

Awareness on the Causes, Preventions, and Complications of Teenage Pregnancy among Highschool Students in the Province of Ifugao, Philippines

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ABSTRACT

Introduction: Childbearing and marriage are life situation considered to belong to the later years. Teenage pregnancy brings complications that significantly affect the lifelong of an adolescent, such as maternal mortality, academic interruption, loss of opportunities, and mental health issues.

Objective: This study aimed to determine the causative factors contributing to teenage pregnancy in the province of Ifugao.

Methods: This study used a quantitative nonexperimental correlational design. Stratified Random Sampling was used to determine the sample size population. The two municipalities were chosen for recruitment under their latest annual teenage pregnancy rates for the past five year. From these two municipalities, one high school for each was chosen as respondents.

Results: Friends or Peers are not identified as one of the causes of teenage pregnancy but rather as a support system. Comprehensive sexuality education reveals a high awareness, while contraceptives are generally low. Complications such as psychological and social effects signify a high awareness. Age and year level are positively correlated with the causes of teenage pregnancy and low awareness on contraceptives. Family dynamics are strongly associated with family factors, social media, and the physical effects of teenage pregnancy. Overall, the respondents have identified family such as lack of parental communication and lack of guidance and the strong influence of social media, which can contribute to the likelihood of teenage pregnancy.

Conclusion: Strengthening the parent and child relationship is highly encouraged. Teaching the impacts of social media and its guidelines will significantly help an adolescent with its proper use. These can decrease the chance of teenage pregnancy.

Keywords: teenage pregnancy, family dynamics, family factors, social media

BACKGROUND

Adolescent pregnancy carries a heightened risk of adverse health outcomes for both the mother and the child, with the severity of risks increasing as the adolescent's age diminishes. Pregnancy during adolescence poses significant risks, including anemia, sexually transmitted infections (STIs), postpartum hemorrhage, and mental health challenges such as depression and even suicidal ideation. Adolescents who become pregnant at an early age often encounter associated risk factors, such as a greater age difference with their partners, which may increase their vulnerability to domestic violence and HIV acquisition and other STIs. Adolescents in the Philippines are also susceptible to multiple and frequent pregnancies (Healthline, 2018).

The prevalence of teenage pregnancies is primarily attributed to restricted access to comprehensive sexuality education (CSE). Although mandated in the K-12 curriculum since 2018, CSE implementation exhibits inconsistencies, particularly in rural regions and faith-based institutions (Espinosa, 2025). For CSE to yield optimal outcomes, it is crucial that it also addresses attitudes toward sexuality, relationships, and gender (Elemia, 2024). Cultural and religious beliefs further complicate the issue. In this predominantly Catholic nation, these

beliefs frequently influence attitudes toward sexuality education and contraception, occasionally resulting in restricted and open dialogue regarding reproductive health. Furthermore, the likelihood of becoming a teenage mother significantly increases in the context of poverty. Adolescents from low-income communities are more susceptible to early pregnancy due to limited access to education, healthcare services, sexual and reproductive health care, and accurate information regarding their rights (Abad, 2025).

LITERATURE REVIEW

The increasing trend of early childbearing necessitates a reintroduction of fertility and fertility preferences to combat the rising incidence of teenage pregnancy in the Philippines. Fertility refers to women who have given birth during their young adulthood or later. It is crucial to collect data on the age at which these women gave birth, regardless of their marital status. This comprehensive data set will serve as a valuable resource for developing age-appropriate programs aimed at preventing teenage pregnancy. Cagayan and CAR regions are particularly affected by the highest percentage of teenage fertility. Unplanned pregnancies during adolescence can have detrimental consequences for the adolescent's physical and mental well-being, as well as the health of her child. Once pregnancy occurs, there is a significant likelihood of repeated pregnancies and abortion attempts. Consequently, parental intervention is essential to guide and protect teenagers from repeated pregnancies.

Adolescents in the Cordillera Administrative Region of the Philippines exhibit limited knowledge, peer influence, and social media exposure, predisposing them to unintended pregnancies, unprotected premarital sex, and subsequent complications, sexually transmitted infections (STIs), and unsafe abortion. This study also encompasses young adults who are out of school and face challenges in acquiring knowledge about sexuality and reproductive health. The findings reveal a low level of knowledge in this domain. Furthermore, local values, beliefs, and culture significantly impact the adolescent's acceptance of sexuality and reproductive health issues. Consequently, the absence of adequate knowledge and low level of awareness about sex and sexuality increase the likelihood of adolescents becoming hosts of sexuality- and reproductive health-related problems. (Pasay-an, et. al, 2020). In addition to this study, the Youth and Adolescent Fertility Survey (YAFS) 4 corroborates this finding, indicating extremely poor knowledge about sex and reproduction. Knowledge of sexuality and reproductive health is crucial in preventing teenage pregnancy. However, the findings from these two national and regional studies collectively demonstrate that multiple contributing factors compound to cause adolescent pregnancy across the country.

Despite the Reproductive Health Act (RH Law) in the Philippines, access to contraception for teenagers remains a challenge. The law stipulates that contraceptives can only be provided to minors if their parents sign a consent form and present it to a healthcare provider. This provision may be perceived as a weakness in the implementation of reproductive health services. In contrast, in other countries, once a teenager engages in sexual activity, it is imperative for them to seek guidance from a doctor or healthcare provider regarding contraceptive options. (Natividad & Marquez, YAFS 4 2013).

“Predictors and Timing of Early Childbearing in the Cordillera Administrative Region” is a study that addresses the emerging issues and concerns of young people who require appropriate policy and program responses. Teenage pregnancy is recognized as a public health concern that demands immediate attention. It poses significant risks to the adolescent's well-being and the child's future. Complications extend beyond physical health to the adolescent's social standing and reputation within the community. Adolescence is a pivotal period during which life events shape an individual's trajectory into adulthood.

The study examines the early childbearing rate in the Cordillera Administrative Region, which exhibits a notably higher percentage among teenagers aged 15-19 compared to the national average. Despite being considered a homogenous region, the influx of lowlanders as immigrants due to the presence of educational institutions and the mining industry introduces a challenge to the study's analysis of early childbearing rates.

The study focuses on the following key aspects:

- The comparison between ethnic Cordilleran and non-Cordilleran in terms of early childbearing.
- The identification of predictors of early childbearing related to parenting style.

It is noteworthy that Cordilleran initiate childbearing at an earlier age, ranging from 13 to 16 years, while non-Cordilleran begin at the age of 19. Parenting style significantly influences teenagers' subsequent risk behaviors. Western literature extensively documents the impact of parenting style on later outcomes, including early sexual activity and early childbearing. Therefore, a comprehensive parenting style transcends cultural boundaries and falls under the responsibility of every parent.

The Department of Health has released data indicating that Ifugao had the highest number of teenage pregnancies in the Cordillera region in 2018. In response to this issue, Ifugao State University-Lamut Campus initiated a seminar titled "Teen Facilitators Workshop" aimed at educating Sangguniang Kabataan and Youth Leaders. These selected youth participants underwent training in Adolescent Sexuality and Reproductive Health (ASRH) counseling, equipping them to conduct peer education training for other teenagers in their respective municipalities. The objective of this training is to effectively reduce teenage pregnancy and address other ASRH-related issues within Ifugao.

Theoretical/ Conceptual Framework

The study is anchored on three models/frameworks: the Health Belief Model; the Health Promotion Model; and the Behavior-Determinant-Intervention Model.

The Health Belief Model was developed to explain why so few people were participating in programs to prevent and detect diseases (U.S Public Health Service Social Psychologist, 1950). It is often used in research to address behaviors that evoke health concerns, like high-risk sexual behavior that could lead to teenage pregnancy and the possibility of contracting HIV/STIs (Croyle RT, 2005). It proposes that a person's health-related behavior depends on the person's perception of four critical areas, which are:

1. **The perceived susceptibility** where a person believes she is at risk of becoming pregnant for females while impregnating someone for males. For teenagers, once menstruation starts (9 to 17 y/o), and for males, once starts producing sperm (10-12 y/o), hence, the belief of getting pregnant.
2. **The perceived Seriousness** where an adolescent believes of the complications or consequences of teenage pregnancy, such as physical, psychological, and social effects.
3. **The perceived benefits** where a person believes behavioral change will reduce risks. For instance, an adolescent believes that increasing awareness or knowledge of sex education and reproductive health (contraception) can reduce the risk of unintended pregnancy; and,
4. **The perceived barriers** are interpreted as the cost/barriers of the desired behavior. These are hindrances such as dysfunctional family factors, friends/peer pressure, and improper use of social media and the internet.

Conceptual Framework



Figure 1. Health Belief Model

Methods and Design

The study employed a quantitative correlational research design to investigate the relationship between two or more variables within a single group. This research design is crucial for analyzing relationships between variables, although it did not establish causality (Polit & Beck, 2020). This design is commonly applied at various levels of analysis (Devi et al., 2020), enabling the researcher to identify trends and patterns without drawing direct cause-and-effect conclusions. Furthermore, this correlational research explored connections or associations between variables without manipulating them. Additionally, the study utilized a non-experimental method (Noel et al., 2022).

Stratified random sampling was also used to determine the sample size of the population. Alfonso Lista (highest) and Hungduan (lowest) were chosen municipalities for recruitment under their annual teenage pregnancy rates for the past five years. From these two municipalities, one high school for each was chosen as the respondent. Based on the latest census of Ifugao, there were 14,032 teenagers who are currently enrolled in Senior and Junior Highschool. This was used to compute the minimum sample size for the study using Slovin's formula ($N/(1+N_e^2)$). These resulted to approximately 389 respondents at a 5% margin of error. There were two areas of data collection. From each area, 195 participants were recruited.

Participants

The respondents of this study were Junior and Senior High School students who are currently enrolled in the identified municipalities of the province of Ifugao. They should be at the age of 12 to 19, regardless of gender. This study excluded those over and below the age bracket considered by the study, those adolescents who are currently pregnant, previously got pregnant, out-of-school youth and elementary students. Adolescent suitable for the above criteria of the Province of Ifugao were chosen as a smaller convenience group of the target population.

Setting

The Province of Ifugao has 11 municipalities. The sampling procedure was conducted in Alfonso Lista and Hungduan. The proponent chose these two municipalities by virtue of their latest data on teenage pregnancy.

In the data of 2022 on adolescent pregnancy, the highest is Alfonso Lista at 99, while the lowest are both Hungduan and Mayoyao with 12. However, Hungduan, was chosen over Mayoyao due to its consistency as the lowest municipality for teenage pregnancy in the past five years. Therefore, Alfonso Lista and Hungduan were selected areas of data collection.

Data Gathering Instruments

The study used a questionnaire as the primary instrument. It is the best instrument to gather the necessary information to complete behavioral or social research (Calderon & Gonzales, 2005). It employed the 5-point Likert scale to measure the awareness with 5-strongly Agree, 4-Agree, 3-Uncertain, 2-Disagree, and 1-Strongly Disagrees. The researcher based the questions on publications, books, studies, and mostly from research related to the study. A pilot test was conducted to test the understandability and comprehensibility of the questionnaire. Ninety-nine high school students were recruited to take the test with their consent. Cronbach's alpha was used to compute the test for internal consistency and reliability of the questionnaire. A score of at least 0.80 means a set of questionnaires is internally consistent.

Data Gathering Procedures

The researcher has allotted vigorous time and effort in developing the questionnaire to serve its intended respondents. Permission to conduct the study was sought through a recommendation letter from the research adviser. It was submitted to the Office of the Principals of the chosen schools in Ifugao. After coordination is established, the researcher and the principal set an acceptable date for each school for data collection.

Before the participants engaged in the study, the researcher thoroughly explained the reasons and the study.

Anonymity and confidentiality were assured to the respondents before they confirmed their participation. As witnessed by the class adviser, a letter of assent was given to the subjects, which contained the study's purpose and their right to refuse at any stage of the data collection process. The school can also access the study results upon their request.

The forms were collated using Microsoft Excel. A backup copy was saved on a universal serial bus. The SPSS (Statistical Package for the Social Sciences) will be utilized to analyze and process data.

Ethical Considerations

Conducting research that focuses on the awareness of the causes, prevention, and complications of teenage pregnancy among high school students in the province of Ifugao, Philippines necessitates careful consideration of ethical implications and its potential social value. The research complied with all ethical guidelines for conducting studies involving human participants, particularly minors. The study involves human participants, particularly vulnerable adolescents, and thus, ethical principles must guide every stage of the research process. The following ethical considerations have been considered: informed consent, confidentiality and anonymity, protection of minors, potential risks and benefits, data and privacy, avoidance of coercion and pressure, and transparency and accountability.

Limitations of the Study

The study acknowledges several limitations, including the exclusion of out-of-school youth due to the researcher's challenges in locating and engaging them, time constraints, and students' memory limitations for comprehensive reflection before making an honest decision. These limitations compromise the study's rigor and generalizability.

Findings

Demographic profile of the survey respondents

From Table 1, a total of 371 students participated in this study, $n=197$ (53.1%) of which are from Pinto National High School (PNHS) in Alfonso Lista and the remaining $n=174$ (46.9%) are from Bangbang National High School (BNHS) in Hungduan. The majority of these respondent students are female ($n=211$, 56.9%), are age 14 to 16 years old ($n=242$, 65.2%), and are from Grades 9 and 10 ($n=231$, 62.3%). In terms of family dynamics, distribution is leaning towards students with non-OFW parent/s ($n=297$, 80.1%), and from nuclear families ($n=286$, 77.1%) or those who are staying with just both parents and their siblings. Moreover, religion-wise, more than half of the survey participants are Roman Catholic ($n=204$, 55.0%), distantly followed by Pentecost members ($n=34$, 9.2%).

Table 1. Distribution of Respondents by Demographic Profile

Demographics	Count	% of Total
Age		
12 years old	$n=17$	4.6%
13 years old	$n=32$	8.6%
14 years old	$n=70$	18.9%
15 years old	$n=104$	28.0%
16 years old	$n=68$	18.3%
17 years old	$n=28$	7.5%
18 years old	$n=36$	9.7%
19 years old	$n=16$	4.3%

Sex		
Male	n=160	43.1%
Female	n=211	56.9%
Year Level / Grade		
Grade 7	n=31	8.4%
Grade 8	n=41	11.1%
Grade 9	n=97	26.1%
Grade 10	n=134	36.1%
Grade 11	n=22	5.9%
Grade 12	n=46	12.4%
TOTAL	n=371	100.0%

Demographics	Count	% of Total
OFW Parent/s		
OFW Parent/s	n=74	19.9%
Both Parents	n=20	5.4%
Mother only	n=49	13.2%
Father only	n=5	1.3%
Non-OFW Parent/s	n=297	80.1%
Family Dynamics		
Extended	n=47	12.7%
Nuclear Family	n=286	77.1%
Single Parent	n=38	10.2%
Religion		
AIBC	n=7	1.9%
Assembly of God / AG	n=9	2.4%
Born Again	n=13	3.5%
CDCC	n=8	2.2%
CITAC	n=13	3.5%
Crusaders	n=7	1.9%
Evangelical	n=17	4.6%
Fellowship Bible / FBCPI	n=6	1.6%
INC	n=10	2.7%
LBC	n=9	2.4%
Roman Catholic / RC	n=204	55.0%
Pentecost / PCCI	n=34	9.2%

Other Religions	n=34	9.2%
Municipality		
Alfonso Lista	n=197	53.1%
Hungduan	n=174	46.9%
Name of School		
Pinto National High School (PNHS)	n=197	53.1%
Bangbang National High School (BNHS)	n=174	46.9%
TOTAL	n=371	100.0%

Awareness of the respondents along the following:

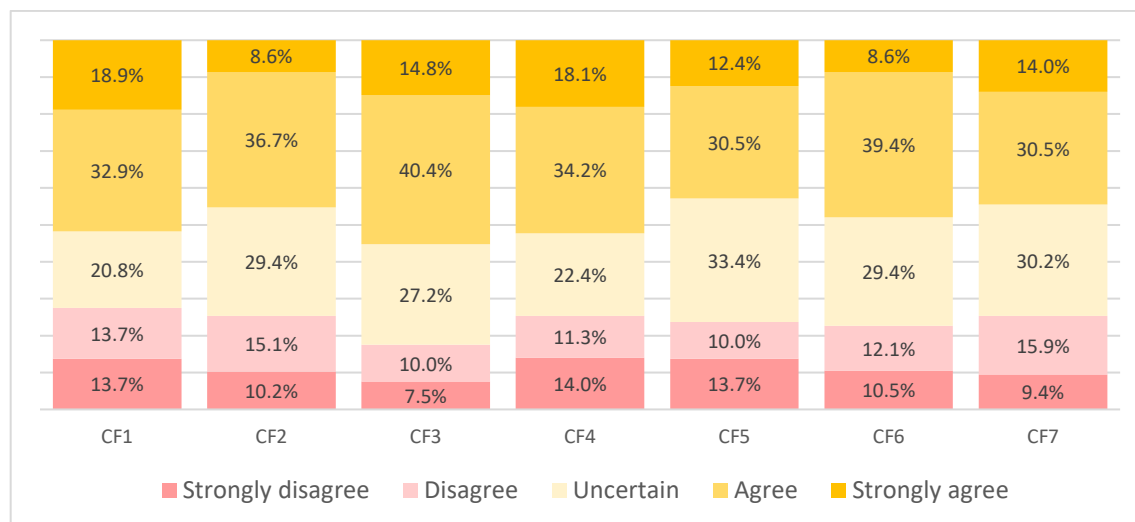
Causes of teenage pregnancy

Looking at Charts 1-3, there are only a few family factors wherein majority, or at least more than half of the student respondents signified their awareness and agreement with—lack of parental care and guidance (CF1), lack of open communication about sexuality and reproductive health issues (CF3) and forcing of early marriage and pregnancy (CF4).

There are also no causes due to peers that obtained the majority votes in terms of positive concurrence. Instead, a larger part of the students disagreed with or are undecided about peer attributes causing teenage pregnancy. Having a common place where friends and peers hang out together (CP5) and introducing of intoxicating drinks and cigarettes during peer gatherings (CP8), nevertheless, are the top peer attributes agreed to cause and associated by the students with teenage pregnancy.

In contrast, the student respondents, in general, acknowledged that factors attributed to the internet and social media platforms can influence the incidence of teenage pregnancy.

Chart 1. Awareness / Perception Towards Causes of Teenage Pregnancy – Family Factors



Legend:

CF1 - Lack of parental care like not setting clear standards at home, lack of communication, and lack of supervision by parents often allow teenagers more freedom to explore their sexuality in a negative way.

CF2 - A family with a lower income or is in a state of poverty contributes to the decision of a teenager to seek financial support from the opposite sex, and peers hence the high chance of getting pregnant at an early age.

CF3 - A family who does not talk to or dismisses teenagers' curiosity about Sexuality and reproductive health issues often makes a teenager ask friends and the internet which could give wrong information and guidance.

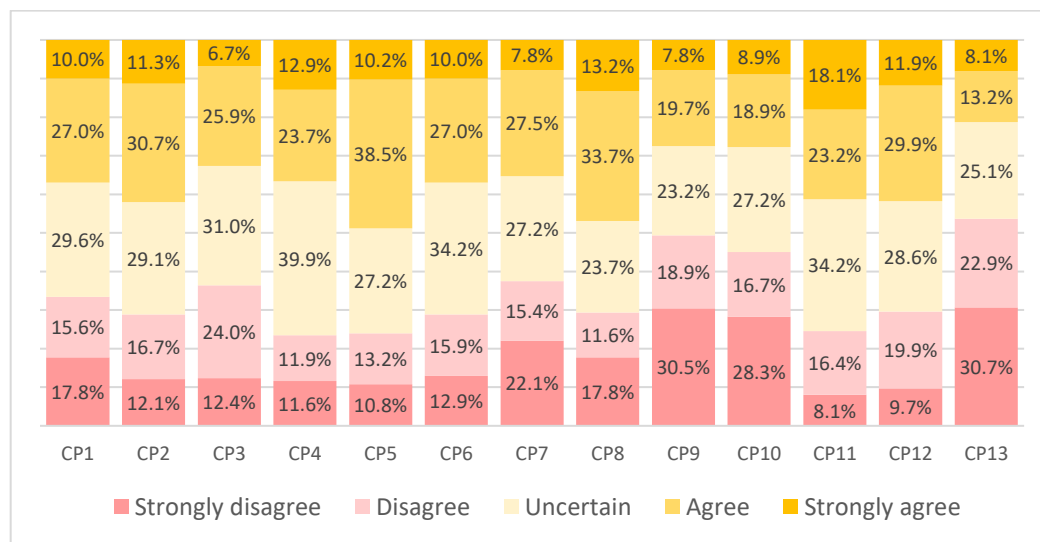
CF4 - A family that forces early marriage on unintended pregnancy exposes the teenager to repeated pregnancies, and dropping out from school thus preventing the adolescent to achieve full social and economic potential.

CF5 - The presence of substance abuse, sexual harassment, and abuse, or rape in the family can alter the thinking of an adolescent in terms of sexuality like sex, sexual thoughts, and, sexual attitudes.

CF6 - The presence of a history of teenage pregnancies within the family and relatives can be imitated by family members who are adolescents.

CF7 - A teenager who is raised by a single parent and/or the absence of both parents while growing up increases the risk of exposure to teenage pregnancy due to a lack of intra-family communication on sexual and reproductive health issues.

Chart 2. Awareness / Perception Towards Causes of Teenage Pregnancy –Friends / Peers Factors



Legend:

CP1 - Indulging in a relationship with the opposite sex is encouraged by peers.

CP2 - Teenage couples usually indulge in sexual activities because of the influence of friends.

CP3 - Curiosity about premarital sex is the usual talk in the group.

CP4 - Friends and peers are likely to joke about still being a virgin.

CP5 - There is a common place where friends and peers hang out together.

CP6 - Friends usually influence peers to go out late at night for parties or gatherings.

CP7 - Drugs are usually introduced during group gatherings or parties.

CP8 - Intoxicating drinks/alcohol and cigarettes are usually introduced during group gatherings.

CP9 - Friends usually encourage peers to watch X-rated movies or pornographic and sexually explicit content videos as a form of recreation.

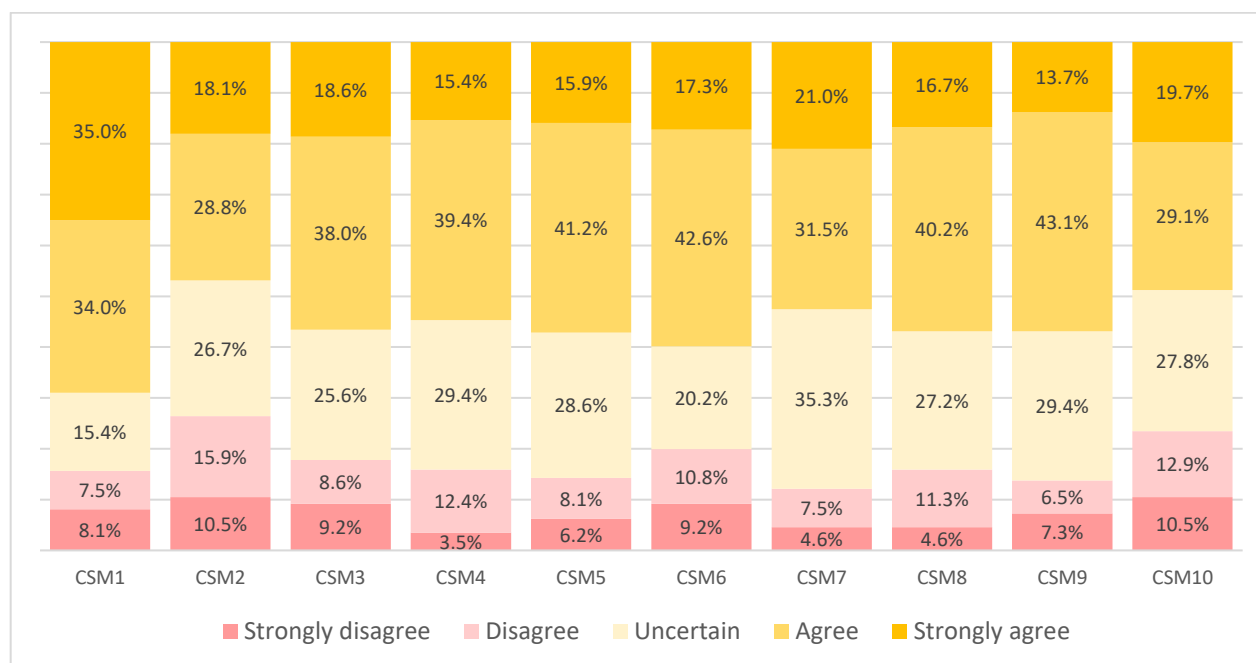
CP10 - In order to fit in the group, friends or peers usually asks to do something like engaging in sex, drinking liquor, cigarettes, and even drugs.

CP11 - Adolescent usually prefers to be with friends because they feel safe, accepted, and happier than in their home.

CP12 - Teenagers usually prefer advice from their friends in regard to curiosity on sexuality, reproductive health, and contraceptives.

CP13 - Friends or someone at my age who has experienced having sex says it is safe, then it is safe to have sex.

Chart 1. Awareness / Perception Towards Causes of Teenage Pregnancy –Social Media and Internet Factors



Legend:

CSM1 - I have a social media account (any of these FB, Instagram, Twitter etc.)

CSM2 - I am aware that social media (Facebook, Instagram, Twitter, etc.) requires a person to be 18 years old prior to its approval.

CSM3 - social media/internet is an avenue where an adolescent can easily express her emotions, and problems to her friend thus a high risk of exposing her to possible cyberbullying and peer pressure.

CSM4 - Internet/social media is an avenue where an adolescent can be the victim or the enforcer of cyberbullying, discrimination, negative influences, and peer pressure.

CSM5 - social media/internet is an avenue or place to easily meet new friends and potential suitors without personally knowing that person thus exposing the adolescent to possible sexual exploitation.

CSM6 - social media/internet if properly used and regulated can greatly help an adolescent with school matters, communication, and business and easy access to educational assistance.

CSM7 - The social media/internet can give wrong information on reproductive health and sexuality that may give false and dangerous beliefs which will affect negatively the physical-well and mental health of an adolescent.

CSM8 - Prolonged (maximum of 2 hours) use of social media/ internet can greatly affect physical and mental health, affective domain (feelings, attitudes, and emotions), negative body image, unrealistic beauty standards, unrealistic expectations of self and others, reduced productivity, reduced academic achievement, addiction, and violence.

CSM9 - Social media influencers/vloggers (no regulation of the content) can greatly affect their followers, especially teenagers thus the high chance of imitating bad or good attitudes, and behaviors, and believing wrong information.

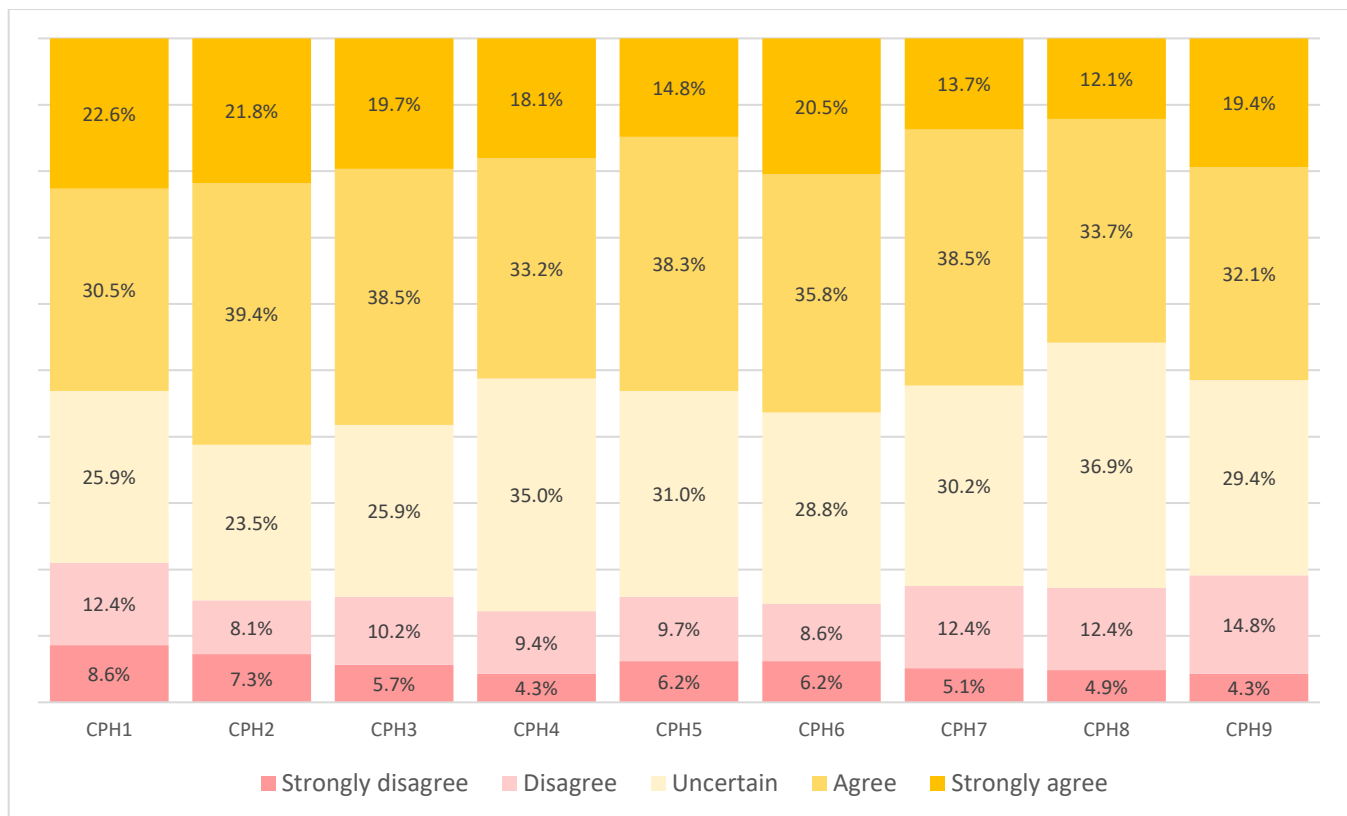
CSM10 - Internet and social media offer easy access to adult-rated movies /Pornography that can affect the sexuality (sexual attitudes and behavior) of an adolescent thus the high chance of engaging in sexual activities.

Complications of teenage pregnancy

Similarly, with teenage pregnancy complications from Charts 4-5, although the student respondents appeared to be aware of teenage pregnancy complications for the most part, a significant number of them are evidently unsure and doubting (about a third or more of the total respondents) about the problems that can arise from teenage pregnancy, may it be in a physical, psychological, or social aspect.

Nonetheless, the bulk of the confirmed awareness scores are about the risks of acquiring sexual diseases (CPH2), engaging in an abortion, which can lead to physical complications (CPH3), having limited employment opportunities, due to lower educational attainment, which can lead to poverty (CS3), and females being persecuted when being pregnant at an early age (CS5). And in terms of psychological effects, the students also deem that teenagers will need to be responsible for themselves and the baby once they get pregnant (CPS1), which can be overwhelming (CPS5), and that the academic performance of the pregnant teenagers may be greatly affected due to the drastic changes in their lives (CPS4).

Chart 4. Awareness / Perception Towards Complications of Teenage Pregnancy – Physical Effect



Legend:

CPH1 - The body of a teenager is not yet fully developed to carry a baby in her womb therefore

CPH2 - There is a high risk of acquiring Sexually Transmitted Diseases, HIV, AIDS, and early pregnancy.

CPH3 - A teenager is highly at risk of engaging in an abortion which can lead to severe bleeding, systemic infection, and even death.

CPH4 - A pregnant teenager may have pregnancy-related high blood pressure (eclampsia) which can harm the kidneys and be fatal for both mother and child.

CPH5 - A pregnant teenager is highly at risk of getting pregnant again or repeated pregnancy.

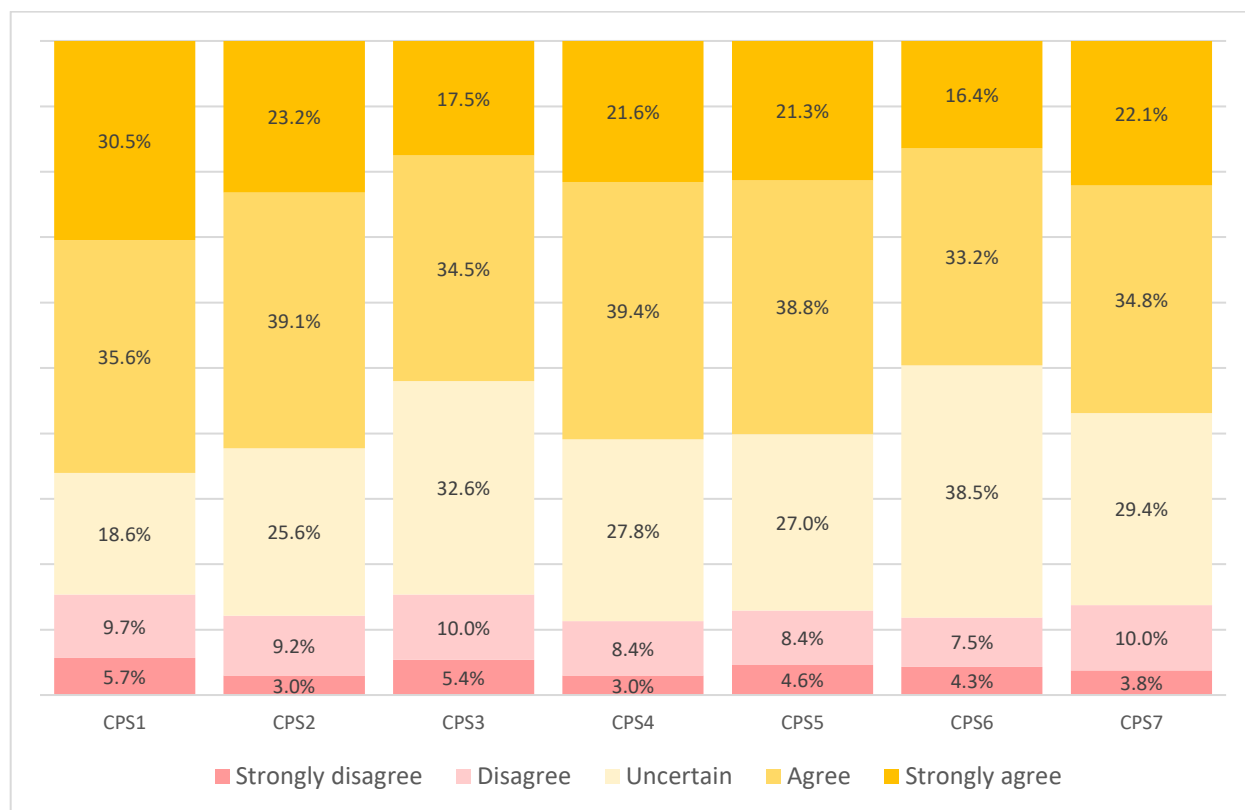
CPH6 - An adolescent can give birth earlier than 9 months (premature) which may lead to health complications for the baby or worst death.

CPH7 - One of the complications of the teenager's baby could be very small upon giving birth (Small for gestational age) which may lead to difficulty breathing, and difficulty adapting after delivery.

CPH8 - The child of a teenager is highly at risk for abuse, neglect, and behavioral problems that could lead to poor cognitive development and low educational attainment.

CPH9 - The pregnant teenager is at risk for physical and sexual abuse by her partner before, during, and after giving birth which can greatly affect her pregnancy and the baby.

Chart 5. Awareness / Perception Towards Complications of Teenage Pregnancy –Psychological Effect



Legend:

CPS1 - A teenager who is pregnant will be having 2 responsibilities, herself and the baby.

CPS2 - A teenager may feel worthless and have low self-esteem due to early pregnancy.

CPS3 - A teenager may be at risk from psychological abuse before, during, and after giving birth by her partner which can intensify depression and suicidal ideation.

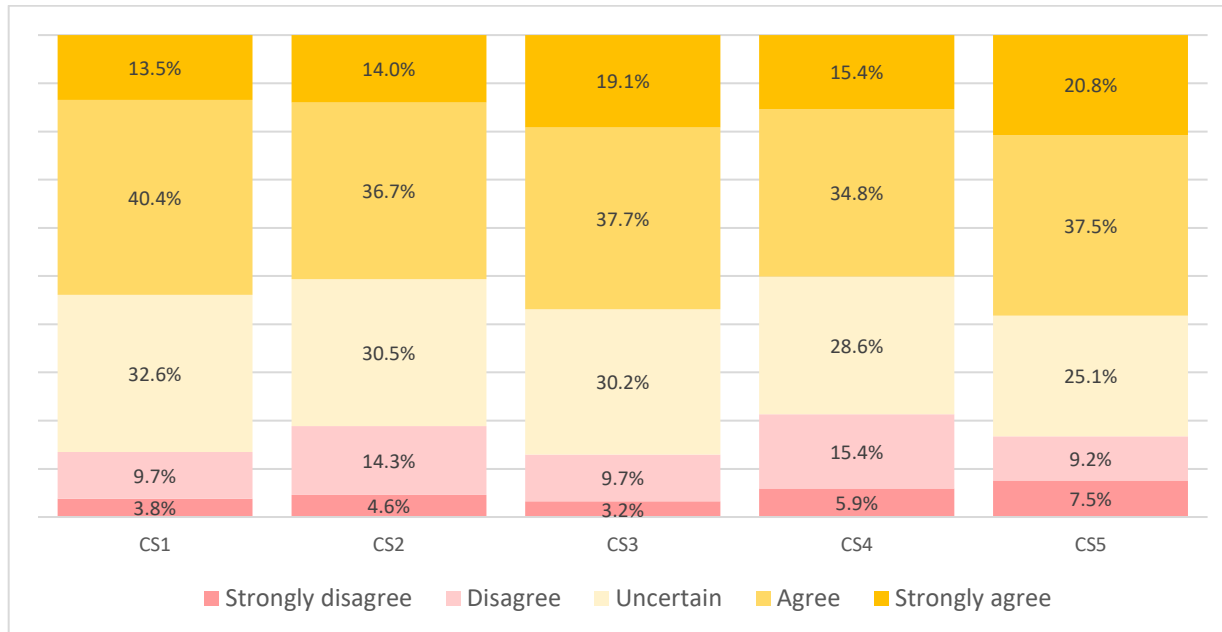
CPS4 - Academic performance of the pregnant teenager may be greatly affected due to the drastic changes that is happening in physical, psychological, and responsibilities to take care of the baby.

CPS5 - Taking care of the baby is an overwhelming responsibility that a teenager carries which can lead to feelings of guilt and stress in not giving enough care to her new-born.

CPS6 - Postpartum depression (depression after giving birth) may happen to the adolescent if support from the partner, family, and friends is not present which may interfere with taking good care of her baby and worst suicidal ideation.

CPS7 - Both teenagers (father and mother) might choose to drop out of school and be matured fast because of the responsibility to make a living for their child.

Chart 5. Awareness / Perception Towards Complications of Teenage Pregnancy – Social Effect



Legend:

CS1 - A pregnant adolescent may isolate herself from friends and family due to the fear of stigmatization.

CS2 - Forced early marriage by the elders, parents, and community may happen to save the teenager from shame, gossiping and public humiliation.

CS3 - Limited opportunities when looking for work, due to lower educational attainment, which can lead to poverty.

CS4 - A pregnant teenager may be rejected by the family, community, school, and friends.

CS5 - Females are being persecuted as “flirty” and “at fault” when being pregnant at an early age.

Preventions of teenage pregnancy

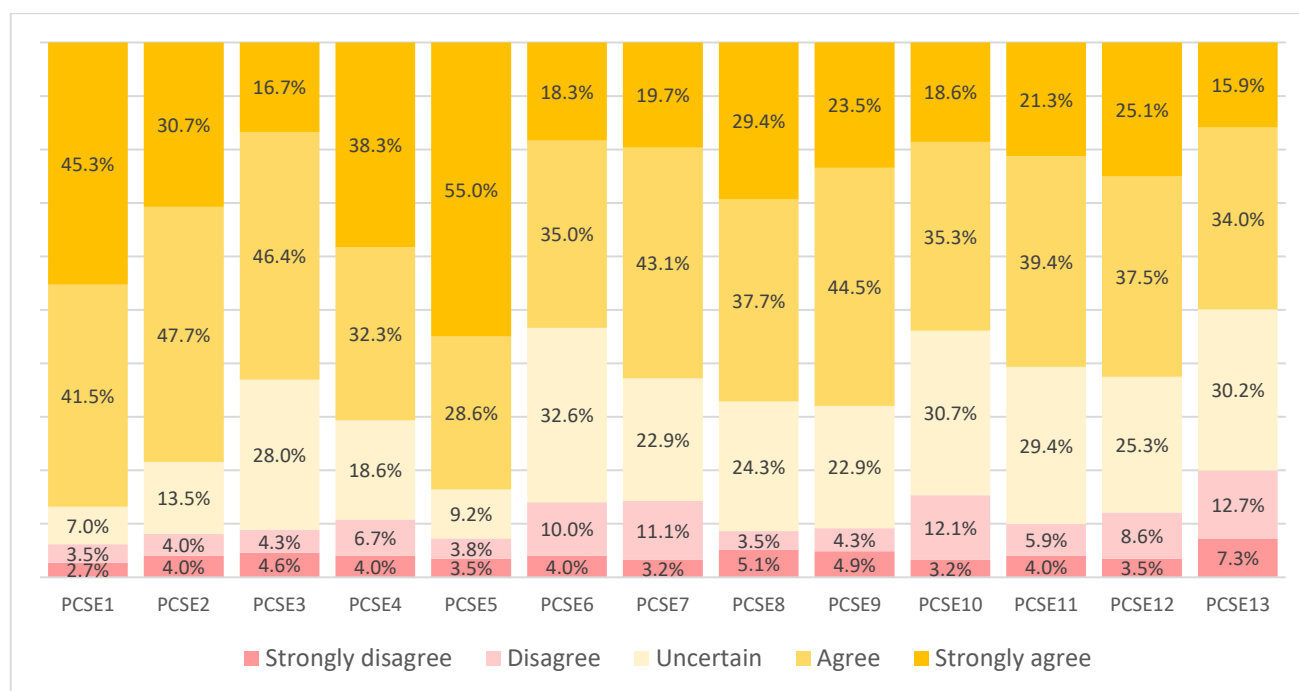
Results as visualized in Chart 7, given high agreement scores, imply that strong awareness among the student respondents is especially apparent in the matter of preventing teenage pregnancy through having good values (S1), valuing oneself, setting boundaries, and sticking to the decision to say no and to negative/bad peer influences, social norms, culture, and family pressures (S4), and knowing about body rights (S5).

By and large, the students showed awareness on knowledge, skills, attitudes, and values to empower and realize their well-being, dignity, reproductive health, and sexuality as more than half responded positively to the given statements.

Note though that there is a noticeable uncertainty from some students about how the influence of social media, culture, peer, and family pressures (PCSE3), discussing the causes, complications, and preventions of teenage pregnancy (PCSE6), knowing the responsibilities of early parenthood (PCSE10), being aware of DOH programs

relevant to sexual and reproductive health (PCSE11), and identifying cultural factors that are acceptable from those that are not (PCSE13), may prevent teenage pregnancy.

Chart 7. Awareness / Perception Towards Preventions of Teenage Pregnancy – Based on the Department of Education (DepEd)’s Comprehensive Sex Education



Legend:

PCSE1 - Good values were taught, like the proper expression of emotions on love, kindness, acceptance of others, being respectful to family and friends, and choosing non-violent actions to negative/insecure feelings.

PCSE2 - The Sexuality and Reproductive system of the body were discussed, including the changes in puberty like the fertility period, having a positive attitude towards body changes, respect for body differences, and proper body care.

PCSE3 - Discussion on how to distinguish harmful from beneficial factors on the influence of social media, culture, peer, and family pressures that can affect the values and sexual and reproductive behavior of an adolescent.

PCSE4 - Valuing myself and being firm, setting boundaries, and sticking to the decision to say NO to Negative/bad peer influences, social norms, culture, and family pressures on sexual decision-making and reproductive behaviors that can lead to early pregnancy.

PCSE5 - Body rights are sensitive parts of the body that should not be touched by anybody. It has to be respected and seek trusted adults and authorities if these body rights are violated and touched without permission/sexual harassment.

PCSE6 - The causes, prevention, and complications of teenage pregnancy were thoroughly discussed such as the risks of acquiring Sexually Transmitted Infections (STI and HIV); and their preventions like abstinence, condoms, and contraceptives were also discussed.

PCSE7 - The guidelines and proper use of Information Technology and social media were discussed, the proper sexual behavior and attitudes of an adolescent for a safer space in the world of social media and the internet.

PCSE8 - The role of my community and our culture in sexual and reproductive health, in protecting children and adolescents from sexual abuse, violence, and harassment was discussed.

PCSE9 - The laws and human rights advocacies of our country in promoting the sexual and reproductive health of teenagers and the corresponding penalties for its violation in terms of sexual abuse, rape, violence, and harassment were thoroughly discussed.

PCSE10 - The responsibilities and obligations and the possibility of early parenthood if a person engages in a relationship with the opposite sex were emphasized in our lessons.

PCSE11 - The programs, services, policies, and advocacies on maternal, sexual, and reproductive health by the Department of Health were mentioned through our lessons in CSE.

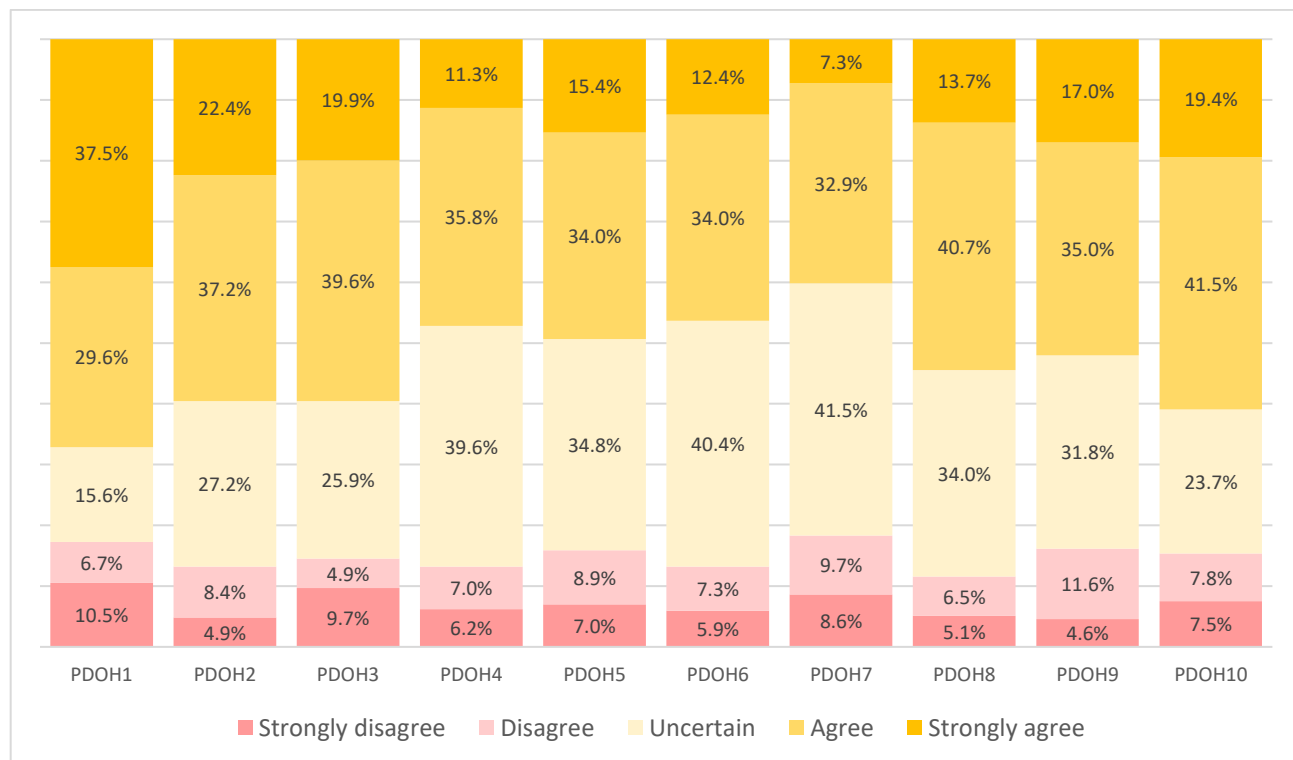
PCSE12 - The effects of discrimination and different power inequalities, and gender inequality can harm people and relationships through sexual harassment and violence specifically children and adolescents who are considered a vulnerable population.

PCSE13 - The influence of cultural factors, what is acceptable and unacceptable sexual behavior in society.

Meanwhile, on reproductive health and contraceptives based on DOH, awareness of the student respondents is generally middling given the evident portion of students being undecided and disagreeing to several attributes. It also seems that more students are not highly aware of seeing that they do not strongly agree with the items about general knowledge on reproductive health and contraceptives.

Importantly, results suggest that the students are still uncertain or not aware when it comes to other methods of contraceptives aside from the more popular ones (condom, pills) such as abstinence (PDOH5), natural methods (PDOH6) and sterilization (PDOH7); as well as the fact that some people are allergic to contraceptives (PDOH4).

Chart 8. Awareness / Perception Towards Preventions of Teenage Pregnancy – Based on the Department of Health (DOH)'s List of Reproductive Health and Contraceptives



Legend:

PDOH1 - A female teenager who started menstruating regardless of their age can be pregnant once sexually active without using contraceptives (condoms, pills, etc.)

PDOH2 - Contraceptives are acts, methods, devices, and medications to prevent pregnancy.

PDOH3 - Not all contraceptives are 100 % effective against pregnancy and STDs.

PDOH4 - Some individuals are allergic to contraceptives.

PDOH5 - Abstinence is the only method 100% effective against pregnancy and Sexually Transmitted Diseases like HIV-AIDS.

PDOH6 - Natural methods (withdrawal, calendar method, etc.) are highly not reliable if a woman has irregular cycles and has lack knowledge on how to properly use it.

PDOH7 - Sterilization (vasectomy and ligation) neither reduces sexual desire nor affects the sexual capacity of a person.

PDOH8 - Vasectomy and bilateral tubal ligation are methods of contraception that cannot be changed once a male and female have undergone the operation.

PDOH9 - Latex condom offers the best protection against pregnancy and STDs if properly used, next to abstinence.

PDOH10 - Different contraceptives like pills, condoms, IUD, vasectomy, and bilateral tubal ligation, but limited on how to properly use them.

Significant correlation between the demographic profile of the respondents and the level of awareness of the causes, preventions, and complications of teenage pregnancy

Tables 2 to 9 contains the correlation p-values between the demographic profile of the respondents and the level of awareness of the causes, preventions, and complications of teenage pregnancy. Significant correlations are with p-values <.05.

First off, using Pearson Correlation, age and year level or grade in school of a student is significantly associated (positive correlation) with its awareness level or perception of the causes of teenage pregnancy as listed, as well as the prevention attributes based of DOH program on sexuality and reproductive health. Whereas, only a few items in other aspects (complications and preventions) turned out to have a significant correlation with these two specific demographics.

As to the association of the other demographics that are categorical in nature and the variables of interests on awareness level, Pearson Chi-Square was used for analysis. Findings revealed that the students' agreement of disagreement to teenage pregnancy causes, complications and prevention is distinctly found to be significantly related to family dynamics mainly on physical and psychological attributes (for complications) and family and social media factors (for causes).

Tables 2-9. Test of Independence / Correlations between Demographics and Awareness / Perception Towards the Causes, Complications, & Preventions of Teenage Pregnancy

Demographic	p-value												
	PC SE 1	PC SE 2	PC SE 3	PC SE 4	PC SE 5	PC SE 6	PC SE 7	PC SE 8	PC SE 9	PC SE 10	PC SE 11	PC SE 12	PC SE 13
Age	.55	.42	.83	.92	.18	.01	.20	.09	.57	.57	.42	.82	.00
Year Level / Grade	.12	.05	.48	.71	.02	.00	.37	.03	.25	.05	.45	.95	.00
Sex	.18	.23	.64	.61	.06	.17	.27	.00	.00	.29	.13	.11	.10
Religion	.74	.30	.00	.31	.05	.02	.06	.95	.13	.65	.11	.17	.47

Family Dynamics	.23	.00	.07	.59	.15	.00	.42	.28	.03	.00	.40	.58	.01
OFW Parent/s	.07	.29	.14	.88	.03	.14	.28	.00	.06	.61	.75	.58	.02
Demographic	p-value												
	PDO H1	PDO H2	PDO H3	PDO H4	PDO H5	PDO H6	PDO H7	PDO H8	PDO H9	PDO H10			
Age	.00	.00	.00	.32	.00	.13	.00	.46	.01	.01			
Year Level / Grade	.00	.00	.00	.05	.00	.02	.00	.29	.00	.01			
Sex	.99	.40	.25	.95	.69	.93	.07	.68	.21	.91			
Religion	.06	.07	.09	.79	.64	.26	.88	.03	.25	.27			
Family Dynamics	.00	.02	.00	.15	.17	.18	.01	.37	.00	.31			
OFW Parent/s	.26	.22	.81	.27	.01	.69	.94	.03	.14	.28			

Demographic	p-value						
	CF1	CF2	CF3	CF4	CF5	CF6	CF7
Age	.00	.00	.00	.00	.00	.00	.00
Year Level / Grade	.00	.00	.00	.00	.00	.00	.00
Sex	.86	.57	.09	.26	.57	.13	.26
Religion	.27	.14	.63	.30	.33	.03	.26
Family Dynamics	.80	.02	.01	.01	.10	.37	.01
OFW Parent/s	.00	.09	.01	.00	.01	.00	.02

Demographic	p-value												
	CP 1	CP 2	CP 3	CP 4	CP 5	CP 6	CP 7	CP 8	CP 9	CP 10	CP 11	CP 12	CP 13
Age	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.01	.00	.00
Year Level / Grade	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
Sex	.39	.63	.00	.17	.46	.06	.15	.01	.32	.15	.00	.17	.14
Religion	.08	.81	.05	.13	.07	.23	.12	.43	.34	.83	.19	.69	.23
Family Dynamics	.00	.00	.01	.03	.06	.01	.43	.98	.61	.38	.79	.25	.66
OFW Parent/s	.01	.07	.80	.04	.63	.38	.02	.03	.30	.43	.84	.36	.77

Demographic	p-value									
	CSM 1	CSM 2	CSM 3	CSM 4	CSM 5	CSM 6	CSM 7	CSM 8	CSM 9	CSM 10
Age	.22	.00	.02	.01	.32	.00	.80	.62	.04	.00
Year Level / Grade	.01	.00	.00	.00	.15	.00	.74	.53	.00	.00
Sex	.08	.01	.16	.01	.89	.07	.01	.37	.15	.01
Religion	.68	.06	.08	.09	.00	.31	.00	.55	.09	.02

Family Dynamics	.04	.00	.01	.03	.01	.16	.03	.00	.00	.11
OFW Parent/s	.86	.19	.59	.93	.00	.02	.46	.15	.25	.62

Demographic	p-value								
	CPH1	CPH2	CPH3	CPH4	CPH5	CPH6	CPH7	CPH8	CPH9
Age	.01	.01	.06	.97	.02	.96	.71	.06	.13
Year Level / Grade	.00	.00	.04	.85	.03	.53	.33	.06	.20
Sex	.49	.88	.82	.14	.12	.22	.86	.26	.66
Religion	.09	.50	.63	.11	.09	.06	.01	.07	.01
Family Dynamics	.02	.03	.01	.00	.03	.01	.07	.00	.00
OFW Parent/s	.10	.36	.54	.43	.50	.23	.03	.56	.73

Demographic	p-value						
	CPS1	CPS2	CPS3	CPS4	CPS5	CPS6	CPS7
Age	.11	.04	.03	.37	.35	.18	.05
Year Level / Grade	.03	.08	.00	.29	.44	.05	.05
Sex	.64	.77	.06	.34	.23	.42	.83
Religion	.00	.14	.09	.00	.00	.13	.27
Family Dynamics	.12	.04	.07	.00	.01	.00	.04
OFW Parent/s	.01	.62	.27	.81	.22	.82	.84

Demographic	p-value				
	CS1	CS2	CS3	CS4	CS5
Age	.63	.98	.31	.99	.61
Year Level / Grade	.22	.74	.07	.74	.29
Sex	.41	.05	.61	.81	.49
Religion	.00	.01	.09	.01	.51
Family Dynamics	.29	.06	.00	.01	.19
OFW Parent/s	.01	.11	.37	.83	.76

Most preferred sources of information on sex education health topics

From Charts 2 and 3, when it comes to sex education, a larger part of the student respondents expectedly prefers information from the experts—teachers (n=211, 56.9%) for the Department of Education (DepEd)’s Comprehensive Sex Education (CSE) topics and doctors or nurses (n=248, 66.8%) for the Department of Health (DOH)’s sexuality and reproductive health (SRH) programs. Noteworthy, word-of-mouth from family members (n=154, 41.5% for CSE, n=102, 27.5% for SRH) is also considered significant by the students in the matter of these subjects.

On the other hand, there is also a glaring number of students with no preference in these aspects.

This observation is also deemed to be generally true across profiles from Tables 10a to 10e.

Chart 2. Preferred Sources of Information on DepEd – Comprehensive Sex Education (CSE)

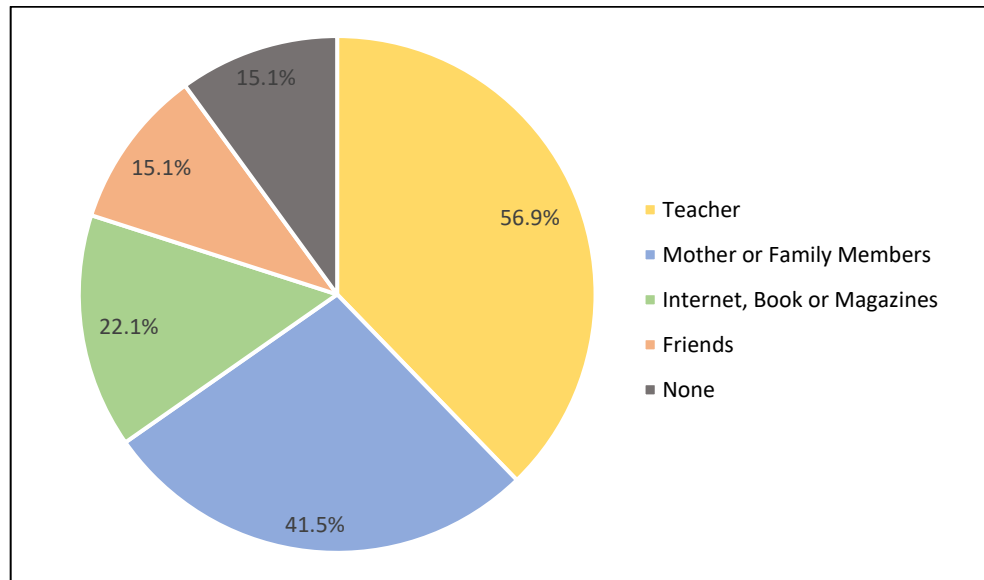


Chart 3. Preferred Sources of Information on DOH –Sexuality and Reproductive Health (SRH)

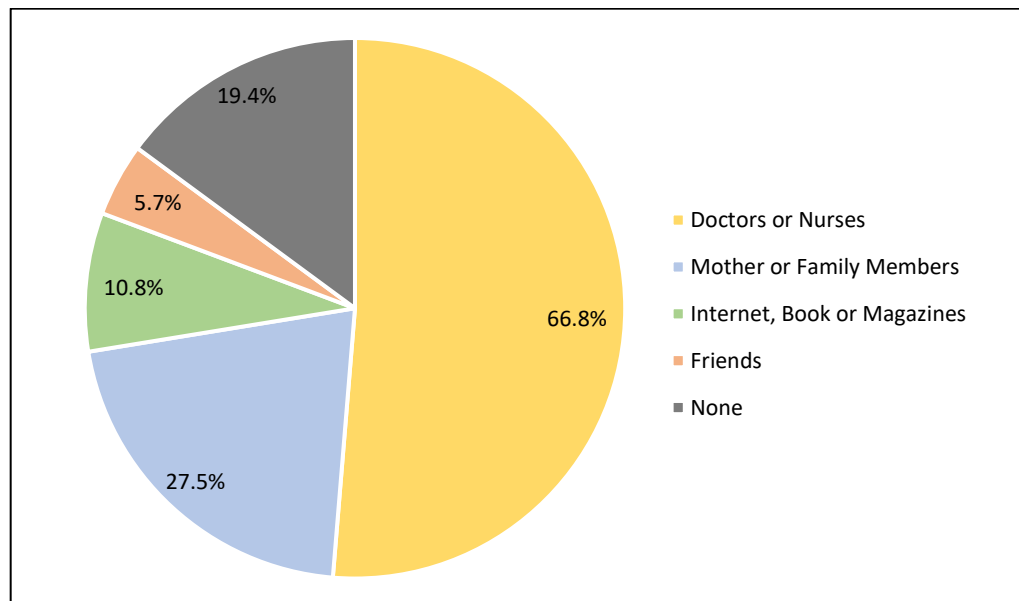


Table 10a. Preferred Sources of Information CSE and SRH by Sex

Preferred Source/s of Information	SEX	
	Male	Female
	n=160	n=211
DepEd – Comprehensive Sex Education (CSE)		
Teacher	57.3%	56.3%
Mother / Family Members	48.3%	32.5%
Friends	17.5%	11.9%
Internet, Books / Magazine	28.4%	13.8%
None	8.1%	24.4%
DOH – Sexuality and Reproductive Health (SRH)		

Doctor, Nurse	74.4%	56.9%
Mother / Family Members	29.4%	25.0%
Friends	6.2%	5.0%
Internet, Books / Magazine	10.4%	11.3%
None	13.7%	26.9%

Table 10b. Preferred Sources of Information CSE and SRH by Age

Preferred Source/s of Information	AGE							
	12	13	14	15	16	17	18	19
	n=17	n=32	n=70	n=104	n=68	n=28	n=36	n=16
DepEd – Comprehensive Sex Education (CSE)								
Teacher	82.4%	87.5%	48.6%	56.7%	58.8%	50.0%	47.2%	31.3%
Mother / Family Members	35.3%	56.3%	31.4%	50.0%	45.6%	28.6%	36.1%	25.0%
Friends	35.3%	21.9%	7.1%	17.3%	13.2%	3.6%	16.7%	25.0%
Internet, Books / Magazine	29.4%	31.3%	10.0%	25.0%	19.1%	25.0%	27.8%	25.0%
None	-	6.3%	28.6%	12.5%	16.2%	17.9%	2.8%	25.0%
DOH – Sexuality and Reproductive Health (SRH)								
Doctor, Nurse	70.6%	81.3%	51.4%	73.1%	61.8%	71.4%	69.4%	68.8%
Mother / Family Members	41.2%	56.3%	15.7%	26.9%	32.4%	17.9%	25.0%	12.5%
Friends	23.5%	12.5%	.0%	4.8%	4.4%	.0%	8.3%	12.5%
Internet, Books / Magazine	-	12.5%	2.9%	14.4%	7.4%	21.4%	16.7%	12.5%
None	-	3.1%	38.6%	15.4%	27.9%	14.3%	8.3%	12.5%

Table 10c. Preferred Sources of Information CSE and SRH by Religion

Preferred Source/s of Information	TOP RELIGIONS				
	Born Again	CITAC	Evangelical	Pentecost / PCCI	Roman Catholic
	n=13	n=13	n=17	n=34	n=204
DepEd – Comprehensive Sex Education (CSE)					
Teacher	69.2%	100.0%	76.9%	57.1%	64.7%
Mother / Family Members	69.2%	12.5%	30.8%	42.9%	47.1%
Friends	7.7%	-	46.2%	-	-
Internet, Books / Magazine	23.1%	12.5%	15.4%	14.3%	23.5%
None	15.4%	-	-	-	5.9%
DOH – Sexuality and Reproductive Health (SRH)					
Doctor, Nurse	61.5%	50.0%	46.2%	100.0%	94.1%
Mother / Family Members	38.5%	25.0%	53.8%	14.3%	17.6%

Friends	-	-	15.4%	-	-
Internet, Books / Magazine	15.4%	25.0%	15.4%	-	11.8%
None	23.1%	12.5%	7.7%	-	-

Table 10d. Preferred Sources of Information CSE and SRH by Year Level or Grade

Preferred Source/s of Information	GRADE					
	7	8	9	10	11	12
	n=31	n=41	n=97	n=134	n=22	n=46
DepEd – Comprehensive Sex Education (CSE)						
Teacher	80.6%	92.7%	36.1%	59.7%	68.2%	39.1%
Mother / Family Members	38.7%	56.1%	28.9%	57.5%	18.2%	21.7%
Friends	29.0%	14.6%	11.3%	14.9%	9.1%	17.4%
Internet, Books / Magazine	32.3%	29.3%	11.3%	22.4%	4.5%	39.1%
None	6.5%	-	30.9%	10.4%	9.1%	17.4%
DOH – Sexuality and Reproductive Health (SRH)						
Doctor, Nurse	71.0%	75.6%	47.4%	74.6%	90.9%	63.0%
Mother / Family Members	45.2%	53.7%	13.4%	27.6%	36.4%	17.4%
Friends	25.8%	.0%	1.0%	5.2%	.0%	10.9%
Internet, Books / Magazine	12.9%	4.9%	4.1%	13.4%	4.5%	23.9%
None	-	4.9%	40.2%	17.9%	4.5%	13.0%

Table 10e. Preferred Sources of Information CSE and SRH by Family Dynamics

Preferred Source/s of Information	Family Dynamics			OFW Parent/s	
	Extended Family	Nuclear Family	Single Parent	Non-OFW	OFW
	n=47	n=286	n=38	n=297	n=74
DepEd – Comprehensive Sex Education (CSE)					
Teacher	61.7%	56.3%	55.3%	55.9%	60.8%
Mother / Family Members	38.3%	42.7%	36.8%	43.4%	33.8%
Friends	8.5%	17.1%	7.9%	15.5%	13.5%
Internet, Books / Magazine	17.0%	22.4%	26.3%	20.2%	29.7%
None	14.9%	14.3%	21.1%	15.2%	14.9%
DOH – Sexuality and Reproductive Health (SRH)					
Doctor, Nurse	61.7%	67.1%	71.1%	65.7%	71.6%
Mother / Family Members	29.8%	27.3%	26.3%	27.3%	28.4%
Friends	-	6.3%	7.9%	5.7%	5.4%
Internet, Books / Magazine	2.1%	11.2%	18.4%	11.1%	9.5%
None	27.7%	18.2%	18.4%	21.2%	12.2%

Analysis

The following were utilized to treat and interpret the data statistically gathered based on the research instruments in this study:

1. Statistics in the form of frequencies and percentages were used to describe the profile of the student variables as well as the awareness ratings of the students towards the listed attributes on causes, complications, and preventions of teenage pregnancy;
2. Pearson correlation was used to see if there is a significant correlation between the students' demographic profiles (age and year/grade level) with their awareness of causes, complications, and preventions of teenage pregnancy; and,
3. Pearson-chi analysis was used to see if there is an association between the student's level of awareness of causes, complications, and preventions of teenage pregnancy with their demographics, specifically with gender, religion, family dynamics, and having OFW Parents/s.

In all tests of significance, a 5% level was used where if computed p-values is less than .05, this means that there is a significant association between the two variables being tested and vice versa.

Rigors of the study

The 97 items were subjected to a reliability test, as shown in the table, to ascertain the questionnaire's internal consistency. Any value lower than the minimum criterion (.80), which is the usual range for Cronbach's alpha, is unacceptable. Additionally, too high Cronbach's alpha may indicate that some items are unnecessary because they assess the same question under a different garb. Consequently, .90 is the suggested maximum alpha value (Mohsen and Reg, 2011).

The results showed that all 97 items must be retained because the overall Cronbach's alpha of the 97 items is 0.879, which denoted a high level of internal consistency. However, the items under comprehensive sexual education awareness and social effect exceeded the maximum threshold suggesting redundancy or duplication of some things, thus, the need to reduce the number of test questions or other test items. Additionally, it is important to note that the indicators such as social media effects and family factors exhibited low reliability, hence, a revision is required.

Timeline for the Study

This study is part of a thesis study. It took three semesters to complete this study.

CONCLUSIONS

Based on the findings, the following conclusions are advanced:

1. The demographic profile in terms of gender mostly consists of females than males, with grades 9 and 10 as the highest number of participants. The participants mostly consist of 14 to 16 years old, while Roman Catholic is the dominant religion. Lastly, the family dynamics are generally nuclear type.
2. The most preferred source of information among the respondents, in terms of Comprehensive Sexuality Education, is their teachers, while for the information on contraceptives, the respondents preferred doctors or nurses.
3. Most respondents indicated strong awareness on the preventions of teenage pregnancy, specifically comprehensive sexuality education, while a significant number of the respondents are evidently unsure or doubting about the indicators of the causes and complications of teenage pregnancy.
4. There is a significant correlation between age and year level with the causes and preventions of teenage pregnancy, while the complications of teenage pregnancy have no correlation with age and year level.
5. There is a strong association between family dynamics and the awareness level of the preventions and complications of teenage pregnancy, while OFW parent/s has no association. Religion and gender are slightly associated with the awareness level of the causes, preventions, and complications of teenage pregnancy.

RECOMMENDATIONS

Based on the findings and conclusion of the study, the following are recommended:

1. Most of the respondents identify teachers and healthcare workers as the preferred sources of information about the prevention of teenage pregnancy. Involvement and partnership are highly encouraged, especially health workers, in reaching out to these teenagers for the implementation of programs for contraception.
2. A commendation is highly encouraged to be given to teachers for having a strong awareness among the students of comprehensive sexuality education. However, regular evaluation is still needed to maintain the program's effectiveness.
3. The correlation of age and year level with the causes and prevention of teenage pregnancy encourages the implementors to ensure that community involvement is needed in shaping, guiding, and protecting the youth from those identified factors in the research. There is also a need to promote media literacy. It is highly encouraged that during curriculum planning, seminars, and campaigns the incorporation of the proper use, responsibilities, and guidelines of social media and the internet to counteract negative media images, fake news, bullying, rumor spreading, peer pressure, and unrealistic views of other people's lives.
4. The strong association of family dynamics indicates that in promoting healthy sexuality campaigns, family approach can be used in preventing teenage pregnancy, such as:
 - a. Re-frame teen pregnancy prevention as a female and male issue.
 - b. When providing seminars, parents may be invited along with students.
 - c. In developing preventive and intervention programs, there is a need to recognize the association between child abuse/child sexual abuse and teen pregnancy; and,
 - d. Reiteration of the importance of consistency in parental involvement in their children's lives.
5. Further studies may be conducted to cover areas that were not included in this study, especially the out-of-school youth.

REFERENCE LIST

1. Adolescent pregnancy. (n.d.). United Nations Population Fund. <https://www.unfpa.org/adolescent-pregnancy>
2. Adolescent Health and Development (AHD) | Commission on Population and Development. (n.d.).
3. Austria, H. (2019, August 21). Pangasinan to hold youth forum on Aug. 29. Philippine News Agency.
4. Bozzola, E., Spina, G., Agostiniani, R., Barni, S., Russo, R., Scarpato, E., Di Mauro, A., Di Stefano, A., Caruso, C., Corsello, G., & Staiano, A. (2022). The Use of Social Media in Children and Adolescents: Scoping Review on the Potential Risks. *International Journal of Environmental Research and Public Health*, 19(16), 9960. <https://doi.org/10.3390/ijerph19169960>
5. Cabrera, M. J. C., [Michael Jaucian]. (n.d.). https://tciurbanhealth.org/wp-content/uploads/2020/12/CSE-PSDS.SH_Session-3-CurriculumStandards-MELCs-and-Readers.pdf. Entry Points of Comprehensive Sexuality Education (CSE) Standards and Learning Materials in the K to 12 Curriculum/MELCs.
6. Christina P. Juan¹ Elma P. Laguna² Thomas W. Pullum, C. P. J. E. P. L. T. W. P. (2019). Trends of Sexual and Reproductive Health Behaviors among Youth in the Philippines. Further Analysis of the 2008, 2013, and 2017 National Demographic and Health Surveys.
7. Comprehensive sexuality education: A foundation for life and love. UNESCO. (2021, September 1).
8. Comprehensive Sex Education Might Reduce Teen Pregnancies, Study Suggests. (2008, March 8). ScienceDaily.
9. Comprehensive Sexuality Education (CSE) in Asia: A Regional Brief - ARROW. (n.d.). ARROW. <https://arrow.org.my/publication/comprehensive-sexuality-education-cse-in-asia-a-regional-brief/>
10. Chakole, S., Akre, S., Sharma, K., Wasnik, P., & Wanjari, M. (2022). Unwanted Teenage Pregnancy and Its Complications: A Narrative Review. *Cureus*. <https://doi.org/10.7759/cureus.32662>
11. Dep-Ed order No.031 s.2018. (n.d.). Policy Guidelines on the Implementation of the Comprehensive

Sexuality Education\.

12. DepEd, partner agencies urge enabling environment for youth's informed choices vs early pregnancy | Department of Education. (2019, August 23).
13. Estabillo, A. (2019, August 29). GenSan teenage pregnancy cases decline. Philippine News Agency.
14. Family Planning | Department of Health website. (n.d.). Adolescent Health and Development Program MANUAL OF OPERATIONS With technical support from World Health Organization Philippines Country Office. (n.d.).
15. GirlsNotMoms: Eliminating Teenage Pregnancy in the Philippines. (2020, February 16). UNFPA Philippines.
16. Hecht Louise. (n.d.). The role of peer pressure on teenage pregnancy. International Scholars Journal.
17. Intersexuality: A Facilitator's Guide, ISBN: 978-967-0339-47-4. arrow (e-module). (n.d.) Mongolia Country Advocacy Brief – Comprehensive Sexuality Education (CSE): Evidence Based Advocacy Brief - ARROW. (n.d.). ARROW.
18. Leung, H., Shek, D. T. L., Leung, E. Y. K., & Shek, E. Y. W. (2019).
19. Development of Contextually-relevant Sexuality Education: Lessons from a Comprehensive Review of Adolescent Sexuality Education Across Cultures. International Journal of Environmental Research and Public Health, 16(4), 621. <https://doi.org/10.3390/ijerph16040621>
20. Melgar, J. L. D., Melgar, A. M., Festin, M., Hoopes, A. J., & Chandra-Mouli, V. (2018). Assessment of country policies affecting reproductive health for adolescents in the Philippines. Reproductive Health, 15(1). <https://doi.org/10.1186/s12978-018-0638-9>
21. The 2013 Young Adult Fertility and Sexuality Study in the Philippines. (2021, February 11). UP Population Institute. <https://www.uppi.upd.edu.ph/research/yafs4>
22. 2021 Young Adult Fertility and Sexuality Study (YAFS5). (2022, November 7). UP Population Institute. <https://www.uppi.upd.edu.ph/research/yafs5>
23. Policy guidelines on the implementation of the comprehensive sexuality education | Health and Education Resource Centre. (n.d.).
24. Policy Guidelines on the implementation of the comprehensive sexuality education | Department of Education. (2018, July 13).
25. Pepito, V. C. F., Amit, A. M. L., Tang, C. S., Co, L. M. B., Aliazas, N. a. K., De Los Reyes, S. J., Baquiran, R. P., & Tanchanco, L. B. S. (2022). Exposure to family planning messages and teenage pregnancy: results from the 2017 Philippine National Demographic and Health Survey. Reproductive Health, 19(1). <https://doi.org/10.1186/s12978-022-01510-x>
26. Pasay-An, E. (n.d.). Knowledge, attitudes, and practices of adolescents regarding sexuality and reproductive issues in the Cordillera administrative region of the Philippines. UI Scholars Hub. <https://scholarhub.ui.ac.id/mjhr/vol24/iss3/3/>
27. Spencer, N. J. (2001). The social patterning of teenage pregnancy. Journal of Epidemiology and Community Health, 55(1), 5. <https://doi.org/10.1136/jech.55.1.5>
28. Sabalza, G. (2019, November 14). Sexuality education seen to curb teenage pregnancy. Philippine News Agency.
29. Santhya, K., & Jejeebhoy, S. J. (2015). Sexual and reproductive health and rights of adolescent girls: Evidence from low- and middle-income countries. Global Public Health, 10(2), 189–221.
30. Siddharth A.R. 1, N. Hephzibah Kirubamani2, S. A. R. 1, N. Hephzibah Kirubamani2. (2019). Awareness about the consequences of teenage pregnancy. Awareness About the Consequences of Teenage Pregnancy, Aug. 26, 2019, /eISSN-2278-4802.
31. Special Release: 2022 NATIONAL DEMOGRAPHIC AND HEALTH SURVEY (NDHS) KEY INDICATORS: TEENAGE PREGNANCY. (2023, February 8). Philippine Statistics Authority-Cordillera Administrative Region.
32. Susan L. Lloyd. (n.d.). Pregnant Adolescent Reflections of Parental Communication. Journal of Community Health Nursing.
33. Tabei, K., Cuisia-Cruz, E. S. S., Smith, C., & Seposo, X. (2021). Association between Teenage Pregnancy and Family Factors: An Analysis of the Philippine National Demographic and Health Survey 2017. Healthcare, 9(12), 1720. <https://doi.org/10.3390/healthcare9121720>
34. The Use of Social Media in Children and Adolescents: Scoping Review on the Potential Risks. (2022). National Library of Medicine. <https://doi.org/10.3390/ijerph19169960>

35. Toolkit sections | Comprehensive Sexuality Education Implementation Toolkit. (n.d.). <https://csetoolkit.unesco.org/>
36. Wallace, L. N. (2022). Associations between parental monitoring and parents' social media use and social media perceptions. *Social Sciences & Humanities Open*, 6(1), 100294. <https://doi.org/10.1016/j.ssaho.2022.100294>
37. Wormald, B., & Wormald, B. (2019, December 31). Part 4: The Role of Parents in Digital Safekeeping and Advice-Giving. Pew Research Center: Internet, Science & Tech.
38. World Health Organization. (2004). adolescent Pregnancy. WHO Library Cataloguing-in-Publication Data Adolescent Pregnancy.
39. Why Are UK Teen Pregnancy Rates Dropping? Medscape UK. Uk, M. (2021).
40. Naghizadeh, S., & Mirghafourvand, M. (2022). Knowledge and attitudes of adolescent girls and their mothers about early pregnancy: a cross-sectional study. *BMC Pregnancy and Childbirth*, 22(1). <https://doi.org/10.1186/s12884-022-04551-z>

APPENDICES

Appendix A. Intervention Program I

PROGRAM:

Nene, Paano Ka Ginawa? Raising Awareness of the Causes of Teenage Pregnancy

RATIONALE:

The study identified social media pressures and family issues as the leading causes that influence the attitudes and values of adolescents, which increase risky sexual behaviors that can lead to the likelihood of teenage pregnancy.

OBJECTIVES

At the end of the teaching sessions, the participants will be able to:

- Determine the importance of family and their roles.
- Identify ways of effective communication with parents or guardians and other family members.
- Identify proper authorities in times of threat and risks in the family.
- Determine what social media and internet literacy is; and
- Recognize safe practices for the proper use of social media.

METHODOLOGY

Activities/project	Strategies	Performance Indicator	Time Frame	Person Responsible
1. Family Matters; school-based	<ul style="list-style-type: none"> ✓ Concept-Based teaching on the normal changes that happen during the adolescent stage. ✓ Small Group Sharing 	<ul style="list-style-type: none"> ✓ The student asks questions/clarifies the changes that he or she does not understand on ✓ The student can share her experiences about the ups and downs of their family. ✓ The parent and child can talk about their issues with the help of the teacher. 	8 hours	Teachers who have a background on psychology

	✓ Parent-child and teacher collaboration			
2. Social media and Internet Literacy: school-based activity	✓ Concept-Based Teaching ✓ Integration into subjects	✓ Positive Self-reflection ✓ The student can identify fake news and unreliable websites and pages. ✓ The students can identify the benefits and the consequences of using social media.	8 hours	Teacher

Appendix B: Intervention Program 2

PROGRAM:

Contraceptives and Complications of teenage pregnancy awareness

RATIONALE:

Students' awareness level of contraceptives and teenage pregnancy complications is generally middling. Thus, preventive measures such as contraceptives and reproductive health and increasing awareness of teenage pregnancy complications should be reinforced.

OBJECTIVES:

At the end of the teaching sessions, the participants will be able to:

- Identify the general anatomy and the functions of the male and female reproductive organs;
- Recognize normal changes during the adolescent period, such as physical, psychological, and social changes;
- Identify the contraceptives;
- Determine the physical, psychological, and social complications of teenage pregnancy; and,
- Recognize and identify coping mechanisms when pregnancy happens.

METHODOLOGY:

Activities/project	Strategies	Performance Indicator	Time Frame	Person Responsible
1. Complications and Implications of Teenage pregnancy; School-based seminar	✓ Concept-Based Teaching ✓ Documentary Video-assisted Learning ✓ Lived experiences of	✓ Students can correctly answer questions in their own words. ✓ Participants can correctly portray the complications and implications of teenage	8 hours	Trained Health Care Worker and Teacher Collaboration

	Teenage parent's testimony- (male and female)	pregnancy by incorporating dramatization.		
2. Contraceptives-Prevention and Benefits; School-Based seminar	<ul style="list-style-type: none"> ✓ Age-appropriate and culture-sensitive Concept-Based Teaching ✓ Fear reduction and emphasis on abstinence; unbiased information on contraceptives. 	<ul style="list-style-type: none"> ✓ Students exhibit knowledge through active participation in Q and A activities. ✓ Students share opinions and ask myth questions about contraceptives. 	8 hours	Trained Health Care Worker and Teacher Collaboration

Appendix C. Letter to the Principals

Republic of the Philippines

IFUGAO STATE UNIVERSITY

Lamut Ifugao

College of Advanced Education

January 2023

Cielo G. Baucas

Pinto National Highschool

Principal

Aguinaldo, Ifugao

Dear Principal, Baucas,

Greetings! I am Shyra Paz Catama-Baccay, a graduate student of Ifugao State University. May I seek permission to conduct research titled, **Awareness of the Causes, Preventions, and Complications of Teenage Pregnancy among High School Students in the Province of Ifugao.**

The survey would last only 10-15 minutes and be arranged at a time convenient to the students. All information provided will be kept in utmost confidentiality and will be used only for academic purposes. Participation in the survey is entirely voluntary.

Your approval to conduct this study will be greatly appreciated. Thank you in advance for your interest and assistance with this research.

Sincerely,

Shyra Paz C. Baccay, LPT, RN.

Researcher

Noted by:

Cheryline Allama, RN, MAN.

Thesis Adviser

Ifugao State University

Lamut, Ifugao

Republic of the Philippines

IFUGAO STATE UNIVERSITY

Lamut Ifugao

College of Advanced Education

January 2023

Benedict Danao

Principal

Bangbang National Highschool

Hungduan, Ifugao

Dear Principal Danao,

Greetings! I am Shyra Paz Catama-Baccay, a graduate student of Ifugao State University. May I seek permission to conduct research titled, **Awareness of the Causes, Preventions, and Complications of Teenage Pregnancy among High School Students in the Province of Ifugao.**

The survey would last only 10-15 minutes and be arranged at a time convenient to the students. All information provided will be kept in utmost confidentiality and will be used only for academic purposes. Participation in the survey is entirely voluntary.

Your approval to conduct this study will be greatly appreciated. Thank you in advance for your interest and assistance with this research.

Sincerely,

Shyra Paz C. Baccay, LPT, RN.

Researcher

Noted by:

Cheryline Allama, RN, MAN.

Thesis Adviser

Ifugao State University

Lamut, Ifugao

Republic of the Philippines

IFUGAO STATES UNIVERSITY

Lamut, Ifugao

College of Advanced Education

January 2023

Dear Respondents,

Greetings!



The undersigned is presently conducting research titled, **Awareness of the causes, preventions, and complications of teenage pregnancy among High School Students in the province of Ifugao**, in partial fulfillment of the requirement of her MAN in Nursing Education degree at Ifugao State University, Lamut Ifugao.

In this regard, your kind assistance in this study is highly solicited. Kindly answer the questionnaire with honesty and sincerity. Rest assured that any information gathered from you will be **treated as strictly confidential and highly professional**.

Thank you very much for your support and cooperation.

Very Truly yours,



Shyra Paz C. Baccay

Curriculum Vitae

CURRICULUM VITAE

PERSONAL

NAME: SHYRA PAZ C. BACCAY

DATE OF BIRTH: 19 June 1989

PLACE OF BIRTH: Tinoc, Ifugao

SPOUSE: Thomas C. Baccay

CHILDREN: Theonee Shannea, Thaddeus Syllas

HOME ADDRESS: Pinsao Proper Baguio City

EDUCATIONAL BACKGROUND

LEVEL	SCHOOL/ADDRESS	YEAR GRADUATED
GRADUATE SCHOOL:	Ifugao State University Lamut Ifugao	ongoing

COLLEGE:	University of the Cordilleras	2010
COURSE:	Bachelor of Science in Nursing	2010
	Bachelor of Secondary Education	2017
SECONDARY:	St. Joseph's School	2006
	Kiangan, Ifugao	
ELEMENTARY	Tinoc Central School	2002
	Tinoc, Ifugao	

ELIGIBILITY

Licensure for Professional Teacher – Baguio, City, 2017

Nurse's Licensure Examination – Baguio City, 2010

WORK EXPERIENCE

POSITION/TITLE	NAME OF INSTITUTION	DATES
Instructor 1 (COS)	Benguet State University	2020-present
Nurse 1	Tinoc District Hospital	2011-2013

TRAININGS, COURSES, AND SEMINARS ATTENDED

TITLE OF TRAININGS/COURSES/SEMINARS/ ADDRESS	DATE/COMPLETED
Geriatric Health Nursing: Revisualizing for Opportunities - PNA	November 11, 2022
National Annual Convention Research Forum PNA	October 20, 2022
Part 2: Mediation Without Harm: A Part Safety Challenges-PNA	October 19, 2022
Part 1: PNLI RTD: Transformed to Leads: Rise Leadership of Emerging Nurse Leaders	October 18, 2022
Sepsis: Nosocomial Infection Prevention and Septic Shock	September 7, 2022

Challenges of Non-Communicable Diseases:	September 13, 2022
The wellness Tree	
Basic research Methods Course Phases II	May 29 – 30, 2022
Hotel Elizabeth	
Basic research Methods Course Phases I	May 26-27, 2022
Newton Plaza Hotel	
NURSES: A Voice to Lead – Invest in Nursing and Respect Rights to Secure Global Health	May 12, 2022
Nurses: A Voice to Lead – A Vision for Future Health Care in Baguio City	March 28, 2021
PNA CAR REGIONAL CONVENTION 2020:	December 18-20, 2020
Nurturing and Healing Back to Health through Meaningful Activism – PNA	
First Inter-regional Series: Sharing of best practices on Flexible Learning in Nursing Education (CN-CHS) Northern and Central State Universities	December 11, 2020
Nursing Mothers and Children to Health Amidst the Covid-19 Pandemic-MCNAP	November 28, 2020
Flexible Learning Implementation in Nursing Education – ADCPN – Webinar	August 7-10, 2020
Improving Survey Methods and Developing Effective Questionnaires- BSU, La Trinidad	June 15, 2021
Webinar Series on Basic Research Methods (BRM) Course Phases 1	June 7 – 11, 2021
Control of Emerging and Re-Emerging Infections in Hospitals and Community Settings (ORNAP)	June 5, 2021
Retooling of BSU Researchers Part 3: Writing of Research Reports and Presentation of Research	June 3-4, 2021

Outputs – BSU, La Trinidad

2017 Pedia Summit Conference in the Cordillera

April 29, 2017

Assumption, Baguio City

Stress Management at your Fingertips

December 15, 2016

PNA- Manila

Diabetes Mellitus Type 2: What's the Buzz

December 6, 2016

Delivery! Updates in Maternal and Child Nursing

November 14, 2016

PNA Manila

Signature of Proponent

Shyra Paz C. Baccay