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EXPLORING THE FACTORS AND UNVEILING THE SOLUTIONS TO PREVENT TEENAGE PREGNANCY

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Abstract

Teenage pregnancy remains a pressing public health and social issue, particularly in developing countries where adolescents face significant challenges related to education, poverty, and access to reproductive health services. This study aims to explore the factors, processes and consequences of teenage pregnancy. Specifically, it investigates how socioeconomic status, parental involvement, peer influence, exposure to media, and access to sex education interact with behavioral processes like decision-making, communication, and risk-taking behavior, ultimately leading to the outcome of early pregnancy.

A mixed-methods approach in interviewing was used to gather comprehensive data from adolescent respondents, revealing that teenage pregnancy is influenced by a complex interplay of personal, social, and environmental factors. Lack of parental guidance, inadequate sex education, peer pressure, and misinformation from media significantly increase vulnerability to early pregnancy. In many cases, the pregnancy results in educational disruption, strained family relationships, economic hardship, and long-term emotional and health challenges. By understanding the root causes and processes leading to teenage pregnancy, stakeholders can design more effective prevention strategies and provide appropriate support systems for affected teens.

I. INTRODUCTION

Teenage pregnancy refers to a situation where a girl between the ages of 13 and 19 becomes pregnant. Biologically, teenagers may not be fully developed to carry a pregnancy safely, which increases the risk of health complications for both the mother and the baby. It is a major societal issue that affects teens, families, and society at large. The consequences affect the economic, social, health and education of the adolescent parents. These are observed as to increased poverty and economic burden, stigma and social isolation, risks on the maternal and child health, including mental health concerns and reduced future opportunities due to lower

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educational attainment. It likewise includes the high possibility of intergenerational cycle of disadvantage as children born to teenage mothers are more likely to experience poverty, poor health, low education and economic outcomes.[1]

Teenage pregnancy is rampant and alarming in many nations of the world including the Philippines. Globally, almost one in six young women gives birth before age 18. Fourteen percent of Filipino girls aged 15-19 are either pregnant for the first time or are already mothers. CAR ranked as seventh placer nationwide on teenage pregnancy in 2022 [2].

In 2022, Apayao recorded the highest number of teenage pregnancies with 321 cases. The number decreased significantly in 2023 to 268; but the teen pregnancy cases increased again to 300 in 2024 [3], suggesting a resurgence of the issue after a brief improvement.

Pregnancies between the ages of 16 to 19 constitute the highest rate of data. The Local Health Offices, the Population Commission, the Local Social Welfare and Development Offices partnering with the Department of Education, have taken the challenge in reducing the rate of reducing of teenage pregnancy through information and education campaign activities on adolescent sexuality and reproductive health values. Despite these efforts, numbers remain high. Therefore, studies have to be undertaken to investigate the causes of teen pregnancies, explore more effective strategies as well as understand how teenage mothers cope with their lives.

Statement of the problem

To date, there is a lack of documented research specifically examining the underlying reasons why the province of Apayao continues to report high rates of teenage pregnancy within the Cordillera region. This gap in the literature prompted the development of this research proposal, which aims to address the following problem statements:

1. What are the socio-demographic profiles and the personal, parental and other factors that influence the occurrences of teenage pregnancy?
2. What strategies can be crafted to decrease the chances of teenage pregnancies among young girls in the Province of Apayao?

Conceptual framework

Understanding the multifaceted nature of teenage pregnancy requires drawing upon various theoretical frameworks. The Socio-ecological Model, championed by Urie Bronfenbrenner, posits that an individual's development and behavior, including the occurrence of teenage pregnancy, are shaped by a nested system of influences ranging from immediate interactions within the family and peer group (microsystem) to the broader cultural values and societal laws (macrosystem). This perspective underscores that teenage pregnancy is not solely an individual choice but is deeply embedded within a complex web of social, environmental, and policy contexts.

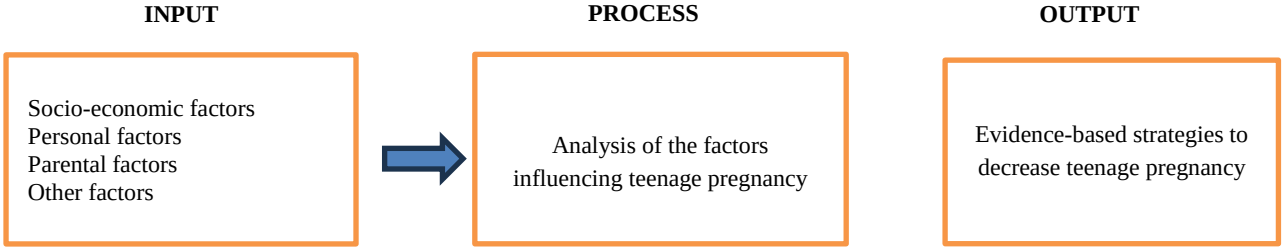
In contrast, Social Learning Theory, primarily associated with Albert Bandura, emphasizes the role of learning through observation and imitation. Adolescents learn behaviors, including those related to sexual activity and contraception, by observing the actions and consequences experienced by significant others in their environment. If risky behaviors are modeled without negative repercussions or if positive role models for responsible sexual health are lacking, teenagers may be more inclined to engage in behaviors that increase the likelihood of unintended pregnancy. Self-efficacy, the belief in one's ability to execute behaviors successfully, also plays a crucial role in this theory.

Finally, the Health Belief Model, developed by early social psychologists, focuses on individual perceptions as drivers of health-related behaviors. According to this model, a teenager's likelihood of engaging in behaviors that prevent pregnancy, such as using contraception, is influenced by their perceived susceptibility to pregnancy, the perceived severity of its consequences, the perceived benefits of taking preventive action, and the perceived barriers to doing so. Cues to action and self-efficacy further contribute to the decision-making process regarding sexual health behaviors. These three theories, while distinct in their focus, collectively offer a more comprehensive understanding of the individual, social, and environmental factors that contribute to teenage pregnancy.

The research paradigm using the Input-Process-Output (IPO) model frames an investigation into teenage pregnancy. The Input identifies the various factors considered to influence this phenomenon, categorized as socio-economic factors, personal factors, parental factors, and other factors. These represent the initial variables that the research explored. The Process indicates that the research involved an Analysis of Factors influencing tee-age pregnancy. This signifies the core research activities, such as data collection and analysis, aimed at understanding the relationships between the input factors and the occurrence of teenage pregnancy. Lastly, the Output represents the anticipated outcome of the research process: Evidenced-based strategies to decrease teen-age pregnancy. This suggests that the goal of the research is to utilize the insights gained from the analysis to develop effective and data-driven interventions aimed at reducing the prevalence of teenage pregnancies. In essence, the model depicts a linear progression from identifying contributing factors to analyzing their impact and ultimately generating practical solutions.

Research paradigm

Figure 1. The paradigm of the study showing the input, process and output. The conceptual framework adopts the input – process-output model.



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II. METHODOLOGY

Research design

The study used a Descriptive Case Study Design, combining both qualitative and quantitative research methods. Data was gathered through an interview guide questionnaire that aimed to collect important facts and personal insights from participants. Additionally, primary documents from the local health office were used to support and verify the results.

The qualitative approach focused on understanding human behavior and experiences by collecting non-numerical data through interviews, observations, and document analysis. It aimed to explore the how and why behind teenage pregnancy in depth and context.

The quantitative approach involved collecting numerical data to identify patterns, make predictions, and analyze relationships between factors using statistical methods.

Locale of the study

The study was conducted among teenage parents residing in the Municipality of Flora, Apayao. Flora is a third-class municipality located in the Province of Apayao, which is part of the Cordillera Administrative Region (CAR) in the Philippines. It is a landlocked municipality characterized by a mix of lowland plains and hilly terrains, with elevations ranging from 9 to 129 meters above sea level. As per the 2020 census, there is a total population of 17,944 residents. The municipality comprises 16 barangays and is home to a diverse population, including the Isnag people, an indigenous group native to the area. The respondents were selected from ten (10) of the municipality's barangays, representing a cross-section of the adolescent parenting population within the community.

Respondents of the study

The participants of the study are girls not younger than 14 years old but not older than 26 and have experienced abortion or delivered a full-term baby during their teenage years. The respondents who are still pregnant during the survey period were likewise included. Despite variations in their stories, they share common vulnerabilities related to age, social pressures, limited access to education, and insufficient support systems.

Research instruments

The primary research instrument used in this study is a survey questionnaire originally written in English, with selected portions translated into the Iloko, a dialect used by majority of the respondents to ensure better understanding. During the interviews, the interviewer also translates specific questions into the local language as needed. The questionnaire comprises a mix of short-response items, checklists, and ranking-type questions, allowing respondents to indicate the most applicable options to their experiences. The questionnaire was subjected to content validation by the personnel of the Provincial Social Welfare and Development Office handling the youth and family welfare programs; and the population program officer of the Provincial Health Office for validation.

Data gathering / Ethical considerations

A permission to conduct the study was sought from the Office of the Municipal Mayor. After the approval, the objective of the research was coordinated to the Punong Barangay of the different barangays comprising the municipality of Flora. The researcher was endorsed to the health workers of each barangay. Together with the Apayao Barangay Social Welfare Workers (ABSWW) assigned in every barangay, the health workers and the researcher identified appropriate records and participants for the study.

The availability of respondents for interviews was a challenge to the researcher. As a result, the survey questionnaire was transcribed into Google Forms, utilizing social media to facilitate data collection. Personal interaction with the respondent via private messages and phone calls was done before data collection through the survey link.

Semi-structured in-depth interviews were conducted as part of the research methodology to gather data. Observations, including face-to-face interviews and the use of field notes, further support the data collection process for respondents available in their residences during the survey's implementation. Some interviews were transcribed verbatim to facilitate data analysis.

Ethical Considerations

While the real identities of clients are collected, all information are handled with the highest level of confidentiality and used solely for academic purposes. Moreover, all participants provided informed consent before participation. Their identities were kept confidential by removing any identifying details from the data.

Statistical treatment of data

Quantitative data were analyzed using frequency and percentage distributions to present the socio-demographic profiles and other numerical insights. Concurrently, qualitative data, derived from interviews and open-ended survey responses, underwent rigorous thematic analysis. This involved transcribing responses, systematically coding them, and categorizing emergent themes and patterns to uncover in-depth perspectives on the causes, lived experiences, and consequences of teenage pregnancy. This mixed-methods approach, combining statistical and thematic analysis, facilitated a comprehensive and holistic understanding of the phenomenon under investigation.

III. RESULTS AND DISCUSSION

This section comprehensively presents the study's findings, derived from both quantitative and qualitative data collection methods. The results are systematically organized in alignment with the research objectives and problem statements, highlighting key trends, statistical patterns, and emergent themes related to teenage pregnancy. Quantitative data are effectively communicated through tables, figures, and descriptive statistics, while qualitative responses are thematically analyzed to offer profound insights into the lived experiences and diverse perspectives of the participants.. These findings establish the foundation for subsequent interpretation and discussion.

I. Socio-demographic profile of respondents

The socio-demographic profile reflects the data from thirty-four (34) respondents who participated in the study, across ten different barangays within the municipality. The participants included both teenagers who were currently pregnant and those who were already teenage parents.

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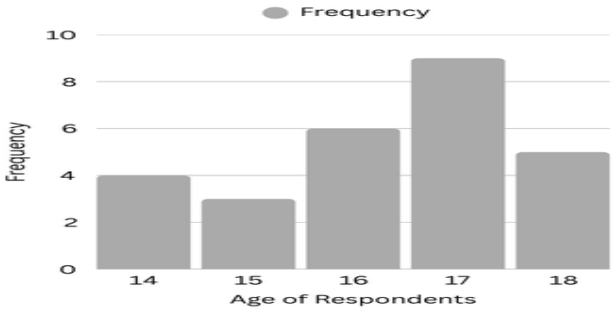
Figure 2. This chart presents the age of respondents at their first pregnancy.



Majority of first pregnancies occurred between the ages of 16 to 18. There are also cases of very early pregnancies at ages 14 and 15, indicative of concerning trends such as early sexual activity, lack of access to reproductive health services, and, in some instances, sexual abuse. The distribution peaks at age 18, which means that this is a common transition point where individuals are more likely to become pregnant. These early pregnancies raise serious concerns about the vulnerability of young adolescents, particularly in rural and underserved areas, where social support systems and health services may be limited.

The distribution of pregnancies peaks at age 18. This age is a critical transition point, influenced by a combination of factors such as dropping out of school, entering romantic or cohabiting relationships, and the societal acceptance of becoming a parent at the threshold of adulthood. At this stage, many teenagers may no longer be under close parental supervision and may lack the guidance and knowledge necessary to make informed decisions about their sexual and reproductive health.

When the respondents were asked why they get pregnant at early age, one of them, an 18-year old respondent replied,

> *"My parents have separated, and each now has their own family. My three siblings and I lived with our mother in Tarlac, but I later moved to Isabela to stay with my father, hoping to continue my studies with his support. However, I struggled to get along with my stepmother. While living in Isabela, I met my partner, who was applying to join the army. We were in a relationship for a year. My family situation is among my reasons to live with my partner. We decided to reside at my partner's hometown here in Atok and live as a complete family.*

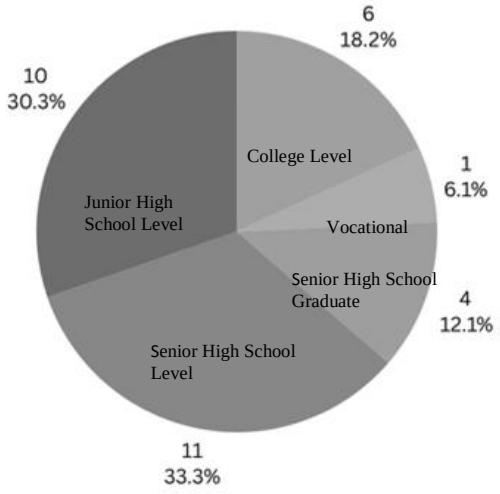


Figure 3. This chart presents the educational attainment of respondents.

Another respondent, a 14-year old, added this,

> *"I got pregnant when I was just 14, mostly because of problems at home and what my friends were doing. Our family was poor, like, my parents could barely give us what we needed, so I kind of just ran to my friends who also had family issues. There was this guy in our group who started liking me, and honestly, I didn't even think twice. I just thought he could help me get away from all the hard stuff I was going through. I seriously believed he could give me enough food, proper clothes, and a good life, but it just ended up making everything way, way harder."*

Figure 3 presents the educational background of the respondents revealing a varied range of attainment levels, with the majority of senior high school. Specifically, 11 respondents were still at the senior high school level, while only 4 had graduated. An additional 10 respondents were at the junior high school level, indicating that many had not yet advanced to senior high school.

Meanwhile, 6 respondents had reached the college level, suggesting that a small portion were able to pursue higher education despite having early pregnancy. Only 1 respondent had completed a vocational course, and another 1 was at the elementary level, indicating minimal formal education. This distribution signifies that early pregnancy disrupts educational progression, particularly during the high school years.

One respondent who is currently enrolled in Senior High School mentioned,

> *"Our family is a beneficiary to the Pantawid Program which helped me to reach senior high school. But I chose not to continue my studies because I wanted to start working to support myself, my parents, and my younger siblings. We are a big family and our parents cannot support us. My friend invited me to work as a server at a Miki house in Junction Luna. That's where I met my partner—he's from Luna, Apayao and a year older than me."* [A response from a respondent reaching senior high school from the Aeta group.]

Table 1. The different Indigenous Peoples' Affiliations of the Respondents.

Indigenous Peoples' Affiliation	Frequency
Isnag	11
Aeta	5
Itawes	1
Ibanag	1
Non-Indigenous People	16

Table 1 presents the number of respondents affiliated with various Indigenous Peoples (IP) groups. Eleven (11) respondents identified as Isnag, while five (5) identified as Aeta. Both the Ibanag and Itawes groups had one (1) respondent each. It is evident that the Isnags and the Aetas face limited access to reproductive health services, education, and socioeconomic

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opportunities factors known to contribute to early pregnancy concerning the geographical locations of their residences to health care facilities. Additionally, sixteen (16) respondents who selected "Others" identified themselves as Ilocano and Tagalog, ethnolinguistic groups not classified as Indigenous Peoples in the locality; however, their inclusion highlights the importance of considering diverse cultural backgrounds. Each group's unique beliefs, social norms, and access to information can significantly influence adolescent reproductive behavior, including the risk of early pregnancy.

The early age of marriage among the Aeta is closely linked to early pregnancy and conflicts with legal standards, especially under Philippine law. Many Aeta girls become mothers during their teenage years, sometimes as young as 14 or 15. Despite the law, deep-rooted traditions and limited state presence in remote areas make enforcement difficult as many Aeta communities still prioritize cultural norms over legal standards.

FACTORS THAT INFLUENCE THE OCCURRENCE OF TEEN-AGE PREGNANCY

Understanding the socio-economic, personal, parental, and other contributing factors that contributed to teen-age pregnancy is absolutely essential for effectively addressing both its underlying root causes and its wide-ranging impacts. The comprehensive data gathered in this study revealed the intricate and often challenging environment in which these early pregnancies frequently unfold. This complexity stems from the dynamic interplay between poverty, limited opportunities, individual aspirations, family communication patterns, peer influences, and broader societal norms.

Table 2 presents the socio-economic factors that influence the occurrences of teen-age pregnancy among the respondents. Results show that most respondents belong to families with low incomes. Majority or 64% of the respondents' source of income is Farming while 17.6% are employed in a private company and 5.9% are working in the government as rank-and-file employee.

In terms of monthly income, 44% have an income of ₱5,000 and below, while 35% are earning ₱5,000–₱10,000 and only 15% have a monthly income of 10,000-15,000.00. In 2023, the monthly poverty threshold for a family of five (5) in the Cordillera Administrative Region (CAR) was estimated at PhP 13,239.00. This means that a family with a monthly income below this amount is considered to be below the poverty threshold. This further explains that a family in CAR needed at least this much to cover basic food and non-food needs. Based form the results, 94% of the respondents' families do not meet the income therefore, they belong to poor families. This indicates that most teenage mothers face financial challenges and may need support to meet their basic needs.

Five of the respondents affirmed the result by saying,

> *"Life's just really hard for us. We can barely even get enough food for our family, and buying milk for our kids. That's a huge struggle. We just try to be okay with whatever we have right now. Mostly, we just depend on other people and the government for help."*

The data reveal that majority (55.9%) of the respondents, their live-in partners served as the family's primary breadwinner. Consistent with earlier findings, farming was identified as the predominant source of income for these providers. Majority (64%) have a semi-concrete housing structure. This means that the housing structure combines light materials and concrete elements. Light materials include bamboo sheets, anahaw leaves, rattan and concrete elements. Most of the houses have small area.

Table 2. This table presents the socio-economic profile of the respondents

Socio-economic profile of respondents		
Description	**Number**	**Percentage**
A. Source of income		
Farming	22	58.8%
Vending/Selling	2	5.9%
Remittance from OFW Family Members	4	11.8%
Employment at a private company	6	17.6%
Employment in the government	2	5.9%
Farming	22	58.8%
B. Monthly income range		
Below 5,000.00	15	44%
P5,000.00 – 10,000.00	12	35%
P10,000 – 15,000.00	5	15%
15,000.00 – 20,000.00	0	0%
Above 20,000.00	2	6%
C. Breadwinner of the family		
Father	7	5.9%
Mother	10	17.7 %
Sister	2	5.8%
Brother	0	0%
Live-in partner	19	55.9%
Self	2	5.9%
Others	3	8.8%
D. Housing structure		
Semi-concrete	22	64%
Light materials	2	5.9%
Owned	4	11.9%
Renting	6	17.9%
E. Number of persons in the household		
2-3 persons	7	18%
4-5 persons	12	35%
6-8 persons	13	38.2%
9 or more	3	8.8%
F. Number of rooms		
1 room affair	5	14.7%
2-3 rooms	29	85.3%

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G. Family structure		
Nuclear	7	20.6%
Extended	27	74.4%

In terms of household size, 38.2% comprises of 6–8 persons in a household, followed by 4–5 persons (35.3%). The result shows that majority of the respondents are living with their parents and siblings, which implies crowding and dependency for survival.

The result was substantiated by majority of the respondents by stating,

> *"When I got pregnant, I have no choice but to live with my parents and siblings and some of our relatives because we are dependent on them in terms of financial, food and survival. It takes time for me and my husband to build a house. Until now, we do not have a house. We still live with my parents".*

On living space, the majority (85.3%) of respondents reside in homes with 2–3 rooms, while 14.7% live in single-room dwellings. This indicates that a significant portion of families experience limited living space, which can compromise privacy and, in some cases, increase the vulnerability of young children to potential abuse.

Lastly, extended family structure is dominant, with 74.4% living in households that include relatives. Only 20.6% are nuclear families. Overall, the data reflects that most respondents live in modest, shared housing with extended families and larger household sizes, indicating limited space and resources.

Table 3. This table presents the personal, parental and other factors that influence teenage pregnancy.

A. Socio-economic factors	***Frequency***	***Percentage***
Poverty, lack of opportunities	22	64.7%
B. Personal factors		
Means of meeting partners	***Frequency***	***Percentage***
Through social media	13	38.2%
Through an acquaintance/kakilala	9	23.5%
Text mates	3	8.8%
Through friends	2	5.8%
Through Dating Apps	1	2.9%
Others	6	17.5%
C. Parental factors	**Frequency**	**Percentage**
Poor family communication about sex relationships	17	58.8%
Parental negligence	14	41.2%
D. Other factors	**Frequency**	**Percentage**
Lack of comprehensive sex education	22	64.7%
Peer influence	14	41.2%
Limited of access to contraception	12	35.5%
Sexual assault or coercion	3	8.8%
Cultural or religious beliefs limiting discussion about contraception	2	5.9%
Substance use leading to risky behavior	1	2.9%

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Two cheerful teen mothers share their shared stories about meeting their partners in the narratives below:

> *"My partner is from Camalaniugan, Cagayan. He came to this place 3 years ago as a helper in the ongoing road construction in our area. I was 18 years old; he was 23. He belongs to the Ibanag tribe. We were in a relationship for 3 years, starting as text mates. We are getting married in two days. I am happy and our parents support our relationship."*

Sharing from a responder who met her partner in the area as a result of migration for employment.

> *"I was introduced to my partner through social media by a family member. He was working at my uncle's farm at the time. He is an Isnag. We often chatted and eventually grew close. Getting pregnant was not our plan but it happened. We live together; we share the responsibility of rearing our child. He supports our family's needs and my education."*

A response from a respondent who met her partner via social media.

Tables 3 reflects the personal factors on how respondents met their partners. The majority which is 38.2% reported that they met their partners through social media. This suggests that digital platforms play a substantial role in initiating relationships among adolescents,

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likely due to their accessibility, anonymity, and the appeal of virtual interaction.

Following social media, 23.5% of respondents met their partners through acquaintances or "kakilala," indicating that community networks still play a strong role in adolescent relationships. This also reflects the close-knit nature of rural or semi-rural communities where social circles are interconnected. A smaller portion met their partners as text mates (8.8%), through friends (5.8%), or dating apps (2.9%), showing the variety of informal communication channels that facilitate early romantic connections.

Interestingly, 17.5% reported "others" as their means of meeting partners, which could include face-to-face encounters in schools, events, or workplaces. This range of means underscores the diverse ways adolescents form relationships, many of which may lack the guidance and boundaries necessary to prevent risky behavior.

Parental influence, or the lack thereof, also emerges as a crucial element in the occurrence of teenage pregnancies. Half of the respondents (58.8%) identified poor family communication about sex and relationships as a contributing factor. This finding emphasizes a critical gap in the home environment where open, honest discussions about sexual health are often avoided due to cultural taboos, discomfort, or lack of knowledge. The absence of such communication can leave adolescents ill-prepared to make informed decisions, increasing their vulnerability to unplanned pregnancies

Additionally, 41.2% of respondents cited parental negligence as a factor. This refers to emotional neglect, lack of supervision, or a general disengagement from the teenager's personal life. Such neglect may push teenagers to seek emotional connection, attention, or validation from romantic partners, sometimes resulting in unintended sexual activity and pregnancy.

When young people feel neglected at home, they may turn to romantic relationships for emotional support and validation, increasing their likelihood of engaging in risky behaviors.

The intersection of these two parental issues, poor communication and negligence, paints a picture of adolescents navigating complex emotional and physical experiences largely on their own. The absence of open, supportive relationships with parents contributes significantly to the vulnerability of young girls to early pregnancies.

The lack of parental supervision is validated by the quoted responses,

> *"We lost our mother three years ago due to cancer. Only our father fulfills parenting responsibilities. As the second eldest child, I could not share my personal concerns to our father. In our family, we never talked about sex and relationships. Also, we barely speak to each other. I have lost communication with the father of my first child. I am currently four months pregnant with my child as a result of sexual assault. With my situation this time, I prefer staying at my aunt for emotional and financial support."* [A statement from a respondent who has a 1-year-old child and is four months pregnant, a victim of sexual abuse who grew up without a mother's guidance.]

> "*My parents are separated. My mother left us for another man. I have four siblings, but our father hasn't been able to support us financially. I was only able to study until Grade 6. Since then, I've moved from one household to another, working as a helper in exchange for food and basic needs. Meeting my boyfriend gave me a sense of having a complete family. He now works at a gasoline station and provides for our needs, especially for our 1-year-old child."* [Shared by a teen mother who experienced economic hardship and limited parental support from an early age.]

Still reflected in Table 2 are the other factors that influence teenage pregnancy. A significant 64.7% of respondents identified the lack of comprehensive sex education as a key factor. This finding highlights a fundamental gap in the knowledge and awareness of adolescents regarding reproductive health, contraception, consent, and responsible sexual behavior. In many rural or conservative areas, discussions about sex are often avoided or reduced to moral warnings, depriving young people of critical information necessary for informed decision-making. The absence of formal, age-appropriate education in schools contributes to misconceptions, unplanned sexual activity, and a lack of preparedness to prevent pregnancy.

Peer influence was the second most reported factor, cited by 41.2% of respondents. Adolescents are highly susceptible to peer pressure, particularly when trying to fit in socially or seeking approval. Friends who are sexually active or who normalize early romantic and sexual relationships may indirectly influence others to engage in similar behaviors, even if they are not emotionally or physically ready. The pressure to conform can override personal values or caution, especially in the absence of strong parental or educational guidance.

Another notable factor is the limited access to contraception, reported by 35.5% of respondents. This suggests that even when adolescents are aware of birth control methods, barriers such as cost, stigma, distance from health facilities, or fear of judgment from adults or service providers may prevent them from obtaining and using them. The lack of youth-friendly reproductive health services continues to be a significant barrier in preventing unintended pregnancies among teenagers.

While only 8.8% of respondents cited sexual assault or coercion, its presence is deeply concerning. This reflects a hidden yet serious issue where some teenage pregnancies are not the result of consensual relationships but of abuse, manipulation, or forced encounters. Such cases often go unreported due to fear, shame, or lack of trust in support systems. This underscores the urgent need for stronger child protection mechanisms, reporting systems, and psychological support for young victims of abuse.

Only 5.9% pointed to cultural or religious beliefs limiting discussion about contraception, but this small percentage may underrepresent the true extent of the problem. In many communities, traditional beliefs can discourage open conversations about sexuality, resulting in silence around contraception and reproductive health. Adolescents may grow up believing these topics are inappropriate or shameful, leading to ignorance and risky behavior when they do become sexually active.

Finally, 2.9% of respondents identified substance use leading to risky behavior as a contributing factor. Although reported by a small percentage, this factor remains important, as drug or alcohol use can impair judgment and lead to impulsive or unprotected sexual activity. Even minimal data in this category should prompt

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further exploration, particularly in relation to environments where substance use is prevalent among youth.

These findings demonstrate that teenage pregnancy is not the result of a single cause but is influenced by a combination of systemic, personal, and societal factors. The high percentage pointing to the lack of sex education and peer pressure indicates that preventive efforts must begin with education and community engagement.

II. PERCEIVED STRATEGIES IN RESPONSE TO TEENAGE PREGNANCY

Addressing teenage pregnancy requires a multi-faceted approach that considers the diverse factors contributing to early childbearing. The following section explores the respondents' perceptions of effective interventions, ranging from education and family involvement to community and healthcare support, that can help prevent early pregnancies and support affected adolescents. Respondents' feedback plays a crucial role in validating the findings of this section.

Table 4. This table presents the Issues and Perceived Strategies

Issues	Strategies
I. On socio-economic factors 1) Poverty 2) Economic dependency 3) Living conditions 4) Geographic access to health facilities	➢ Invest in programs that reduce poverty and increase educational and economic opportunities for young people and their families. ➢ Offer mentorship and role models to young people in disadvantaged communities, develop programs that build self-esteem and assertiveness skills in adolescents.
II. On personal factors 1) educational disruption 2) partner dynamics 3) meeting context	➢ Educate young people about the link between substance use and risky sexual behavior. Strengthen comprehensive HIV/STI prevention and responsible sexual behavior education and conduct individual and peer counseling activities. ➢ Offer mentorship and role models to young people in disadvantaged communities, develop programs that build self-esteem and assertiveness skills in adolescents. ➢ Curfew hours should be implemented among the youth to limit their time outside their homes
III. On parental factors 1) poor family communication 2) parental negligence 3) extended family living	➢ Parents should provide supervision, open communication on adolescent development and sexual health in an age-appropriate and non-judgmental way. Also, values reorientation is another significant strategy to be provided among parents as families should instill the basic values among children.
IV. Other risk factors 1) lack of sex education and contraceptive access 2) peer pressure and influence 3) sexual coercion	➢ Conduct of quarterly dissemination on Reproductive Health and other related issues within the community. ➢ Ensure the presence of contraceptives in public places in which teenagers and interested persons may access as well as the responsible usage ➢ Easy access or availability of family planning commodities and services in clinics or barangay health stations. ➢ The strengthening of VAWC Desks in the institutions is also given importance as some respondents are victims of sexual abuse and/or coercion. Likewise, those pregnant before the age of 18 are categorized by the law as cases of rape or sexual abuse. It includes the implementation of comprehensive information-education campaigns on sexual assault and/or gender-based abuses prevention and focus on consent, healthy boundaries, and bystander intervention. ➢ Values formation activities should be essential part of information dissemination activities especially on the delayed involvement in sexual activities.

The collective insights from the top seven perceived interventions to lessen teen pregnancy highlight a comprehensive, layered approach that spans education, family, community support, access to services, and socio-economic empowerment.

At the core of these recommendations is the investment in structural and long-term solutions, such as reducing poverty and increasing access to education and economic opportunities. These basic interventions aim to target the root causes of teen pregnancy by empowering young people and their families, ensuring they have the means and motivation to pursue life goals beyond early parenthood.

Education is a crucial pillar, particularly the inclusion of comprehensive sex education in the school curriculum, in a way that is age-appropriate, inclusive, and values open communication. This formal education must be reinforced by the family environment, where parents are encouraged to maintain supervision and engage in non-judgmental, honest conversations about adolescent development and sexual health. Parental involvement is essential in fostering informed and confident

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decision-making in youth. Family provides the basic foundation in values and decision-making of the children.

Community-based support activities also play a vital role. Interventions like mentorship programs and the availability of positive role models in disadvantaged areas help guide adolescents through critical developmental stages. In this area, we recognize the importance of the establishment of teen centers to provide guidance and support among teenagers towards decision-making. Coupled with this is the strengthening of institutional support such as Violence Against Women and Children (VAWC) Desks and youth empowerment initiatives that build self-esteem and assertiveness, all of which contribute to increased resilience against peer pressure and risky behavior.

Access to family planning services and contraceptives is another cornerstone of prevention. Ensuring that young people have easy access to reproductive health commodities, coupled with comprehensive campaigns on consent, healthy boundaries, and abuse prevention, creates an environment where adolescents can make safe, informed choices.

Community-wide efforts, such as regular reproductive health information dissemination, access to contraception, and programs that support adolescents' social development, further reinforce a collective responsibility in addressing teen pregnancy. Interventions also recognize the role of substance use as a contributing factor to risky sexual behavior. Initiatives like peer and individual counseling provide safe spaces for adolescents to reflect on their choices and receive guidance.

Finally, the importance of social media platforms and intensified public awareness campaigns underscores the role of media and local health offices in amplifying key messages about safe sex practices. These campaigns can help shift societal attitudes and create an informed, supportive public discourse.

IV. SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

SUMMARY OF FINDINGS

The issue of teenage pregnancy is shaped by a complex interplay of socio-economic, personal, parental, and other risk factors. In addressing this issue effectively, it is essential to understand these contributing elements and implement targeted, culturally sensitive strategies that can support both prevention and intervention.

Socio-Economic Factors

Teenage pregnancy is strongly influenced by the socio-economic conditions in which young people live. Widespread poverty, economic dependency, poor living conditions, and limited access to healthcare facilities make adolescents more vulnerable to early pregnancy. These challenges often restrict opportunities for education and employment, making early family formation appear as a viable path. To counter this, there is a need for strategic investment in programs that reduce poverty and expand educational and economic opportunities for young people and their families. Additionally, mentorship initiatives that provide role models and promote life skills, self-esteem, and assertiveness among youth in disadvantaged areas can empower them to make informed life choices.

Personal Factors

On a more individual level, teenage pregnancy can be linked to disruptions in education, imbalanced partner dynamics, and the social contexts in which young people meet potential partners. Educational gaps reduce awareness about reproductive health and increase susceptibility to peer pressure and risky behavior. Furthermore, relationships involving power imbalances or exposure to unsafe environments can increase the likelihood of early sexual activity. Addressing these issues requires comprehensive sexual education that includes the risks of substance use and its correlation with unsafe sex. Strengthening HIV/STI prevention programs, individual and peer counseling, and life skills education can help adolescents develop healthier decision-making patterns. Curfews and structured environments can also reduce exposure to risky situations.

Parental Factors

Family dynamics play a crucial role in shaping adolescent behavior. Poor communication, parental negligence, and extended family living arrangements often leave adolescents without the necessary guidance and supervision. When parents fail to discuss developmentally appropriate topics like sexuality and reproductive health, adolescents may turn to peers or media for information, which can be misleading or harmful. To address this, parents should be equipped to engage in open, honest conversations with their children about adolescent development and sexual health in a non-judgmental manner. Values reorientation programs for parents can further reinforce their role as primary guides in their children's formative years.

Other Risk Factors

Beyond personal and family influences, other significant contributors to teenage pregnancy include the lack of access to sex education and contraceptives, the impact of peer pressure, and the prevalence of sexual coercion. In many communities, reproductive health information is not readily accessible, and contraceptives are either unavailable or stigmatized. Additionally, some adolescents face coercive situations that lead to non-consensual sexual activity—cases that may legally constitute sexual abuse or rape, particularly when the victim is under 18.

To combat these risks, it is vital to conduct regular community-wide dissemination of information on reproductive health, consent, and gender-based violence. Contraceptives and family planning services must be easily accessible in public health centers and barangay health stations. Institutions must also strengthen mechanisms such as the VAWC (Violence Against Women and Children) Desks to protect and support young people who have experienced abuse.

Lastly, values formation activities should be integrated into educational campaigns to encourage delayed sexual engagement and promote healthy, respectful relationships.

CONCLUSION

Based on the findings of this study, the following conclusions are drawn:

1. The study found that most first pregnancies occurred between the ages of 16 and 18, with a notable peak at age 18, suggesting this is a common age for pregnancy. However, the data also revealed alarming instances of very early pregnancies among 14 and 15-year-olds, which points to serious issues like early sexual activity, limited access to reproductive health services, and potential sexual abuse.

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2. Teen-age pregnancy were driven by a complex interplay of socio-economic, personal, parental and other factors. The consistency that emerged from community respondents point to issues such as poverty, weak parental involvement, lack of access to comprehensive sex education, limited reproductive health services, and social stigma. These imply that teenage pregnancy in Apayao is not just a personal choice but is heavily shaped by poverty, lack of education, poor access to services, and weak parental support.

3. Community-wide, multi-sectoral interventions are needed, particularly in education, parental involvement, youth protection, and healthcare access, to address the root causes.

RECOMMENDATIONS

1. The **Department of Education** in partnership with the Apayao **Provincial Health Office (PHO)** and R**ural Health Units (RHUs)** should develop and implement an age-appropriate, culturally sensitive, and comprehensive sexuality education curriculum starting from elementary grades (specifically targeting ages 12-13, given the risk at 14-15) and continuing through high school. This curriculum should cover not only biological aspects but also healthy relationships, consent, gender equality, responsible decision-making, and future planning. Integrate practical life skills to empower young people to navigate peer pressure and make informed choices.

2. The **Apayao Provincial Health Office, Rural Health Units, and Community Health Workers (CHWs) / Barangay Health Workers (BHWs) should e**stablish and promote accessible, confidential, and non-judgmental adolescent-friendly health services within local health centers (RHUs) and community clinics. This includes providing accurate information on contraception, sexually transmitted infections (STIs), and pre- and post-natal care, ensuring the availability of a range of contraceptive methods, and training healthcare providers in adolescent health needs. Outreach programs to remote communities are crucial.

3. **The Provincial Social Welfare and Development Office, Local Government Units through Barangay Councils and Religious and Community Leaders** should develop and implement parent education programs that equip parents with skills for open communication about sexual health, responsible parenting, and fostering a supportive home environment. Programs should address financial literacy and livelihood skills to mitigate the impact of poverty, thereby reducing the pressure on adolescents to seek external financial solace.

4. **The Provincial Office of Agricultural Services (POAS), Department of Trade and Industry (DTI), Technical Education and Skills Development Authority (TESDA)** shall introduce or strengthen existing poverty alleviation programs that specifically target vulnerable families in Apayao, including conditional cash transfers (Pantawid Program), Sustainable Livelihood Programs (e.g., training in alternative farming techniques, small business development, craftsmanship, skills training), and educational scholarships for at-risk youth.

strengthening government programs on education and economic opportunities, integrating sex education into schools, enhancing parental engagement, and ensuring access to family planning services were viewed as critical to reducing teenage pregnancies. Furthermore, programs that promote youth empowerment, open communication, peer mentorship, and community-wide education campaigns were considered essential to strengthening adolescents' capacity to make informed, responsible decisions.

Overall, the results underscore the necessity convergent approaches to address teenage pregnancy, activities that includes health, education, social welfare, family systems, and community engagement.

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