

Pregnancy Profile, Relationship with Parents, and Child-rearing Experiences of Teenage Mothers in an Island Municipality in Quezon Province, Philippines

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Abstract –*Teenage pregnancy is a global problem. It results to maternal and child mortality as well as socio-economic and physical burden among teenagers and their families. This causal-comparative and correlational study focused on teenage mothers of an island municipality in Quezon Province, Philippines. The research specifically identified the pregnancy profile of the 134 respondents. In addition, their relationship with parents and child-rearing experiences which might have led to their teenage pregnancy was explored. Using the modified version of the Parent-Child Relationship Scheme Scale (PCRSS), the respondents reported good levels of relationship with parents in terms of doing things together, communication and attention, helping and understanding behaviors and feelings, and love and respect with fair level of conflicts. Meanwhile, their child-rearing practices indicated weak influence that may result to teenage pregnancy. Further analysis using Kruskal Wallis H test showed that those who lived with parents during their first pregnancy have better relationship with parents. Age on first pregnancy was linked with the degree of child-rearing experiences. Also, Mann Whitney-U test showed that those who live in barrio areas and get their information about sex from parents, doctors, and school have higher influential child-rearing experiences that led to sexual behaviors. Lastly, Spearman Rank correlation presented that love and respect and less conflicts are linked with parental relationship which may buffer the influence of child-rearing experiences that may lead to teenage pregnancy. It is recommended to establish local policies and programs that could help address teenage pregnancy in school and municipal levels as*

well as strengthen family connectedness through family development sessions as a way to prevent conflicts and possibility of early pregnancy among teenagers.

Keywords – *adolescence, child-rearing experiences teenage pregnancy, relationship with parents, sex*

INTRODUCTION

Adolescence is the developmental stage between childhood and adulthood between ages 10 and 19 [1], which is characterized by increased growth and development marked with physical, emotional and social changes. In Freud's psychosexual theory, the genital stage begins in puberty (between 10-14 for females; 12-16 for males) until adulthood which is characterized by heightened adolescent sexual experimentation and instinct that are directed to heterosexual pleasure, rather than self-pleasure during the phallic stage (3-6 years old) [2]. Consequently, this vulnerability of the adolescents to explore sexual intercourse may result to unplanned pregnancy. The first sexual intercourse of an adolescent is an important transition and if experienced too early, may lead to other risky sexual behavior, such as teen pregnancy [3].

Teenage pregnancy is a global problem affecting many countries of various economic status. Throughout the world, teenage pregnancy is more likely to occur in poor communities, commonly driven by poverty and lack of education and employment opportunities. It is a major contributor to maternal and child mortality and to intergenerational cycles of ill-health and poverty, sexually transmitted infection,

risks of eclampsia, puerperal endometritis, and systemic infections [4].

There are about 16 million girls aged 15 to 19 and 2 million girls under the age of 15 giving birth every year in developing regions in the world [4]. In the Philippines, the 2017 National Demographic and Health Survey (NDHS) reported that there are about 9% young Filipino women aged 15-19 who had begun childbearing. Furthermore, the adolescent pregnancy rates in the Philippines had increased from 8% in 2003 to 10% in 2008 and by 2010, their share increased to 12% [5]. However, though the Philippines may not have the highest incidence of adolescent pregnancy in Southeast Asia, the country has the highest rate of increase according to the survey.

As such, the World Health Organization (WHO) recommended to create a mechanism of clear understanding and support to reduce pregnancy before the age of 20 years by reducing coerced sex among adolescents [4]. For this reason, the Philippine government adopted and implemented the 8 Millennium Development Goals (8 MDGs) with the 5th MDG that aims to promote maternal health by reducing the maternal mortality rate by 75% and to have access to maternal health services [6]. However, the program has no progress as reported by WHO. Hence, the government continues to adapt programs in line with the UN Sustainable Development Goal (SDG) 3 that is to reduce the maternal mortality rate to less than 7 percent. Furthermore, the Philippine Responsible Parenthood and Reproductive Health Act of 2012 (Republic Act [RA] 10354) mandated the national and local governments to ensure the availability of reproductive health care services, like family planning, health education, and prenatal care to help decrease maternal health problems including early pregnancy. But in spite of the various programs of the government, cases of adolescent pregnancy still increase. Thus, Capanzana et al. [5] suggested to identify the underlying reasons for the continued rise in adolescent pregnancy in the Philippines.

Many studies concluded that one of the contributing factors to adolescent pregnancy is the parental relations and their influence to their children. As stated in the work of Cripps and Zyromski [7], lack of parental involvement has been found to contribute to teenagers with deviant peers that can result in sexual activity. Similarly, Sámano et al. [8] affirmed that understanding how communication is working between parents and children is necessary to avoid teenage pregnancy, as well as early marriage or

cohabitation. However, a contrasting data from the study by Rodriguez [9] concluded that, the effect of family cohesion does not seem to have an impact on adolescent sexual risk behavior but with stronger implication on adolescents who initiate sexual activity later on in life.

Parents played major role in the values formation of their children which entailed by their relationship with each other. Parents' beliefs, emotions, principles, and behavior may be transpired to their children. According to the results of Grissett's [10] study, the increased in quality parental relationship significantly decreased the chances of female participants having an ambivalent attitude toward pregnancy. Similarly, Mercy and Adunola [11] asserted that immediate family influences decisions to remain sexually abstinent or to become sexually active. They added that absence of relationship with parents and lack of information regarding sexual topics, allowed for outside forces to influence to become sexually active. Since most of the parents are both working to sustain family needs, they seldom talk with their children about sex education.

In the province of Quezon, one of the island municipalities in its first district is Polillo, a second class municipality with 32,000 population. Like the majority of the municipalities and cities in the country, it is not excluded in the numerous incidents of adolescent pregnancy. For a period of 5 years, from 2012 to 2018, the Rural Health Unit of Polillo has recorded 315 (8.95%) cases of pregnancy teenage from 3,519 total numbers of pregnancies covering the 20 barangays of the municipality. School-related reports also presented consistent data. The public high school of the municipality through its guidance office reported 21 cases of adolescent pregnancy from 684 female students during the school year 2012-2018 while in a satellite university campus located in Polillo, there were 52 cases or 19.33% out of 269 female students from 2012 to 2018.

The presenting data from this island municipality need serious attention. In addition, the unresolved problem of adolescent pregnancy and the contrasting data related to relationship with parents and child-rearing experiences as contributing factors to its occurrence, this study was undertaken. Additionally, the result of the study shall serve as concrete basis, specifically for the schools and the local government unit (LGU) of Polillo, Quezon to create appropriate interventions to decrease if not totally prevent the occurrence of teenage and unwanted pregnancy.

OBJECTIVES OF THE STUDY

This study sought to (1) determine the teenage mothers' pregnancy profile in terms of age, to whom they are living with, and place of residence on first pregnancy, and main source of awareness about sex; (2) ascertain their relationship with parents in terms of doing things together, communication/ attention, helping/ understanding behaviors and feelings; love and respect, and conflict; (3) assess their child-rearing experiences that may influence their sexual behaviors; (4) find out the differences in their relationship with parents and child-rearing experiences along with their pregnancy profile; and (5) establish the link between the teenage mothers' relationship with parents and child-rearing experiences.

MATERIALS AND METHODS

Research Design

To carry out the objectives of this study, a combination of descriptive, causal-comparative, and correlational research designs were used. Descriptive-survey research method is employed to analyze and interpret data. It considered appropriate to describe the nature of the phenomenon based on the perceived condition and status of some simple observable situations [12]. Causal-comparative method includes a categorical independent and/ or dependent variable while correlational study includes quantitative variables. Furthermore, causal-comparative study attempts to establish cause-effect relationship among two or more groups while correlational study involves collecting data in order to determine whether, and to what degree, a relationship exist between two or more variables[13].

In this study, causal-comparative analysis was done to know the differences in the teenage mothers' relationship with parents and child-rearing experiences along with their pregnancy profile. Meanwhile, correlation was done between teenage mothers' relationship with parents and their child-rearing experiences.

Population and Sample

The researchers used purposive research sampling method since the respondents were selected according to the criteria as indicated in the study. Emphasizing purposive sampling, it is different from convenience sampling since the researchers do not simply study whoever is available but rather use their judgment to select a sample that will provide the data needed based

on prior information [12]. Hence, this research utilized whole population of qualified adolescent mothers of Polillo, Quezon through referrals and based on the pertinent records from schools and health centers.

There is a total of 134 respondents for this study. Their average age is 18.68 years old, the oldest is 19 and the youngest is 15. Most of them are oldest children in the family (29.85%), had uncompleted high school education (40.30%), Roman Catholics (86.57%), have monthly family income of 10,000 pesos and below (71.64%), and currently living together with their respective partners (79.85%). They were identified from 19 of the 20 barangays of Polillo, Quezon. Due to the potential risks and difficulty of transportation, Brgy. Balesin was excluded.

Research Instruments

The set of questionnaires for this study included a prelude that pertains to the demographic characteristics of the respondents.

To measure the teenage mothers' relationship with parents, the modified version of the Parent-Child Relationship Scheme Scale (PCRSS) by Dixon, Bermes, and Fair [14] was one of the instruments. The scale was designed to assess and describe parent-daughter relationship as one of the presumed reasons of the occurrence of adolescent pregnancy. The PCRSS is created to determine the child-parent relationship from the child's perspective. As a protocol, a letter of request was sent to the authors of PCRSS. Upon approval, the questionnaire was modified and translated to Filipino by a language expert. This scale was reduced from 43 to 25 item-questionnaire. The modification was done based on its suitability to the context of the present study and to the respondents' culture. It is answerable in a 5-point Likert scale with response options that include: 5-frequent; 4-often; 3-sometime; 2 seldom; and 1-never. It is interpreted as: 3.00-5.00 (good relationship), 1.00-2.99 (fair relationship) and 0.00-0.99 (poor relationship).

The second tool is a self-developed questionnaire that assessed the child-rearing experiences of the teenage mother that may be influential to their behavior towards adolescent pregnancy. It is composed of 10 statements focusing on the behavior of parents that may or may not influence their daughters to teenage pregnancy. It also has a 5-point Likert response options ranging from 1-strongly agree to 5-strongly disagree. It was interpreted as 3.00-5.00

(strong influence), 1.00-2.99 (weak influence) and 0.00-0.99 (no influence at all).

To ensure the reliability of modified PCRSS and the self-developed scale, it was tested among 30 selected first year high school students of Polillo National High School, mostly 13 years old. After results were computed, some items were modified to increase its understandability and reliability. The reliability of the instruments was gauged using Cronbach's alpha coefficient with a score of 0.74.

Data Gathering Procedure and Ethical Considerations

Ethics clearance for this research was granted by the Ethical Review Board of the University of the Philippines Open University since one of the researchers is also connected with the same university. In all stages of the data gathering procedures, permission from respective offices and authorities were sought. Proper communication and courtesy were performed not only as part of the protocol compliance but also to promote comfortable and harmonious working rapport between the researchers and the staff of different participating agencies and barangays all throughout the period of the conduct of the study. Through the coordination with some municipal and barangay officials, the researchers distributed the questionnaires. The nature and purpose of the Parent-Child Relationship Schema Scale (PCRSS) and the other instruments were explained adequately to them since they were also tasked to help in the distribution of the questionnaires to the participating teenage mothers and later on collect them. Also part of the training and orientation were the ethical considerations with emphasis on the compliance to the Data Privacy Act of 2012 in terms of keeping the records' privacy and confidentiality and the execution of the informed consent form.

Statistical Analysis

Given the non-parametric nature of the data, Kruskal-Wallis H and Mann-Whitney U tests were utilized to ascertain the differences in the variables of the study along with the respondents' pregnancy profile. Meanwhile, to find out the correlation between age on first pregnancy, relationship with parents, and child-rearing experiences, Spearman Rank correlation (r_s) was performed. The descriptive statistics were presented in frequency count (f), percentage distribution (%), mean (M), average weighted mean (AWM), and standard deviation (SD).

RESULTS AND DISCUSSION

Table 1. Pregnancy Profile of the Respondents

Pregnancy Profile	F	%
Age on First Pregnancy		
13	2	1.49%
14	5	3.73%
15	10	7.46%
16	25	18.66%
17	36	26.87%
18	40	29.85%
19	16	11.94%
Living with whom on First Pregnancy		
Both Parents	59	44.03%
Mother Only	19	14.18%
Father Only	6	4.48%
Husband/Partner	17	12.69%
Siblings	8	5.97%
Grandparents	9	6.72%
Others	16	11.94%
Place of Residence on First Pregnancy		
Town Proper	30	22.39%
Barrio	104	77.61%
Main Source of Awareness about Sex		
Parents	11	8.21%
Friends/Peers	36	26.87%
Doctor/Nurse	3	2.24%
School/Teacher/Books	39	29.10%
TV/Movies	31	23.13%
Internet	14	10.45%

N=134

Table 1 presents the pregnancy profile of the teenage mothers. Data about the respondents' ages on first pregnancy indicate that majority of them (40; 29.85%) became pregnant at the age of 18. Though they were already in their late adolescence, first pregnancy and giving birth for the first time on or before 18 years of age showed increased risks among 15-19 years old compared to 20-24 years old [15]. This is followed by the age of 17 with 36 (26.87%) respondents. There were also 25 (18.66%) who got pregnant at the age of 16; 16 (11.94%) who got pregnant at 19 year old; and 10 (7.46%) who got pregnant at the age of 15. Whereas, there were 5 (3.73%) who got pregnant at the age of 14 and 2 (1.49%) at the age of 13 years old. Physical immaturity of the reproductive system of early adolescents predisposed them to high risk pregnancy [1]. It is evident that majority of the adolescent mothers of Polillo, Quezon got pregnant at the age of 17 and 18. These ages belong to the late adolescence period characterized with more risks, curiosity,

excitement, challenges, and denial [16]. Other causes, such as, low self-esteem, promiscuity, and decreased locus of control are all reasons why some teenagers are more likely to become pregnant. This is deemed factual because 12-18 years old is known as “peer stage” according to Erikson’s psychosocial developmental theory [17].

In terms of with whom the respondents lived with during their first pregnancy, data showed that most of them (59 or 44%) lived with both parents. This implies that although most of them are now living together with their respective partners, it is noticeable that during their unexpected pregnancy, they lived in the domicile of their parents. This arrangement reflects the collectivist culture of Filipinos [18]. Others lived with one parent only. This include 19 (14.18%) respondents who lived with their mothers only. Likewise, women tend to be less individualistic than men and to exhibit less social loafing. There are also 6 (4.48%) who lived with their fathers only. Only 9 (6.72%) respondents lived with their husbands/partners. Meanwhile, others lived with other relatives such as their siblings (8; 5.97%); grandparents (17; 12.69%); and with others not specified in the other categories such as cousins, aunts, uncles, etc. (16; 11.94%). In rural areas like Polillo where adolescent mothers live with their both parents during their first pregnancy signifies that the tradition of familism is still highly practiced. Myers [18] explained that loyalty to family runs strong in collectivist cultures.

Moreover, their place of residence during their first pregnancy showed that 104 (77.61%) adolescent mothers of Polillo, Quezon lived in the barrio areas of the town, while 30 (33.39%) of them lived in the town proper. Pradhan, Wynter, and Fisher [19] reported that there are some evidences of early marriage in a rural areas and that early sexual initiation, belonging to an ethnic and religious minority group increased the risk of adolescent pregnancy. Similarly, Kassa [20] mentioned that factors associated with adolescent pregnancy include rural residency. In this study, it is obvious that teenage pregnancy is prevalent to barangays or barrios due to the fact that Polillo, Quezon is composed of barrios with bigger land areas and populations than the town proper. Also, living in barrios or far-flung areas increases the risks of early pregnancy due to limited access to healthcare services. Some studies have consistently found that the community and the environment where teens live influence their sexual behavior [19].

Lastly, their main source of information about sex indicated that 11 (8%) adolescent mothers got their exposure to sex education from their parents. Similar with the study of Bonander [21] parents serve as one of the primary sources of information regarding sex and sexuality of their children. Another study said that lack of parent-adolescent communication about sexual and reproductive health (SRH) caused adolescent pregnancy [22]. Twenty-six (26.87%) got information from their friends/peers and 3 (2.24%) from medical practitioners like doctors and nurses. One study concluded that teaching sex education should be one of the core functions of school nurses offering youth services [23]. Congruently, findings of Wirsiy et al. (2018) stated that health service-related factors, like inadequate/unskilled health workers, lack of comprehensive sex education, misconceptions about contraceptives, and non-friendly adolescent reproductive services were determinants of adolescent pregnancies. Unfortunately most of the respondents did not experience these teachings and sexual awareness from the health professionals. However, 39 (29.10%) of the respondents sourced out information from school through their teachers or by reading books. It was previously reported that most female adolescents got their background on teenage pregnancy from health educators [11]. Also, 31 (23.13%) respondents got information from television/movies and 14 (10.45%) from the internet. Lastly, no respondents relied on their siblings regarding sexual awareness. This data revealed that the school remains to be the main source of information about sexual awareness. Only few respondents relied on their parents particularly their mothers and with medical practitioners.

Table 2 shows the data on the teenage mothers’ relationship with their parents. On doing things together, it was revealed that respondents often experience good relationship as they eat together with their parents and other siblings ($M=3.80$; $SD=1.15$). As [25] mentioned, families who “unplug” and gather together at meal times experience a positive impact on many childhood behaviors such as less substance abuse, reduced teen pregnancies, and lower instances of childhood depression. While in activities like watching TV together ($M=3.51$, $SD=1.26$), respondents expressed good parent-child relationship. Aside from the perspective that watching TV improves parent-child relationship, it also helps regulate what kind of programs they will watch and their time limitations in watching.

Table 2. Relationship with Parents of Teenage Mothers

Relationship with Parents	M	SD	I
Doing Things Together			
Parents and children eat together.	3.90	1.15	G
Parents and children go to church together.	2.52	1.13	F
Parents and children go on shopping together	2.25	1.01	F
Parents and children watch TV together	3.51	1.26	G
Parents and children go to school enrollment together	3.84	1.36	G
Average Weighted Mean	3.20	0.70	G
Communication/Attention			
Children and parents talk with each other	3.90	1.18	G
Parents pay attention to children.	3.85	1.18	G
Parents take care of their children	4.04	1.13	G
Children listen and obey their parents.	3.94	1.09	G
Children and parents are honest with each other.	3.54	1.21	G
Average Weighted Mean	3.85	0.88	G
Helping/ Understanding Behaviors and Feelings			
I do housework (cleaning, cooking, yard-work) for my parents	4.11	1.09	G
My parents and I buy presents for each other on birthdays and other occasion.	2.75	1.22	F
My parents work hard for us, their children.	4.43	0.91	G
My parents and I are friends with each other.	3.64	1.26	G
My parents and I reconcile and fixes our misunderstandings right after.	4.27	1.04	G
Average Weighted Mean	3.84	0.68	G
Love/Respect			
My parents and I love each other.	4.60	0.79	G
My parents and I are faithful to our promises with each other.	3.61	1.23	G
My parents and I trust each other.	4.15	1.01	G
My parents and I respect each other.	4.50	0.76	G
My parents and I follow the house rules (curfew etc.).	4.02	1.06	G
Average Weighted Mean	4.17	0.66	G
Conflict			
My parents and I feel angry with each other.	2.58	1.13	F
My parents and I say bad words at each other.	2.42	1.12	F
My parents and I hit each other.	1.86	1.12	F
My parents and I argue with each other.	2.28	1.17	F
My parents and I believe and trust each other.	2.50	1.40	F
Average Weighted Mean	2.33	0.84	F
Total Average Weighted Mean/ Average SD	3.48	0.75	G

Mean Interpretation: 3.00-5.00 - Good Relationship (G); 1.75-2.99 - Fair Relationship (F); 0.00-1.74 - Poor Relationship (P)

Respondents also experience good relationship by being with their parents in going to school for enrollment ($M=3.84$, $SD=1.36$). A research work concluded that perceived parental school involvement positively or negatively affects adolescents' sense of psychological well-being, especially self-esteem, self-evaluation, and peer relationships [7]. Additionally, when parents give forth efforts to increase their knowledge of adolescents' behaviors, interests, activities, and school involvement, it emphasizes parental caring and supports the adolescent-parent relationship [7].

Meanwhile, the respondents seldom go with their parents to the church ($M=2.52$; $SD=1.13$). It was mentioned from a dissertation that the home is the best place for a child to develop faith [26]. In the same way, Harris [3] cited that religion may be advantageous to family life by enhancing the family's social support network and recreation, and inculcation of supportive family teachings and values. However all of these are possible benefits – not guaranteed benefits. Meanwhile, when married parents have different faiths from each other, this situation has both direct and indirect negative effects on children's well-being [26]. In terms of shopping ($M=2.25$; $SD=1.01$), they seldom go together too. This is evident since the respondents belong to low family income plus the fact that Polillo, Quezon has only small convenience stores instead of shopping malls.

On communication and attention, parents and their children often have positive experiences with each other. In particular, they have highest positive experience on parental care ($M=4.04$; $SD=1.13$) which obviously shows a good relationship. They also have good experiences of honesty within the family ($M=3.54$; $SD=1.21$). Communication with their parents or guardians is also characterized with listening and obeying them ($M=3.94$, $SD=1.09$). Moreover, parents often show that they pay attention to their daughters ($M= 3.85$, $SD=1.18$). They also exhibit good practices of frequent talking with each other ($M=3.90$, $SD=1.18$). Sámano et al. [8] affirmed that understanding of the dynamics of parent-children communication is necessary to avoid teenage pregnancy, as well as early marriage or cohabitation. Similarly, Ibrahim and Salisu[27] explained that parental guidance and counseling increases communication between parents and adolescents and enables parents to address challenges of adolescents. They also added that improved family communication and parent involvement in adolescent pregnancy

prevention programs could delay adolescent sexual activity and pregnancy. Generally, teenage mothers of Polillo, Quezon have good communication with their parents.

On helping/ understanding behaviors and feelings, children perceived that their parents are always working hard for them ($M=4.43$; $SD=0.91$). They also reported good relationship with parents as they frequently reconcile and fix misunderstandings ($M=4.27$; $SD=1.04$). Also, it was reported that parents and children are friends with each other ($M=3.64$; $SD=1.26$). This is important since it related to the likelihood of adolescent disclosure or openness to both mother and father [22]. Furthermore, teenage mothers often do the housework such as cleaning, cooking, and yard-work ($M=4.11$ $SD=1.09$) to demonstrated good relationship with their parents. Although Rende [28] found a decline in household responsibility activities and chore participation across generations, this is the opposite with the adolescent mothers of Polillo. Child development researches suggest that a child develops positive work values and behaviors through participating in household responsibilities and tasks. In such a way it creates a good and positive relationship between parents and children. The adolescent mothers of Polillo are mostly from barangays or barrios ($N=104$, 77.61%) with low family income which may exhibit resilience socio-economic challenges, hence, they are helpful to their parents. However, only for sometimes parents and children buy presents for each other on birthdays and other occasions ($M=2.75$; $SD=1.22$). Giving gifts for only sometimes is probably due to financial instability of their family since most of them belong to low-income family ($N=46$; 5,000 pesos and below & $N=50$; 5,001-10,000 pesos monthly family income).

In terms love and respect toward each other, adolescent mothers felt the love ($M=4.60$; $SD=0.79$) and respect ($M=4.50$; $SD=0.76$) of their parents and vice versa. These data strongly suggest that there is a good parental relationship among the respondents. More so, they often feel faithful to their promises to each other ($M=3.61$; $SD=1.23$) and so they trust each other ($M=4.15$ $SD=1.01$). A recent study cited in Sykes [29] demonstrates how the quality of the emotional bond in early adolescents' maternal relationships can predict trust and support. It was also reported that both the parents and the children follow house rules ($M=4.02$, $SD=1.06$) which also indicates good relationship between adolescent mothers and their parents. This is referred to as behavioral control which

can be characterized by the expectations (house rules) that parents place on their children through their degree of supervision, disciplinary actions, and willingness to challenge a child who violates these expectations [29].

On conflict, the adolescents and their parents sometimes feel angry between each other ($M=2.58$; $SD=1.13$), they sometimes believe and trust each other ($M=2.50$ $SD=1.40$). Also, they seldom say bad words at each other ($M= 2.42$ $SD=1.12$); hit or hurt each other ($M=1.86$; $SD=1.12$); and argue with each other ($M=2.28$ $SD=1.17$). All of these denote a fair level of demonstrating conflicting behavior between adolescent mothers of Polillo and their parents.

In general, adolescent mothers and their parents have good relationship in terms of doing things together ($AWM=3.20$; $SD=0.70$); communicating and giving attention with each other ($AWM=3.85$; $SD=0.88$); helping and understanding behaviors and feelings ($AWM=3.84$; $SD=0.68$); and they seldom experience conflicts ($AWM=2.33$; $SD=0.84$). Grissette [10] mentioned that the quality of the parent-adolescent relationship results to behavioral and developmental outcomes among teenagers. Likewise, Gunawardena, Fantye, and Yaya[30]proved parent connectedness, communication, and increased involvement of parents in pregnancy prevention programs could lower the prevalence of teenage pregnancy and sexual activity.

Table 3 denotes the child-rearing experiences that may prompted the teenage mothers' sexual behaviors. According to the respondents, their parents' seldom quarrel ($M=2.38$; $SD=0.99$), seldom permit to take a walk or go on a date in a restaurant with their boyfriend ($M=2.23$; $SD=1.21$), seldom allow drinking at home with their own friends ($M=2.35$; $SD=0.97$); seldom get angry at them when they are not doing anything wrong ($M=2.17$; $SD=1.07$); seldom allow them to watch TV or use the computer without parental guidance ($M=2.16$; $SD=1.27$); and seldom let them to go home late or past 9 pm with friends without getting angry ($M=1.96$; $SD=1.08$) have weak influence to their behaviors that led them to teenage pregnancy. Meanwhile, the respondents reported that they never saw their parent making love ($M=1.21$; $SD=0.75$); never see *X-rated* magazines at home ($M=1.30$; $SD=0.68$); never allowed them to bring their boyfriend at home ($M=1.31$; $SD=0.79$); and never permitted them to sleep in another house ($M=1.66$; $SD=1.0$) which all conveyed no actual influence on their sexual behaviors that led to teenage pregnancy.

Table 3. Child-rearing Experiences of Teenage Mothers

Child-rearing Experiences	M	SD	I
My parents quarrel.	2.38	0.99	W
I can see my parents making love / sexual intercourse that made me interested to do it.	1.21	0.75	N
My parents permit me to take a walk or dating in a restaurant with my boyfriend.	2.23	1.21	W
My parent(s) drink wine at home with his/her friends.	2.35	0.97	W
My parent(s) become angry at me even I am not doing anything wrong.	2.17	1.07	W
My parent(s) allow me to watch TV or computer using internet until I want even it needs parental guidance.	2.16	1.27	W
I can see X-rated magazine at home.	1.30	0.68	N
My parent(s) bring her/his boyfriend / girlfriend at home.	1.31	0.79	N
My parent(s) allows me to go home at past nine (9) o'clock in the evening from my friends without being angry.	1.96	1.08	W
My parent(s) permit me to sleep in another house.	1.66	1.00	N
Average Weighted Mean	1.87	0.98	W

Mean Interpretation: 3.00-5.00 - Strong Influence (S); 1.75-2.99 - Weak Influence (W); 0.00-1.74 - No Influence at all (N)

All in all, the overall child-rearing experiences was rated as “seldom” ($AWM=1.87$; $SD=0.98$) which may be interpreted as having weak effect on the behaviors of the adolescent mothers of Polillo, Quezon that led to their teenage pregnancy. In support to this, Cripps and Zyromski[7] that the lack of parental involvement has been found to contribute to delinquent behaviors along with their deviant peers that can result in sexual activity. Markham et al. [31] reported that while there are many studies that show a positive and protective link between family connectedness and adolescent sexual and reproductive health outcomes, the majority of findings (135 of 196 findings from 105 studies) revealed no significant association.

Table 4 indicates the relationship between the teenage mothers’ age during first pregnancy and their relationship with parents and the differences in the relationship with parents when grouped according to respondents’ pregnancy profile. Tested at 0.05 level of significance, Spearman Rho correlation found no significant correlation between age on first pregnancy and level of relationship with parents. This may

connote that adolescents’ parent-child relationship is not associated with age on first pregnancy. A dissertation conducted by Smigiel [32] affirms that childhood family instability was not a significant predictor of pregnancy. Similarly, the study of Rodriguez [9] showed that the effect of family cohesion does not seem to have an impact on adolescent demographic characteristics and sexual risk behavior.

Table 4. Relationship with Parents and Pregnancy Profile of Teenage Mother

Pregnancy Profile	Relationship with Parents				
	Groups	n	M	computed value	p-value
Age on first pregnancy		134		0.023	0.794
Living with whom on first pregnancy	Parent/s	84	75.41	9.402*	0.009
	Partner/Husband	17	55.82		
	Other relatives	33	53.38		
Place of residence on first pregnancy	Town Proper	30	68.43	1532.0	0.881
	Barrio	104	67.23		
Main source of sexual awareness	Parents/Doctors/School	53	66.97	2118.5	0.899
	Friends/ TV/ Internet	81	67.85		

N=134; *Significant at the 0.05 level

On the other hand, Kruskal Wallis H test was used to ascertain the differences in the respondents’ relationship with parents when grouped according to whom they are living with on first pregnancy, whereas Mann Whitney-U was used for place of residence during the first pregnancy and main source of respondents’ awareness about sex. Kruskal Wallis H test revealed that there were differences in the adolescent mothers’ relationship with parents when grouped according to living with whom during their first pregnancy ($H=9.409$; $sig.=0.009$). Post hoc analysis indicates that those who lived with their parents have a better relationship with parents ($M=75.41$) compared to those who lived with their partners or husbands ($M=55.82$) and with their other relatives ($M=53.38$). Obviously, this implies that living with parents really promotes better and healthier parent-child interaction. However, though parents and daughters are living together, occurrence of adolescent pregnancy still happened among the adolescent mothers of Polillo.

Meanwhile, no significant differences were revealed along with the respondents' place of residence and main source of awareness about sex. This connotes that there is a commonality in terms of the teens' relationship with parents regardless of the person's location of residence and source of information about sex. In contrast, Pedrosa et al. [33] found out that there are differences between individual demographic, socio-economic, familial and relational variables, and their impact on the occurrence of pregnancy. They added that familial and relational variables were significantly associated with both the risk of pregnancy and more difficulties in adjustment.

Table 5. Child-rearing Experiences and Pregnancy Profile of Teenage Mothers

Pregnancy Profile	Child-rearing Experiences				
	Groups	n	M	computed value	p-value
Age on first pregnancy		134		0.204*	0.018
Living with whom on first pregnancy	Parent/s	84	68.15	0.186	0.911
	Partner/Husband	17	69.06		
	Other relatives	33	65.03		
Place of residence on first pregnancy	Town Proper	30	52.25	1102.5*	0.012
	Barrio	104	71.90		
Main source of sexual awareness	Parents/Doctors/School	53	75.75	1709.0*	0.046
	Friends/ TV/ Internet	81	62.10		

N=134; *Significant at the 0.05 level

Table 5 presents the relationship between age during first pregnancy and child-rearing experiences and the differences in the child-rearing experiences when grouped according to the respondents' pregnancy profile. Using Spearman Rho correlation, a significant positive correlation between teenage mothers' age on first pregnancy and child-rearing practices that may lead to their teenage pregnancy ($r_s=0.204$; sig.=0.018) was identified. This means that those who were older when they get pregnant for the first time had very influential child-rearing experiences that led to their pregnancy.

More so, Kruskal Wallis H test was used to ascertain the differences in the respondents' child-rearing experiences when grouped according to whom they are living with during their first pregnancy, while

Mann Whitney-U was used for place of residence on the first pregnancy and the main source of respondents' awareness about sex.

Mann Whitney-U revealed that there were significant differences in the child-rearing experienced by adolescent mothers when grouped according to their place of residence on their first pregnancy ($U=1102.5$; sig.=0.012). Post hoc analysis revealed that those who lived in the town proper experienced significantly lower parental influence ($M=52.25$) compared with those who lived in barrio areas during their first pregnancy ($M=71.90$). This implies that those who lived in barrio areas had more influential child-rearing experiences. This claim is made stronger by the work of Pradhan et al. [18] which suggests that early pregnancy in adolescents is more frequent in rural areas and inadequate antenatal pregnancy control is higher in this group of adolescents due to unavailable health facilities and services.

Further, there were significant differences in child-rearing experienced by adolescent mothers when grouped according to their main source of awareness about sex ($U=1709.0$; sig.=0.046). Mean comparison indicates that those who get their information about sex from their parents, teachers, and health professionals ($M=75.75$) experienced higher degree of child-rearing experiences compared with those who relied on their friends, TV, and the internet ($M=62.10$). Supporting this result, Mercy and Adunola [11] concluded that female adolescents get sex education on teenage pregnancy from their parents and also from health educators. Therefore, they suggested that sex education should be part of school curriculum in order to educate adolescents.

Table 6. Relationship between the Relationship with Parents and Child-rearing Experiences of Teenage Mothers

Relationship with Parents	Child-rearing Experiences	
	r_s	p-value
Doing Things Together	-0.128	0.140
Communication/ Attention	-0.157	0.069
Helping/ Understanding Behavior and Feelings	-0.168	0.052
Love/ Respect	-0.271*	0.002
Conflict	0.202*	0.019

N=134; *Correlation is significant at the 0.05 level

Table 6 reveals the correlation between the teenage mothers' relationship with their parents and their child-rearing experiences that may led to pregnancy. Using Spearman Rank correlation at 0.5 level of

significance, child-rearing experiences that led to pregnancy among adolescent mothers is negatively correlated with love and respect domain ($r_s = -0.271$; sig. = 0.002) and positively correlated with conflict domain ($r_s = 0.202$; sig. = 0.019) of relationship with parents. This result implies that the stronger the love and respect between parents and children, the lesser child-rearing experiences that may influence behaviors related to teenage pregnancy. However, the higher the conflict between parents and children poses a higher influence of child-rearing experiences that may lead to pregnancy among adolescent mothers. More love and respect and less conflict in the family may buffer the sexual behavior that may lead to early pregnancy. Congruently, from the result of Grissett's [10] study, it was noted that increased in quality parental relationship significantly decreased the possibilities of females to develop ambivalent attitudes toward pregnancy. Supported by another study, the immediate family influences decisions to remain sexually abstinent or to become sexually active [11].

CONCLUSION AND RECOMMENDATION

Teenage pregnancy is also prevalent in the municipality of Polillo, province of Quezon. Early pregnancy occurred mostly during late adolescence stage. More teenage girls from barrio barangays of Polillo experienced unplanned pregnancy at an early age. They stayed with their parents during pregnancy. Schools have the strongest influence on their awareness about sex.

The teenage mothers' relationship with parents was characterized by doing things together, proper communication, better understanding of behaviors and feelings, love, and respect with fair level of conflicts. Consistently, their child-rearing experiences have weak influence on their sexual behaviors which might have led to their teenage pregnancy.

Similarly, those who stayed with their parents on their pregnancy have better relationship with parents which connotes stronger bond or emotional attachment. Their age during their pregnancy is linked with the degree of their child rearing experiences while those living in barrio areas and got sex awareness from parents, health practitioners, and schools have stronger influential child-rearing experiences. Lastly, more love and respect and less conflicts with parents buffer the tendency of teenage pregnancy.

Given these conclusions, it is recommended to: (1) establish local policies and programs that could help address teenage pregnancy in school and municipal levels; and (2) strengthen family connectedness through family development sessions as a way to prevent conflicts as well as possibility of early pregnancy among teenagers.

Some of the limitations of the study include the use of unstandardized tests, involvement of homogenous type of respondents from rural areas, and focusing on only few variables. Recommendations for further studies include: (1) conduct a similar study in other localities; (2) explore other factors that may contribute to teenage pregnancy; and (3) use localized research instruments and mixed or qualitative methodology.

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