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RESEARCH ARTICLE

Baseline Information of Mothers who Experienced Early Childbearing in Selected Provinces of Eastern Visayas: A Basis for a Targeted Intervention in Reducing Early Pregnancy in the Region

Kim Leonard G. dela Luna[1]*, Alvin Duke R. Sy[2], Carl Mark Vincent B. Babasoro[1], Rowel C. Malimban[1], John Oliver H. Estadilla[3], Jasper M. Maglinab[3], Jihwan Jeon[4], Heyeon Ji[4]

[1]Department of Nutrition, College of Public Health, University of the Philippines Manila, Manila, Philippines
[2]Department of Epidemiology and Biostatistics, College of Public Health, University of the Philippines Manila, Manila, Philippines
[3]World Vision Development Foundation, Inc. (World Vision Philippines), West Triangle, Quezon City, Philippines
[4]World Vision Korea, Yeongdeungpo-gu, Seoul, South Korea

ABSTRACT

Background: While adolescent pregnancies in the Eastern Visayas region of the Philippines have declined over the past five years, young mothers remain at risk of repeat pregnancies, which continue to expose them and their children to health and socioeconomic risks in this vulnerable region.
Objectives: This study aims to collect baseline information on mothers who experienced early pregnancy in Eastern Visayas and to identify significant differences in maternal characteristics based on type of residence and age. The findings will be used by a non-governmental organization to plan and develop targeted interventions for this vulnerable population.
Methodology: This study utilized a descriptive cross-sectional design to collect data on mothers who experienced early pregnancy in four selected provinces of Eastern Visayas. Data were analyzed using descriptive statistics, chi-square tests, an independent t-test, and the Mann-Whitney U test.
Results: A total of 296 mothers participated in the survey. Among them, 80.1% were in high school during their first pregnancy, and 88.2% were unemployed at the time of the study. The youngest age at first pregnancy was 12 years. The participants' male partners were at least five years older (39.8%) and ten years older (11.1%). Significant differences were observed in the use of family planning method, number and status of pregnancies, and history of preterm labor .
Conclusion: Results suggest that adolescent pregnancy remains a public health concern in Eastern Visayas, particularly among low-income teenagers with limited educational attainment, whose parents also had minimal education. The youngest reported age of pregnancy was 12 years. Therefore, efforts should focus on increasing access to family planning services, providing comprehensive reproductive health education, and enhancing maternal and child health services.

Introduction

Adolescent pregnancy remains a significant global public health challenge, affecting both developed and developing countries. Annually, 21 million girls aged 15 to 19 years in low- and middle-income countries experience early childbearing [1]. The Philippines has seen a reduction in adolescent pregnancy rates, from 14% in 2013 to 7% in 2021, but disparities persist across regions. Eastern Visayas, while showing improvement, continues to report rates higher than the national average [2]. Despite these declines, early childbearing carries severe health and socioeconomic consequences for both young mothers and their children, including increased risks of maternal mortality, preterm birth, and limited educational opportunities. Additionally, young mothers remain at risk of rapid repeat pregnancies, further exposing them and their children to exacerbated health and socioeconomic risks. These challenges highlight the urgent need for sustained interventions in regions like Eastern Visayas, where frequent strong typhoons and persistently high poverty rates continue to hinder economic development, potentially leading to early childbearing among young women [3,4].

In general, the Philippines has a robust legal framework, encompassing laws, policies, and programs to help improve maternal health and sexual and reproductive health outcomes. Notably, several national-level policies target teenage pregnancy, including the Responsible Parenthood and Reproductive Health Act of 2012 (Republic Act [RA] 10354). However, the effective implementation of these initiatives is hindered by various challenges, including political disagreements and prevailing sociocultural attitudes towards sex and reproductive health [5]. In addition, the implementation of RA 10354 across different regions, sectors, and government levels was deemed inconsistent. Rather than a comprehensive and sustainable approach, the said legislation gives emphasis on medical and clinical aspects [6]. Also, a related policy review suggests that there is a need to create advocacies targeting early pregnancy through the involvement of different stakeholders using culture-specific and age-appropriate educational materials to efficiently deliver reproductive health education to young individuals. Collaborative efforts and partnerships must be made between agencies and a special task force must be created to oversee the activities being implemented [7].

These initiatives can only be done if baseline information from local research is available, since lack of quality research on teenage pregnancy done at the local level can impede the progress of reproductive health programs amplified by weak health systems, poor data quality, and conflicting interests among stakeholders [8]. Many developing countries and regions face significant resource and budgetary constraints, particularly in the realm of adolescent reproductive health research. Consequently, limited government funding results in fewer comprehensive and localized studies, hindering our understanding of this critical issue [9].

Non-governmental organizations (NGO) possess the capacity to bridge these gaps by supporting local research, aligning efforts with community needs, and effectively communicating findings to policymakers [8]. In the past, several NGOs engaged in reducing teenage pregnancy in the country and continuous efforts have been done to end the longstanding issues of early pregnancy [10].

Corresponding author's email address:
kgdelaluna@up.edu.ph
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NGO-collected data are particularly valuable in underserved populations and regions with limited data infrastructure, offering opportunities for cost-effective research to improve health outcomes. These data are essential in increasing access to primary healthcare for marginalized populations and implementing prevention programs [11-13]. It can be also used in designing and implementing interventions that are more tailored to the specific needs of the community, leading to better health outcomes [8]. This study aims to gather baseline information on mothers who experienced early pregnancy in Eastern Visayas. The data obtained will help an NGO and other stakeholders in planning and developing targeted interventions for these young mothers.

Methodology

Research Design

A descriptive cross-sectional design was employed to describe the maternal characteristics of mothers who experienced early childbearing in selected provinces of Eastern Visayas.

Study Setting

The study was conducted in four provinces in Eastern Visayas, Philippines: Eastern Samar, Northern Samar, Samar, and Leyte. In this study, areas in the selected provinces were categorized into geographically isolated and disadvantaged areas (GIDA) and non-GIDA [14]. A GIDA refers to a far-flung area with marginalized populations which include islands, mountains, conflict-affected areas, and areas with internally displaced persons, and indigenous cultural communities/indigenous peoples [15].

Notably, the region has experienced a decline in the total fertility rate, dropping from 3.1 children per woman in 2017 to 2.0 children per woman in 2022. Concurrently, the percentage of women aged 15 to 24 who have ever had a live birth has reduced from 21.1% to 13.6% during the same period [16,2]. While progress has been made, high poverty rates and frequent typhoons disproportionately affect young women in the region, increasing their risk of early childbearing [17,4]. These young mothers are also at risk of rapid repeat pregnancies, which further expose them and their children to multiple health and socioeconomic challenges [18]. Consequently, this study provides crucial area-specific information that can assist policymakers, program planners, and other stakeholders in better targeting and programming.

Study Participants

The study utilized simple random sampling to select the participants. Study respondents pertain to mothers who experienced pregnancy before the age of 19 within the last three years. This is based on the definition set by the WHO [1] that adolescent pregnancy (also termed early childbearing in this study), occurs between the ages of 10 and 19 years. To be selected, the respondents must have been residents of Eastern Samar, Northern Samar, Samar, and Leyte for at least a year prior to the interview. However, identified participants who were sick during the interview and recently diagnosed with medical conditions were excluded. Mothers who were part of any ethnic group were excluded to lessen the impact of cultural variations on the results of the study. A total of 95 participants were selected in Eastern Samar, 28 from Northern Samar, 101 from Samar, and 72 from Leyte.

Sample Size

Records from the regional and local statistics offices were used to achieve the sampling frame of deliveries occurring among women. An estimated need to recruit 270 women in the survey based on an alpha of 0.05, a beta of 0.20, a 5% margin of error, an estimated population of women aged 15–24 years in Eastern Visayas at 427,301 based on the 2020 census and a hypothesized frequency of teenage pregnancy at about 8% based [16,19]. The sample size also considered an oversampling of 15% to account for nonresponse and a design effect of two considering stratification based on the province.

Research Instrument

A self-constructed, validated questionnaire, available in English and Filipino, was used to ask questions on the following:

1. Background characteristics of the study respondents. This part asked several questions including their age at the time of the survey, highest educational attainment during their first pregnancy, employment status, and marital status.
2. Sociodemographic characteristics of the study respondents' household. This part asked several questions pertaining to the social and demographic factors of the respondents including the education level of their parents and partner, employment status of their partner, type of family they belong to, household monthly income, and household size and bedroom count.
3. Maternal characteristics of the study respondents. This tool aimed to ask the respondents about their age during first pregnancy, age of partner, age difference, number of sexual partners, age at coitarche, number of pregnancies, number of live births, family planning method usage status and type used, pregnancy status, history of preterm labor during the first pregnancy, and inter-pregnancy interval,

Pre-testing of Research Instrument

Prior to the conduct of the survey, the research instrument underwent face validation from family resource management and public health experts, and was validated in Southern Leyte to ensure that the questions were clear and concise.

Data Gathering Procedure

Prior to data collection, a letter of approval was secured from the provincial and municipal health offices. List of mothers who experienced early pregnancy in the last three years was secured from the selected municipalities through their respective rural health offices. From the list, participants were selected through simple random sampling. Data used in this study were collected between October 2022 and January 2023. The following procedures were followed to gather data among selected participants using a face-to-face interview:

1. Informed consent, which detailed the rights of the respondents, assurances of confidentiality and anonymity, and data privacy, was secured prior to data collection.
2. After obtaining signed informed consent from each participant, trained data collectors conducted interviews in secure locations where participants felt comfortable and their privacy was assured.
3. The questionnaires were stored in a secure file box, and the responses were encoded in Microsoft Excel using pseudonyms for identification.

Data Analysis

The gathered data were analyzed using JASP (version 0.17.1.0), with the level of significance set at $p < .05$ for all analyses, using two-tailed comparisons. Descriptive statistics, including mean, frequency, and proportion, were reported. The distribution of respondents' background, sociodemographic, and maternal characteristics was examined according to the type of area of residence and age categories. A series of chi-square tests were conducted to compare the distribution of these selected characteristics. For numerical variables, comparisons between types of area of residence were made using an independent t-test for actual age in years and Mann-Whitney U tests for maternal characteristics.

Ethical Considerations

The respondents voluntarily participated in the study without any financial compensation and were informed of their right to withdraw at any time. Lists of potential participants were obtained from the rural health unit after receiving approval from the local chief executive, facilitated by the municipal health officer. Data collectors were assisted by barangay health workers under the direction of their respective barangay captains. Before each interview, written informed consent was obtained from the respondents. The study received ethical clearance from the University of the Philippines Manila Research Ethics Board (protocol number: UPMREB 2022-0474-01).

Results

A survey of 296 mothers who experienced early childbearing was conducted in the Eastern Visayas provinces of Northern Samar, Eastern Samar, Samar, and Leyte. Of these participants, the majority (60.8%) resided in non-GIDA.

Background Characteristics of the Respondents

Table 1 reveals that the majority of participants were 18 or 19 years old during the study, comprising 13.5% and 13.2% of the sample, respectively.

Table 1. Background characteristics of the study respondents

Characteristic	Overall	Non-GIDA	GIDA	*p*-value
Respondents (%)	296 (100.0)	180 (60.8)	116 (39.2)	-
Age during the survey				
15	7 (2.4)	3 (1.7)	4 (3.4)	< .01*
16	16 (5.4)	14 (7.8)	2 (1.7)	
17	27 (9.1)	19 (10.6)	8 (6.9)	
18	40 (13.5)	25 (13.9)	15 (12.9)	
19	39 (13.2)	28 (15.6)	11 (9.5)	
20	29 (9.8)	22 (12.2)	7 (6.0)	
21	29 (9.8)	16 (8.9)	13 (11.2)	
22	31 (10.5)	14 (7.8)	17 (14.7)	
23	31 (10.5)	19 (10.6)	12 (10.3)	
24	24 (8.1)	9 (5.0)	15 (12.9)	
25	23 (7.8)	11 (6.1)	12 (10.3)	
Highest educational attainment during their first pregnanc y				
Elementary	41 (13.9)	23 (12.8)	18 (15.5)	.69
High School	237 (80.1)	147 (81.7)	90 (77.6)	
College	18 (6.1)	10 (5.6)	8 (6.9)	
Current employment				
Employed, regular	6 (2.0)	3 (1.7)	3 (2.6)	.96
Employed, part-time	21 (7.1)	13 (7.2)	8 (6.9)	
Self-employed	8 (2.7)	5 (2.8)	3 (2.6)	
Not employed	261 (88.2)	159 (88.3)	102 (87.9)	
Current marital status				
Single with partner	258 (87.2)	161 (89.4)	97 (83.6)	.02
Single without partner	21 (7.2)	14 (7.8)	7 (6.0)	
Married	17 (5.7)	5 (2.8)	12 (10.3)	

GIDA: geographically isolated and disadvantaged area

Notable differences emerged in the age distribution of respondents when grouped by their type of residence (p = .01). In terms of educational attainment, 80.1% of the respondents were in high school during their first pregnancy. The findings of the study also revealed that participants from non-GIDA had higher educational levels. Regarding employment status, the majority (88.2%) were unemployed at the time of the study. No significant differences were observed in educational attainment and current employment when respondents were grouped by type of residence (p = .69 and p = .96, respectively). Lastly, most respondents (87.2%) were single but cohabiting with the partner who fathered their first pregnancy.

Sociodemographic Profile of the Respondents

Table 2 shows the sociodemographic characteristics of the respondents' households. The majority of both the mothers (61.5%) and fathers (67.9%) of the participants had achieved elementary education. Notably, a significant difference was observed in the educational attainment of the parents, with those from non-GIDA showing higher levels of education, including a greater proportion who reached high school and college. Concerning the educational attainment of the partners, more than half (54.4%) of the individuals who fathered the first pregnancy had completed secondary education, while a notable portion (35.8%) had only completed elementary education. The majority (53.4%) of these partners were engaged in part-time employment, while only 10.8% were regularly employed, and a considerable proportion (23.7%) were unemployed. This suggests a potential lack of income to sustain the basic necessities of their families. These findings were consistent with household income data, where the majority (91.9%) reported having less than PHP 10,000 monthly to meet their basic needs. In terms of household size, more than half (52.4%) of the respondents lived in small households (fewer than 5 family members), and only a few (10.8%) lived in larger families. Additionally, a majority (72.6%) of respondents resided in single-room households.

Maternal Characteristics of the Respondents by Type of Area of Residence and Age

Table 3 provides an overview of the maternal characteristics of the respondents according to their area of residence. A quarter (25.3%) of the respondents were 18 years old at the time of their first pregnancy, but also occurs as early as 12, 14, and 15 years, indicating an increasing trend in teenage pregnancies. Approximately 27.4% of the respondents experienced coitarche (first sexual intercourse) at the age of 17, but it was also reported as early as ages 12, 13, 14, and 15. The mean age of the partners who fathered the first pregnancy was 24.92 ± 5.30 years, indicating that they were older than the respondents at the time of coitarche. The study also found that 39.8% of these partners were five years older than the respondents, and 11.1% were at least 10 years older. The majority (86.2%) had only one sexual partner, while 11.8% reported having had two partners in the past. A greater proportion of participants from GIDAs (69.0%) did not use any family planning methods compared to those from non-GIDAs (52.8%).

Table 4 presents maternal characteristics across two age categories. The majority (69.3%) of respondents experienced only one pregnancy, while 24.7% had two pregnancies. A higher frequency of pregnancies was observed in the older age group (20–25 years), suggesting that some respondents became pregnant again three to five years after their first pregnancy. Additionally, 10.8% of respondents of the older age group had more than two pregnancies. No significant differences were observed in inter-pregnancy intervals when respondents were grouped by age. The history of preterm labor during the first pregnancy was higher among the younger age group (17.8%) compared to their older counterparts (3.6%). Furthermore, the use of family planning methods was higher among 20–25 age groups (p < .01), although overall usage was less than half (40.9%). The most commonly used family planning method was oral contraceptive pills.

Discussion

Background Characteristics of the Respondent

The findings concerning the educational attainment of participants in this study align with those reported in prior investigations conducted in Rwanda, Senegal, and Canada. These studies consistently indicate that women, particularly those in the most economically disadvantaged strata, tend to have lower educational levels, especially in extremely remote regions [20,21] Similarly, data on the educational landscape of Filipinos reveal that

Table 2. Sociodemographic characteristics of the study respondents' households

Characteristic	Overall	Non-GIDA	GIDA	*p*-value
Respondents (%)	296 (100.0)	180 (60.8)	116 (39.2)	-
Educational level of woman's mother				
Elementary	182 (61.5)	94 (52.2)	88 (75.9)	< .01*
Secondary	97 (32.8)	70 (38.9)	27 (23.3)	
College	17 (5.7)	16 (8.9)	1 (0.9)	
Educational level of woman's father				
Elementary	201 (67.9)	108 (60.0)	93 (80.2)	< .01*
Secondary	79 (26.7)	60 (33.3)	19 (16.4)	
College	16 (5.4)	12 (6.7)	4 (3.5)	
Educational level of the partner who fathered the first pregnancy				
Elementary	106 (35.8)	57 (31.7)	49 (42.2)	.09
Secondary	161 (54.4)	107 (59.4)	54 (46.6)	
College	29 (9.8)	16 (8.9)	13 (11.2)	
Current employment status of the partner who fathered the first pregnancy				
Employed, regular	32 (10.8)	25 (13.9)	7 (6.0)	.03
Employed, part-time	158 (53.4)	99 (55.0)	59 (50.9)	
Self-employed	36 (12.2)	16 (8.9)	20 (17.2)	
Not employed	70 (23.7)	40 (22.2)	30 (25.9)	
Type of family				
Nuclear	142 (48.0)	85 (47.2)	57 (49.1)	.02
Single parent	8 (2.7)	7 (3.9)	1 (0.9)	
Extended	130 (43.9)	73 (40.6)	57 (49.1)	
Grandparent	13 (4.4)	12 (6.7)	1 (0.9)	
Stepfamily	3 (1.0)	3 (1.7)	-	
Estimated household monthly income (PHP)				
<10,000	272 (91.9)	165 (91.7)	107 (92.2)	.42
10,000–20,000	23 (7.8)	15 (8.3)	8 (6.9)	
21,000–30,000	1 (0.3)	-	1 (0.9)	
Household size				
Small (<5)	155 (52.4)	90 (50.0)	65 (56.0)	.19
Medium (5–6)	46 (15.5)	31 (17.2)	15 (12.9)	
Medium-Large (7–9)	63 (21.3)	35 (19.4)	28 (24.1)	
Large (≥10)	32 (10.8)	24 (13.3)	8 (6.9)	
Number of bedrooms				
0–1	215 (72.6)	122 (67.8)	93 (80.2)	.06
2–3	73 (24.7)	52 (28.9)	21 (18.1)	
3–5	8 (2.7)	6 (3.3)	2 (1.7)	

GIDA: geographically isolated and disadvantaged area

those residing in urban settings have higher educational completion rates than their rural counterparts [22]. Lower levels of education and skills among teenage mothers hinder economic growth by contributing to a less educated workforce, which in turn leads to reduced productivity and innovation [23].

The study's results on the employment status of participants support the assertion that adolescent mothers often face challenges in earning a daily income or securing formal employment due to their limited education and lack of essential skills [24]. The issue of early pregnancy further perpetuates the cycle of poverty, as teenage parents, especially those from low-income families, bear the financial burden of raising a child. Young parents are more likely to be unemployed or underemployed, resulting in economic instability for their families [25,26]. This issue can also strain government resources, as it may lead to increased reliance on public assistance programs and further burden social safety nets [27].

Moreover, the findings of this study regarding the marital status of participants corroborate existing research indicating that most teenage pregnancies occur outside of marriage. Studies have shown that single pregnant teenagers rarely form marital unions before childbirth; a small minority choose cohabitation, and an even smaller fraction opt for marriage [28,29]. Additionally, Nash *et al.* [30] found that women in dating relationships who had one child reported significantly more instances of physical violence from their partners compared to non-mothers. Those having multiple children experiencing even higher levels of relationship violence.

Sociodemographic Profile of the Respondents

The educational attainment of respondents' parents, as revealed in this study, aligns with findings from previous research indicating that a significant number of children from low-income families are raised by parents without a college education, contributing to higher dropout rates [31,32]. A cause-and-effect relationship between teenage pregnancy and school dropout has also been established [33]. Additionally, teenage fathers are more likely to be unemployed or employed part-time [34], consistent with the employment status of the partners of the respondents in this study.

The study's findings on household size align with other studies, which associate larger families with a higher incidence of adolescent pregnancy [35,36]. This supports other findings suggesting that various factors, including family size, contribute to the increased risk of teenage pregnancy. However, this relationship is not universally observed; some studies have reported a higher prevalence of teenage pregnancy in smaller households [37,38]. These contrasting findings highlight the need for further research to

Table 3. Maternal characteristics of the study respondents according to the type of area of residence

Characteristic	Overall	Non-GIDA	GIDA	*p*-value
Respondents (%)	296 (100.0)	180 (60.8)	116 (39.2)	-
Age during first pregnancy				
12	1 (0.3)	1 (0.6)	-	.29
13	-	-	-	
14	9 (3.0)	7 (3.9)	2 (1.7)	
15				
16	45 (15.2)	33 (18.3)	12 (10.3)	
17	71 (24.0)	39 (21.7)	32 (27.6)	
18	75 (25.3)	43 (23.9)	32 (27.6)	
19				
Current age of the partner	24.92 ± 5.30	24.74 ± 5.46	25.21 ± 5.03	.46
Age difference in years				.54
At least 5	111 (39.8)	66 (38.4)	45 (42.1)	
At least 10				
Number of sexual partners				
1	255 (86.2)	160 (88.9)	95 (81.9)	.17
2	35 (11.8)	18 (10.0)	17 (14.7)	
>2	6 (2.0)	2 (1.1)	4 (3.5)	
Age at coitarche				
12	4 (1.4)	2 (1.1)	2 (1.7)	.16
13	7 (2.4)	4 (2.2)	3 (2.6)	
14	13 (4.4)	7 (3.9)	6 (5.2)	
15	39 (13.2)	28 (15.6)	11 (9.5)	
16	53 (17.9)	40 (22.2)	13 (11.2)	
17				
18	65 (22.0)	37 (20.6)	28 (24.1)	
19	34 (11.5)	20 (11.1)	14 (12.1)	.30
Number of pregnancies	1 (1–5)	1 (1–5)	1 (1–3)	
Number of live births				
Family planning method				
None	175 (59.1)	95 (52.8)	80 (69.0)	< .01*
Yes	121 (40.9)	85 (47.2)	36 (31.0)	p-value
Characteristic	Overall	Non-GIDA	GIDA	
Respondents (%)				
Age during first pregnancy				
2–3	73 (24.7)	52 (28.9)	21 (18.1)	
3–5	8 (2.7)	6 (3.3)	2 (1.7)	

GIDA: geographically isolated and disadvantaged area

disentangle the complex interplay of socioeconomic factors and cultural contexts in relation to teenage pregnancy risk.

Furthermore, this study's observations on the number of bedrooms align with Uwizeye et al. [37], suggesting that more bedrooms is associated with a reduced frequency of teenage pregnancy cases. This may reflect increased privacy and parental supervision in larger households, which could serve as protective factors against early sexual activity and pregnancy.

Maternal Characteristics of the Respondents by Type of Area of Residence and Age

The observed age disparity between participants and their partners in this study mirrors national data [39], where most adolescent births involve fathers older than mothers. Compared to those with similar-aged partners, teenage mothers partnered with significantly older adults exhibit a higher prevalence of risky behaviors. They often navigate less supportive or stable living situations, are more likely to be disengaged from education or employment, and report a higher rate of planned subsequent pregnancies at a young age [40,41]. These trends raise concerns about potential power imbalances, economic vulnerability, and limited opportunities within these relationships, highlighting the need for tailored support for this specific population. The findings of the present study indicate a similar scenario [42] where coitarche among participants happens around the age of 17 years or younger. Early engagement in sexual intercourse, as observed among females with limited educational attainment, can lead to unintended pregnancies and substantial costs for both individuals and society [43]. For instance, the government often bears significant costs due to early pregnancies by impacting the healthcare, social services, and welfare support of a country. These expenditures can strain public resources and divert funds from other developmental needs [44].

The study results on preterm labor being higher in the younger age group supports the findings of [45]. In contrast to mothers aged between their mid-twenties and early thirties, young mothers exhibit a 23% heightened risk of experiencing preterm birth. This increased risk is attributed to factors such as physiologic immaturity, low socioeconomic status, extremes of body mass index, and smoking [46] Repeat pregnancies were also observed in the study participants. A rapid repeat pregnancy during adolescence, defined as one occurring within 24 months of the previous birth, may cause increased burdens on physiological and psychosocial health [47,48]. Rapid repeat pregnancies can severely disrupt the educational and career aspirations of an individual. The responsibilities of motherhood at a young age often necessitate dropping out of school, limiting future opportunities and

Table 4. Characteristics across age categories of the study respondents

Characteristic	Overall	15–19 years	20–25 years	*p*-value
Respondents (%)	296 (100.0)	129 (43.6)	167 (56.4)	-
Number of pregnancies				
1	205 (69.3)	117 (90.7)	88 (52.7)	< .01*
2	73 (24.7)	12 (9.3)	61 (36.5)	
>2	18 (6.1)	-	18 (10.8)	
Currently pregnant	16 (5.4)	15 (11.6)	-	< .01*
History of preterm labor during the first pregnancy	29 (9.8)	23 (17.8)	6 (3.6)	< .01*
Inter-pregnancy interval in years				
1	2 (4.1)	5 (3.9)	7 (4.2)	.23
2	18 (6.1)	6 (4.7)	12 (7.2)	
3–5	11 (3.7)	3 (2.3)	8 (4.8)	
>5	4 (1.4)	-	4 (2.4)	
Not applicable	251 (84.8)	115 (89.2)	136 (81.4)	
Family planning method				
None	175 (59.1)	93 (72.1)	82 (49.1)	< .01*
Yes	121 (40.9)	36 (27.9)	85 (50.9)	
Oral contraceptive pill	57 (47.1)	13 (36.1)	44 (51.8)	.42
Condom	-	-	-	
Intrauterine device	7 (5.8)	2 (5.6)	5 (5.9)	
Implant	42 (34.7)	16 (44.4)	26 (30.6)	
Injectable	15 (12.4)	5 (13.9)	10 (11.8)	

perpetuating cycles of poverty and dependence. This disruption can also contribute to feelings of social isolation and decreased self-esteem [49,50].

In terms of family planning methods, studies [51,52] indicate higher use in urban areas and lower among disadvantaged groups. However, local data [2,16] reveal a different pattern: women in rural areas are more likely to adopt modern methods like sterilization, IUDs, and injectables than their urban counterparts. This contrasting finding warrants further investigation. This divergence between international trends and the Philippine data underscores the importance of context-specific research in public health. The unique socio-economic, cultural, and healthcare structures of different regions significantly influences the adoption of family planning methods, and these factors must be carefully considered in policy-making and program implementation [53].

Limitations of the Study

Although the results of this study cannot be generalized due to the absence of a control group, the findings contribute to the limited local literature on the sociodemographic and maternal characteristics of mothers who experience early pregnancy. Additionally, the study's descriptive cross-sectional design does not provide strong evidence for trends, causality, or associations, unlike analytical designs.

Non-response or incomplete responses among participants, though at an acceptable rate and partially mitigated by increasing the sample size, do not entirely eliminate the possibility of selection bias. To minimize this effect, the study focused on mothers who experienced early pregnancy within the last three years. The use of plain language and the restatement of responses by data collectors were further measures to control information bias.

Conclusions

Teenage pregnancy is still a public health concern in Eastern Visayas, particularly among low-income teenagers whose parents have low educational attainment. It was observed that the youngest age of pregnancy was 12 years old. Significant differences were observed in the fertility characteristics when respondents were grouped by area of residence. The present study provided a baseline information on the early pregnancy situation in Eastern Visayas, which can be used by NGOs to design and implement interventions that are more tailored to the specific needs of the community, leading to better health outcomes.

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Statement of Conflict of Interest

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