

RESEARCH ARTICLE

Experiences of unwanted pregnancy among adolescent mothers aged 12 to 15 years old: An interpretative phenomenological analysis

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ABSTRACT

Introduction: Adolescent pregnancy is enduringly perceived as posing a considerable social threat in the Philippines. Recent data from the Commission on Population and Development shows that over 40,000 births annually are from adolescent mothers aged 10 to 14 years, with many of these early pregnancies potentially linked to rape, forced sex, and abuse. Most studies in the past focus on causes and prevention. Limited research explores the lived experiences of early adolescent mothers, especially in the context of unwanted pregnancies.

Objective: This study was conducted to determine the lived experiences of unwanted pregnancy among early adolescents age 12 to 15 years old in Zamboanga City.

Methodology: The study employed an Interpretative Phenomenological Study Design which involved understanding how the adolescents make sense of events, emotions, and interactions in their experiences. Ten (10) adolescent girls with experience of unwanted pregnancy were interviewed.

Results: Analysis of transcripts generated three superordinate themes: (1) Living in the challenges of the present, (2) Facing the future with resilience, (3) Escaping the past. After identifying similarities across cases, two cross-case themes were generated: (1) Dysfunctional family background as a contributor to early pregnancy, and (2) The importance of relying on significant others for support.

Conclusion: The study revealed that unwanted pregnancies were influenced by dysfunctional family environments, socioeconomic challenges, and, in some cases, sexual exploitation. The participants faced emotional distress, financial instability, and social stigma, with support from family playing a critical role in the coping process. Despite the initial adversity, participants demonstrated resilience, finding ways to endure, adapt, and thrive.

Background

Adolescent pregnancy has been a longstanding issue in the Philippines. While the adolescent birth rate among older teens has remained relatively stable in recent years, there is a troubling rise in pregnancies among girls aged 10 to 14. Philippine Statistics Authority (PSA) data showed live births among those aged 10 to 14 between 2016 and 2021 rose by 11 percent. In 2021, 2,299 births were recorded from this young age group, an increase from 2,113 births in the previous year [1].

In Zamboanga City, there were 18 cases of pregnancies recorded for the age group 10 to 14 years old as of May 2021 Commission on Population and Development (CPD) data. Although a smaller value compared to the 606 cases recorded from the age group 15 to 19 years old, the number of cases increased steadily from 18 to 29 cases from 2021 to 2023 – an increase deemed concerning by the Department of Health [2].

The Philippine Legislators' CPD cites that a lot of early pregnancies can be linked to rape, forced sex, and abuse [3]. About 15% of girls who had sex before the age of 15 reported that their first encounter was coerced [4].— Even more concerning is the possibility that some young girls are experiencing violence and sexual abuse committed by their own family members.

Girls in the 10 to 14 age group are still undergoing physical development. Their bodies are not fully matured and are susceptible to a number of serious health problems, such as inadequate nutrition during pregnancy, dangers related to their bodies not being physically ready for birth, and increased risk of eclampsia, which can result in maternal death [5].

An early and unplanned pregnancy robs minors of not just their childhood but more likely their future as well, as early pregnancy almost always means that the young girls—most of whom come from poor and marginalized families—will not finish even basic education and will keep them mired in poverty [6]. Studying the experiences and perspectives of teenage mothers in the Philippines is crucial for addressing their unique challenges and improve their well-being.

Methodology

The study was conducted across various barangays in Zamboanga City from August to October 2024. The study employed an Interpretative Phenomenological Study Design in describing the experiences of unwanted pregnancy among adolescent mothers aged 12 to 15 years old. The study involved ten (10) adolescent girls who became pregnant at aged 12 to 15 years and were selected through chain-referral sampling with homogeneous focus. The research instrument was adapted from the studies of Bah [7] and Pogoy [8], as these studies focused on the lived experiences of teen mothers. Modifications were made to these sources to align with the research objectives. The instrument served only as a guide, the aim was to have a fluid conversation and to create a space for the research participant to lead the conversation in both content and pace.

For data analysis, the Interpretative Phenomenological Analysis (IPA) approach was used which allowed the researcher to understand how the participants make sense of the events in their lives through the analysis of in depth-interviews with respect to a shared experience – that is unwanted pregnancy in early adolescents. The guidelines were outlined by Smith *et al.* [9] to analyze the complexity of the qualitative data and reach a deeper level of interpretation, along with a degree of flexibility when indicated [10].— This process involves six steps: (1) Reading and re-reading, (2) Initial coding, (3) Developing emergent themes, (4) Making connections among the patterns and themes, (5) Repeating the process with the next transcript (6) Searching for patterns across transcripts. With the repeating items grouped, the researcher looked for linkages between themes to form a rich, descriptive narrative of the participant's perspective about the research topic. Ethical

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clearance to carry out the study, including permission to conduct research on adolescents who are minors, was approved by the University Ethics Committee of the Ateneo de Zamboanga University.

Results

The study involved ten (10) teenage mothers as participants, with ages ranging from 14 to 19 at the time of the interview. By following the approach of Smith *et al.* (2009), each interview was analyzed using Interpretative Phenomenological Analysis (IPA) exploring each of the interview transcripts, in-depth, by considering contextual responses. The analysis generated three superordinate themes, which are: (1) Living in the challenges of the present, (2) Facing the future with resilience, (3) Escaping the past.

Living In the Challenges of the Present

All participants unanimously described at least one aspect of their motherhood as hard to manage, especially when they were alone caring for their child. They shared their stories on how they struggled but coped with their parenting tasks, by trying everything they could and by learning through personal experience. This is exemplified by the account of Rochelle”

“Hindi po yun planado. Ano lang po, mga bigla lang po na nabuntis ako. Hindi ko po ginusto na mabuntis....Kinabahan po. Umiyak po. ... kasi baka manggalit yung mama po, yung papa po. Baka hindi ako panagutan [ng boyfriend ko].Tinanggap ko lang kasi dun din po yung papunta kasi. Ano naman din po, nandyan naman po. Alangan naman po pabayaang ko ang bata. ...nakasanayan ko na din magbantay kasi mga pamangkin ko, binabantayan ko din.”

“It was not planned. It just happened, I got pregnant unexpectedly. I didn't want to get pregnant... I got nervous. I cried because I was afraid my mom and dad might get angry. I thought my boyfriend might not take responsibility. ... I accepted it because that's where things were headed anyway. Well, it's here now. I couldn't just abandon the child. ... I've also gotten used to taking care of children because I take care of my nieces and nephews as well.”)

The acknowledgement of the adolescent pregnancy, moral support to the adolescent mother and material/financial support to look after the child were key aspects towards thriving. With the help of parents and other family members, adolescents were able to cope with the reality of pregnancy.

Facing the Future with Resilience

Four of the ten participants of this study experienced miscarriage. The women expressed how they had no knowledge of what to expect or what is considered normal while miscarrying. Rose and Jessica recalled that they experienced labor weeks before their expected date of delivery.

“Parang nanganak lang ako. Tapos paglabas niya, patay po.”

“It felt like I just gave birth. Then, when he was born, he passed away.”)

“Na-admit pa yung baby. Pero hindi niya nakayanan.”

“The baby was admitted, but he didn't make it.”)

The grief experienced by these young individuals was profound, and during the narration of their experiences, they were often moved to tears. Accordingly, keeping busy helped participants cope with their loss. Such an avoidant coping style was also used and found to be effective by some adolescents, as exemplified by Rose and Jessica, who seemed overwhelmed by the stress of adolescence, pregnancy, and miscarriage.

Meanwhile, other participants spoke about the presence of their partner, family, or friends and how they provided emotional reassurance during moments of grief.

“Kino-comfort niya po ako (partner), kapag may problema, sinasabi ko sa kanya.”

“My partner comforts me. Whenever I have a problem, I tell him.”)

“Yung mama [ko] po kinausap niya po ako. Tanggapin ko na daw kasi nawala na yung anak ko. Pati sabi ko naman, natanggap ko naman kasi alam ko naman na hindi para sa akin.”

“My mom spoke to me. She told me to accept that my child is gone. I told her that I have already accepted it because I know it wasn't meant for me.”)

This support provided them with a sense of stability, creating a safe emotional space where they could gradually process their grief. By having the reassurance of a supportive environment, they were able to acknowledge their emotions, navigate the complex feelings associated with miscarriage, and come to terms with the loss of a child.

Marian was only 12 years old when she got pregnant by her husband. She reported experiencing varying degrees of domestic violence ranging from emotional and controlling abuse and sexual abuse to severe physical violence ultimately leading to her miscarriage.

“Ang anak ko po ma'am, apat, ika-apat na sa kanya, ang dalawa po nakuha. Sa mga way 3 months saka 4 months nakuha po. Kasi dahil sa kanya. Mahilig siya saktan ako” (Marian, p. 154, line 123 - 131)

“My children, ma'am, I have four. The fourth one was with him. The other two were lost at 3 and 4 months. It happened because of him. He likes to hurt me.”)

Marian developed resilience by critically assessing the misalignment between her environment and her needs. She realized that her situation could no longer persist and that she could not rely on her home environment to change on its own to meet her needs and those of her children. This realization led her to take decisive action to remove herself from the situation, protecting both her safety and that of her children.

“Sabi ko sa mga pamilya ko, gusto ko maghiwalay sa asawa ko. Kasi hindi naman niya ako nirespeto bilang asawa niya, ma'am...Kaya gusto ko nang maghiwalay sa asawa ko. Kaya gano'n lang sinabi ko sa mga pamilya ko. Sabi ng pamilya ko “Desisyon mo na yan kasi ikaw ang asawa niya, ...tumakas po ako sa kanya.”

(I told my family that I wanted to separate from my husband because he didn't respect me as his wife, ma'am. ...That's why I wanted to separate from him. I told my family, and they said, 'It's your decision because you're his wife...' So, I ran away from him.”)

Escaping The Past

Some adolescents had to leave home in search of opportunities. At 12, Ysa took on exploitative jobs to survive but was eventually forced to escape. In her vulnerable state, she met her current husband whom she was forced to marry and engaged in sex against her will.

“Nagtrabaho muna ako dun. Tapos, tumakas ako, naghingi ako tulong. Hindi kasi ako, ano, sinasahuran. Gusto niya ako na, yun na, kinuha niya ako dun sa pag trabahoon ko. ...Kasi wala na kasi ako mapuntahan. ...Hindi ko kasi that time gusto. Pati hindi ko siya kilala. ...Ayoko, masakit. Kaso wala naman magpagkain sa'kin dito. ...Kasi wala na talaga kasi akong mapuntahan.”

“I worked there first. Then I ran away and asked for help. They didn't give me salary. He (her husband now) liked me, so he took me from my job. ...Because I had nowhere else to go. ...At that time, I didn't want to (have sex). I didn't even know him. ...I didn't want to; it hurt. But I had no one to provide food for me here. ...Because I really had nowhere else to go.”)

This adaptation was driven by a survival instinct, as she realized that her limited options and the lack of support from others meant that staying in her marriage was the only way to secure her basic needs and safety. Despite the challenging circumstances, her resilience and ability to find security in an initially unwanted relationship exemplify a form of coping in adverse situations.

Dysfunctional Family Background and Importance of Support System

Most of the respondents are either products of a broken family or coming from a dysfunctional family. Some respondents answered that they left their household to be with their current partner because of their toxic household while some are left to tend for themselves because of the absence of their

parents. The absence of parental guidance led to feelings of neglect, leading them to seek comfort and validation in relationships outside their homes.

An emerging theme consistent across the participants is financial difficulty. This is due to the fact that adolescents come from families with no stable source of income, coupled with the significant responsibility of raising a child at a very young age. These adolescents relied heavily on the support of their families for survival, as they face significant challenges in balancing the responsibilities of motherhood with limited financial and emotional resources. While in most cases there is rift in the teen-parent relationship prior to pregnancy, the relation between the teenage girl and her parents improved after the pregnancy, with parent-daughter communication centering on the care and needs of the child.

Discussion

Some adolescent mothers experienced challenges during pregnancy and childrearing, but having a support system made the challenges bearable leading to some describing motherhood as a positive experience. One possible explanation for this behavior is that when they had suitable emotional and material support from their family and husband-partner, they were less stressed and anguished. Existing literature suggest that adolescent mothers who were supported by their parents have a greater possibility of continuing their studies. While most adolescent mothers do not return to school, some are able to do so when provided with a supportive environment that facilitates their readmission [11]. Baa-Poku [12] highlights that childcare support, financial assistance, and reduced stigmatization influence adolescent mothers to continue with their education.

Other adolescent mothers had to deal with loss due to miscarriage and many of these miscarriages occur before the clinical recognition of pregnancy and are simply mistaken for heavy and delayed menstruation. Early adolescent mothers are at an increased risk of miscarriage and complications as describe in the study by Magnus *et al.* [13]. The risk of miscarriage is slightly elevated in the youngest mothers (<20 years) at 15.8% with scarcely any change in the total risk compared to oldest mothers (>45 years). Adolescents are at an increased risk of miscarriage due to several factors, including physical immaturity, as their reproductive systems may not be fully developed, making it more difficult for their bodies to sustain a pregnancy [14]. Adding to the risk of miscarriage is the harsh socio-economic environment in which the teen mothers are victims of. They experience significant financial deprivation, parental neglect and sexual abuse as well as negative experiences of some adolescent girls such as scolding, flogging by parents, stigmatization and rejection by peers and neighbors result in grief, stress and contemplation of abortion.

Most of the respondents in this study are coming from households that lacked the stability, support, and guidance because of parents' separation and other family conflicts. Although the characteristics in the individual context of teenage pregnancy in our study were diverse and varied, almost all shared a same sentiment of lack of emotional support from their parents.

After the pregnancy, communication improved between the girls and their parents, but became worse with their partner. Consequently, these teens returned to feeling as they did before getting pregnant. They stated that they would make their situation work for the sake of their child, and regretted getting pregnant so young. Almost all said they were seeking love outside the family, which revealed a scenario of limited communication and unsatisfactory relations within the family.

Conclusions

The study highlights that adolescent pregnancy remains a challenge influenced by socio-economic and familial contexts. The cycle of poverty, lack of education, and dysfunctional family environments perpetuate a scenario where adolescents fall for the trap of pregnancy and young mothers struggle for stability. In some cases, exploitation of the adolescent's vulnerability lead to child marriages and subsequent pregnancy. The findings of the study emphasize the negative impact of a lack of structured support and information available for adolescent girls, both prior to and during adolescent pregnancy, and after into early motherhood. The experiences shared by the participants indicate that while the adolescent mothers faced

challenges from unwanted pregnancy, the presence of a supportive environment that provided practical, financial and emotional support mitigated the stress allowing them to thrive.

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