

## CHAPTER I

### INTRODUCTION

#### **Background of the Study**

Here in the Philippines, we believe in the saying of our national hero Dr. Jose P. Rizal that “Youth is the hope of our Mother land”. In their hand lies the future generation to follow.

But as we see from the situation nowadays, what were expecting from the youth is the contrary if the saying. Teenagers are prone to pregnancy. Almost every year there is a rapid increase on the number of pregnant youths. One of the major causes of this problem is that most of the youths nowadays grew up in broken homes. Parents either the father or mother of the youths chose to leave their children behind because of the fact that they cannot handle anymore their obligation as parents.

In relation to this problem, our government is now working on the Reproductive Health Bill (RH Bill) as one of the most effective solution not only to

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teenage pregnancy but also to the increasing population of our country.

### **Statement of the Problem**

This study answers the following questions:

1. At what age did you become sexually active?
  2. What is your current situation with pregnancy?
  3. Was the pregnancy planned
  4. Did you ever think of aborting the baby
  5. How would you rate the following from its substantiality: condoms, pills, morning-after pill, other conceptive methods, STIS and STDS.
  6. Do you know the whereabouts of your local family planning clinic? Did you know this before you got pregnant?
  7. Do you know of anywhere in your local area where free condoms are available to younger couples?
  8. As a teen aged mother, how do you plan to support your child's financial needs?
  9. Are you or your partner currently working? If yes, where do you see yourself in terms of occupation?
  10. Can you manage financially, physically, emotionally and mentally your current situation?
  11. Do you still continue to pursue your education?
  12. Do the people around you respect your current situation at such young age?
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## Significance of the Study

This study is significance for the following reasons:

- a. Enhancement of people's knowledge on number of students indulged in Teenage Pregnancy in Tacloban City.
- b. Increase the awareness and knowledge on the increasing number of teenage pregnancy cases.
- c. To be able for them to absorb and reflect the effects and problems attached in teenage pregnancy.
- d. To help prevent from indulging from this early pregnancy.

**Teenagers** – they are the ones involved in this case. They could be helped through the informative content of this study. They could realize the negative effects of teenage pregnancy and how it could change their whole life.

**Society** - it could lessen the percentage of single parenthood among the community. It could orient family members on how teenage pregnancy can affect the family most especially the teens.

**Sources of Contraceptive materials** – they may expect an increase in demand due to the awareness of the teenagers on getting pregnant at an early age.

**Local Government** – they could be able to implement and facilitate projects concerning the rate of teenage pregnancy issue. They could be able to understand the deeper cause of this inflating rate of early pregnancy.

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**Community Members** – they could build a strong alliance against teenage pregnancy and they could be a more productive part of the community in terms of cooperating in the alliance.

**Parents** – they could expect a better future and a progressive and a more valuable and worthy support to their sons and daughters.

**Non-Government Organization** – they could more stabilize their goals on this sector and comply an efficient purpose on execution of ideas from which this study focuses. They could be more sufficient in terms of project planning and data analysis of social factors of teenage pregnancy.

**Others** – they would get a broader knowledge on how the teenage pregnancy work in the society.

### **Scope and Delimitations of the Study**

This investigation is conducted to determine the rate of teen age students that is engaged in teenage pregnancy. This way, we could determine the status

and profile of the teenager indulged in teenage pregnancy. The aspects looked into

were the quantitative information of number of teen aged students indulged in teenage pregnancy and the data behind this.

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This investigation focuses on number of teen age students indulged in teenage pregnancy in Tacloban City portrayed by teenagers as respondents during January to February 2011.

### **Definitions of Terms**

**Teenage pregnancy** – refers to any pregnancy on women that took place between the ages 13 – 19 years old.

**Teen aged Students** – refers to students that ages a number that end in “teen” as the last syllable such as 13, 14, 15, 16, 17, 18, and 19.

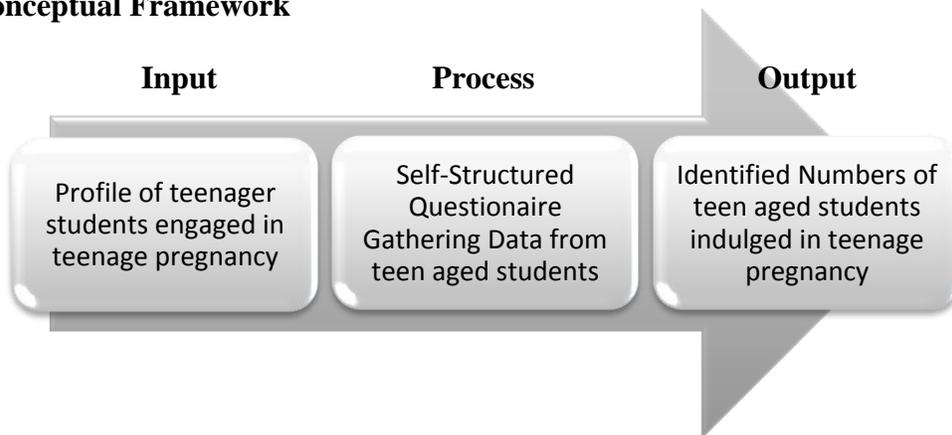
**Rate** – refers to a quantity from a recent quantity

**STIS** – refers to Sexually Transmitted Infections

**STDS** – refers to Transmitted Diseases

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**Conceptual Framework**



## CHAPTER II

### REVIEW OF RELATED LITERATURE

The purpose of this section of the study is to provide a review of relevant literature that focuses on questions related to teenage pregnancy. The Introduction to this study offered an overview of the extent of the problem, its effects and outcomes, and a conceptual framework in which it was asserted that peer pressure to begin sexual activity coupled with low self-esteem may very well be instrumental in placing some young girls at risk for pregnancy during adolescence.

#### **Statistical methods**

The two outcomes were pregnancy rate, a proxy for conception rate, and pregnancy outcome.

Both outcomes were measured at the level of small area and were analyzed for each of three age groups, 13-15, 16-17, and 18-19 years, based on the maternal age at conception.

Pregnancy rates in 16-17 and 18-19 year olds were expressed as the ratio of observed to expected pregnancies, in order to standardize for marital status. The expected number of pregnancies was derived by applying national rates in married and unmarried teenagers to local married and unmarried populations, then adding the results to obtain a total. The expected number of pregnancies in 13-15 year olds in each area was derived from the total national rate. Pregnancy outcome was expressed as the proportion of conceptions resulting in a maternity; outcomes classed as miscarriage and other were excluded. This proportion was calculated separately for married and unmarried teenagers in each age group. I considered marital status to be an important indicator of the cultural background of young women, although in some cases conception would have preceded marriage.

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## CONTRIBUTING FACTORS

Cause or Effect? The burdens of early childbearing on disadvantaged teens are undeniable. Trying to untangle the factors which contribute to teenage pregnancy from its effects, however, leads to a "which came first, the chicken or the egg?" dilemma. Educational failure, poverty, unemployment and low self-esteem are understood to be negative outcomes of early childbearing. These circumstances also contribute to the likelihood of teen pregnancy. For example, recent studies suggest that most adolescent mothers have already dropped out of school before they become pregnant. On the other hand, adolescents still enrolled in school when they give birth are as likely to graduate as their peers. It is not clear how well the adolescents with the most problems would have fared in the future even without early parenthood.

Following are some of the contributing factors or causes of teenage pregnancy:

1) Lack of Parental Guidance: Most people evade their children from talking about sex. In some cases, they provide false information regarding sex and discourage their children to participate in any informative discussion about sex. In some cases, teenage mothers are not well educated about sex before getting pregnant and thus this leads to lack of communication between the parents and the children.

2) Adolescent Sexual Behavior: Among the adolescents, peer pressure is a major factor that encourages the teenage boys and girls to indulge in sexual activities. Early dating, as early as 12 years of age, is another factor that contributes to teen pregnancy.

3) Inadequate Knowledge about Safe Sex: Most adolescents are unaware of safe sex. They

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probably have no access to the traditional methods of preventing pregnancy. And the main reason behind is that they are either too embarrassed or fear to seek information about it.

4) Exploitation by Older Men: This is another major factor that contributes to pregnancy among the teenagers. Those girls who date older men are more likely to become pregnant before they attain womanhood. Rape, sexual exploitations etc. also takes place that leads to unwanted pregnancy among teenage girls.

5) Socio Economic Factors: Teenage girls who belong to the poor families are more likely to become pregnant. Researchers have found that even in the developed countries teenage pregnancy occurs most commonly among the deprived sections.

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## **CHAPTER III**

### **METHODOLOGY**

#### **Research Design**

The study being conducted is a descriptive research. It includes the collection of data needed to answer the question concerning the current status of the study.

#### **Research Respondents**

The respondents of this research study are the female teen age students that are engaged in teenage pregnancy at Tacloban City. This study is conducted at Tacloban City where the study focuses to extract the statistical data of teenage pregnancy. This study is conducted in January - February 2011.

#### **Research Instruments**

The researchers used a self-structured questionnaire. The questionnaire is all about the background of the information about the pregnancy of the teenager. It is structured as to guide the respondent in reflecting and understanding her situation.

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## **Validation of Research Instrument**

The research instrument was submitted to our Research Professor to correct and finalize the questionnaire. Hence, there was no dry run conducted due to lack of time.

## **Method of Scoring and Interpretation**

In analyzing the data gathered through the questionnaire, the researcher utilized the following:

On the age of the teen aged female student that started to become sexually active

<b>Mean Range</b>	<b>Interpretation</b>
10 yrs. old and below	too minor
11-15 years old	early adolescent
16-19 years old	late adolescent

## **Statistical Treatment**

The various data gathered were subjected to statistical treatment to present the profile and the extent of influence of the identified factors, problems encountered and possible solutions. The following formula will be used

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**Percentage:**  $\frac{F}{N} \times 100$

Where: F = frequency

N = Number of respondents

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## CHAPTER IV

### PRESENTATION, ANALYSIS AND INTERPRETATION OF DATA

This chapter presents analysis, findings and interpretation of data. For the clearer presentation, appropriate tables were used. All findings and data gathered from the survey conducted are presented and analyzed based on the specific questions and previously stated.

The presentation considers the variables included in the study namely: (1) Profile of the respondents in terms of age, year level, and socio-economic status. (2) Situation of pregnancy. (3) Pregnancy plan of the respondents. (4) The knowledge of the respondents in abortion, family planning and the place of free condoms. (5) The plan of the respondents for the baby. (6) Managing the current situation. (7) Continue schooling. (8) Respect from others.

**TABLE I-A**

**Age Distribution of Pregnant Teenager**

<b>Age Bracket</b>	<b>Frequency</b>	<b>Percentage</b>
10 and below	0	0
11-15	11	55
16-19	9	45
<b>Total:</b>	<b>20</b>	<b>100</b>

According to the Table I-A, out of 20 respondents, there are 0 or 0% respondents who age from 10 years old and below. There are 11 or 55% respondents who age from 11-15 years old and there are 9 or 45% respondents aging from 16-19. This show that the majority of the

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respondents age from 11-15 years old. The tabulation shows that the majority of the Respondents are from 11-15 years old.

**TABLE I-B**

**Distribution of Respondents according to the Situation of their Pregnancy**

<b>Situation of Pregnancy</b>	<b>Total Score</b>	<b>Percentage</b>
Fine	14	70
Good	0	0
Not well	6	30
Bad	0	0
<b>Total</b>	<b>20</b>	<b>100</b>

As shown in the Table I-B, there are 20 respondents all-in-all, about the situation of the respondent's pregnancy. There are 14 or 70% respondents who are fine, there are 0 or 0% good. 6 respondents or 30% not well. And 0 or 0% bad. The tabulation shows that the majority of the Respondents are in a fine condition.

**TABLE I-C**

**Distribution of Respondents according to their Pregnancy if it is planned**

<b>Pregnancy if Planned</b>	<b>Total Score</b>	<b>PERCENTAGE</b>
Yes	1	5
No	19	95
<b>Total</b>	<b>20</b>	<b>100</b>

Table I-C reveals that 1 out of 20 respondents or 5 % had pregnancy plan. And 19 or 95% of them don't have the plan for being pregnant. The data implies that most of the respondents have no plan to be pregnant yet. This shows that the majority of the respondents did not plan their pregnancy.

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**TABLE I-D****Distribution of Respondents according on Aborting the baby**

<b>Aborting the baby</b>	<b>Total Score</b>	<b>PERCENTAGE</b>
Yes	1	5
No	19	95
<b>Total:</b>	<b>20</b>	<b>100</b>

As shown in the Table I-D, there are 20 respondents all-in-all, about the respondent's plan in aborting the baby. Only 1 or 5% respondents planned for aborting the baby and there are 19 or 95% had no plan in aborting the baby. This shows that the majority of the respondents did not abort the baby.

**TABLE I-E****Knowledge of Family Planning**

<b>Knowledge of family Planning</b>	<b>Total Score</b>	<b>PERCENTAGE</b>
Yes	0	0
No	20	100
<b>Total:</b>	<b>20</b>	<b>100</b>

According to the Table I-D, out of 20 respondents, there are 0 or 0% respondents have knowledge about family planning, 20 or 100% don't have an idea about family planning. This shows that the majority of the respondents did not know about the Family Planning Method.

**TABLE I-F****Knowledge of the Place where you can find free condoms**

<b>Knowledge of the Place where you can find free condoms</b>	<b>Total Score</b>	<b>PERCENTAGE</b>
Yes	0	0 %
No	20	100 %
<b>Total:</b>	<b>20</b>	<b>100 %</b>

Table I-C reveals that 0% of the respondents don't have an idea of the place where free condoms are found. And 20 or 100% of them don't have the knowledge of where free condoms are found. The data implies that most of the respondents don't have the knowledge of where free condoms are found. This shows that the majority of the respondents were not informed about the circulating free condoms.

**TABLE I-F****Distribution of how to stand for the baby's financial needs**

<b>Plan for Financing the baby</b>	<b>Total Score</b>	<b>PERCENTAGE</b>
I would depend on my parents	5	25 %
I will finish my studies and give the responsibilities to the father	15	75 %
I will find a job	0	0 %
<b>Total:</b>	<b>20</b>	<b>100 %</b>

Table I-F reveals that 5 out of 20 respondents or 25 % would depend on their parents in financing the baby. 15 or 75% of the respondents will finish first their studies. And none or 0% of them will find a job. The data implies that most of the respondents have plans to be finish first their studies. This shows that the majority of the respondents said that they'd rather finish their studies and leave the baby's financial needs to his father.

**TABLE I-G****Can manage your current situation**

<b>Can manage your current situation</b>	<b>Total Score</b>	<b>PERCENTAGE</b>
Yes	19	95 %
No	1	5 %
<b>Total:</b>	<b>20</b>	<b>100 %</b>

According to the Table I-G, out of 20 respondents, there are 19 or 95% respondents can manage their current situation. And 1 or 5% cannot manage the situation. This shows that the majority of the respondents said yes that they could manage their current situation.

**TABLE I-H****Distribution of Respondents According on continuing their Educational Life**

<b>Continue your Educational Life</b>	<b>TOTAL SCORE</b>	<b>PERCENTAGE</b>
Yes	20	100 %
No	0	0 %
<b>Total:</b>	<b>20</b>	<b>100 %</b>

As shown in the Table I-H, there are 20 respondents all-in-all, about the respondent's plan to continue their educational life. All of the respondents wish to continue and currently continuing their educational life. This shows that the majority of the respondents will still continue their education.

**TABLE I-I**  
**Respect from others**

<b>Respect from others</b>	<b>Total Score</b>	<b>PERCENTAGE</b>
Yes	19	95 %
No	1	5 %
<b>Total:</b>	<b>20</b>	<b>100 %</b>

Table I-I reveals that 19 out of 20 respondents or 95 % still have their reputation. And only 1 or 5% of the respondents did not gain any respect from others. This shows that the majority of the respondents still gain their respect from others.

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## **CHAPTER V**

### **SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS**

This chapter presents the summary, conclusions, recommendations based on the findings on the study.

#### **SUMMARY**

This study aim to know the rate of teenage pregnancy in Tacloban City.

Specifically, the sought answers about the profile of female high school students in terms of the age when they became sexually active, current situation in her pregnancy, how the pregnancy was done – planned or not, thought of aborting the baby, rate of substantiality of contraceptive materials, effects of teenage pregnancy in the teen's health, knowledge about the availability of free condoms, how to support the child's financial needs, partner's occupational status, management of the situation, pursuance of education, and the dignity and respect of the teen's social community.

The female high school students of ages 12-18 were involved in this study as the respondents. Questionnaires were disseminated to the female high school students in Tacloban City.

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The study used the descriptive method of research since it was the most appropriate method to use that a self-structured questionnaire was used as a valuable tool in gathering data from the respondents. The results of the survey were tabulated and their acquired data was statistically analyzed and interpreted in order for the researcher to come up with a better conclusion.

## **CONCLUSIONS**

The following conclusions were formulated based on the findings of the study and are presented.

1. The rate of teenage pregnancy in Tacloban City is very much alarming. It has been observed that the rate of teenage pregnancy is increasing because of curiosity and peer pressure.
  2. Most female are sexually active at the age of 11-15.
  3. Teenagers who are engaged at teenage pregnancy mostly are drop out of school.
  4. Teenagers are engaged in this activity due to lack of knowledge about the consequence they are about to face.
  5. Teenagers still depend on their parents.
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6. They don't know what kind of occupation they will have.

## **RECOMMENDATIONS**

Based on the conclusions on the study, the following recommendations are hereby presented.

1. Every man and woman has the right to decide what he/she will take on his life. Just be sure that  
you can stand all the consequences in your every action.
  2. Teenage pregnancy is not an easy thing. You should have the knowledge about this and be aware that it has dangerous effects on a teenager's life.
  3. There is no hindrance in anticipating in this situation.
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