

# THE STORIES OF FILIPINO PREGNANT TEENAGERS AND TEENAGE MOTHERS DURING THE COVID-19 PANDEMIC

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## ABSTRACT

The study aims to tell the meanings of the stories of the Filipino pregnant teens and teen mothers during the COVID-19 pandemic. The teens in the study were selected using convenient and snowball sampling methods. They were interviewed using screen-mediated, in-depth interviews, where 28% of the participants were pregnant, 61% were mothers and 11% were pregnant and also mothers. Based on their relationship status and living arrangements there were four teens with broken relationships and currently living with their own parents. More than half or 61% of the teens are in consensual union with their partners and staying either with the teen's family or partner's family while there are two who are married and living with their respective spouses. Using thematic analysis, the resulting themes that emerged from their stories are as follows: First, the teen mothers face multiple burdens because they lacked both the financial capability and emotional support. Early pregnancy is a health risk for the mother and the child. Second, pregnant teens and teen mothers also involuntarily drop out from school due to unplanned pregnancy. Third, an unplanned pregnancy, however, does not mean an unwanted pregnancy. Fourth, being pregnant and a mother during a pandemic brings about longingness for their friends and relatives. Fifth, the majority of the youth find their children to be a blessing and the source of inspiration for them to strive for a better life. Teen pregnancy, just like pandemic, is a global phenomenon. Institutionalization and implementation of current policies and programs is recommended to address the prevention, support, and care for teen pregnancy.

**Keywords:** *COVID-19 pandemic; Filipino pregnant teens; Filipino teen mothers; thematic and narrative analyses*



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## **BACKGROUND OF THE STUDY**

When the COVID-19 became a pandemic, the whole world grappled with the highly infectious disease because there is no known cure and treatment. The most vulnerable population are the elderly and those with comorbidities. Although, in comparison to other age groups, children under 18 years of age have reported few deaths (8.5% of reported cases) due to COVID-19 (Department of Health, n.d.). They were still however, affected not necessarily because of them getting sick, but more of the consequences of being in a pandemic lockdown. Because they are of school age, their schooling was interrupted during the community quarantine. Since March 2020, school closures in 194 countries, with about 1.6 billion learners or over 90 percent of the world's school age population, have been affected ("COVID-19 aftershocks," 2020). Aside from the school closures, the movement of youth below 21 years old is restricted by the "stay home" rule. The "stay home and be safe" is generally effective in limiting the spread of the virus, however, when a child of minor age stays home, they are likely to be victims of sexual exploitations and gender-based violence that eventually led to unwanted pregnancy by as much as 65 percent, as they spend more time with boys and men as compared to when they are in school ("COVID-19: Lockdown," 2020). In the Philippines, an estimated two million Filipino women, ages 15 to 49 years old, are expected to get pregnant this year, wherein 10 percent or about 178,000 pregnancies will be among women ages 20 years old and below (Marquez, 2020). Aside from school closures, the global pandemic also forced many businesses to shut down where millions of people lost their jobs, thus leading to 96 million people worldwide to be pushed into extreme poverty by 2021, of which 47 million are women and girls (Azcona et al., 2020). The twin problems of increase in poverty and increase in teenage pregnancy during the COVID-19 pandemic would be a setback in attaining the United Nations sustainable development goals (SDGs) by 2030. This is because most girls experiencing early pregnancy are also living in dire poverty, and are prone to suffer from hunger.

It is in this light, that the study on teenage youth who got pregnant or bore a child during the pandemic is a national issue since it is a contributory factor to an increase in poverty. This present study shows the social, economic, behavioral characteristics, health conditions and practices of 18 teenagers who either got pregnant or became mothers during the COVID-19 pandemic. Their stories are about how these girls with almost absolutely no economic and social capital survive being pregnant and being a mother during the pandemic. Their stories would shed light on the appropriate programs and policy reforms that can be introduced to address their most pressing needs and to empower them during and after the pandemic.

## REVIEW OF LITERATURE

Given a natural disaster event, adolescents especially girls aged 10-19 years old are therefore considered a vulnerable population. This was further affirmed by the United Nations Populations Fund (UNPFA) in 2016 where it was observed that adolescents are susceptible to gender-based violence, unwanted pregnancy, HIV infection, maternal death and disability, early and forced marriage, rape, trafficking, and sexual exploitation and abuse increases in times of crisis and disasters. Moreover, several studies have investigated health outcomes of pregnant women under stress such as during disaster periods (Callaghan et al., 2007).

The characteristics of the young population, especially their sexual behavior is continually being studied. The Young Adult Fertility and Sexuality (YAFS), first administered annually in 1992 and the latest in 2013, has provided meaningful data on adolescent sexual and reproductive behavior. According to the 2013 YAFS study, around 14 percent of Filipino girls aged 15 to 19 are either pregnant for the first time or are already mothers. This is more than twice the rate recorded in 2002. Furthermore, among the six major economies in the Association of Southeast Asian Nations (ASEAN), the Philippines has the highest rate of teenage pregnancies and is the only country where the rate is increasing, per the UNPFA (2018). Recent data from the Philippine Statistics Authority lend support to the UNPFA and 2013 YAFS study which reveals 24 babies are delivered by teenage mothers every hour

In a study by Nelson and Rodriguez in 2016, it was found that the socio-economic characteristics of the youth who got pregnant and who experienced disaster in the form of typhoons are those who are living in some extended households but unrelated families, are in a consensual union with either their spouses or partners, did not go to college, and are earning a monthly income between Php5,000 to Php10,000. Thus, the young mothers are poor and were likely not to continue their education beyond high school. It would be interesting to find out if these findings on teenagers who got pregnant during disastrous typhoons hold true to that of the teenage youth who find themselves pregnant and mothers in a pandemic crisis.

The negative outcomes (e.g., less choices in employment due partly to less education, lower personal and household income, perception of doing more housework than their partners, lower self-esteem, and fewer coping skills) of teenage pregnancy for both parents and their children were investigated by Casad et al. (2012). The findings of the study by Jones et al. (2019) which interviewed 16-19-year-old teenage mothers on their views on teenage pregnancy indicate that the teenagers themselves hold negative views on teenage pregnancy. These findings stem from the stigma that the general population holds on early pregnancy.

The pandemic crisis brought about by COVID-19 is never gender neutral. The women, more than men, receive the hardest blow. A more recent report by the UNFPA in 2020 shows that lockdowns due to the COVID-19 crisis have significantly affected efforts on ending unmet needs for family planning. This is a result of several factors including health workers being preoccupied with the COVID-19 response, lack of personal protective equipment for health workers, limited services offered by health facilities, disruptions in the supply of contraceptives, and restricted movements of women to avoid exposure to the virus. Consequently, the number of unintended pregnancies increased as lockdowns and service disruptions continued.

In addition to food insecurity and lack of access to healthcare as adverse effects of the pandemic, girls are also more likely to take on traditional gender roles in the household like caring for their younger siblings or nursing relatives who become sick, thus putting them more at risk of infection.

It is for a fact that girls are more likely to work for more hours and do unpaid work such as chores and other domestic work due to the gender norms that dictate the nature of work expected from boys and girls. Such makes them more vulnerable from exploitation and in turn, prevents them from gaining opportunities to rise from poverty. During crises, women face greater risks of exploitation, inadequate access to healthcare services, and reduced educational and career advancement opportunities. Hence, government responses as well as efforts by civic organizations should promote policies and provide support that are gender-inclusive (Szabo & Edwards, 2020).

From stories within institutions to individual life experiences, narratives shed light on understanding such social issues and its implications. Moreover, emerging meanings and patterns could be identified from the retelling of stories through oral narratives (Linde, 2010).

## **OBJECTIVES**

The study aims to describe the social, economic, and behavioral characteristics including the health conditions and health practices of the youth based on the circumstances as pregnant teens and teen mothers during the pandemic crisis. These descriptions of the teens in the study provide the context of the stories of the teens. The stories aim to elicit meanings of the experiences of the pregnant teens and teen mothers during the pandemic by focusing on what and how the teens narrated their stories.

## METHODOLOGY

The study used the narrative inquiry method to retell the stories of teenagers who face the double burden of being pregnant or being a young mother during a pandemic (COVID-19). The study also retells the stories of the 18 youths gathered from an online, screen-mediated in-depth interview from October 2020 to January 2021. With all these challenges, on the recruitment of the participants, the interview guide was constructed to include probing questions. The pilot test aided in revising the items that are open to many interpretations. The average duration of the interview was one hour and 30 minutes.

The data collection was guided by ethical issues on informed consent, confidentiality, and anonymity, and by the principles of data management throughout the project. Bracketing or reflexivity assisted the authors to develop a non-judgmental and objective attitude towards the information shared by the participants (Doyle, 2012). The authors reached out to the potential participants via text, phone call, and Facebook Messenger to explain the details of the study, including the purpose of the study. Their voluntary participation in the study was ensured by obtaining their consent. The Filipino language was used by the researchers to facilitate communication and rapport with the teens.

As shown in Table 1, 10 of the 18 participants were referred (convenient sampling) by former students and classmates of the authors. The “built-in trust” of the referees, who were their teachers, neighbors and or friends was a big factor in overcoming the alienation and getting their consent to be interviewed by a complete stranger (who is also geographically distant and speaks a different language). Two of the 18 participants were referred to by the participants themselves called snowball sampling. The referees therefore serve as the go-between the researchers and the subjects. The participants were assured of the confidentiality of the answers to the questions and that their identity will not be known. This, in turn, helps in building the rapport between the researchers and the subjects.

The participants came from nine provinces situated in seven regions in the Philippines. Four of them came from Laguna and another four from Eastern Samar. There were three from Camarines Norte and another two from Batangas province. The rest of the participants are from the provinces of Sorsogon, Davao del Sur, South Cotabato, Surigao del Sur, and one was residing in the City of Manila at the time of the interview.

**Table 1**  
*Frequency Distribution of Participants by Province and Source of Referral*

Province	Former student/ classmate	Relative	Partici- pant	Facebook group	Friend	Rural health center	Total per province
Metro Manila	0	0	0	0	1	0	1
Laguna	0	2	1	0	0	1	4
Batangas	2	0	0	0	0	0	2
Camari- nes Norte	2	0	1	0	0	0	3
Sorsogon	0	0	0	1	0	0	1
Eastern Samar	4	0	0	0	0	0	4
Davao del Sur	1	0	0	0	0	0	1
South Cotabato	1	0	0	0	0	0	1
Surigao del Sur	0	0	0	1	0	0	1
Total per source	10	2	2	2	1	1	18

In retelling the stories of the youth who faced the multiple burdens as pregnant teen, as teen mother, and as teen pregnant mother during the pandemic lockdown is the inductive part of the study where from the constructive stories of the teenagers, common and contrasting themes were derived (Sharp et al., 2019).

**RESULTS AND DISCUSSIONS**

**Social, Economic, and Behavioral Characteristics of the Teens**

As shown in Table 2, the mean age of the teens in the study is 18 years old. The youngest is 16 years old while the oldest is 20 years old. The youths that consented to be interviewed are relatively older since the authors have included participants in the study who have turned 20 years old at the time of the interview, but became pregnant or gave birth when they were still in their teens.

The majority of the youths are in a consensual union, meaning unmarried and living either with their parents’ or partner’s households. Only two of the 18 participants are legally married. Aside from the unexpected pregnancy, three out of four youths also found themselves to be unexpected solo parents.

The decision that prompted them to live with their partners is their unexpected pregnancy. Those who moved into their partner's family expressed difficulties in adjusting because they missed their own families. Regardless of the living arrangement, the youth are living in a household with an average of six members. This is typical for a Filipino family in an extended household where the youths are either financially dependent or are expected to contribute to household expenditures. Table 2 also shows that the youths in the study had two or more boyfriends prior to being pregnant in their present relationship. In the study of Nelson and Rodriguez (2016), having three or more boyfriends was found to be significantly related to early pregnancy. At least half of them shied away from the question as to when they had their first pre-marital sex (PMS) experience except for one who admitted having PMS at the age of 15. PMS is a risk factor to early pregnancy and for most of the youth in the study they engage in PMS to express love and affection for their partners (Nelson & Rodriguez, 2016; YAP, 2013). The social characteristics of the youths are more similar than different. The unexpected pregnancy resulted in a change in living arrangement. Their pregnancy was the main reason for them to decide to move in with their partners' family.

**Table 2**  
*Percent Distribution of the Social Characteristics of the Teens by the Nature of Circumstances during the COVID-19 Pandemic*

Nature of circumstance during the COVID-19 Pandemic					
	Pregnant (n=5)	Mother (n=11)	Pregnant and mother (n=2)	Total (n=18)	
Mean age	18	18	19	18	
Region					Childbearing Rate <sup>3</sup>
NCR	20	0	0	6	6
IV-A	0	55	0	33	9
V	20	27	0	22	4
VIII	40	9	50	22	8

XI	20	0	0	6	18
XII	0	0	50	6	15
XIII	0	9	0	6	8

**Marital Status**

Single	11	11	0	22
In consensual union	11	44	11	61
Married	6	6	0	11

**Living arrangement**

With own parents	60	45	0	44
With partner's household	20	27	100	33
With own household	20	27	0	22

<b>Mean household size</b>	7	6	7	6
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<b>Mean number of boyfriends</b>	5	2	1	2
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<b>Mean age at first premarital sex</b>	18	17	NI	17
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*Notes: NI means not indicated; Percentages may not add up to 100% due to rounding up*

Senior high school is the highest educational attainment of 67 percent of the 18 teens. However, as shown in Table 3 most of them (78%) have stopped schooling mainly due to financial reasons related to their unintended pregnancy. The four youths who are currently enrolled shared that they are having a hard time coping with school work and child care responsibilities. More than half (61%) of those who had stopped schooling signified their plans to continue their studies. The motivation for them to continue their studies is to increase their chances of providing a good future for their child and to become financially independent. Dropping out from school decreases their potential to earn a decent income. Table 3 also shows that about 39 percent of the youths' households have a monthly income that falls below Php5,000. Only a third of them earn between Php5,000 and Php10,000. The teens and their partners are minimum wage earners. Typically, they are classified as part of the informal sectors who work as house helper, lumberman, rider for online selling, water boy, construction worker, and selling motor parts. Aside from financial difficulties, the youth have emotional problems as well which they are able to cope with through the help of family members and relatives. The result of the study is congruent to the negative outcomes of early pregnancy as found by Casad (2012).



**Table 3**  
*Percent Distribution of the Economic and Behavioral Characteristics of the Teens by the Nature of Circumstances during the COVID-19 Pandemic*

Nature of Circumstance during the COVID-19 Pandemic				
	Pregnant (n=5)	Mother (n=11)	Pregnant and mother (n=2)	Total (n=18)
<b>Highest educational attainment</b>				
Junior high school	20	18	50	22
Senior high school	80	64	50	67
College level	0	18	0	11
<b>Status of enrolment</b>				
Currently enrolled	20	27	0	22
Not enrolled with plans of continuing studies	80	55	50	61
Not enrolled without plans of continuing studies	0	18	50	17
<b>Source of income</b>				
Partner	60	64	50	61
Self	0	9	0	6
Partner and self	0	18	50	17
Parents and relatives	40	9	0	17
<b>Monthly income</b>				
Below Php5,000	40	36	50	39
Between Php5,000 and Php10,000	0	45	50	33
More than Php10,000	20	9	0	11
Not indicated	40	9	0	17

**Hunger**

Yes	40	27	0	28
No	60	73	100	72

**Support system**

Family and relatives	80	45	100	61
Partner	20	9	0	11
Friend	0	18	0	11
None	0	27	0	17

**Are you happy?**

Always	80	82	50	78
Sometimes	0	18	50	17
Never	20	0	0	6

**Are you nervous?**

Always	0	27	0	17
Sometimes	60	45	50	50
Never	40	27	50	33

**Are you fearful?**

Always	20	36	0	28
Sometimes	40	36	50	39
Never	40	27	50	33

**Are you hopeful?**

Always	80	100	100	94
Sometimes	0	0	0	0
Never	20	0	0	6

**What are your hopes and aspirations?**

Continue studies	60	9	100	33
Continue studies and find a job to provide for my family and child	20	27	0	22
Provide a good future for the child	20	36	0	28
Migrate overseas	0	9	0	6
Not indicated	0	18	0	11

***Note:** Percentages may not add up to 100% due to rounding up*

**Health Conditions and Health Practices of the Participants during the Pandemic**

Table 4 shows that during their prenatal checkups, the teens are accompanied by their mothers, their aunts, their partners, or an older friend but none of them have given advice with regards to reproductive health and family planning practices. Only two out of 10 teens used contraceptives or practiced any family planning method. During the interview, nearly all of the teens were not aware of any traditional or modern family planning methods. Their idea of family planning was limited to discussion with their partners on their plans to have their own family. In spite of their limited knowledge on sex education, 94 percent have had prenatal care where they had anti-tetanus shots and received supplemental vitamins from the rural health clinics or hospitals. The lockdowns also caused some delays in the access of prenatal care because of the stay-at-home rule imposed to minors.

This is a similar experience of the teens in the study of UNFPA. Although most of them, did not have any illnesses during their pregnancy [except for a few who had fever, headache, urinary tract infection (UTI), and loose bowel movement (LBM)] there are teens who have experienced anxiety due to likelihood of being exposed to the virus while waiting for the results of their diagnostic examinations during their prenatal check-ups. Undeniably, the lockdowns and the health safety protocols during the pandemic crisis is a stressful experience to the pregnant youth, a finding similar to that of Callaghan (2007). Although pregnant teens do not have a higher risk of contracting the virus, they are more likely to develop severe COVID-19 if infected (WHO, 2022).

The questions asked to the teens who are mothers at the time of the interview were about their birth delivery. Sixty-four percent gave birth at private hospitals, 36 percent delivered at either lying-in clinics or at home. A common sentiment among the teen mothers is they feel burdened by the additional fees they have to pay for rapid examinations and x-ray tests prior to admission in the delivery room of the hospital. On the other hand, compared to prenatal check-ups most mothers neglect postnatal check-ups. In this study, however, more than half of the teen mothers have had postnatal care.

**Table 4**  
*Percent Distribution on Reproductive Health Practices and Observance of Health Safety Protocols of the Teens by the Nature of Circumstances during the COVID-19 Pandemic*

Nature of Circumstance during the COVID-19 Pandemic				
	Pregnant (n=5)	Mother (n=11)	Pregnant and mother (n=2)	Total (n=18)
<b>Family planning method</b>				
Pills	0	0	50	6
Withdrawal	0	9	0	6
None	100	91	50	89
<b>Prenatal</b>				
Yes	100	100	50	94
No	0	0	50	6
<b>Place of birth</b>				
Private hospital	-	64	-	64
Lying-in clinic	-	18	-	18
At home	-	18	-	18
<b>Postnatal</b>				
Yes	-	55	-	55
Not yet	-	45	-	45
<b>Illnesses during pregnancy</b>				
Fever and/or headache	20	18	50	22

Urinary tract infection	20	18	0	17
Loose bowel movement	0	9	0	6
None	60	55	50	56
<b>Frequent handwashing</b>				
Yes	100	100	100	100
No	0	0	0	0
<b>Wearing of face mask</b>				
Yes	100	91	100	94
No	0	9	0	6
<b>Wearing of face shield</b>				
Yes	100	91	50	89
No	0	9	50	11
<b>Social distancing</b>				
Yes	100	91	100	94
No	0	9	0	6
<b>Reasons for violating the stay-at-home rule</b>				
Prenatal check-up	60	36	50	44
To buy essentials and baby's needs	0	55	50	39
To visit family and relatives	20	0	0	6
To get some fresh air	20	9	0	11

**Note:** Percentages may not add up to 100% due to rounding up

The social, economic, and behavioral characteristics of the subjects were described according to the circumstances they had during the pandemic such as whether they are pregnant, mother, and pregnant and also a mother. The description was to show whether the subjects differ by the circumstances they had during the pandemic. The assumption is that the characteristics of the teens is defined by the circumstances they are in during the pandemic. Based on deductive thinking, the circumstantial differences of the teens led to differences in characteristics. However, because the teens are unequally distributed across circumstances, it proved to be unrealistic to differentiate their characteristics based on their circumstance during the pandemic.

The characteristics served to contextualize the stories of the teens not based on their own circumstances during the pandemic, but the stories are the meanings they attached to their current relationship status with the father of their babies and their living arrangement.

## The Stories Behind the Numbers

Based on the status of their relationships and their current living arrangements, the 18 teens comprised the three clusters.. There were four participants who broke up with the father of their child and are now living with their own family (Cluster 1 [C1]). Majority of the teens, 12 of them, are currently living-in with their partners either in their own family or in the family of their partners (Cluster 2 [C2]). Two teens are legally married, have their own houses, and have stable income (Cluster 3 [C3]).

### *Narratives for Cluster 1*

The four teens who broke up with the father of their child had no option but to live with their parents. One of the four is an honor student who had to stop schooling due to pregnancy. “The father of my unborn child is now with another girl. What should I do? Am I entitled to ask for support even since we are not married?” This is the dilemma of RXP. She fell in love with the father of her unborn child, an elementary graduate with no permanent job. According to her, she fell in love with the father of her child because he was respectful and loving. In her own words, “*May nakita lang po na magandang ugali at mapagmahal hindi lang sa akin pati na rin sa kanyang pamilya.... may respeto din.*”

SDLR, like RXP, is pregnant and also not enrolled. She met the father of her child in school but has not seen him after she told him that she is four months pregnant. “*Hindi ko po alam. Bigla nalang po hindi nagparamdam.*” (I don't know where he is... he vanished in thin air.) SDLR lost her father when she was 16. She and her mother were evicted because of failure to pay rent. They were accommodated by her aunt where her mother supported her by doing laundry and tending a small store. She described it as this: “*Hindi po siya tindahan talaga, sa harap lang po ng bahay ng tita ko nakadisplay po. Sa'min po ni mama, maliit lang po pero nakakaraos po.*” (It is not really a store but we put up a small table in front of the house to display the food we sell.) Going to school is what she missed the most during the pandemic.

EP has a one-month-old baby and a three-month old sister. The eldest of seven children, EP gave birth a month ago at the time of the interview. Like RXP and SDLR, she too has broken up with the father of her child whom she met while on vacation in another town. Her own mother gave birth three months earlier than her. Being a student and mother is hard, “*Ako lang po gumagawa ta's pagkakaupo ko po sa module, iiyak po.*” (I do all the tasks. I just sat down to work on my modules when the baby started crying.)

Moreover, life is hard in general for EP as both of her parents do not have jobs. *"Mahirap po kasi kapos sa pera at pahirapan pong makahanap ng trabaho."* With two babies in the household, they found it hard to cope, but according to her, they never suffered from hunger. An independent and strong-willed single parent, CB is gainfully employed as a cashier and as a tutor to support her newborn child. She met the father of her baby in school and were in a relationship for five years until they reached a mutual decision that they are not meant for each other. As a working single parent, she stopped schooling to be able to focus on taking care of her child. Being a first-time young mother, she felt nervous and afraid during her pregnancy. *"S'yempre naman po kasi hindi pa nga po tama age ko at 'di ko po alam kung paano maging ina at kung magiging mabuti ba akong mommy."* Her newborn baby and her jobs are her source of happiness.

### ***Narratives for Cluster 2***

There are 12 teens who are in consensual union with their partners, residing either with their own parents or partner's parents. Do teens regret being pregnant? Do they experience boredom? At least one teen has experienced intermittent boredom, and regretted being pregnant, *"...dahil kung nag-ingat lang sana ako 'di naman ako magkakaganito."* (If only I was more careful, I would not end up like this.) In general, she seems disappointed with herself. She does not feel happy because she is not able to help her family, *"dahil natulungan ko sana pamilya ko kung di lang dahil sa pagbubuntis ko."* This is also the reason why she does not feel hopeful. Added to that, she has also been having a difficult time dealing with the lockdown. She is extremely bored at home and misses doing the things she used to do all the time like going to events, hanging out, and drinking with her friends. Nowadays, she spends most of her time eating, sleeping, daydreaming and chatting with her family. *"Pang araw-araw na buhay ko habang may pandemic ay mahirap. Napakaboring, 'di ako makalabas, 'di makagala. Kain, tulog nalang ako... mag-isip ng mga bagay na walang kwenta, makipag chismisan sa mga kasama ko sa bahay, mangarap ng pinakamalalim na imposibleng mangyari."*

JA turned 18 years old a day after the lockdown was implemented in March 2020. She was currently pregnant with her second child during that time. She said she did not want to become pregnant, but she was left with no choice because her partner of almost two years wanted a daughter. *"Di ko na sana umibig pang magbuntis kaso wala akong magagawa dahil gusto ng asawa ko kasi nga gusto niya babae."* Their first child is now two years old. She shared that it is hard to be pregnant in the middle of a pandemic because of the health risks faced by the mother and the child. *"Kailangan umiwas ng isang buntis sa mga tao na 'di mo kilala o kahit kilala mo pa dahil 'di natin alam ang takbo ng panahon kailangan ng buntis umiwas para (sa) safety (ng) kalagayan ng bata at ng katawan."* Due to the lockdown, she has neither received prenatal care nor have had an ultrasound.

Nonetheless, she said she feels “okay” and she tries to remain strong despite all of the hardships they are experiencing while there is a pandemic. *“Ang aking karanasan sa pagbubuntis ay minsan okay, minsan din hindi... Kinakailangan maging matatag hindi lang sa pandemic pati na rin sa iba pang darating na pagsubok sa amin.”* At age 16, she became a mother. Her pregnancy was unexpected, but she is extremely happy with her baby girl and with her new family. Upon learning that she was pregnant, she moved out of her parent’s home and decided to live with her partner’s family. She reached ninth grade, but decided to stop because of financial reasons. Since then, she has worked as a waitress in a restaurant. Her partner is a 22-year-old graduating automotive student and currently working as a rider for delivering food and other *pasabuy* items. She said she doesn't ask how much he earns in a month, but he is able to provide for their needs. Aside from her partner’s income, she sells food and clothes online where she earns around Php1,500 a month. All of her income from online selling goes to her savings because her partner encouraged her to keep it to herself and spend it however she wants. She noticed that her partner really embraced the responsibility of becoming a father the moment they found out that she was pregnant. She considered herself lucky to have a responsible partner and a father to her child.

LZ gave birth to a baby girl in her partner’s home last August, two months after she turned 19 years old and approximately five months after the community quarantine was implemented. LZ comes from a broken family where her parents separated when she was young due to the philandering activities of her father. Her father has been supporting her studies from his overseas work as a construction worker abroad. Her migration papers are now being processed and she will be joining her elder sister and her father anytime soon in 2021. When asked what would happen to her baby and partner when she leaves, she said the baby will be taken care of by his partner. Unlike other teens, LZ has managed to continue her studies. At the time of the interview, she is a first-year college student taking up BS Elementary Education. Aside from her studies, her baby takes up much of her time.

At the time of the interview, CS is 20 years old and three months pregnant with her second child. Her first child was born when she was 19 years old. Although technically she is no longer a teenager at the time of the interview, her story was included since she got pregnant during the pandemic lockdown. Due to the lockdown, the health center where she is getting her free pills was closed. She is staying in a household where three out of the eight members tested positive with COVID-19. Because of her exposure to the virus her husband was forced to go on a 14-day quarantine which was tantamount to no wages for 14 days. *“Nagkaroon na po. Sa loob talaga nga pamilya pero ‘di naman po nakakaapekto sa pagiging strong namin. Nalagpasan naman po namin ‘yun lahat.”* (Because we are strong, we were able to survive it.). Her online selling of house dresses enables them to literally survive.



GC is 19-year-old and has a four-month-old baby. She gave birth last June 2020 in a private hospital in her province. To the question: what was it like giving birth during a pandemic? She said her province was COVID-free at the time she gave birth in June. The restrictive movement did not apply in her case. She found out she was three months pregnant after developing a fever. Her parents were angry when they learned of her pregnancy. The anger was changed to happiness upon the birth of their grandchild *"Nung una po galit sila. Ngayon po, tanggap at mahal na mahal nila baby ko."* Her parents who own a drug store have gifted them with a *sari-sari* store. GC is *"Super saya"* (very happy). *Opo, super saya po dahil sa baby ko at marami din po ako natutunan simula nung naging nanay ako kaya masaya po, sobra."* (...very happy to be a mother and she is learning many things that she would not have learned if she did not become a mother.)

JM is 18 years old and the eldest among her three siblings. Her partner, who is 19 years old, has expressed that he wanted to have a baby but never expected to get pregnant although she admitted that they never used any forms of family planning. When asked if she had other boyfriends before settling down with her current partner, she said *"hindi ko ma-explain"* (it's hard to explain). The first time that she engaged in premarital sex was when she was 17 years old. She was anxious and worried that her child might get sick. *"Sobrang hrap, nakakastress and nakakatakot din kasi mahirap manganak lalo na pandemic pa. Nakakatakot na may makuha na sakit si baby."* In spite of the early and unexpected pregnancy, she and her partner manage to continue their studies for their child's future.

JD is the youngest among seven siblings. She was 17 years old when she gave birth to her first child. According to her, she and her partner of two years have always wanted to have their own family. They are currently living with her parents and two other siblings. Although they often talked about building their own family, the pregnancy still came unexpectedly. *"Di naman po sa plinano, nagkataon lang po, then sabi ko po sa asawa ko kung pananagutan nya ako kung sakaling mabuntis ako. Oo daw po."* The father of her child is her second boyfriend and she was 16 years old when they first had premarital sex. She said she always felt happy and hopeful because of her beautiful baby girl. *"...Nagkaroon ako ng super gandang anak na binigay ng diyos sa akin."* (The Lord gave me a very beautiful child.). She expressed that it has been difficult to deal with the lockdown. In spite of this, she remains grateful as they always have food on their table and she is able to focus on taking care of her child. *"Super hrap ng lockdown pero 'di naman siya as in super hrap. Kumakain naman kami ng tatlong beses o higit pa sa loob ng isang araw"* (Being in lockdown is difficult, nonetheless we are still able to eat at least three times a day).

JC is the 10th of 12 siblings. At the age of 15, JC found out she was pregnant after she missed her period after they had been intimate with her partner. At 16 years old, she was three months pregnant. At the time of the interview, she is five months pregnant.

Her partner, but refers to him as *asawa* (husband), is her neighbor and her second boyfriend. JC is a continuing Grade 7 student. She dutifully does her modules, materials provided for her as part of the blended learning implemented to all public schools. Aside from her being a continuing student she also sells *gulaman* or jelly drinks. Her partner works as a pizza delivery boy and brings home a wage of Php200.00 a day. So far, she has gone to the rural health center twice and once in the town hospital for her prenatal checkup. When asked what her aspirations are? Her only wish is for her unborn child to have a good future (*Ang gusto ko po ay magkaroon ng mabuting kinabukasan ang magiging anak ko...!!*).

CL was 19 years old when she gave birth to a 24-week-old premature baby. The belief of many is that her child was not going to live for long. Fortunately, her child was a “super fighter.” Eight days after staying at the hospital, she was able to bring her baby home where they set up some lights to serve as an incubator. She is very happy that her first child survived and regards her as a blessing. She met her partner through a common friend. She is an Alternative Learning System (ALS) passer and currently enrolled in Grade 11. She said her daughter is not a hindrance to her success. “... *di naman hadlang si baby para sa akin, inspiration ko pa nga.*” (My baby serves as my inspiration, rather than a hindrance.) She has experienced hunger even before the pandemic. Aside from financial concerns, the health risks brought by COVID-19 have made her anxious. “*Kailangan po talaga sumunod sa mga health protocols at kailangan po talaga maging mag-ingat sa mga taong nakakasalamuha mo. Nakakatakot na po talaga lumabas at makipag-usap sa iba kasi hindi natin alam kung saan-saan sila nag pumupunta at marami pang iba.*” (We really need to follow health protocols and be cautious of the people whom we interact with.).

RP gave birth to her first child in September, a month before she turned 20. She and her partner, whom she met through social media, are staying with her parents. She and her partner finished Grade 12, but both of them have decided to stop studying so that she can take care of their child while he works. His partner, who is 24 years old, works as a water boy. He earns Php 500.00 per week which they use for their everyday needs. She spends her days in lockdown taking care of her baby. She said she misses bonding with her family and traveling with her friends. She shared her hopes and dreams for herself, her baby and family. “*Ang aking plano sa kinabukasan ko ay maging masaya kame kapamilya at ang Plano ko sa kinabukasan ngan anak ko ay makapagtapos ng pag-aaral at magkaroon ng magandang buhay at kinabukasan.*” (I wish to have a happy family and I hope that my child will be able to finish her studies to have a good life.)

YJ, on the other hand, and the last teen in this group became a mother at the age of 16. Her partner, who is twice her age, works as a construction worker. She expressed that life during quarantine has been difficult. “*Nakaranas po ako ng hirap na dumating quarantine.*”

*Nawawala na ako pag-asa at walang wala na akong pera.*" (I have experienced difficulties when quarantine guidelines were imposed. I started losing hope since we did not have enough money.) She also shared that she has experienced hunger before and during the pandemic.

### ***Narratives for Cluster 3***

There were two teens characterized as legally married, living independently and relatively financially stable. KM was 20 years old last July 15, 2020. She was four months pregnant at the time of the interview in October and was 19 years old when she conceived in June. Her husband owned a hardware store. She got married in a civil ceremony in September. Her husband is her fifth boyfriend who happened to be their neighbor. Financially, KM and her husband can afford a comfortable life from the Php30,000 monthly earnings from their hardware store. Although relatively good income, this was more than 50 percent reduction from what they used to get before the pandemic. Other than minor misunderstanding, she described her relationship with her husband as generally happy, not at all nervous of her pregnancy.

KT was 19 years old when she became pregnant with her first child. Two months after she turned 20 in July this year, she gave birth in a private hospital. She also got married in the same month. She finished Grade 12 but decided to stop schooling to focus on taking care of her child. *"Baka hindi ko kayanin kasi kakaanak ko lang."* ("I might not be able to keep up with the coursework because I just gave birth.") Although the pregnancy was unexpected, she described it as "natural." meaning she did not get sick during her pregnancy. She never felt afraid because her husband and family remained supportive of her throughout her pregnancy and birth delivery.

The stories of the participants served as their voices that provided "rich and thick descriptions" of the experiences of the pregnant youth and young mothers in this difficult pandemic crisis. Five major themes emerged from their narratives, which are both descriptive summary and interpretative analysis of the shared experiences of the youth in the context of what it is like to be pregnant and a mother at a young age.

### ***Theme 1. Teen Mothers Face Multiple Burdens during the Pandemic***

Regardless of their circumstances (pregnant or mother) during the pandemic and whether they are solo parents, in consensual union or married, the teens face multiple burdens such as low to no income, low education, less employment opportunities, and health risk for both the teen mother and newborn children. Unlike older women, teens are faced with multiple burdens during these difficult times. The first burden is the lack of economic viability due to lack of education which in turn leads to losing the opportunity to earn an income to support herself and her child's needs.

Among the teenagers who either voluntarily or involuntarily ended the relationships with the father of their unborn or newly born child, the most logical option is for them to stay with their parents to guarantee them financial and emotional support. However, the parents of the teens also married young, some have no jobs and others with jobs are minimum wage earners. Living with relatives was experienced by a pregnant teen after she lost her father at a young age. Children of teenagers from poor backgrounds are likely to end up as poor as well (Domencio & Jones, 2007). Thus, it can be said that getting married early is a factor that can perpetuate intergenerational poverty. Hence, teen mothers are likely poor. The increase in teenage pregnancy means an increase in poverty. Another burden is the lack of emotional support due to unstable relationships with the father of their child. The teen mother burdened with fear, and anxiety is psychologically traumatic for young mothers. Moreover, being in an unstable relationship, the children of these teens will likely grow up without a father as a role model.

In addition, teens having children are likely to have more health risks for themselves and their children. The probability of having childbirth complications is higher basically because of biological immaturity. They are prone to premature birth whose children born prematurely are faced with many health issues for being underweight and malnourished. One of the teens in the study had a premature birth. In the Philippines, where abortion is illegal, the teen may resort to unsafe and dangerous abortion. In this study, none of the 18 youths had attempted to abort or commit suicide.

### ***Theme 2. Involuntary Propping out from School due to Unplanned Pregnancy***

Dropping out from school is a consequence of teen pregnancy. Eighty-eight percent of the teens had to stop schooling due to unplanned pregnancy. Their reason is that they need to take care of their child. Studying and taking care of a child are two tasks they find difficult to handle at the same time. The main motivation stems from their awareness that education improves their chances of finding a job and to provide a good life for their family. An assertion that teenage pregnancy contributes to the increase in dropout was found in this study.

However, in spite of the fact that two of the teens who are better situated relative to other participants, the two participants discontinued their studies. School dropouts are both a social and an economic issue.

### ***Theme 3. Unplanned Pregnancy is Non-use of Contraceptives, but not necessarily Unwanted Pregnancy***

In this study, whatever their circumstances in life during the pandemic, all the pregnancies were unplanned. Even though most of the pregnancies are accidental, they are not necessarily unwanted. Many have discovered they are pregnant when they are already three months on the way. Telling their parents about the pregnancy is a challenge to many youths for fear of being harshly judged.

This further contributes to the delay in seeking prenatal care at the onset of pregnancy. The stay-at-home rule has also resulted in the delays in access to prenatal care since minors were not allowed to go out. In spite of this, almost all of them have received prenatal care during their pregnancy. The non-use of family planning methods and not practicing sexual abstinence are the reasons for the unplanned, unintended or accidental pregnancies. Sexual abstinence and use of contraceptives are not the norm. Teenage pregnancy is the consequence of having a boyfriend. Being intimate means the expression of “love and respect.” This is the reason why even though the pregnancies are unplanned, none of the eighteen, except one, have regrets. In fact, in spite of being mothers at a young age, the teens are generally happy with their pregnancies and perceive their children as blessings and are the source of their inspiration to continue their studies.

### ***Theme 4. Being Pregnant during Pandemic is Stressful***

The pandemic times require behavior modification. Following health safety protocols is the new behavior adapted by all to prevent infection. All the teens are well-informed and aware of the COVID-19 situation. While in lockdown, taking care of their babies and household chores keep the teens busy. In the case of the teens the pandemic is not only a reason to modify their behaviors but more so their everyday life has changed from being simply daughters to suddenly being mothers.

Apart from thinking about whether they are ready to become mothers or not, the teens also feel anxious about getting exposed or their babies being infected with COVID-19. In addition, those who have given birth also shared some inconveniences that they experienced such as additional expenses for medical examinations. At least one of the teens that was interviewed, said that during the COVID-19 pandemic, rural health centers were closed and unable to avail free vitamins and contraceptive pills. Moreover, due to restricted movements, the teens missed bonding with their friends and relatives. They specifically mention missing going to malls with friends. With most of them stop attending school, their social interaction is limited to people in their household. This may contribute to retardation in their social skills. At least one felt inadequate during the pandemic to the point of losing her confidence and having low self-esteem.

### ***Theme 5. Teens are Full of Optimism and Hope***

If there is something we can learn from the youth is their optimism. They did not lose their hopes. The teens are inspired to work hard and to continue their studies for the sake of their child (ren) future. The element of hope (*pag-asa*) is the common thread running through the stories of the teenagers. None of the teens were found to have been molested or suffered from domestic violence. None have attempted to commit suicide mainly because of supportive parents, partners and husband. In many cases, parents, at the onset upon learning the pregnancies of their daughters are disappointed, which however have been reported by the teens to have been replaced with acceptance and feeling of joy and excitement upon the birth of their child. This is partly attributed to the close family ties coupled with the innate resilience trait of Filipinos, a cultural characteristic that provides strength, in facing adverse situations like in an unintended pregnancy as opposed to self-condemnation that may lead to suicidal attempts. In spite of these burdens, the teens remain optimistic and hopeful for the future.

## **CONCLUSION AND RECOMMENDATIONS**

The study aims to describe social, behavioral, economic, and health conditions of the pregnant teens and teen mothers based on whether they are pregnant, and mothers during the pandemic. The characteristics of these teens provide a prelude to the stories they told in the in-depth interview. The stories on the other hand, were differentiated based on their relationship status and living arrangement at the time of the interview. The study is relevant because it provides very useful insights of two simultaneous crises: teen pregnancy and pandemic. There is a vast amount of literature on teen pregnancy but scarce literature on teenage pregnancy during crisis especially in a pandemic that was a universal phenomenon. The study provided insights to help us to understand the complexity of being young, pregnant or mother during a pandemic crisis in the social and cultural context of the Philippines. To protect the wellbeing of children and adolescents is essential in achieving the UN sustainable goals particularly those pertaining to reducing poverty, hunger and inequality.

All pregnancies during the pandemic were unintended due to the admission of the youth themselves that they never use any natural or modern contraceptives during their sexual activities. Because of unplanned pregnancies and the fact that most of them kept their pregnancies from their parents led to emotional stress. Keeping their pregnancies secret from parents also led to the delay in prenatal check-ups, considered important for early pregnancy.

An age-appropriate comprehensive sex education is not just a privilege but a right for youth to know from the right sources on reproductive health. Sex education is not only the use of contraceptives, but it includes rational planning, when you want to have kids, how many and how many years of birth intervals and learning to say “No” for sexual advancement. Discussion of sex at home is still culturally not accepted however, the importance of parental involvement of their children on sex education is deemed important. This lack of sexual communication between couples hinders opportunities for gaining sufficient knowledge about contraceptive use that often leads to unintended pregnancies which otherwise had been prevented through the provision of comprehensive intervention programs (Kругу et al., 2016).

The comprehensive sexual education which is embodied in the Reproductive Health Act of 2012 is one of the keys to ending teenage pregnancy. This is where they learned that consent is a must in engaging in any sexual activities and how to protect themselves against sexual transmittal diseases to prevent the spread of HIV, reduce vulnerabilities to violence. A consistent finding on many studies that a comprehensive sex education lowers the risks of teenage pregnancy (Cheedalla et al., 2020; Kohler et al., 2008; Lindberg & Maddow-Zimet, 2012). The enactment of the Teenage Pregnancy Act and culturally appropriate implementing rules and regulations would mitigate teenage pregnancy. Lessening teenage pregnancy lessens the gender education gap and breaks the cycle of intergenerational poverty. Lying-in clinics and rural health units refuse to deliver babies of teenage mothers because they cannot provide OB-GYN doctors and are not equipped to handle pregnancy complications common among young mothers. Upgrading the facilities of rural health clinics may help prevent infant and child mortality.

The pregnant teens and teen mothers in the study have to stop schooling to take care of their babies. Although many desire to go back to school which signifies that the youth in the study are very much aware that if they continue their schooling, they can provide a better future for their child. But for their desires to be a reality these young mothers who are facing multiple burdens need the encouragement from their immediate families. It has been shown that parent's attitudes also play a significant role in women's educational progress. Teenage mothers are likely to reach further educational goals if provided with parental support (Mohr et al., 2019). The most certain way is to have programs and policies to make the youth stay in school so that through education, they improve their human capital, have access to reproductive health care, make informed decisions and break away from intergenerational poverty.

Moreover, growing up in a poverty-stricken environment hinders the access to education and opportunities to develop skills relevant for work, children are more likely to earn lower income as adults as well (United Nations International Children's Emergency Fund, n.d.).



The government should then provide supportive programs for the youth who desire to continue studying but have no financial means to pursue their studies. The 4Ps need to be expanded to allow access for the youth to ensure that they go back to school while working and taking care of family duties. Young women from impoverished areas have the tendency to engage in unwanted relationships and risky sexual behaviors. Solo parents with no income add on to families living in poverty

and children growing up without a father will definitely not contribute favorably to the well-being of the teen and their child. Because of no means for livelihood, teenage mothers depend upon the goodwill of their own parents and other relatives who more often are also unprepared to have the burden of taking care of another child. In addition to economic difficulty, young solo parents would also potentially suffer from social stigma. This is why it is important to integrate aspects of economic and social empowerment in programs for preventing teenage pregnancy (Kругу et al., 2016). Although none of the youth in this study experienced depression and serious emotional problems, the need for psycho-social support aside from financial support should also be a top priority and be incorporated in the Teenage Pregnancy Act. Formal social support and informal social support should be part of the policy. Peers of pregnant teens and teen mothers can be trained as peer counselors. It is therefore imperative to mobilize all social institutions from the family, government and civic groups because teenage pregnancy, like the Pandemic, is a social problem and a social emergency. It can only be reduced through a concerted effort of the individual and society. The study also has shown that even though the youth have shown resilience, they remained a very vulnerable population especially during these global pandemic crises. They are faced with multiple burdens that need integrated assistance and support so that their optimism and hope will become a reality in the new normal after the COVID-19 pandemic crisis.

Doing an online chat interview during the pandemic can be both challenging to the researchers and alienating on the part of the participant. Challenging because there is no known sampling frame for the teenage population who are either pregnant or mothers during the pandemic lockdown. Known therefore as a hidden population, there is difficulty in sourcing them.

Moreover, getting their informed consent to be interviewed by a stranger proved to be difficult. On the other hand, it is alienating to the participants because of the sensitivity of the topic or the stigma attached to being pregnant at a young age. Therefore, it is recommended when there are no more restrictions related to the pandemic, doing research using face-to-face interviews to larger samples, and using probability sampling can immensely improve the data collection processes and thereby make conclusive statements related to teenage pregnancy during crises like the pandemic.



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