

College Students' Perception of Teenage Pregnancy: Basis for School-Based Reproductive Health Advocacy

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Abstract: *In a quantitative descriptive study, 216 college students, selected using purposive sampling, were assessed on their perception of teenage pregnancy based on: sources of knowledge on teenage pregnancy, knowledge of factors predisposing to teenage pregnancy, knowledge of contraceptive methods, and sexual behavior of the respondents. The study was conducted in the second semester of 2020-2021 in a private educational institution in Pagadian City and was administered using a survey questionnaire. The study used Frequency and Percentage Analysis. The results showed that students are aware of teenage pregnancies. The majority accurately defined teenage pregnancy and considered the school, mass media, and parents as their sources of knowledge. The students opined inadequate knowledge of contraceptives, lack of parental guidance, and frequent sex as the main predisposing factors to teenage pregnancy. All are aware of contraceptives and consider the school their primary source of knowledge. The non-usages of contraceptives are fear of the side effects, fear of making others aware of their sexual activities, and fear of asking for contraceptives resulting in insufficient knowledge. Some students engage in sexual activities and prefer to discuss sexual health matters with healthcare providers. The students need further understanding of contraceptive methods due to their inadequate knowledge and fear of side effects. Promoting abstinence and providing knowledge on sexual and reproductive health in the school to improve the student's knowledge and awareness of teenage pregnancy and sexual and reproductive health is vital.*

Keywords: *teenage pregnancy, reproductive health, college students' perception*

1. Introduction

Teenage pregnancy is still one of the most rampant global issues. Global, national, and even local campaigns, awareness, and preventive measures have been conducted to lessen its occurrence. Despite the efforts, teenage pregnancy cases are still rising (Salvador et al., 2016).

Adolescent mothers (ages 10-19 years) face higher risks of sexual and reproductive health issues such as eclampsia, puerperal endometritis, and other systemic infections than older women. Teenage pregnancies are a global phenomenon, and an estimated 11% of all births globally are in the age range of 15-19 years old. The average birth rate among 15-19-year-olds is 49 in 1000 girls; in other countries, it ranges from 1-299 births in every 1000 girls (World Health Statistics, 2014).

Takwi (2020) states that teenage pregnancies strain the worldwide economic, social, and health stability and development from local problems and issues.

Teenage pregnancies are problematic. It affects the teenager's economic and social status and puts their health at risk. As the teenager's body is not physically fit for pregnancy yet, sudden changes in hormone and physical development complicate the mother and the baby's health (Kirchengast, 2016).

In the country, teenage pregnancy is one of the most pressing concerns as this includes the teenagers that are seen as "the hope of the country," as stated by the Philippine National Hero – Doctor Jose Rizal. During the NDHS 2013, one out of every teenager aged 15 to 19 is already experiencing her first pregnancy: 8% have already become mothers and 2% are pregnant with their first child. Women aged 15-24 from the Caraga region are mostly to be mothers or pregnant. In rural areas, young women who belong to the poorest households and with no education are more likely to have begun bearing their first child compared to those in urban areas (National Demographic and Health Survey, 2013).

With this, it is vital to understand the college students' perception of teenage pregnancy. The depth of their understanding ultimately determines their reproductive and sexual health. Donkor and Lariba (2017) state that the students' limited knowledge of sex education results in unplanned pregnancies, disrupting academic progress. This affects their academics, which affects other aspects of their life, such as social, spiritual, and, most importantly physical.

1.2 Objectives of the study

This study aimed to assess the college students' perception of teenage pregnancy in a private institution in the second semester of the school year 2020-2021 through the usage of queries adapted from a study conducted by Adejumo et al. (2013), more specifically on the students' sources of knowledge of teenage pregnancy, knowledge of factors predisposing to teenage pregnancy, knowledge of contraceptive methods, and the respondents' sexual behavior. The research participants were students of a specific department in a College Institution in Pagadian City.

2. Literature Review

Perception on Teenage Pregnancy

Pregnancies are usually a call for celebration. However, teenage pregnancies are a different matter. Despite viewing most pregnancies as celebrated, teenage participants feel fear and sadness upon realizing that they are pregnant. Family members often react negatively; some are disappointed and angry at the pregnancy (Dlamini, 2016).

In a study conducted by Adewole and Otubanjo (2020), young men view teenage pregnancies as something that requires responsibility. The respondents agreed that both women and men need to be accountable for their decisions and actions when having sexual activities. Any kind of protection is significant, and safe and protected sex is a preventative measure to ensure that there is no unplanned pregnancy that will lead to early fatherhood.

Teenagers who have a conservative mindset regarding teenage pregnancies were less likely to have sexual activities since they know of the negative sexual consequences at an early age. Teenagers must be aware of their actions and what their actions could lead to (Mwalyagile, 2020).

Teens are aware that there are positives about teenage pregnancies, but the negatives far outweigh the positives. In a study conducted by Duncan (2007), teenage mothers were able to state that motherhood makes them feel stronger, and viewed it as a change for the better. Teenage pregnancy and motherhood increased their self-esteem and provided a sense of security and stability. It is also viewed as a time for their maturation. Early childbearing is deemed difficult and strenuous for developing bodies. The usage of contraceptives may be a good solution, but abstinence is still the most fool proof way of preventing teenage pregnancies. To have a vivid understanding of the situation at hand is to have an accurate definition of teenage pregnancy (Kirchengast, 2016). Maxwell et al. (2016) agree that adolescents are aware of teenage pregnancy cases and the preventive measures.

Teenage Pregnancy

Greene (2016) defines teenage pregnancy as pregnancy by female aged 12-19, having not completed her core education, and is financially dependent on her parents while lacking mental maturity.

The Philippines is one of the ASEAN countries with an increasing total phenomenon of teenage pregnancies each year. One out of every young Filipino aged 15 to 19 is already a mother or pregnant with a first child (National Demographic and Health Survey, 2013).

The National Demographic and Health Survey (2017) reports that 9% of Filipino women 15-19 years of age have begun childbearing. Urban areas have a lower percentage of teenage pregnancies and birth than rural areas, explaining that urban areas have more accessible information regarding sexually related health information.

Teenage pregnancies are associated with a lack of sufficient education and poverty. Teenagers become single parents due to early pregnancy and early motherhood. They also struggle with responsibility (Salvador et al., 2016).

Mature adolescents and adolescents who engage in sexual activities may know about the different contraceptives through their own experiences, friends' or families' experiences, or conversations with professional health care providers. In the survey, the most common types known by adolescents are condoms and withdrawal (Guzzo & Hayford, 2019).

In an article by Lynch (2015), associating lack of sufficient education with teenage pregnancy cases is plausible. Schools are recognized as one of the primary sources of knowledge regarding teenage pregnancy. Governments have funded educational institutions and have introduced numerous programs, seminars, and advocacies for sex education.

While it is important to note that lack of sufficient education is considered one of the main factors, the usage of mass media or the internet also negatively affects teenagers' sexual behavior. Mass media or the internet causes them to become more likely to start participating in sexual relationships without using any form of contraceptives (Asekun-Olarinmoye et al., 2013).

The Philippines' Department of Education issued the Policy Guidelines that teachers must follow and implement the Comprehensive Sexuality Education (CSE) in the curriculum (DepEd, 2018). Disabito (2014) adds that when schools educate and provide contraception to students, it helps to prevent sexually-transmitted diseases or infection, and teenage pregnancy.

Parent Involvement is a vital aspect in lessening the cases of teenage pregnancy. The lack of parent involvement further exposes teenagers to situations that may cause them to become more prone to teenage pregnancy. Parent Involvement is essential in preventing teenage pregnancy (Silk & Romero, 2013).

As accounted by the World Health Organization (2020), 12 million girls aged 15-19 and nearly 780,000 girls under 15 have given birth each year in developing regions. Teenage mothers are more likely to suffer pre-birth and post-birth physical risks that could lead to miscarriages, infections, and difficulties in labor.

In a study by Valerio and Butt (2020), one of the reasons women and girls typically do not disclose or seek sexual-related health information and services is that the adults in their area perceive sexual activities and those who engage in them as immoral. Those who have engaged in sexual activities are immoral and considered to be dishonoring their families. Since this is how adults perceive sexuality and sexual activities, parents are not involved in any sexual health conversations that can heighten teenagers' risk of being involved in unsafe sexual activities, making them susceptible to pregnancies.

Another reason for the rise of teenage pregnancy cases is the external influences surrounding teenagers. In a study by Kimemia & Mugambi (2016), social media is one of the significant factors affecting the rise of cases of teenage pregnancy. Accessing various social networking sites focusing on sexually explicit content influences the students' sexual curiosity and behavior. A study by Owens, Behun, Manning, and Reid (2012) found that the structural deficits in the maturation of the brain of teenagers suggest that teenagers are prone to negative consequences when exposed to sexually explicit material. It may also be the catalyst for the development of aggression, poor decision-making, impulsivity, and affective difficulties.

Natividad and Cruz (2014) state that teenage fertility rates in the Zamboanga Peninsula have increased in the last decade. In 2002, teenagers ages 15-19 had become mothers, which accumulated 9.3%. In 2013, it grew to a staggering 16.3%.

Teenage pregnancies are grave global, national, and local phenomena. Steps and numerous solutions were introduced by various agencies, both in the government and private organizations, to lower the cases. Unfortunately, the numbers are still on the rise.

The study conducted by Adejumo et al. in 2013 on secondary students concluded that there is a need for a strong parental support and establishment of youth-friendly services in their area.

Since there are only a few pieces of literature regarding the study in the locality, the researchers have deemed it necessary to conduct this study. Studies regarding students' awareness of sexual and reproductive health are seldom undertaken in an educational institution. Viewing and analyzing teenage pregnancy through a scientific lens is vital as it is a significant problem and event that affects the development of the teenagers' physical bodies, especially in the sexual and reproductive aspects. This study then aims to use the gathered data to create a reproductive health advocacy plan for the students in the chosen educational institution.

3. Method

3.1 Research Design

This study utilized a descriptive design with a quantitative approach. The study aimed to answer the who, what, when, where and how of a certain problem in research. However, it does not give a conclusive answer regarding the why. Descriptive design enables collecting information regarding the current status of phenomena and merely describing what currently exists or happening while considering the variables or conditions in a situation. Descriptive research results cannot answer or disprove any hypotheses definitively, but they are helpful in many scientific research areas (Shuttleworth, 2020). The data gathering involved the usage of a quantitative tool. After gathering data, the data analysis took place using statistical tools using the different statistical treatments that are appropriate for the study. Since the study mainly focused on determining college students' perception of teenage pregnancy, the researchers deemed it as the most suitable research design.

3.2 Research Environment

This study took place in one of the private tertiary educational institutions in Pagadian City, Zamboanga del Sur.

3.3 Research participants

The research participants were 216 college students of a specific department in the private educational institution currently enrolled in the academic year 2020-2021.

3.4 Research instruments

The researchers utilized a survey questionnaire and checklist to collect data from the participants, adapted from Adejumo et al. (2013).

In the survey, there are portions that the participants filled out. Each part answers a specific part of the variables' indicators. The first portion covers the sources of knowledge of teenage pregnancy, followed by the knowledge of factors predisposing to teenage pregnancy, knowledge of contraceptive methods, and sexual behavior of respondents.

3.5 Data gathering procedure

The researchers set appointments to present the letter of approval to conduct the study to the concerned authorities. After doing so, the researchers provided a detailed letter of consent to the students via Facebook or Messenger as an invitation to participate in the study since face-to-face gatherings are not allowed. The participants filled out the online survey while observing online ethical procedures. After the data collection, the researchers tallied and tabulated the results. The data collection results show the college students' perception of teenage pregnancy.

3.6 Statistical Treatment

Korb (2013) states that frequency and percentage statistics must be the ones to be used in presenting the essential personal information variables. The researchers used frequency and percentage statistics for this study's statistical treatment. Frequency is defined as the number of participants who are indicated a particular category. Calculating the frequency is merely the division of frequency and total participants and multiplying it by 100%.

3.7 Ethical considerations in research

The researchers followed all the ethical and legal procedures during the survey throughout the study, considered the ethical and standard guidelines for the conduct of the research in an online environment, and respected the participants' anonymity. The participants' identification, information, and involvement are highly confidential and will not be disclosed to anyone.

The researchers observed the following principles in the study:

Beneficence. This is the first basic ethical principle in the Belmont Report. This study benefits the researchers and the assessment of the students' perception regarding teenage pregnancy. This study confers benefits for teenagers, parents, educators, health workers, and other researchers. This study provided the data that will be useful for creating reproductive health advocacy and providing information regarding sexuality and reproductive health.

Respect for persons (Autonomy). The second ethical principle provides that participants in any study must exercise their autonomy. Respecting the participants is the main priority of the researchers. In no way, shape, or form did the researchers force the participants to answer the survey questionnaires. They can choose to answer or not to answer the questions in the survey. Their anonymity is highly respected; names, identities, and any personal information were not disclosed to the public.

Justice. The third principle indicates that the researchers must select participants fairly and without any discrimination. It is not biased toward any group due to convenience or prejudice. The researchers' conduct of the study is on fairness and equality. The researchers chose the participants based on the appropriate educational level given the current circumstances. The essential factor in selecting the participants is college students under a particular department in the educational institution where the research was conducted.

4. Results and Discussion

This study shows the survey results on the components of the college students' perception of teenage pregnancy. It includes the teenagers' sources of knowledge on teenage pregnancy, knowledge of factors predisposing to teenage pregnancy, knowledge of contraceptive methods, and the sexual behavior of respondents.

The indicators of the first component are awareness of teenage pregnancies in the last year, the definition of teenage pregnancy, main sources of knowledge on teenage pregnancy, and the main predisposing factors that may lead to teenage

pregnancy. The indicators of the third component are awareness of the different types of contraceptive methods, knowledge of contraceptive methods, and main sources of knowledge regarding contraceptive methods. The indicators for the fourth component are the sexual status of the respondents, the main reasons for the non-usage of contraceptives, and the most likely person/partner to discuss sexual health with.

4.1 Awareness of Teenage Pregnancies in 2020

The first query is whether or not the respondents have heard of teenage pregnancy cases in 2020. Out of 216 responses, most responded Yes, 96%, while 4% said No.

The first query's result agrees with Maxwell et al. (2016) study, which states that adolescents are aware of teenage pregnancy cases and their preventive measures. The students are aware of teenage pregnancy cases in 2020.

4.2 Definition of Teenage Pregnancy

In defining the term teenage pregnancy as shown above, out of 216 responses, 88.9% said it is pregnancy in 12-19 years old. 11.6% of the participants believe that teenage pregnancy is defined as pregnancy in females yet to complete secondary school. In comparison, 0.4% of the respondents believe it is a pregnancy in females 20 years old and above.

The right and globally accepted definition of teenage pregnancy are essential to minimize pregnancy cases. The majority of the respondents believe that teenage pregnancy is pregnancy in 12-19 years old individuals, and is in line with the definition of Greene (2016).

4.3 Main Sources of Knowledge about Teenage Pregnancy

The students' main sources of knowledge about teenage pregnancy are School with 28%, Mass Media with 25%, and Parents with 19%. The lowest item is Siblings, with only 4% of the total responses.

School is considered the main source of knowledge about teenage pregnancy. These results further prove the article written by Lynch (2015), where the students consider schools as the primary source of information regarding teenage pregnancy. Policy guidelines for incorporating comprehensive sexuality education in the K-12 curriculum are made possible by the Department of Education (Department of Education, 2018). Asekun-Olarinmoye et al. (2013) found that mass media or the internet negatively influences teenagers' sexual behavior and causes them to become more likely to start participating in sexual relationships without the usage of protection. It also affects their perception of sexual connections and relationships with others.

4.4 Main Predisposing Factors that may lead to Teenage Pregnancy

The students believe that the main predisposing factors that could lead to teenage pregnancy are: inadequate knowledge of contraceptives, lack of parental guidance, and frequent sex. The Department of Education (2018) has provided Policy Guidelines for incorporating comprehensive sexuality education into the curriculum to provide quality education and information regarding sex education. However, this is not an assurance that teenagers will apply their knowledge in their actions; a lack of parental involvement ultimately heightens the risk of being involved in unsafe sexual relations that could eventually lead to teenage pregnancy (Valerio & Butt, 2020).

Furthermore, a study conducted by the Centers for Disease Control and Prevention (2019) found that frequent sex, non-usage of contraceptives, and having multiple sexual partners could lead to sexually-transmitted infections, sexually-transmitted diseases, and teenage pregnancy.

In addition to the previous discussions, the lack of parental guidance during the Genital Stage is alarming. The development of reproductive organs and maturation of the physical body causes hormonal changes, sexual development, and curiosity that, when unguided, will lead to problems, issues, hyper fixations, and other future concerns regarding reproductive health (Freud, 1918). A study conducted by Vasileno et al. (2012) has listed that sex among adolescents positively affects their physical bodies. The release of feel-good hormones (dopamine, serotonin, and oxytocin) makes adolescents feel invigorated, relaxed, and stress-free. However, frequent sex may cause adolescents to be more prone to sexually transmitted infections or diseases.

4.5 Awareness on the Different Types of Contraceptive Methods

All of the students are indeed aware of the different contraceptive methods. Guzzo and Hayford (2019) found that mature adolescents and adolescents who engage in sexual activities may learn about the various contraceptive methods. The most common ones are condoms and withdrawal through their own experiences, friends' and families' experiences, or conversations with professional healthcare providers.

4.6 Main Source of Knowledge about Contraceptive Methods and Knowledge About Contraceptives

The respondents consider the main source of knowledge about contraceptive methods is the school with 36%, followed by family at 26% and mass media at 20%. Most students are aware of the different contraceptive methods. Books are the lowest source of knowledge regarding contraceptive methods.

Fifty-five percent have said they have sufficient knowledge about contraceptives, while 44% said they have insufficient knowledge.

Students' main source of knowledge about contraceptive methods is the school. Disabito (2014) found that when schools educate and provide contraception to their students, it is beneficial to prevent sexually transmitted diseases or infections and teenage pregnancy. College students still consider the school the main source of knowledge regarding contraceptive methods.

4.7 Main Reasons for Non-Usage of Contraceptives

The three main reasons for not using contraceptives are fear of side effects (30%), fear of asking for contraceptives (25%), and fear of making others aware of their sexual activities (19%). 9% of the participants said they do not know where to get contraceptives.

The main reasons for the non-usage of contraceptives are fear of the side effects, fear of asking for contraceptives, and fear of making others aware of their sexual activities. The results indicate that most students are not adequately taught and do not have sufficient knowledge about contraceptives and their side effects. Since sexual health matters are deemed taboo, teenage pregnancies are often associated with a lack of adequate education (Salvador et al., 2016). A study by Moreira et al. (2019) also had similar results: non-use of contraceptives is due to opposition from others, lack of access, and lack of knowledge.

4.8 Sexual Status of the Respondents

For the respondents' sexual behavior, out of 216 respondents, 78% are sexually inactive, while 22% are active in engaging in sexual activities.

The majority of the students are sexually inactive or not engaging in sexual activities. The number of youths who have begun engaging in sexual activities before 18 rose from 13% in 1994 to a staggering 23% in 2013. Nearly 17% of sexual initiations were among those with secondary education pursuing college degrees (Demographic Research and Development Foundation, 2014). In a study by Habito et al. (2019), young Filipino women experiencing sexual initiation and pregnancy increased significantly over ten years. These numbers are still on the rise and will continue to affect the lives of adolescents with no proper guidance. This finding further proves the psychosexual theory of Freud (1918); during the genital stage, most adolescents feel inclined to explore their sexuality due to the changes in physical bodies: production of hormones, reproductive organ development, and bodily growth.

4.9 Most Likely Partner to Discuss Sexual Health With

For the participants' most preferred partner to have sexual health discussions with, 51% of the participants consider healthcare providers the people they are most likely to discuss sexual health. 29% of the participants have chosen their friends. The participants' least chosen partner to discuss sexual health is teachers, with only 8%.

5. Conclusion

The perception of college students on teenage pregnancy based on the sources of knowledge of adolescent pregnancy as discussed and presented in the previous chapter shows that the college students are aware of teenage pregnancy cases. Most of the students have accurately defined teenage pregnancy, except for nearly 12% of the respondents. The respondents also consider the school, mass media, and parents as their primary sources of knowledge about teenage pregnancy.

For the second component, knowledge of factors predisposing to teenage pregnancy, the college students believe that the main predisposing factors are: inadequate knowledge of contraceptives, lack of parental guidance, and frequent sex.

The college students' perception of teenage pregnancy based on their knowledge of contraceptive methods indicates that they know the different contraceptive methods. Their primary source of knowledge about contraceptive methods is the school. The college students' main reasons for not using contraceptives are the fear of the side effects and the fear of making other people aware of their sexual activities and asking for contraceptives.

The college students' sexual behaviors show that majority of the students have been engaging in sexual activities. More than half of the total respondents said they have insufficient knowledge about contraceptives. The majority of college students choose healthcare providers as people who are most likely to discuss sexual health matter.

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