to carry out the behaviors.

In this context the theory of planned behavior would apply in the present investigation as an extension of the theory of reasoned action. The theory of reasoned action proposes that an individual's sexual preventive behavior is a function of the individual's behavioral intention to perform a particular act. Behavioral intentions, in turn, are assumed to be a function of three factors. These include a person's attitude toward performance of a particular preventive behavior, the individual's subjective perception of what significant others wish the individual to do with respect to the behavior in question, or both [25].

1.3. Delimitations and Limitations of the Study

This qualitative research is delimited only to the identified pregnant students in the secondary schools of the Division of Davao City, Philippines where my present station is situated. These participants experienced early pregnancy during the School Year 2016 - 2017 wherein they are officially enrolled.

One of the weaknesses of my study, however, was that it utilized the qualitative method, which means that the results may lack generalizability. Another weakness was the small number of informants of the study. Despite safeguards as to the trustworthiness and credibility of the statements of the informants, their small number contributed to the probability that the statements of the informants may not be truly representative of the total population of the students who got pregnant in the entire division of Davao City, Philippines.

2. Method

This qualitative inquiry used a multiple case study in order to have in-depth information about the informants. Case study research involves the study of a case within real-life, contemporary context or setting. This type of qualitative study has various advantages which made the inquirer chose this design. A qualitative case study can be composed to illustrate a unique case that is unusual interest in and of itself and needs to be described and detailed. A hallmark of this design is that it presents an in-depth understanding of the case. In order to accomplish this, the researcher collected the data from comprehensive interviews, observations, documents and audiovisual materials. One source of information is not enough; hence, the inquirer selected five informants who were pregnant students[15].

Reference [51] emphasized that triangulation is considered as one of the most important features of case study and I find it appropriate in my study because I want to have a cross-case analysis of the five cases. He defined that triangulation is consist of collecting data through different methods or even different kind of data for the same phenomenon. Purposive sampling technique was used in identifying the informants of this research because it would be easier for me to get adapted with the current dilemma as the chosen informants are not very far from each other and Creswell [15] also suggested that sampling technique is appropriate for qualitative multiple case studies.

My main role as the researcher of this study was being sensitive to the varied opinions, ideas, and interpretations of the shared experiences of the research informants. It meant that I must have acute awareness of the subtleties of the meaning of the data that I was able to collect. Accordingly, Maxwell [38] said that in qualitative research, the investigator is viewed as the instrument. The primary data for this multiple case study are in-depth interviews that took place in the setting where the participants were convenient with. As the primary investigator, I personally gathered the data by visiting the informants in the school.

The research informants were pregnant students in the School Year 2016 - 2017 wherein they are officially enrolled and were reported by the school statistician and identified by the class adviser and guidance coordinators whom I interviewed and asked for their common and important observations which may give more valuable data for the identified informant of this study. These participants may be situated in the rural or urban area of Davao City where at present pregnant. All participants aged form ten to nineteen years old who can share her experiences about pregnancy, her treatment received, emotional struggles, and realizations about life after what had happened.

To gather sufficient data for this study, I used in-depth Interview which was supplemented with clear descriptions and comprehensive narrations of every aspect of the entire data collection process. According to Maxwell [39], qualitative studies rely on the integration of data from various sources of information of from variety of methods, a generally known as triangulation. This strategy reduces the risk that conclusions would reflect only to the biases or limitations of a specific method. This also provided me a better understanding and more valid information generated from directly from the data gathered. Triangulation was a marker for validity in qualitative research. While validity in qualitative research could not be defined or prescribed in advance of data collection, it must be attended to constantly as the study emerges through the intentionality of the research [26].

Before the collection of data was started, I made an interview guide with questions which are within the parameters of my research study. This guide was validated by experts to ensure viability of expected output. After a thorough validation process, a letter request was sent to the office of the Schools Division Superintendent, Davao City Division asking for permission to conduct the study. The informant is requested to read and sign interview protocol or informed consent which clearly states their freedom to decide to participate and they can refuse or withdraw anytime during the interview process.

2.1. Data Analysis

Appropriate qualitative descriptions were used in order to have a comprehensive analysis of data. The data gathered from the informants were properly transcribed. The researcher used triangulation in order to document a code or a theme from different sources of data and valid findings were provided. Reference [40] describes it as "any qualitative data reduction and sense-making effort that takes a volume of qualitative material and attempts to identify core consistencies and meanings.

This study made use of thematic analysis in analyzing collected data. Reference [11] describes thematic analysis as a process of encoding qualitative information in a form of codes, words or phrases that serve as labels for sections of data. He explained that this set of codes may be a list of themes, a complex model with themes, indicators and qualifications that are causally related; or something in between these two forms.

After the interview with the participants I transcribed and translated the data with the help of someone who was an expert in translation. The translated data were sent to data analyst for proper coding of themes and subthemes and finding the word frequencies. But it had its limitation in identifying patterns; so as a researcher it was my responsibility to identify more specific themes or codes known as "nodes" and for analyzing and drawing conclusions.

A separate within-case analysis was made for each case followed by cross-case analysis. Each one of the withincase analysis was given detail and rich descriptions of the case. In the cross-case analysis, the research questions were addressed by using all the data that were gathered from all the case studies and were summarized into major themes or core ideas. The presentation of the major themes and the core ideas was patterned after the study of Amparo [2] making use of three classifications: general (which means 50 percent of the participants mention the item) and typical(which means only 25 percent to 49 percent of the participants mentioned the item). Variant means the data is unique to a particular case or two.

2.2. Trustworthiness and Credibility

Credibility was highly considered in this study. Reference [36] defined credibility as confidence in the 'truth' of the findings through prolonged engagement, persistent observation, triangulation, peer debriefing and member-checking. Member-checking involved informants to approve the findings as the primary criterion. Besides, informants were asked to carefully examine the description for potential clarifications, corrections, additions or omissions. In addition, any deletions or revisions during the member-checking would give researchers credibility because informants might have addressed in the data analysis that might disagree with before publication and would offer their own interpretation or conclusion. With peer debriefing, it involved soliciting a peer's feedback regarding the data analysis [28]. Reference [23] stressed that peer debriefing is necessary in order to provide feedback as well as to decrease the risk of the researcher's beliefs contaminating the data.

Transferability or external validity, on the other hand, as the ability of the research results to transfer to situations with similar parameters, populations and characteristics was achieved through the two considered issues – the extent to which situation is generalized and the informants as a whole. From a qualitative perspective, transferability is primarily the responsibility of the one doing the generalizing [15]. Furthermore, dependability of this qualitative study was taken into consideration. Dependability means showing that the findings are consistent and could be repeated. Reliability is dependent upon validity, therefore, many qualitative researchers believe that if credibility has been demonstrated, it is not necessary to also and separately demonstrate dependability [18, 36].

This present study adhered the principles of confirmability in establishing trustworthiness of qualitative research. Confirmability as a degree of neutrality or the extent to which the findings of a study are shaped by the respondents and not researcher bias, motivation, or interest. Correspondingly, prompt and conductive verification of the information given by the participants to ensure trustworthiness and accuracy during the data collection. After the transcriptions were done, I gave a copy to the informants to check on the accuracy of the statements. The informants signified that their experiences or stories were accurately recorded ensuring authenticity at all times. It was also specified in the interview protocol that participants signed before the gathering of data [36]. It is also patterned from the author in [16]. This process guarantees the lives and insights of the informants in this study to be properly represented.

2.3. Ethical Consideration

The researcher ensured the participants' names have been kept confidential, with each participant's name being changed to a pseudonym. To ensure the use of ethical procedures, the purpose of the research, procedures, and outcomes were explained to the participants. Participation in this study is purely voluntary and no monetary

compensation shall be given. Although participants were not compensated, they were told the research was conducted in the interest of future program participants. The researcher obtained informed consent before proceeding with data collection. In addition, for participants ages 13 to 17, a parental consent was asked and for those participants who were over 18 years of age, no parental consent was needed. By fully disclosing and explaining the nature of the tests, any potential ethical problems were eliminated.

References [31,34] emphasized that in order to guarantee ethical research, an informed consent must be done. In my study, I utilized the informed consent or interview protocol modified from the authors in [8, 15]. It covered aspects of willingness, purpose of the research study, and the benefits and risks. Thus, all informants were asked to sign an informed consent form before any interviews were conducted and were to be allowed to withdraw from the study at any time.

3. Cross-Case Analysis

The cross-case analysis is built upon the lived experiences of the pregnant secondary students regarding early pregnancy, strategies or coping mechanisms to address problems on pregnancy; and realizations of the pregnant students learned in the specific case analysis reports. In this study, cross-case analysis refers to analysis and findings that relate to the prevalence of teenage pregnancy found in specific cases to those found in other cases. When I first encountered the sheer volume of data found in the case analysis reports, I decided to create a classification structure to group similar thoughts, opinions and ideas came out from the shared emotions, feelings, and behaviors of teenage pregnant secondary students.

Shown in Table 1 is the personal information of the participants of the study. To give premium on research ethics, the principle of confidentiality and anonymity were established in the study by using the assumed names like, Faith, Love, Charity, Hope and Precious. All of them were coming from public schools in Davao City with grade level from Grade 8 to Grade 11 and their age ranged from 14 to 18 years old.

Assumed Name	School/Location		Grade Level	Study
Ivallie				Group
Faith	Tacunan National High School, Tacunan, Tugbok, Davao City, Philippines	16	Grade 11	Interview
Love	Elias B. Lopez National High School, Eden Bayabas, Toril, Davao City, Philippines17Grade 10Interv		Interview	
Charity	Elias B. Lopez National High School, Eden Bayabas, Toril, Davao City, Philippines	17	Grade 10	Interview
Норе	Tacunan National High School, Tacunan, Tugbok, Davao City, Philippines	18	Grade 9	Interview
Precious	Mulig National High School, Mulig, Toril, Davao City,Philippines	14	Grade 8	Interview

Table 1: Informants' Information

3.1. Experiences of Pregnant Secondary Students

The shared experiences of pregnant secondary students on early pregnancy are encapsulated into branch codes and root codes as shown in Table 2. At the outset, the first theme which is physical and emotional distress emerged because they were felt exhausted, lousy, sleepy, too tired to go to school, occurrence of hot flashes; painful when the baby moves in the tummy, dizzy and nauseated, sensitive and easy to cry, hot tempered and easily flare up over small things. These feelings are some of the most common physical and emotional changes during pregnancy which were experienced by the participants.

Table 2: Essential Themes and Thematic Statements	on Experiences	s of Pregnant S	Secondary Students
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Essential Themes	Thematic Statements	
	I would feel exhausted; lousy, sleepy; too tired to go to school	
	I had hot flashes; can't sleep very well	
Dhustool ou d	It is painful when the baby in my tummy moves	
Physical and emotional distress	Difficult to get up in the morning; want to go on sleeping	
	Sometimes I feel dizzy and nauseated	
	I became so sensitive; I would cry easily	
	I was so pained and wounded	
	I would be hot tempered; I flare up over small things	
	I was nervous if I can manage to take care of my kid	
Anxiety about the	I worried if I can pull off being a mother	
future	I worry how we will survive after giving birth; how to support my child	
	Mother was scared about my delivery; I became scared too	
	I was afraid for our future	
	I was fodder for gossip/rumours; people talked about me	
	I became the talk of the neighbourhood	
Shame and	I kept wondering what people think of me	
humiliation	I was so ashamed; felt so insecure that others are decent and I'm not	
	Felt out of place in the company of friends; felt I don't deserve them	
	Classmates tease and bully me	
	I disappointed my family and the people around; father was frustrated	
	My life and routine was changed since I got pregnant	
	There are things I could no longer do	
Changes and prohibitions	They did not allow me to join activities anymore because of my	
promotions	condition	
	I can no longer help mama with house chores nor play with my siblings	
	At that time I just stayed at home; never went out	
	Since I got pregnant, I can no longer go to school	
	Parents just talked to me; cried but did not beat me up	
Love and support of	Parents accepted my pregnancy; cared for me and my baby	
significant others	Friends told me not to worry; that they will stand by me come what may	
<u> </u>	Classmates who were not close to me showed a lot of concern	
	Teachers kept advising me; showing concern	
	I was happy; no longer worried about what my classmates will say	
	My friends would come to see me at home; treated me the same	
	The father of my child continued to care for me	

As the fetus grows in the abdomen creates physical changes in the interior of the body as well which made Hope felt so painful when the baby moves in her tummy. Maternal stress during pregnancy can be of different types, Charity suffered from hot flashes and she cannot sleep during nighttime. While the hormonal changes in the body are often thought to be the cause of many emotional changes, Love, Charity, and Faith were agonized from being sensitive and easy to cry, being so pained and wounded and being hot tempered and easy to flare over small things. Nevertheless, causes of morning sickness, dizziness and nausea are not fully understood by Hope as her pregnancy progresses, she regretfully said on why she opted to become a reckless daughter by not listening to the words of her parents.

In the same token, anxiety about the future emerged as one of the major themes on the experiences of pregnant secondary students. Being anxious about the future brought them to being nervous on how manage and take care of the kid, worrying if can pull off being a mother, worrying on how to survive after giving birth and how to support the child, scared of giving birth or delivering the baby, and being afraid of what the future may bring to the baby. Anxiety about the future for a pregnant teenager out of wedlock is one of the most dreadful feelings to experience, the terror of finding out of being pregnant or that gotten someone pregnant at early age is terrifying because there is no easy way out of the problem. In this sense, Charity acknowledged that she is nervous on how to take care of the baby. Nevertheless, Precious shared the same feelings that she is worried on how to survive after giving birth. In addition, they added with compunction that they have some mistakes decision made where they suffer few consequences.

In the same breath, shame and humiliation surfaced during the thematic analysis from the transcript of the participants. This is being felt by them for the are foddering for gossip/rumors, people talked about their pregnancy, being center of the talk of the neighborhood, wondering to what people think of being pregnant without a father, shamed and insecured to the decency of others, felt out of place in the company of friends, classmates keep on teasing and bullying the situation, and family and the people around were disappointed and father was frustrated.

A lovely girl with assumed name Faith recounted that she is growing up in a very conservative family where it was culturally unacceptable to their clan to become pregnant out of wedlock, and being raised with values, she felt double doses of all those emotions. Being pregnant made her mistakes a little more apparent than the mistakes of others. She felt like she had not only let her family and friends down, but also herself. The glowing innocence of Hope caught my attention during the interview. My heart is like a burning candle that any moment will melt. She confessed her experienced from the very pure ambiance of her heart that she is shamed, and embarrassed. I can feel that her guilt are all-too-familiar emotions associated with a single expectant mother experiencing an unplanned pregnancy. Shame and guilt because she did something wrong, and embarrassment because she is judged by everyone around her.

In concomitant to this, changes and prohibitions came out as one of the branch codes with the following root codes: life and routine was changed since got pregnant, there are things that could not be done because of hormonal changes, parents prohibited us to join physical because pregnancy condition, can no longer help mama with house chores nor play with siblings, staying at home for bed rest and never went out, and no longer go to

school since got pregnant. These changes and prohibitions made them uncomfortable because they cannot enjoy the usual daily activities in their adolescent stage.

Primarily, Hope emphasized with distressed that her doctor suggested to take a bed rest for several weeks for her pregnancy is at risk, she never went out from their house and she missed chatting with friends and classmates who are very close to her. This discomfort situation makes her so sad and upset until her parents are emotionally affected. In addition, Charity cried in stating that she missed the beautiful atmosphere of the school because she can no longer attend classes for she is about to deliver her baby in the next quarter of her pregnancy. Life is so unfair! This is stated by Love who got pregnant and suffered from hormonal changes which forbids her not to relish of what are the usual activities she loves to do. She concurred that her entire posture changes. Her breasts are larger, and her abdomen transforms from flat or concave to very convex, increasing the curvature of her back. The combined effect shifts the center of gravity forward and may lead to changes in her sense of balance that she opted to sit in the chair most of the time.

In the context of love and support of significant others, aplomb the participants to continue to nurture with faith and devotion to God that being pregnant out of wedlock is considered a blessing and not an accident. The presence of good vibes and positive support from significant others despite of the unplanned pregnancy their parents just talked and cried about the situation but never beat up, parents accepted pregnancy, taking care of their daughter and incoming baby, friends are supportive by saying don't lose hope everything will be alright, classmates showed a lot of concern, teachers kept advising and showing concern, being happy and not worried about what classmates will say, friends visited at home and their treatment is the same, and father of the child continued to care and support. These structured ideas uplift and boost the self-worth of the participants because Faith said that it comes at the time that she needs support, her parents talk so much with a high frequency voice but she never rejected caring and love abode the family environment after a few minutes of conversation about her pregnancy.

3.2. Strategies or Coping Mechanisms of Pregnant Secondary Students

It could be gleaned in Table 3 that strategies or coping mechanisms of pregnant secondary students surfaced with three branch codes: apathy, tenacity and turning to support system. Undeniably, the phenomenon of teenage pregnancy has been critically and carefully examined which others have perceived as a social dilemma that needs further attention. Adolescence as they call the stages of these youth who are socially understood to be in the most difficult phase of their development faces the challenges of coping up with the mechanisms and strategies of life's survival from parental and societal vindication.

On the other hand, making decisions can be really hard sometimes and really often pregnant teenagers feel the need for somebody's support and a piece of advice. Being pregnant teenager can feel devastating. On this note, I assumed that coping is a skill needed by both parents and teens. There is a need some time to process this new reality in the family, that teenager pregnant students still need strategies and coping mechanism as they reconcile their choices with the consequences in their lives.

 Table 3: Essential Themes and Thematic Statements on Strategies or Coping Mechanisms of Pregnant

 Secondary Students

Essential Themes	Thematic Statements		
	I just let them be.		
	I don't mind what neighbours say; after all it's my fault.		
	I don't care what they say; won't get anything good from it		
Apathy	I let it in one ear and out in the other.		
Apathy	I tell myself they are right in what they are saying anyway.		
	I restrain myself even if people call me flirt.		
	I ignore the talks about me.		
	I continued going to school; don't want to waste my time		
	I keep going to school even if I don't feel so good sometimes		
	I told myself to make the experience an inspiration/motivation		
	Since it happened already, then I will just have to deal with it		
	I endeavour to finish my studies; study very well instead		
Tenacity	Focused my attention to my pregnancy; taking care of my baby inside n		
	I continued with my life; avoided social media		
	I tried to tolerate the pain of the people judging me		
	I told myself to rise above my problem situation		
	I counted on family who accepted me despite my condition		
	I bask in the love of my parents who bought and gave me all my food		
	cravings		
Turning to support	I relish the support and concern of classmates and friends		
systems	I followed the advice of friends to continue with my studies		
	I listened to teacher's counsel and encouragement		

The first branch code transpired on the strategies and coping mechanisms of pregnant secondary students is - apathy. In the truest sense of the situation, pregnant students out of wedlock are discounting people around them as if they did not exist, not minding of what neighbors say, does not care of what people say they are just creating noise in the ears, letting go of the comments from the people to pass in one ear and out in the other, telling oneself that people are right in what they are saying anyway, restraining oneself even if people call them flirt, and disregarding the talks of the people about the situation. Looking through the eyes of the participants, Love insisted that people judged her as if she broke the totality of morality. The moment she walks in the streets people are looking at her and started to whisper from person to another about her situation. What she did was to discount them as if they are not around as she continues the expedition of life. In the same instance, Charity heard irritable comments from her neighbors and relatives what she did was to pass their whispering negative vibes in one ear to the other. She highlighted with brevity that people are judgmental in nature but they are right

anyway. In my thoughts, occurrence of indifferences to people because of unacceptable circumstance of life may hinder the social grace that envelop the human happiness. After the interview, I gave some fruitful ideas to them to settle down the hotness of their negative emotions in saying that the absence of societal caring challenge them to engage the desire to be understood by means of finding and craving anything positive around them, when life hurts and dream fades, hope gain! As I structured the shared thoughts and emotions of pregnant secondary students, tenacity came into being as the second branch code in strategies and coping mechanism of pregnant students. Tenacity is conjugated by the participants to continue to go to school by not wasting time despite of being pregnant, going to school even if don't feel so good sometimes, making the experience an inspiration/motivation to oneself, since it happened already, then deal with it appropriately, endeavor to finish studies and study very well instead, attentive to pregnancy and taking care of the baby inside, continue to appreciate the beauty of life, avoid using social media to escape from bully friends, trying to tolerate the pain of people's judgment, and most importantly, rise above the problem situation. When I looked back to stroll down the memory lanes of interviewing the informants of my study I felt blessed that I was given an astounding opportunity to touch their lives with significance. The wisdom and innocent minds of pregnant students impregnated the idea "so please understand I'll be good for you". To twist the story, Charity infused her thinking that she is trying to tolerate the pain of people's judgment. Tolerance on the threshold of pain is coping the etched of problematic situation. In the face of reality, it is my ardent desires that their temporary hurdles and obstacles will ward it off with powerful belief in the reality of change, not based on hope or faith but upon experience. Establishing support system as strategy to cope situational or personal problem emits the frequency of self-security. I presumed a strong family and social support network can be critical to help pregnant secondary students through the stress of tough times they are into it. In this scenario, turning to support systems came to light the body and soul of pregnant students out of wedlock for they are counting on the understanding and acceptance of their family, basking the love of parents who bought the craving foods, relishing the support and concern of classmates and friends, following the advice of friends to continue to study, and listening to teacher's counsel and encouragement. Since supportive family and friends are such an important part of their lives, it's never too soon to cultivate these important relationships. As the song goes, "give me one moment in time" is a famous line that could speak the feeling of Precious that she is seeking for understanding and acceptance of the family to fix the broken thing which is not too broken to be fixed.

3.3. Insights and Realizations of Pregnant Secondary Students

In the light of the insights and realizations of pregnant secondary students, there are four branch codes emerged which are reflected in Table 4 and they are as follows: regret and remorse always come to fore, early pregnancy is a momentary setback, young girls should know better about life, love and sex, and love and acceptance prevail in the end. The allegory of students' early pregnancy experienced emblem with beautiful insights and realizations that they could share to their friends, classmates and parents. In my quest for truth behind the hardest struggle of pregnant students and what truly matters to them are tools for understanding to translate their regrets into a workable motivation to continue to fertilize the wonderful world of living. Regret and remorse always come to fore is the first of the major themes occurred with the following core ideas: promise to oneself not to do it again, having many regrets of being entered the situation, regret and remorse always come last, not engaging romantic relationship maybe one's have finished studies first, too young to get pregnant, not easy to

get into such a situation when one is not ready, and difficult to be pregnant out of wedlock.

Table 4: Essential Themes and Thematic Statements on Insights and Realizations of Pregnant Secondary Students

Essential Themes	Thematic Statements
	I told myself I should not do it again
	I have many regrets; I should not have done it
	Indeed, regret and remorse always come last
Regret and remorse	If I did not engage in a relationship, I would have finished my studies
always come to fore.	I am too young to get pregnant; it is not easy to be in such situation
arways come to forc.	It is not easy to get into such a situation when you are not ready
	It is really difficult to be pregnant out of wedlock
	I will just take a rest; will go back to school as soon as I am able
	After this pregnancy, I will go back to school
Early pregnancy is a	I will continue with my studies after this
momentary setback.	I will have to drop school to focus on taking care of my baby for now
	I have to be pliant and open; after all it is true that I am at fault
	I have to go on; I have no one to count on but myself
	Do not be fooled, many guys are good with words; are not sincere
	Some guys promise you everything but are actually only after sex
	Boys should get hold of their sexual desires or at least protect themselves
	Some boys are like "sex maniacs"; they keep asking for it
	They should learn to respect women and girls; not put them in a situation
Young girls should	Always listen to advice and admonition of your mother/parents
know better about	Always bear in mind what teacher says about waiting for the right time
life, love and sex.	Prioritize your studies over having boyfriends
	Avoid intimate relationship at an early age; don't engage in premarital sex
	Girls should learn to control their emotions around their boyfriends
	Do not be carried by your emotions for your partner
	Somehow I still feel loved and cared for
	In a way I am happy because my family accepted my condition
	Family accepted what happened to me; said the baby is a gift from God
Love and acceptance	I can see that my parents love my yet-unborn baby
prevail in the end.	Parents show deep concern; keep asking how I am, what I am feeling
F	My teachers show that they love me and that they don't abandon me
	My friends treat me the same; nothing was changed
	Classmates love and care about me; support me like a second family
	Young people from our church support and encourage me

As I opened my field notes, there is a beautiful narrative from Charity that struck my attention stating that she is regretfully biased to herself and her family for engaging early romantic relationship. On the other hand, Faith told me that she repented most of getting into a relationship that makes her pregnant out of wedlock. It will be a bit of a roller coaster. There are a lot of emotions involved and heartbreaking for she is not prepared to deal with a whole spectrum of emotions in bearing and rearing a child.

Nevertheless, early pregnancy is a momentary setback emerged as a second major theme during the analysis of the narratives of the pregnant students with the following core ideas: taking rest and will go back to school after giving birth, going back to school after this pregnancy, continue to study after delivering the baby, focus on taking care of the baby for now, being pliant and open, after all it is true that it is one's fault, and moving forward and no one to count on but oneself. However, it is so important to understand and believe that the worth of pregnant students is not determined by circumstance, it is constant, and cannot be shaken or changed by life's setback. It is a temporary

hurdle's of life. Hence, Love emphasized that she will go back to school after she delivered her baby. On one hand, Precious narrated that she accepted the truth of the situation that is why she is now focused to take care of her baby while at the same time taking full responsibility for whatever role she played to gradually phase out setbacks in early pregnancy.

The third major theme of insights and realizations of pregnant students stipulated that young girls should know better about life, love and sex. This theme consisted of the following clustered ideas: do not be fooled, many guys are good with words, guys are not sincere, some guys promise everything but they are actually after for sex, boys should get hold of their sexual desires or at least protect themselves, some boys are like "sex maniacs"; they keep asking for it, they should learn to respect women and girls; not put them in a situation, listen to advice and admonition of mother/parents, bear in mind what teacher says about waiting for the right time, prioritizing studies over having boyfriends, avoid intimate relationship at an early age; don't engage in premarital sex, girls should learn to control their emotions around their boyfriends, and do not be carried by emotions of one's partner.

In the middle of our talks, about the meaning of life, love and sex whether it can be chemically engineered and how it can be used to change the perspective of teenagers, Charity shared her thoughts with husky voice that some boys are like "sex maniac" they keep on asking sex after all they disappeared and run away from their promises. But Precious insisted that if she can get love right in our individual lives, she might not engage in premarital sex. As I thread out the fabric of pregnant students' experiences, I realized that there is something miraculous about love, which allows them to care for someone to whom they are not genetically related which brought them agony and adversity and left nothing except the memoir of yesterdays. Now I know, love is not some sentimental thing it is about recognizing this miracle for what it is, and learning from it for the rest of our lives.

The next major theme is - love, and acceptance prevails in the end composed of the following core ideas: somehow still feel loved and cared for, being happy because of family accepted the situation, family accepted

what happened and said the baby is a gift from God, seeing that parents love one's the yet-unborn baby, parents show deep concern about the situation, teachers show love and affection of the situation and never abandon, friends demonstrate the same treatment; nothing was changed, classmates love, care and shows support like a second family, and young people from the church were supportive and continue to inject encouragement.

With so much appreciation, I glorified with honor the five informants of my study who are brave, courageous and believers that there is sunshine after the rain. Fortunately, Faith glowingly shared her feelings that she is happy for the acceptance of the family. I am happy to see her that she is accepted with a sense of belonging to the family with a new path to enjoy life and positive identity. In the same breath, Charity elucidated that her parents show deep concern about her situation. She is proud of her parents despite that she stained the name of her family. With family acceptance, I saw these pregnant students who are strong and resilient sense of self can be sustained through transitions into the wider world and through subsequent experiences that may be less affirming and inclusive.

4. Results and Discussion

At the outset, this chapter introduced the key findings of my research study using qualitative design utilizing multiple case study approach to explore the teenage pregnancy in the secondary schools. After discussions were presented, I provided valuable implications for practice, implications for future research and concluding remarks for consideration of the beneficiaries and recipients of the results of my study.

The pregnant teenagers participated in this qualitative study were Faith, Charity, Love, Hope and Precious (Pseudonyms). Informants in my study were coming different secondary public schools in Davao City with age ranges from 14-18 years old and they were considered from below average income family. It could be gleaned from the narratives of the participants that Faith is eldest among the participants with 18 years of age and 4 months pregnant with boyfriend who is a bystander. While Precious is the youngest among them, who is 14 years old and 3 months pregnant by a bystander boyfriend. I was so amazed while I am navigating the experiences of teenage pregnancy because I had two participants in the study with pseudonyms Charity and Love who are 17 years old and they are born as identical twins. Charity is 8 months pregnant impregnated by a guy who is a construction worker where she studied. Likewise, Love is 3 months pregnant impregnated by her boyfriend who is a habal-habal driver in the community where they lived. A young lady with pseudonym Hope who is 7 months pregnant, Grade 11 student, 16 years old and a top performing student in the class in terms of academics was impregnated by her classmate.

4.1. Lived Experiences of Pregnant Secondary Students

The informants of the study simply described their lived experiences regarding early pregnancy on the ground of suffering from *physical and emotional distress*. Normally, when one got pregnant unexpectedly at the young age will encounter the feeling of unexplainable pain and wound in the body and soul. The painful and wounded heart will lead to generate negative effects in the physical and emotional plane like feeling exhausted, lousy and sleepy or can't sleep very well or even difficult to wake up in the morning, hot flashes, sensitive and easy to cry,

hot tempered and easily to flare up on small things. These are signs of pregnancy or morning sickness which should make them aware to understand of why they were in troubled to wake up every morning as they progress to their pregnancy. The data supports the pronouncement of Adams [1] which stated that women often experience a range of emotions during pregnancy, even if they are excited about the baby and planned it from the get-go. They might have mood swings. They might be worried about their babies' health, uncertain about the changes in their bodies, their relationships, their abilities to be mothers -- the list goes on and on.

In the same manner, changing emotions are, for many women, one of the most common side effects during pregnancy. It can be frustrating and exhausting to shift from one emotion to another, and be unable to explain what emotion you are feeling and why. For those who were not very emotional prior to pregnancy, this onslaught of pregnancy emotions may be especially startling [9, 42, 47].

In addition, some women may experience more physical discomfort during their pregnancy than others. As the body changes for the baby inside the womb is growing, one may experience many physical discomforts, from morning sickness to body aches. Body image issues may cause pregnant women to feel less physically attractive, as they look in the mirror and see some of the changes in their body. Any of these things can impact both mental and physical health, which adds to stress and can cause a disruption in normal emotions [5, 19, 27, 41].

Anxiety About the Future emerged as the second major theme of the lived experiences of pregnant teenagers. They are anxious of figuring out on what will be the future or tomorrows of their child for they were nervous on how to manage and take care of the kid, worried if they can pull off being a mother, worried on how to survive after giving birth, scared of giving birth or delivering the baby, and afraid of what the future may bring to the baby. The data is allied to the viewpoint of Hanna [29] who underscored that pregnancy is naturally accompanied by a whole lot of worries regarding factors that are directly or indirectly related to the present and future of the unborn child. If it is an unplanned one, the stress escalates to unprecedented levels. It is natural to get freaked out when one faced with an unplanned pregnancy who is not prepared or not in a position to bring up a child. But since this is a situation that cannot be undone, it is in the best interest for the mother as well as the child, that is if one decided to complete the term with free from anxiety.

On the other side of the coin, the mother needs to be in a balanced state. The fact cannot be denied that it is the woman who is going to be most impacted by whether she terminates the pregnancy or goes ahead with it. Feeling scared or isolated due to an unplanned or early pregnancy is obvious, but it is equally important to make an informed decision. For this, pregnant teenagers need to look for ways that will help them cope up with the anxiety in thinking the future. The first step is to accept the fact and then seek unbiased and non-judgmental support. This can come from a professional counselor, a close family member or a friend. Whatever the choice she makes, it is necessary that she is totally committed to it otherwise, she might have to deal with an eternal lament or bitterness [7, 17, 32, 43].

Shame and Humiliation came out as the third major theme for the experiences of pregnant teenagers on the basis that they are foddering for gossip/rumors, people talked about the situation, center of the talk of the

neighborhood, wondering of what people think of being pregnant, shamed and insecure to the decency of other, felt out of place in the company of friends, classmates keep on teasing and bullying of the situation, and family and the people around were disappointed. The data is congruent to the idea of Ehlers [22] who underlined that impoverished pregnant teenagers have always been a favorite soft target for critics of the welfare state. Although findings in various researches challenge the stereotypes, it also looks at how heavily lone mothers have been stigmatized over the years. One of the reasons that more young women are giving birth out of wedlock and more young men are walking away from their paternal obligations is that there is no longer a stigma attached to this behavior, no reason to feel shame. Many of these young women and young men look around and see their friends engaged in the same irresponsible conduct. The parents and neighbors have become ineffective at attaching some sense of ridicule to this behavior. There was a time when neighbors and communities would frown on out of wedlock births and when public condemnation was enough of a stimulus to be careful.

In fact, shame and humiliation is such a predominant narrative in teen pregnancy prevention campaigns that there is a movement to stop it. Early pregnant women strive to improve strategic messaging campaigns and conversations to a non-stigmatizing and non-shaming approach. Simply put, their goal is to change the narrative of shame and stigma to one of education and empowerment [3, 14, 42]. Moreover, if teen and young parents are telling that they are shamed and stigmatized, maybe people should believe them. But while shame is still the modern-day basis of teen pregnancy prevention, it doesn't actually act as any sort of real prevention tool. Studies show that it is access to affordable contraception that have helped reduce the teen birth and abortion rates. When teens have access to the full spectrum of sexual and reproductive health care, they are better equipped to make the best decision for themselves, whatever that may be [24, 30, 44]. Changes and Prohibitions appeared as the fourth major theme for pregnant teenagers experienced that their lives and routines were changed since they got pregnant, there were things that they could not be done due to hormonal changes, parents prohibited them to join physical activities, can no longer help in house chores nor play with siblings, staying at home for bed rest and never went out, and no longer go to school since got pregnant. The data is parallel to the standpoint of Caldwell [12] who accentuated that maternal physiological changes in pregnancy are the normal adaptations that a woman undergoes during pregnancy. The body must change its physiological and homeostatic mechanisms in pregnancy to ensure the fetus is provided for. Thus, it is necessary for pregnant women to take extra careful. The body changes that occur in a woman while she is pregnant may interfere with the ability to engage in some types of physical activity even doing house chores and carry heavy objects. In the same way, women can be greatly affected by hormone fluctuations. Sometimes it gets to the point of feeling totally overwhelmed - as if for a time they have lost control of their life. The ligaments and joints around the pelvic region will begin to loosen up as the pregnancy progresses in order to prepare the body for labor. For this reason, activities which may impose a risk of injury in this area should be avoided. This is anything that requires quick changes of direction, jumping and jerky movements. Physiologically, the increase in resting heart rate associated with pregnancy necessitates that women do not over exert themselves [17, 32, 48, 52].

Love and Support of Significant Others turned out as the fifth major theme on the experiences of pregnant students. After knowing that they are pregnant their parents just talked and cried but never beat up yet accepted their daughter's pregnancy, friends are very supportive, classmates showed a lot of concern, teachers kept advising and showing concern, being happy and not worried what classmates will say, friends visited at home

and their treatment is the same, and father of the child continued to care and support. The conforms the research output of Hanna [29] that her participants emphasized love and support as a factor that made some of them to cope better with the otherwise distressing experience. It was indicated that parents and other people should be supportive towards the pregnant teenagers, as support was perceived to minimize the distress. It is also revealed in the study of Barnette [5] that most participants indicated that they found support to play a significant role in minimizing the distress that they experienced during pregnancy. Participants also tried to show how important it was for their families to be supportive towards them, as they see support to be directly related to less distress.

4.2. Strategies or Coping Mechanisms of Pregnant Secondary Students

The strategies or coping mechanisms do pregnant students used to address problems on pregnancy generated four major themes like apathy, tenacity and turning to support systems. Each emerging theme is presented with its corresponding core ideas supported by several authorities, stellar and scholars to solidify the narratives of the informants of the study. Apathy is the first major theme developed during thematic analysis for pregnant students discounting people as they did not exist, never mind what neighbors say, never care what people say they are judgmental, pass their comments in one ear and out in the other, people are right in what they are saying anyway, restraining oneself even if people called us flirt, and disregard the talks of the people about the situation. The data explicated that majority of today's youth has become extremely apathetic, completely careless about the things going on in the world that don't regard them. They've gotten so obsessed with what goes on in their own lives that they don't stop and take the time to listen or care about what anyone else is feeling. Hence, 30 percent of female teenagers indulged themselves in sexual activity and turned to a young mother out of wedlock. Apathetic attitude come out by ignoring those people around them to avoid hearing negative comments and hurting words. Apathy is a powerful emotion. It saps away happiness, causing negative thinking, negative emotions, fear, irritability, and more. But even though apathy is such a powerful emotion, not all of the symptoms it causes are as filled with energy. In fact, one of the most common symptoms of extreme anxiety is apathy [14, 22, 46, 49]. The second major theme which is *Tenacity* became visible because pregnant teenagers are going to school despite of being pregnant, going to school even if don't feel so good sometimes, making the experience an inspiration/motivation, deal appropriately of what happened already, endeavor to finish studies and study well instead, being attentive to pregnancy and taking of the baby inside the womb, continue to appreciate the beauty of life, avoid using social media to escape from bully friends, trying to tolerate the pain of people's judgment, and rise above the problematic situation. The data is analogous to the conceptual analysis of Tremblay [47] who connoted that when pregnant teenagers are determined to do things better and able to fix problems despite of the troublesome situation and with high expectation of positive results can be extremely prideful. Teenagers who got pregnant out of wedlock with tenacious attitude can easily survive the challenges of life and are more determined to continue to fight the battle of life until they taste the sweetness of success. Putting time and effort to continue to study regardless of being pregnant is a manifestation of consuming the remaining determination, aspiration and drive to make something work for the betterment of life. The third major theme *Turning to Support Systems* came into sight because pregnant students are counting for understanding and acceptance of the family, basking the love of parents who bought the craving food, relishing the support and concern of friends, following the advice of friends to continue to study, and listening to teacher's counsel and encouragement. In the current study, support from others was found to be useful in

assisting some teenagers to cope with their pregnancies. This finding lends support to previous studies that found a positive relationship between emotional support and good psychological well-being during teenage pregnancy. In an earlier study, Govender [27] found that pregnant teenagers tend to display increased emotional problems if they receive little support from significant others. Some participants reported feeling stressed when they receive less support from their families and boyfriends. These reports are consistent with a study by Figueredo [24] who reported that poor partner support resulted in depression for the pregnant teenagers. Another investigation conducted with teenage mothers and their mothers found that teenagers who perceived their mothers to be supportive were found to experience fewer symptoms that are associated with depression [12]. On the other hand, Babalola [3] reported that social support and socioeconomic status predicted psychological wellbeing of pregnant teenagers and teenage mothers. The same finding was also reported by Ritcher [42] who found that family support, friend support and partner support were significant for the psychological well-being of pregnant teenagers. Previous studies and the findings of the current study seem to suggest that pregnant teenagers value the association that they have with supportive family members and friends as they find this to be assisting them to cope better.

4.3. Insights and Realizations of Pregnant Secondary Students

After taking considerations on the transcripts about the realizations of pregnant students learned from their experiences, core ideas are developed and there are four major themes formed: regret and remorse always come to fore, early pregnancy is a momentary setback, young girls should know better about life, love and sex, love and acceptance prevail in the end. Regret and Remorse Always Come to Fore is the first major theme emerged for pregnant students promise not to do it again, having many regrets of being entered the situation, indeed, regret and remorse always come last, engaging early romantic relationship, too young to get pregnant, not easy to get into such a situation when not ready, and being pregnant out of wedlock. The finding embarked the idea of Black [9] who indicated that there can be an awful lot of pain associated with the end of a romantic relationship in pregnancy. Regrets and remorse will come out when sexual activities resulted to unplanned pregnancy specifically during teenage years. Regret is both a feeling and a pattern of thinking where one dwells on or constantly replays and thinks about an event, reactions or other actions that could have been taken. Regrets can become over painful burdens that interfere with one's present happiness. These may be different from pregnant teenagers, but feelings of regret include: sadness, remorse, anger, shame, and anxiety. This can leave them the feeling defeated and hopeless. The complex feeling of regrets and remorse in the midst of crisis will drain the life force. Most complexes want to be acknowledged and grieved. They desire closure and then freedom to rest. What they really need underneath is peace. Close the filing cabinet and integrate them into the usual journey of one's life. Early Pregnancy is a Momentary Setback is the second major theme surfaced for pregnant students are taking rest and will go back to school after giving birth, going back to school after this pregnancy, continue to study after delivering the baby, focus on taking care of the baby for now, being pliant and open, after all it is true that it is one's fault, and moving forward and no one to count on but oneself. The result is allied to the viewpoint of Adams [1] who indicated that in many cases, teenage pregnancy is not just a temporary inconvenience. It is a setback that can affect the lives of the parents and the child for many years to come. However, unplanned pregnancy has temporary setbacks that can be recovered through positive thinking of the situation. In like manner, Ehlers [22] elucidated that teenage pregnancy is not the symbol of a broken

society, as claimed by many politicians, but can be a positive force for good, numerous research found that many teenage mothers express positive attitudes to motherhood, describing how motherhood has made them feel stronger, more competent, more connected to family and society and more responsible. Moreover, Ziyane [52] stressed out that there are some teenagers make great parents for they are hopeful that someday they can move forward by means of full acceptance of the situation. Many others struggle with the staggering task of raising a child at such a young age. Trouble comes in many shapes: poverty and loneliness, health problems for the mother and baby, missed opportunities for a good education, and sadness and resentment at missing out on proms and other exciting teen activities, just to name a few. Young Girls Should Know Better About Life, Love and Sex is the third major occurred during the thematic analysis because pregnant students presumed that many guys are good with words and sincere, some guys are actually after for sex, boys should get hold to their sexual desires, some boys are like sex-maniacs they keep asking for it, always listen to the advice and admonition of mother/parents, listen to teacher says about waiting for the right time, prioritize studies over having boyfriends, don't engage in pre-marital sex, learn to control emotions around their boyfriends, and don't be carried by emotions of one's partner. The data is similar from the idea of Trivedi [48] which indicated that love and sex are meant to be experienced mindfully so that every woman can honor herself and whole being. The more a young woman come to know about life, love and sex, she is aware of "self" and the more she can participate in conscious intimacy. If one still wondering why is life, love and sex are important in life, the answer is that it satisfies the spiritual, physical emotional needs of human beings. Careful and mindfulness of enjoying the coupled liberty life, sex and love needs precautionary measures to decision-making. Love and Acceptance Prevail in the End is the fourth major theme came across during the thematic analysis for pregnant students highlighted that someday they are loved and cared for, being happy because of family accepted the situation, family believes that the baby is a gift from God, seeing that parents love the yet-unborn baby, parents show concern about the situation, teachers show love and affection of the situation, classmates love, care and support like a second family, and young people from the church were very supported. The finding is parallel to the pronouncement of Hanna [29] which denoted that pregnant teenagers are longing for parental and societal acceptance. It is exactly what we will hear these exact words from our troubled pregnant teenagers out of wedlock. In fact, the words they speak and the behaviors they exhibit are paradoxical, cunningly leading us to believe that they don't care about anything. But the truth of the matter is, they do care. They need caring and concerned parents, teachers and family in their lives, but also long for adults in the community who willingly make the effort to understand them and who believe in them. And, they do want to learn, contrary to what many people believe.

4.4. Implications for Practice

Through this study I have realizations and vivid reflections about the present condition of the five pregnant women who were in the early stage of their adolescence. I learned from them that they are suffering from physical and emotional distress, anxiety about the future, shame and humiliation, changes and prohibitions. On the other side of the coin, though they suffered from outcast and outrage behavior of the society the love and support of significant others hold them to become strong and firm to continue to nurture the gift of life. In this sense, parents may foster an environment in which the child is valued as a blessing. It encourages the father to take responsibility without fear. And it makes abortion a much less desirable option. If a family abandons their

pregnant teen, even emotionally, she will be much more likely to make harmful decisions. She may think marrying the baby's father is the only option. She may not know how to take care of her health and that of the baby. Other pregnant teens may see the volatile relationship and keep their own condition secret. Conversely, the girl will be able to make much wiser decisions about her and her baby's future if she can rest in her parents' acceptance and loving guidance. Wise parents will help their daughter walk through the options of keeping the child rightfully. It may also be beneficial to involve the father and his family; he needs to take as much ownership as the mother. After careful prayer, parents should be clear about the level of support they can give in raising the child [17, 32, 42]. Further, adolescent mothers are characterized as having poor family structures, lack of social support and elevated rates of stress that each raises the risk of postpartum depression [35]; however, mental health counselors, as well as other school and community resources, can help. Social support, including that from counselors and other professionals, can act as a stress-buffer, which can have a positive effect on the mental health and parental behaviors of the teen parent. As noted by Basch [6], these behaviors may include staying in school or using more positive parenting practices. As a result, this has the potential to positively impact the developing mother-child relationship. Additionally, East (2012) suggested that it may be helpful for mental health practitioners to ask the teenage mother if the pregnancy was wanted and intended, since this information can be a predictor of favorable adjustment to parenting and not a harbinger of future difficulties. Despite of the sad experiences of pregnant teenagers along with their agonies and miseries in life, they tried to escape the malignant sorrows and pains through developing strategies as their comforting instrument to take away the judgmental attitude of the society. Apathy, tenacity and turning to support systems are their armor shield when the society will strike against them. In this view, public and private education provider may empower teenagers at developing responsible attitudes with regard to sexual behavior. This will reduce casual sex and repeated pregnancy, ensure contraceptive compliance, continuation of education. Sex education should be included in the school's programmatic activities. Sex education in schools and via other channels is a low-cost strategy for lowering the incidence of teenage pregnancy. All young people can be reached at an early age, before they become sexually active. According to Black [9], sex education has to be integral to a young person's personal development and has to begin before or during puberty. It is recommended that sex education programs in schools be linked to the primary health care services to enhance accessibility. Sex education programs should also be offered at venues where teenagers congregate informally. Programs that promote abstinence should be developed. These programs should also aim at building skills and conveying information to all teenagers. In the course of crisis, there are insights and realizations that pregnant teenagers wish to convey that they have regret and remorse come to fore, early pregnancy is a momentary setback, young girls should know better about life, love and sex, and love and acceptance prevail in the end. However, there are many factors can contribute to a teen's risk of becoming pregnant. Family history and home life seem to have an impact on teenage girls. Reference [20] did an exploratory study on the risk and protective factors associated with adolescent pregnancy. Through their study, they found a correlation between the parenting style in the girl's home and teenage pregnancy. The findings suggested that adolescent pregnancy will be more common in young women who grow up with authoritarian or permissive parents. In contrast, adolescents who perceived their parents to be more responsive, communicative and all owing of them to develop were less likely to get pregnant as a teenager. In the same manner, Weis [50] emphasized the importance of parental relationships with their children as a protective factor against teen pregnancy. In their article, the authors encouraged parents to

foster open communication in their home, especially around the topics of sex and sexuality. Furthermore, there are preventive measures that can also be taken to decrease the likelihood of teenage pregnancy. In addition to encouraging parents to develop a strong relationship and have open communication about sex and contraceptives with their teenagers, as mentioned earlier, schools can do several things. Basch [6] listed six factors that he suggested school consider including in their programs and policies that serve teens and their families: State-of-the-art, evidence-based sex education that gives students knowledge, attitudes, skills, and motivation to avoid teen pregnancy; youth development activities that build on student assets and enhance their self-identities and future aspirations; enhancement of school connectedness; linking students to reproductive health services, either in school clinics or in community; linking students to mental health and social services; and providing parents education, helping them to develop skills to share their values with their children and teach them to avoid pregnancy.

4.5. Recommendations/Implications for Future Research

Future research into teenage pregnancy in secondary schools would have better results when the informants will be escalated into a bigger number to generate substantive patterns, similarities and differences. Profile of teenage pregnancy found that there is participating twin informants of this study. It would be a basis to study about twin teenagers who are pregnant and studying in public and private education in Region XI. More longitudinal study is recommended to strengthen the body of knowledge and for the development of theoretical models of teenage pregnancy. In addition, research that includes not only schooling pregnant teenagers but also out of school youth teenagers who are pregnant. Moreover, based on the limited results of the computer literature search and the human complexities associated with teenage pregnancy and childbearing, further qualitative research is warranted. And finally, there is a need to conduct more in-depth comprehensive reviews and analysis of qualitative studies to avoid unnecessary repetition and to reveal areas that require additional exploration.

4.6. Concluding Remarks

Teenage pregnancy is a multifaceted issue that involve so many factors. As a teacher, understanding these teenagers as they try hard on making their decisions regarding sexuality and parenthood involves, keep in touch with their perceptions of themselves and their assessments of the opportunities that waiting them. Writing this epitaph to contribute to the body of knowledge, I recognize I had considered too much about humanitarianism and fostering a healthy education to my students with much consideration to pregnant teenager, my valuable client who needs most the premium of my understanding. A teacher most concern is how to help the students to realize their maximum potentials, talents and skills but not to judge if they are right or wrong. I need to learn and practice more on believing in the students' ability to solve the problem and respect their choice. I will not pass judgment on the students who are confronting difficult decisions, they are doing the best they can. Teenagers perceive teenage pregnancy as something which is unintended. They associate it with individual characteristics such as knowledge, maturity, skill, and age at first intercourse. Misconceptions about sex and contraceptives are still evident in most teenagers. Teenage pregnancy poses significant social and health problems in the society and has implications for all teaching professionals. Given the complexity of this

problem, teaching professionals working with teenagers may develop a wide range of practical and interpersonal skills.

References

[1] Adams, G. (2008). Literature and resource review essay - Adolescent Pregnancy and Parenthood:

Review of the Problem, Solutions, and Resources. Family Relations, 38, 223-229.

- [2] Amparo, R. (2011). Approaches of Philippine multiage schools for dyslexic learners: A quantitative inquiry. Unpublished dissertation, University of Immaculate Conception, Davao City, Philippines.
- [3] Babalola, S. (2007). Perceived peer behavior and the timing of sexual debut in Rwanda: A survival analysis of youth data. Journal of Youth and Adolescence, 33(4), 353-364.
- [4] Bandura, A. (1986). Social foundations of thought and action. Englewood Cliffs, NJ: Prentice Hall.
- [5] Barnette, B. (2009). Teen Pregnancy: One-fourth of Brazilian Teens are Mothers. Women's Health Weekly, 3(4), 14-16
- [6] Basch, C. E. (2011). Teen pregnancy and the achievement gap among urban minority youth. Journal of School Health, 81(10), 614-618.
- [7] Bissell, M. (2010). Socio-economic outcomes of teen pregnancy and parenthood: A review of literature. Canadian Journal of Human Sexuality, 9(3), 191-204.
- [8] Beyers, R. N. (2009). A five dimensional model for educating the net generation. Educational Technology and Society.
- [9] Black, K. (2009). Impact of demographic factors, early family relationships and depressive symptomatology in teenage pregnancy. Australian & New Zealand Journal of Psychiatry, 38(4), 197-204
- [10] Brown, M. (2013). The effectiveness of a teen pregnancy prevention program that offers special benefits fro pregnant and parenting teens: A qualitative study. Doctoral Dissertation, Liberty University, Lynchburg, VA
- [11] Boyatzis, R. E. (1998). Transforming qualitative information: Thematic analysis and codedevelopment. Thousand Oaks, Lodon & New Delhi: SAGE Publications.
- [12] Caldwell, C.H. (2006). Supportive/conflict family relations and depressive symptomatology: Teenage mother and grandmother perspective. Family Relations, 47(4), 395-402.

- [13] Carillo, L. A. (2012. Rise in youth pregnancy in davao noted. http://www.edgedavao.net [Sept.19, 2012].
- [14] Clemmens, D. A.(2011). Adolescent mothers' depression after the birth of their babies: Weathering the storm. Adolescence, 37(147), 551-565.
- [15] Creswell, J. W. (2007). Qualitative inquiry and research design: Choosing among fiveapproaches. Sage Publications. Thousand Oaks, London.
- [16] Creswell, J.W. (2008). Educational research: Planning, conducting, and evaluating quantitative and qualitative research (3rd Ed.). Upper Saddle River. NJ: Pearson Prentice Hall.
- [17] De Jong, A. (2007). Support teenage mothers: A qualitative study into the views of women about the support they received as teenage mothers. Journal of Advanced Nursing, 36(1), 49-57.
- [18] DeVault, G. (2016). Establishing trustworthiness in qualitative research. http://www.thebalance.com [Nov. 30, 2016].
- [19] De Visser, J. (2005). The experience of teenage pregnancy in Knoppieslaagte. South AfricanSouth African Journal of Sociology, 27(3), 98-105.
- [20] Ditsela, N., & Van Dyk, G. (2011). Risk factors associated with adolescent pregnancy; An exploratory study. Journal of Psychology in Africa, 21(4), 581-284.
- [21] East, P. L. (2012). Adolescents' pregnancy intentions, wantedness, and regret: Cross-lagged relations with mental health and harsh parenting. Journal of Marriage and Family, 74(1), 167-185.
- [22] Ehlers, V. J. (2009). Adolescent mothers' utilization of contraceptive services in South Africa. International Council of Nurses, 229-241.
- [23] Erlandson, D.A., Harris, E.L., Skipper, B. L., & Allen, S.D. (1993). Doing naturalistic inquiry: A guide to methods. Newbury Park, CA: Sage.
- [24] Figueredo, B. (2006). Teenage pregnancy, attachment style, and depression: A comparison of teenage and adult pregnant women. Attachment & Human Development, 8(2), 123-138.
- [25] Fishbein, M., & Ajzen, I. (1975). Belief, attitude, intention and behavior: An introduction to theory and research. Massachusetts: Addison-Wesley.
- [26] Freeman, M., de Marrais, K., Preissle, J., Roulston, K., & St. Poerre, E. A.(2007). Standards of evidence in qualitative research: An incitement to discourse. Educational Researcher, 36(1), 25-32.
- [27] Govender, P. (2006). Maternity leave for SA's pregnant pupils. Sunday Times, Pretoria: Van Schaik.

- [28] Hammersley, M. (2000). Taking sides in social research. London:Routledge.
- [29] Hanna, B. (2010). Negotiating Motherhood: The struggles of teenage mothers. Journal of Advanced Nursing, 34(4), 456-464.
- [30] Hobcraft, J. (2007). Child poverty, early motherhood and adult social exclusion. British Journal of Sociology, 52(3), 495-518.
- [31] Holloway, I. (1997). Basic concepts for qualitative research. Oxford: Blakhwell Science.
- [32] Hudson, D. B. (2006). Depression, self-esteem, loneliness, and social support among adolescent mothers participating in the new parents' project. Adolescence, 35(139), 445-453.
- [33] Inquirer.net (2012). PH tops teenage pregnancy in SEA. http://newsinfo.inquirer.net [Sept. 19, 2012].
- [34] Kvale, S. (1996). Interviews: An introduction to qualitative research interviewing. Thousand Oaks, CA: Sage Publication.
- [35] Lanzi, R. G. (2009). The Centers for the Prevention of Child Neglect. Depression among a sample of first-time adolescent and adult mothers. Journal of Child and Adolescent Psychiatric Nursing, 22(4), 194-202.
- [36] Lincoln, Y.S., & Guba, E.G. (1985). Naturalistic inquiry. Beverly Hills. CA:Sage.
- [37] Martino, S.C., Collins, R.L. Kanouse, D.E., Elliott, M., & Berry, S.H. (2005). Social cognitive processes mediating the relationship between exposure to television's sexual content and adolescents' sexual behavior. Journal of Personality and Social Psychology, 89(6), 914-924.
- [38 Maxwell, J. A. (2005). Qualitative research design: An interactive approach (2nd Edition). Thousand Oaks, CA: Sage Publication.
- [39] Maxwell, J. A. (2009). Designing a qualitative study. In L. Bickman and D.J. Rog (Eds) Applied Social Research Methods (pp. 214-253). Thousand Oaks, CA: Sage Publication
- [40] Patton, M.Q. (2002). Qualitative research and evaluation methods. Thousand Oaks: SAGE.
- [41] Rip, M. R. (2005). Teenage pregnancies from Mitchell's Plain, Cape Town. The South African Journal of Epidemiology and infection, 1(4), 98-100.
- [42] Ritcher, M. S. (2005). Perceptions of rural teenagers on teenage pregnancy. Health SA Gesondheid, 10(2), 61-69.
- [43] Sodi, E. (2005). The experiences of teenage mothers: A phenomenological investigation. Journal of the

Psychology Resource Center, University of Western Cape, 9(2), 1-9.

- [44] Sosibo, K. (2007). Sweet young mamas. South African Demographic and Health Survey. Pretoria: Government Printers
- [45] Stacey, D. (2012). Parents talk bbout sex and teen pregnancy. http://contraception.about.com [Sept. 19, 2012].
- [46] Thomas, E. A. (2006). Teen pregnancy and maladjustment: A study of base rates. Journal of Community Psychology, 23(3), 200-215.
- [47] Tremblay, L. (2008). Bio-behavioral and cognitive determinants of adolescent girls' involvement in sexual rsk behaviors: A test of three theoretical models. The Canadian Journal of Human Sexuality, 13(1), 29-43.
- [48]Trivedi, A.N. (2007). Early teenage obstetrics at Waikato Hospital. Journal of Obstetrics and Gynaecology, 20 (4), 368-371.
- [49]Turner, M. K. (2007). Young women's views on teenage motherhood: A possible explanation for the relationship between socio-economic background and teenage pregnancy outcome? Journal of Youth Studies, 7 (2), 221 –238.
- [50] Weiss, R.E. (2012). Teen pregnancy. http://pregnancy.about.com [Sept. 30, 2012].
- [51] Yin, R. K. (2003). Case study research (3rd ed.). Thousand Oaks: SAGE.
- [52] Ziyane, I.S. (2006). Swazi youths' attitudes and perceptions concerning adolescent pregnancies and contraception. Health SA Gesondheid, 11 (1), 31–42.