

The Stories of Filipino Pregnant Teenagers and Teenage Mothers During the COVID-19 Pandemic Crisis

ABSTRACT

This article was the result of the screen mediated in-depth interviews conducted via Facebook Messenger to 18 youths, 16 to 20 years old who are 28 percent pregnant, 61 percent mother and 11 percent were both pregnant and mother during the COVID-19 pandemic who were on community quarantine that started in March 2020. The purpose is to learn the meanings of the youth on their experiences based on their circumstances, as pregnant, as mothers and as pregnant mothers during the pandemic in order to enable the government to plan and implement well-structured and integrated development programmes and policies that are relevant to address the needs of the early pregnancies among Filipino youth. The social economic and behavioral characteristics of the youth were described based on these circumstances they had during the pandemic. From their stories, there were three dominant themes that emerged. Those in a broken relationship living with parents, those living with partners living either with their own family or the family of the partners in union and those that are married living in their own homes. Results show that the youth never use contraceptives and therefore their pregnancies are unplanned or accidental but their babies are never unwanted. Youths receive their financial and social support from the partner and relatives. Majority (78%) had dropped out from school however, most of those who dropped out, 61 percent of them plan to continue their studies to provide for a better future for their unborn and newly born babies. Majority of the youth received prenatal care and observed health safety protocols to prevent infection from COVID-19. In spite of the many burdens that the youth are experiencing like lack of stable income, being either in an unstable or broken relationship, low educational attainment and are not homeowners. The young mothers and mothers to be the study are aware of the consequences of the pandemic to their well-being of their children. But amidst the pandemic crisis, the majority of the youth in the study revealed from their stories that their children are blessings and at the same time are optimistic and full of hope for a better life.

Keywords: Filipino Teenagers. COVID-19 Pandemic, Teenage Pregnancy, Teenage Mothers

INTRODUCTION

When the novel coronavirus known now as COVID-19 became pandemic. The whole world grappled with the highly infectious disease because there is no known cure and treatment. Although COVID-19 infection is not selective nor it discriminates, there are sectors of the population, girls below 20 years old that are disproportionately affected not necessarily because of them getting sick, but more of the consequences of being in a pandemic lockdown where those below 21 years old need to strictly follow the stay-at-home rule for their safety. Because they are of school age, their schooling was interrupted during the community quarantine. Being home may subject them to domestic violence and abuses that can lead to an increase in teenage pregnancy by as much as 65 percent, as they spent more time with boys and men as compared when they are in school. Since March 2020, COVID-19 has seen nationwide school closures in 194 countries which is about 1.6 billion learners or over 90 percent of the world's school age population being affected.¹ In the recent report on UN women by Azcona, et al.² in 2020, the pandemic will push 96 million people worldwide into extreme poverty by 2021, of which 47 million are women and girls. Moreover, when schooling is interrupted and girls more than boys may not be able to return to school, which will bring about a widening socioeconomic gap but also an education gender gap. It is in this light, that the study on teenage youth who got pregnant or bore a child during the pandemic is a national issue that should be brought to the attention of the policy makers.

According to the Philippine Statistics Authority 2017 National Demographic and Health Survey,³ nine percent of Filipino women aged 15-19 have begun childbearing, seven percent are already mothers and an additional two percent are pregnant with their first child. Compared to the other Southeast Asian countries, the Philippines is the second highest rate in teenage pregnancy. As shown in Figure 1, young women from Regions X, XI, and XII are most likely to be mothers or pregnant (on 15-18% have begun childbearing). In Luzon, about 13 percent of young mothers are found in Region 1. These regions are characteristically more rural than urban.

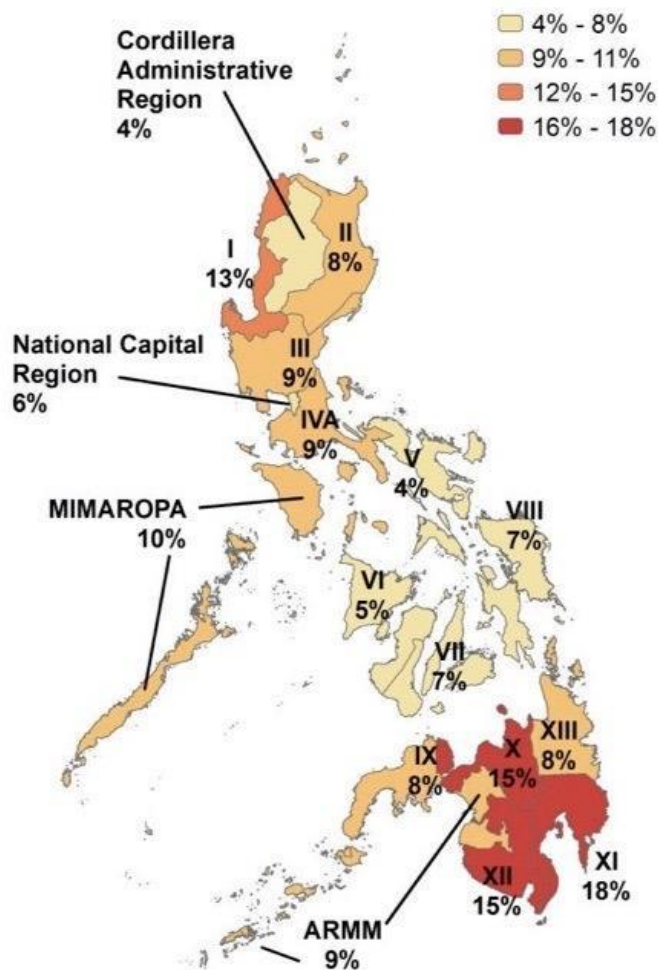


Figure 1. Percentage of women 15-19 years old who have begun childbearing³

Moreover, due to COVID-19 pandemic lockdowns, an estimated two million Filipino women, ages 15 to 49 years old, are expected to get pregnant this year.⁴ According to the University of the Philippines Population Institute and the United Nations Population led by Marquez,⁴ 10 percent of these pregnancies will be among women ages 20 years old and below. Furthermore, the same study also showed that lockdowns will also lead to 178,000 pregnancies among teenagers because of no access to family planning supplies.

Therefore, early closures of Philippine public schools in March 2020 due to the pandemic crisis raise a serious concern on girls, in particular, because they are vulnerable to early pregnancy since they are out of the protective physical setting of the school environment. In Sierra Leone, for example, during the Ebola outbreak and school closures, there was an increase of teenage pregnancies by as much as 65 percent in some communities.⁵ On the other hand, the closures of many businesses resulted in the loss of jobs of 7.3 million Filipinos, may increase drop-outs of school-age children in the

October reopening of public schools. Furthermore, the community quarantine or lockdown due to COVID-19 pandemic, the movement of youth below 21 years old is restricted by the “stay home” rule in order to protect them from getting sick with the virus. Although, in comparison to other age groups, children under 18 years of age have reported few deaths (8.5% of reported cases) due to COVID-19.⁶ The “stay home and be safe” is generally effective in limiting the spread of the virus, however, when a child of minor age stays home, they are likely to be victims of sexual exploitations and gender-based violence that eventually lead to unwanted pregnancy.⁷

This present study shows the social, economic and behavioral profiles of 18 teenagers who either got pregnant or became mothers during the community quarantine lockdown. Moreover, the study will retell the stories of the 18 youths done in an online in-depth interviews from October 2020 to January 2021. Their stories would shed light on how these girls with almost absolutely no economic and social capital are surviving being pregnant and mother the pandemic. Their stories may shed light on the appropriate programs and policy reforms that can be introduced to address their most pressing needs and to empower them especially during this pandemic.

REVIEW OF LITERATURE

Given a natural disaster event, adolescents especially girls 10-19 years old are therefore considered a vulnerable population. This was further affirmed by UNFPA⁸ in 2016 where it was observed that adolescents are susceptible to gender-based violence, unwanted pregnancy, HIV infection, maternal death and disability, early and forced marriage, rape, trafficking, and sexual exploitation and abuse increases in times of crisis and disasters. Moreover, during crisis such as in hurricane Katrina, pregnant women and infants experienced disruptions in the supply of clean water for drinking and bathing, inadequate access to safe food, exposure to environmental toxins, interruption of health care, crowded conditions in shelters, and disruption of public health and clinical care infrastructure posed threats to these vulnerable populations.⁹ Thus, several studies^{10,11} have investigated health outcomes of pregnant women under stress such as during disaster periods. It was found that frequency of low birth weight was higher in women with high hurricane and or earthquake exposure^{10,11} and can damage the health of the fetus.¹²

The characteristics of the young population, especially their sexual behavior are continually being studied. The Young Adult Fertility and Sexuality (YAFS),¹³ first administered annually in 1992 and the latest in 2013 has provided meaningful data on adolescent sexual and reproductive behavior. According to the 2013 YAFS study,¹³ around 14 percent of Filipino girls aged 15 to 19 are either pregnant for the first time or

are already mothers. This is more than twice the rate recorded in 2002.¹³ Furthermore, among the six major economies in the Association of Southeast Asian Nations, the Philippines has the highest rate of teenage pregnancies and is the only country where the rate is increasing, per the United Nations Population Fund. Recent data³ from the Philippine Statistical Authority lend support to the UNPFA⁸ and 2013 YAFS 4 study.¹³ It reveals that every hour, 24 babies are delivered by teenage mothers.

In a study by Nelson and Rodriguez¹⁴ in 2016, it was found that the socio-economic characteristics of the youth who got pregnant and who experienced disaster in the form of typhoons are those who are living in an extended households but unrelated families, are in a consensual union with either their spouses or partners, did not go to college and are earning a monthly income between Php5,000 to Php10,000. Thus, the young mothers are poor and were likely not to continue their education beyond high school. It would be interesting to find if these findings on teenagers who got pregnant during disastrous typhoons hold true to that of the teenage youth who find themselves pregnant and mothers in a pandemic crisis.

The negative outcomes of teenage pregnancy for both parents and their children was investigated by Cassad, et al.¹⁵ Among them are less choice in employment due partly to less education, lower personal and household income and they perceived to do more housework than their partners, lower self esteem and fewer coping skills. Makwane and Kwizera¹⁶ reported that the AIDS pandemic in South Africa in addition to long history of racial discrimination found that the quality of life among the majority of young South Africans remain low.

A study by Jones, et al.¹⁷ interviewed 16-19 year old teenage mothers on their views on teenage pregnancy. The findings indicate that the teenagers themselves hold negative views on teenage pregnancy. This stems from the stigma that the general population holds on early pregnancy.

The pandemic crisis brought about by COVID-19 is never gender neutral. The women more than men receive the hardest blow. For instance, the interruption of reproductive health services according to POPCOM may increase unwanted pregnancies especially affected are adolescent girls.¹⁸ A more recent report by the UNFPA¹⁹ shows that lockdowns due to the COVID-19 crisis have significantly affected efforts on ending unmet needs for family planning. This is a result of several factors including health workers being preoccupied with the COVID-19 response, lack of personal protective equipment for health workers, limited services offered by health facilities, disruptions in the supply of contraceptives, and restricted movements of women to avoid exposure to the virus. Consequently, the number of unintended pregnancies will increase as

lockdowns and service disruptions continue.¹⁹

In addition to food insecurity and lack of access to healthcare as adverse effects of the pandemic, girls are also more likely to take on traditional gender roles in the household like caring for their younger siblings or nursing relatives who become sick, thus putting them more at risk of infection. Since girls are more likely to work for more hours and do unpaid work such as chores and other domestic work due to the gender norms that dictate the nature of work expected from boys and girls, this makes them more vulnerable from exploitation and in turn, prevents them from gaining opportunities to rise from poverty.²⁰ Even before the pandemic, women bore the burden of doing domestic work, which have had effects on their attendance and performance in school. With the school closures brought about the crisis, they are less likely to return to school, thus resulting in lack of access to education and economic challenges.²¹

During crises, women face greater risks of exploitation, inadequate access to healthcare services, and reduced educational and career advancement opportunities. Hence, government responses as well as efforts by civic organizations should promote policies and provide support that are gender-inclusive.²⁰

OBJECTIVES

The study aims to determine the social, economic and behavioral characteristics of the youth based on the circumstances as pregnant teens and teen mothers during the pandemic crisis and

To learn from their stories the meanings of the experiences of the pregnant teens and teen mothers during the COVID-19 pandemic crisis.

METHODOLOGY

The narrative inquiry method was used to retell the stories of teenagers who are facing the double burden of being pregnant or being a young mother during a pandemic (COVID-19). From the stories of the 18 subjects that were interviewed online via Facebook Messenger, the common and contrasting themes from their stories were identified.

The methodology is Qualitative narrative inquiry. The method used to gather data is screen-mediated interviews using the chat mode of Facebook Messenger. Prior to recruitment of the subjects, the interview guide was constructed to include probing questions, (see the interview schedule Appendix A). Pilot test was done prior to the actual interview. The average duration of the interview was one hour and 30 minutes.

The researchers' conduct was guided by ethical issues related to informed consent, confidentiality and anonymity, and by the principles of data management throughout the project. Bracketing or reflexivity assisted the researcher to develop a non-judgmental and objective attitude towards the information shared by the participants.²²

Doing an online chat interview during pandemic can be both challenging to the researchers and alienating on the part of the subjects. Challenging because there is no known sampling frame for the teenage population who are either pregnant or mothers during the pandemic lockdown. Known therefore as a hidden population, there is difficulty in sourcing them. Moreover, getting their informed consent to be interviewed by a stranger proved to be difficult. On the other hand, It is alienating to the subjects because of the sensitivity of the topic or the stigma attached to being pregnant at a young age. This is the reason why conducting an online survey was not an option.

The recruitment of subjects through the assistance of government agencies (Department of Social Welfare and Development and Rural Health Units) and non-government organizations (Save The Children, Plan International and Kaisahang Buhay Foundation) was not feasible. School closures and the Christmas season contributed to the failed attempt to seek assistance from these agencies. As shown in Table 1, 10 of the 18 subjects were referred by former students and classmates of the researchers. The “built-in trust” of the referees, who were their teachers, neighbors and or friends was a big factor in overcoming the alienation and getting their consent to be interviewed by a complete stranger who is also geographically distant and speaks a different language. The referees therefore serve as the go-between the researchers and the subjects. Subjects were assured of the confidentiality of the answers to the questions and that their identity will not be known. This, in turn, helps in building the rapport between the researchers and the subjects.

Table 1. Frequency distribution of subjects by source of referral

Source of Referral	Frequency
Former student/classmate	10
Relative	2
Friend	2
Facebook group	2
Rural health center	1
Another subject (snow ball)	1
Total	18

In retelling the stories of the youth who are facing the multiple burdens as pregnant teen, as teen mother and as teen pregnant mother during the pandemic lockdown is the inductive part of the study where from the constructive stories of the teenagers, common and contrasting themes will be derived.²³

The subjects come from nine provinces and seven regions in the Philippines as shown in Figure 2. Four each came from Laguna and Eastern Samar, three from Camarines Norte and two from Batangas province. There are one subject each from the provinces of Sorsogon, Davao del Sur, South Cotabato, Surigao del Sur and City of Manila.

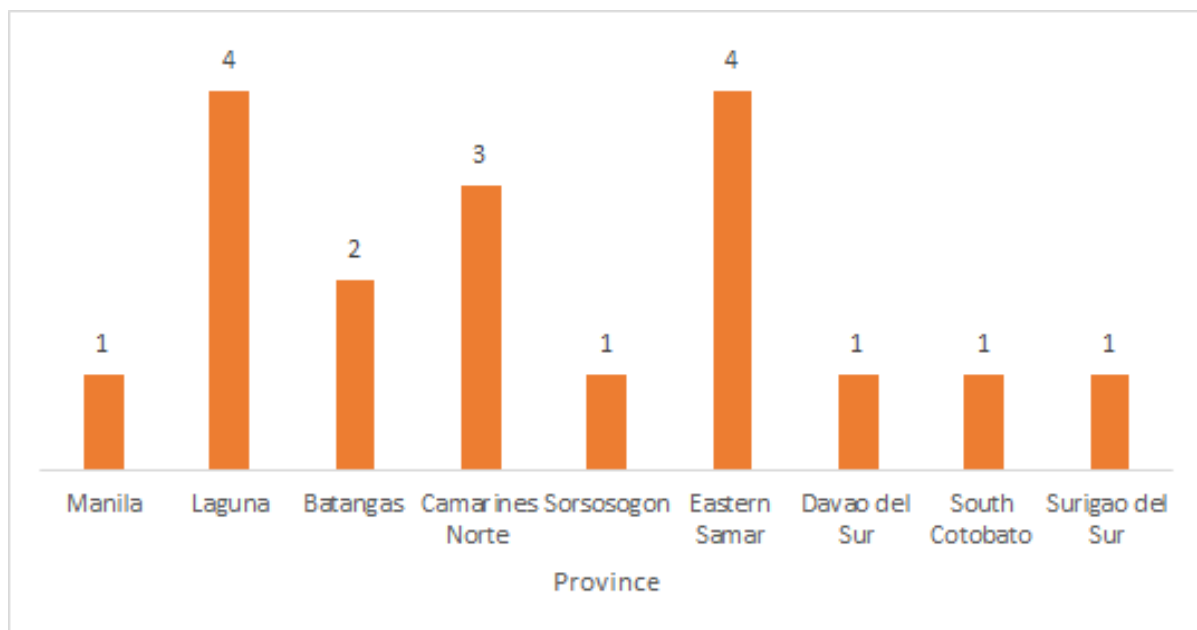


Figure 2. Provincial residence of the 18 Subjects

RESULTS

A. Profile of the Subjects

Table 2 shows the mean age of the subjects that were interviewed is 18 years old. Two of the subjects are 20 years old, but were pregnant at the age of 19. Those who were mothers are a year older. The youngest is 16 while the oldest is 20 years old. The mean age of the youth regardless of the circumstances they are in during the pandemic is 18 years old. The youth that consented to be interviewed are relatively older, since we have included participants in the study who have turned 20 years old at the time of the interview but gave birth when they were 19 years old. Moreover, those who

consented to be participants in the study were in their late teens.

Majority of the teens are unmarried and living either with their parents or partner's households. On average, they belong to a household with six members. Among those who are in a consensual union, meaning unmarried but living with the father of their child, and married, several of them said they decided to live together upon finding out about the pregnancy. On the other hand, only one out of the four who are single is in a relationship with the father of their child.

Most of the teens had two or more boyfriends or in relationship of some sort to the opposite sex. Premarital experience was with their current boyfriend or partner at the age of 17. The household size is either six or seven members. More than half of those teens who are pregnant are living with their own parent's household. The teen mothers, on the other hand either live with their partner's household or in their own home, a total of 54 percent, the rest of them (45%) stayed in their own parent's households. The living arrangements shows the teens do not live in their own households which significantly meant the dependency of the teens on their parents.

Table 2. Percent distribution of the social characteristics of the teens by the nature of circumstances during the COVID-19 pandemic

	Nature of circumstance during the COVID-19 Pandemic				
	Pregnant (n=5)	Mother (n=11)	Pregnant and mother (n=2)	Total (n=18)	
Mean age	18	18	19	18	
Region					Childbearing Rate ³
NCR	20	0	0	6	6
IV-A	0	55	0	33	9
V	20	27	0	22	4
VIII	40	9	50	22	8
XI	20	0	0	6	18
XII	0	0	50	6	15
XIII	0	9	0	6	8
Marital Status					
Single	11	11	0	22	

In consensual union	11	44	11	61
Married	6	6	0	11
Living arrangement				
with own parents	60	45	0	44
with partner's household	20	27	100	33
with own household	20	27	0	22
Mean household size	7	6	7	6
Mean number of boyfriends	5	2	1	2
Mean age at first premarital sex	18	17	NI	17

Notes: NI means not indicated; Percentages may not add up to 100% due to rounding up

Table 3 shows the economic characteristics of the teens. Only two out of the 18 teens reached college level while 22 percent are in junior high school and 67 percent finished senior high school. Majority of the teens (78%) have stopped schooling due to financial reasons, unintended pregnancy and to have time to take care of their child. The four teens who are currently enrolled shared that they are having a hard time coping with school work and child care responsibilities. Among those who had stopped schooling, more than half (61%) have signified their plans to continue their studies. The motivation for them to continue their studies is to increase their chances of providing a good future for their child and to help out in their day to day needs of their families.

From no income to low income mainly from the daily wages of their partners, the teens in the study are finding it hard to buy food with 28 percent or five of them admitting they experience hunger not only during the pandemic but even before the pandemic. About 39 percent of the teens' households have a monthly income that falls below Php5,000 while another 33 percent earns between Php5,000 and Php10,000. Only a few households or two of the 18 teens, have an income of over Php10,000 a month. However, both teens have dropped out from school in spite of having a relatively stable income to focus on child rearing.

Table 3. Percent distribution of the economic characteristics of the teens by the nature of circumstances during the COVID-19 pandemic

	Nature of circumstance during the COVID-19 Pandemic			
	Pregnant (n=5)	Mother (n=11)	Pregnant and mother (n=2)	Total (n=18)
Highest educational attainment				
Junior high school	20	18	50	22
Senior high school	80	64	50	67
College level	0	18	0	11
Status of enrolment				
Currently enrolled	20	27	0	22
Not enrolled with plans of continuing studies	80	55	50	61
Not enrolled without plans of continuing studies	0	18	50	17
Source of income				
Partner	60	64	50	61
Self	0	9	0	6
Partner and self	0	18	50	17
Parents and relatives	40	9	0	17
Monthly income				
Below Php5,000	40	36	50	39
Between Php5,000 and Php10,000	0	45	50	33
More than Php10,000	20	9	0	11
Not indicated	40	9	0	17
Experience Hunger				
Yes	40	27	0	28
No	60	73	100	72

Note: Percentages may not add up to 100% due to rounding up

As shown in Table 4, the teens are generally happy with their pregnancy and perceive

their child as a blessing. Some teens felt nervous and fearful mainly because it is their first time to experience giving birth. They also felt that being young makes it more difficult for them to give birth.

Majority (61%) confide in their family and relatives whenever they have problems. This includes their parents, siblings, cousin, aunt and grandparents. One in every four of the teens either go to their partners and friends for emotional support. There are 17 percent who said that there is no one whom they go to for their problems.

The teens in the study, regardless of their circumstances during the pandemic, either pregnant teen or teen mother, remain optimistic and hopeful for their future. This lies in the fact that they all want their children to finish studying. Their aspiration for their children can only be achieved if they themselves finish their studies so that they can get a job or have an opportunity to migrate or work abroad.

Table 4. Percent distribution of the behavioral characteristics of the teens by the nature of circumstances during the COVID-19 pandemic

	Nature of circumstance during the COVID-19 Pandemic			
	Pregnant (n=5)	Mother (n=11)	Pregnant and mother (n=2)	Total (n=18)
Support person/ group				
Family and relatives	80	45	100	61
Partner	20	9	0	11
Friend	0	18	0	11
None	0	27	0	17
Are you happy?				
Always	80	82	50	78
Sometimes	0	18	50	17
Never	20	0	0	6
Are you nervous?				
Always	0	27	0	17
Sometimes	60	45	50	50
Never	40	27	50	33

Are you fearful?				
Always	20	36	0	28
Sometimes	40	36	50	39
Never	40	27	50	33
Are you hopeful?				
Always	80	100	100	94
Sometimes	0	0	0	0
Never	20	0	0	6
What are your hopes and aspirations?				
Continue studies	60	9	100	33
Continue studies and find a job to provide for my family and child	20	27	0	22
Provide a good future for the child	20	36	0	28
Migrate overseas	0	9	0	6
Not indicated	0	18	0	11

Note: Percentages may not add up to 100% due to rounding up

Table 5 shows that one out of 10 did not use contraceptives or any family planning method. However, in spite of non-use of family planning methods 94 percent have had prenatal care where they had been vaccinated and received supplemental vitamins from the rural health clinic or hospitals. The lockdown also caused some delays in the access of prenatal care because of the stay-at-home rule imposed among minors.

Among the teen mothers, 64 percent gave birth at private hospitals, 18 percent at lying-in clinics and another 18 percent have had home delivery. More than half of them have had postnatal care. A common sentiment among the teen mothers is they feel burdened by the additional fees for conducting a rapid test and x-ray test before being accommodated in the hospital. They also felt anxious about being exposed to the virus while spending time at the waiting room before the results came out. In addition, most hospitals do not allow bringing in companions.

During pregnancy, most of the teens were healthy and did not have any illnesses.

Some, however, had experienced having fever and/or headache, urinary tract infection (UTI), and loose bowel movement (LBM). Those who had UTI and LBM were prescribed with medicines safe for pregnant women by doctors while the others did not take any medication.

Table 5. Percent distribution of the reproductive health practices of the teens by the nature of circumstances during the COVID-19 pandemic

	Nature of circumstance during the COVID-19 Pandemic			
	Pregnant (n=5)	Mother (n=11)	Pregnant and mother (n=2)	Total (n=18)
Family planning method				
Pills	0	0	50	6
Withdrawal	0	9	0	6
None	100	91	50	89
Prenatal				
Yes	100	100	50	94
No	0	0	50	6
Place of delivery				
Private hospital	-	64	-	64
Lying-in clinic	-	18	-	18
Home delivery	-	18	-	18
Postnatal				
Yes	-	55	-	55
Not yet	-	45	-	45
Illnesses experienced during pregnancy				
Fever and/or headache	20	18	50	22
Urinary tract infection	20	18	0	17
Loose bowel movement	0	9	0	6
None	60	55	50	56

Note: Percentages may not add up to 100% due to rounding up

One hundred percent of the teens have followed health safety protocols required during the pandemic crisis as shown in Table 6. These include frequent handwashing, wearing of face mask and face shield, and observing social distancing. One respondent said she did not see the need to wear a face mask and face shield and to observe social distancing because she was just at home. Another respondent said she did not wear a face shield, even when the local government requires it.

Although teens, under 21 years old were not allowed to go outside during the lockdown, some were still able to go out for their prenatal check-ups (44%), buy essentials and baby's needs (39%), get some fresh air (11%) and visit relatives (6%). The reasons for violating the stay-at-home rule were mostly essential travel.

Table 6. Percent distribution on observance of health safety protocols of the teens by the nature of circumstances during the COVID-19 pandemic

	Nature of circumstance during the COVID-19 Pandemic			
	Pregnant (n=5)	Mother (n=11)	Pregnant and mother (n=2)	Total (n=18)
Frequent handwashing				
Yes	100	100	100	100
No	0	0	0	0
Wearing of face mask				
Yes	100	91	100	94
No	0	9	0	6
Wearing of face shield				
Yes	100	91	50	89
No	0	9	50	11
Social distancing				
Yes	100	91	100	94
No	0	9	0	6
Reasons for violating the stay-at-home rule				
Prenatal check-up	60	36	50	44
To buy essentials and	0	55	50	39

baby's needs				
To visit family and relatives	20	0	0	6
To get some fresh air	20	9	0	11

Note: Percentages may not add up to 100% due to rounding up

B. The stories behind the numbers using thematic analyses

Theme 1. Young single parents with broken relationship and living with parents (4 participants)

“The father of my unborn child is now with another girl. What do I do? Am I entitled to ask for support even since we are not married?” This is the dilemma of RXP who ranked seventh in her Grade 12 graduating class and was awarded outstanding student in Technical and Vocational Livelihood stream. When asked how she fell in love with the father of her unborn child who was an elementary graduate with no permanent job. She said, his being respectful and loving to her and to his family are the qualities she admired. *“May nakita lang po na magandang ugali at mapagmahal hindi lang sa akin pati na rin sa kanyang pamilya....may respeto din.”* RXP lives with her parents who are fruit vendors.

SDLR, like RXP, is pregnant and also not enrolled. She met the father of her child in school but has not seen him since she told him that she is four months pregnant. *“Hindi ko po alam. Bigla nalang po hindi nagparamdam.”* SDLR lost her father when she was 16. She and her mother were evicted from their house they were renting. They moved to her aunt's place and helped out by paying the water bill from the wages that her mother gets as a laundry woman and from the earnings from the small store that they put up in front of her aunt's house. She described it as this, *“Hindi po siya tindahan talaga, sa harap lang po ng bahay ng tita ko nakadisplay po. Sa'min po ni mama, maliit lang po pero nakakaraos po.”* Going to school is what she missed the most during the pandemic. Lately, it was learned that after giving birth in December, they moved out of her aunt's place and are now living with her grandmother in the province and her mother helps in managing the *sari-sari* store of her grandmother.

EP, the eldest of seven children, has just given birth a month ago. Like RXP and SDLR, she too has broken up with the father of her child whom she met while on vacation. She is also living with her parents who according to her, her mother has just given birth three months earlier than her. Being a student and mother is hard, *“Ako lang po gumagawa ta's pagkakaupo ko po sa module, iiyak po”* (I do all the tasks. I just sat down to work on

my modules when the baby started crying.). Moreover, life is hard in general for EP as both of her parents do not have jobs. "*Mahirap po kasi kapos sa pera at pahirapan pong makahanap ng trabaho.*" From time to time, they rely on the generosity of her maternal grandfather who shares his wages as a construction worker. With two babies in the household, they find it hard to cope but they never suffer hunger but sometimes they eat rice only.

CB, on the other hand, has two jobs as a cashier and a tutor to support her newborn child. She lives with her parents and siblings who are still minor. She met the father of her baby in school and were in a relationship for five years until they reached a mutual decision that they are not meant for each other. As a working single parent, she too stopped schooling to support her child. According to her, she did not continue her studies because she might not be able to focus on it while taking care of her child. She expressed she always felt nervous and afraid during her pregnancy because she knew she was still too young to become a mother. "*Siyempre naman po kasi hindi pa nga po tama age ko at 'di ko po alam kung paano maging ina at kung magiging mabuti ba akong mommy.*" Whenever she is going through something, she just keeps it to herself because she does not feel comfortable opening up to other people and she feels that nobody can help her but herself. Despite this, she said her newborn baby and earning money make her happy. She also complains of the price hike of many essential commodities and transportation fees during the pandemic. She finds it hard to commute due to the lack of operating public utility vehicles and implementation of curfew.

Theme 2. In consensual union with their partners, residing either with their own parents or partner's parents (12 participants)

CM and her partner are staying with her side of the family, a household of eight members. They are living with her parents, grandmother and five siblings. According to her, she did not continue her studies because she might not be able to focus on it while taking care of her child. She expressed that she regrets becoming pregnant: "...*dahil kung nag-ingat lang sana ako 'di naman ako magkakaganito*" (If only I was more careful, I would not end up like this). In general, she seems disappointed with herself. She does not feel happy because she is not able to help her family, "*dahil natutulungan ko sana pamilya ko kung di lang dahil sa pagbubuntis ko.*" This is also the reason why she does not feel hopeful. She also shared that she has experienced hunger before the pandemic. She sometimes feels nervous because she feels that she is not yet ready to become a mother. Aside from regretting her unexpected birth, she has also been having a difficult time dealing with the lockdown. She is extremely bored at home and misses doing the things she used to do all the time like going out, going to events, hanging out and drinking with her friends. Nowadays, she spends most of her time eating, sleeping,

daydreaming and chatting with her family. *“Pang araw-araw na buhay ko habang may pandemic ay mahirap. Napakaboring, ‘di ako makalabas, ‘di makagala. Kain, tulog nalang ako... mag-isip ng mga bagay na walang kwenta, makipagchismisan sa mga kasama ko sa bahay, mangarap ng napakalalim na imposibleng nangyari.”* .

JA turned 18 years old a day after the lockdown was implemented in March this year. She is currently pregnant with her second child. She said she did not want to become pregnant, but she was left with no choice because her partner of almost two years, wanted a daughter. *“Di ko na sana ibig pang magbuntis kaso wala akong magagawa dahil gusto ng asawa ko kasi nga gusto niya babae.”* Their first child is now two years old. Her in-law is also living with them. She shared that it is hard to be pregnant in the middle of a pandemic because of the health risks faced by the mother and the child. *“Kailangan umiwas ng isang buntis sa mga tao na ‘di mo kilala o kahit kilala mo pa dahil ‘di natin alam ang takbo ng panahon kailangan ng buntis umiwas para (sa) safety (ng) kalagayan ng bata at ng katawan.”* Due to the lockdown, she has neither received prenatal care nor have had an ultrasound yet. Nonetheless, she said she feels “okay” and she tries to remain strong despite all of the hardships they are experiencing while there is a pandemic. *“Ang aking karanasan sa pagbubuntis ay minsan okay, minsan din hindi... Kinakailangan maging mataag hindi lang sa pandemic pati na rin sa iba pang darating na pagsubok sa amin.”*

SH gave birth to her first child at the age of 16. Her pregnancy was unexpected but she is extremely happy with a baby girl and new family. Upon learning that she was pregnant, she moved out of her parent’s home and decided to live with her partner’s family. She reached ninth grade, but decided to stop because of financial reasons. Since then, she worked as a waitress in a restaurant. Her partner is a 22-year old graduating Automotive student and currently working as a rider for delivering food and other *pasabuy* items. She said she doesn’t ask how much he earns in a month, but he is able to provide for their needs. Aside from his partner’s income, she sells food and clothes online where she earns around Php1,500 a month. All of her income from online selling goes to her savings because her partner encouraged her to keep it to herself and spend it however she wants. She noticed that her partner really embraced the responsibility of becoming a father the moment they found out that she was pregnant. SH gave birth in a private lying-in clinic, as per recommendation of her mother which was about twenty four kilometers away from her home. The clinic does not usually facilitate childbirth of young mothers due to increased pregnancy risks, but they agreed to take her in because they had an ob-gyn on-duty to assist her. In addition, they got a cheaper package which includes newborn screening.

LZ gave birth to a baby girl in her partner's home last August, two months after she turned 19 years old and approximately five months after the community quarantine was implemented due to the pandemic. Currently, she is staying with the family of her partner who is also the father of her child. LZ comes from a broken family where her parents separated when she was young due to the philandering activities of her father. His father, according to her, has been living with another woman but is also at present living separately. Her father has been supporting her studies from his overseas work as construction work in Canada. Her migration papers to Canada are now being processed and she will be joining her elder sister and her father in Canada anytime soon in 2021. When asked what would happen to her baby and partner when she leaves for Canada, she said the baby will be taken care of by his partner. LZ has managed to continue her studies as a first year college student taking up BS Elementary Education. This semester she enrolled in nine units but according to her, she hardly copes with her studies like she has been missing taking examinations online. Her baby keeps her busy during the day and even at night time she gets up to bottle feed her baby. When asked what she missed doing, going to the mall is her quick answer. She also missed going to Baguio City where her paternal grandfather lives. However, because of the pandemic she learned how to sew and mend clothes of her baby. She never experienced going hungry during the pandemic but it was her friend whom she goes to whenever she has a problem.

At the time of the interview, CS is 20 years old and three months pregnant with her second child. Her first child was born when she was 19 years old. Although technically she is no longer a teenager, she was considered mainly because of her unique story. First, she got pregnant during the pandemic lockdown. Second, related to the lockdown, she cannot go to the health center where she is getting her pills and third, family members of the partners, not just one but three members tested positive with COVID-19: the 81-year-old grandfather, the father and elder sister of his partner. This accounts to three out of the eight household members. Since she has a one-year and seven-month-old baby and pregnant at the same time, they immediately transferred to another house after knowing the positive results. In her own words, this is what she said: *"Nagkaroon na po. Sa loob talaga nga pamilya pero 'di naman po nakaapekto sa pagiging strong namin. Nalagpasan naman po namin 'yun lahat"* (because we are strong we were able to survive it) the effect was economical, because her husband was forced to go on a 14-day quarantine which was tantamount to no wages for 14 days. Her online selling of house dresses enables them to literally survive. Her current pregnancy was unplanned and partly the reason was that the supply of pills which she normally gets from the health center was closed during the pandemic quarantine period and also for the reason that the community quarantine restricted the mobility of those below 21 years old. In spite of the fact that the pregnancy is unplanned, her partner and

she do not have any regrets for having a second baby. They are even planning to make their union legal sooner in the near future.

GC is 19 year old and has a four-month old baby. She gave birth last June 2020 in a private hospital in her province. To the question what was it like giving birth during a pandemic? She said her province was COVID-free at the time she gave birth in June. Even though she is below 21 years old, she is free to go out, "*Hindi strikto sa aming lugar*", since there are no restrictions being implemented in their place for those below 21 years old. She had a fever and it was only then that she learned that she was already three months pregnant. The first time the parents learned she was pregnant, her parents were angry but this has changed since her baby was born, "*Nung una po nagalit sila. Ngayon po, tanggap at mahal na mahal nila baby ko*". The baby is loved by her parents. Her parents who own a drug store have gifted them with a *sari-sari* store. This is the source of their income but her partner will be having a job soon as a full-time cook courtesy of her uncle. GC is "*Super saya. Opo, super saya po dahil sa baby ko at marami din po ako natutunan simula nung naging nanay ako kaya masaya po, sobra*" (very happy to be a mother and she is learning many things that she would not have learned if she did not become a mother). It is her partner that she relies upon whenever they have some problems.

JM is 18 years old and the eldest among her three siblings. She recently moved out of her childhood home and has decided to stay with her partner's family. Her partner, who is 19 years old, has expressed that he wanted to have a baby but she did not expect that it would come this soon. They have only known each other for 11 months and did not practice family planning. They talked through social media before meeting up in person. When asked if she had other boyfriends before settling down with her current partner, she said "*hindi ko maexplain*" (it's hard to explain). The first time that she engaged in premarital sex was when she was 17 years old. She was already three months pregnant when their families learned out about the pregnancy. She put off having a prenatal check up because she knew they would not be pleased knowing that she is pregnant. Eventually, she was able to see an ob-gyn in a private hospital. Before giving birth, she was required to undergo a rapid test. She felt anxious because she was worried that her child might get sick. "*Sobrang hirap, nakakastress and nakakatakot din kasi mahirap manganak lalo na pandemic pa. Nakakatakot na may makuha na sakit si baby.*" She and her partner are both enrolled this school year: she is in Grade 11 while her partner is in Grade 12. She admits that it is difficult to study and look after her child at the same time, but she remains motivated for her and her child's future. "*Kailangan kahit mahirap kasi 'di ko lang naman future ko yung inaalala ko, para na din sa anak ko. Ayokong makampante kasi habang nalipas ang panahon, lahat pwedeng magbago anytime. Pwede kami maghiwalay ng daddy niya so i can provide everything pag*

dumating 'yung time na 'yon. 'Di lahat ng andyan para samen nandiyan palagi so ayon for the sake of my son lahat ng sacrifices ko." Although she has been having a difficult time adjusting to a lot of changes in her life, she maintains a strong mindset. "*Madaming pagsubok pero kinakaya naman kahit papaano.*" In the future, she wants to finish her studies and reach her dreams. She wishes to raise her son well and have a happy family.

JD is the youngest among seven siblings. She was 17 years when she gave birth to her first child. According to her, she and her partner of two years have always wanted to have their own family. They are currently living with her parents and two other siblings. Although they often talked about building their own family, the pregnancy still came unexpected. "*'Di naman po sa plinano, nagkataon lang po, then sabi ko po sa asawa ko kung pananagutan nya ako kung sakaling mabuntis ako. Oo daw po.*" The father of her child is her second boyfriend and she was 16 years old when they first had premarital sex. She said she always felt happy and hopeful because of her beautiful baby girl. "*...Nagkameron ako ng super gandang anak na binigay ng diyos sa'kin*" (The Lord gave me a very beautiful child). During pregnancy and after giving birth, she sometimes felt nervous and scared because of the uncertainties of tomorrow. Fortunately, she has a strong support system. She confides in her siblings, partner and parents whenever she is going through something. She expressed that it has been difficult to deal with the lockdown. In spite of this, she remains grateful as they always have food on their table and she is able to focus on taking care of her child. "*Super hirap ng lockdown pero 'di nman siya as in super hirap. Kumakain naman kami ng tatlong beses o higit pa sa loob ng isang araw*" (Being in lockdown is difficult, nonetheless we are still able to eat at least three times a day).

JC is the 10th of 12 siblings. At the age of 15, JC found out she was pregnant after she missed her period after they had been intimate for the second time. When she turned 16 last October 2020, she was three months pregnant. At the time of the interview, she is five months pregnant. Her partner, but refers to him as *asawa* (husband), is her neighbor and her second boyfriend. JC is a continuing Grade 7 student. She dutifully does her modules, materials provided for her as part of the blended learning implemented to all public schools. Aside from her being a continuing student she also sells *gulaman* or jelly drinks. Her partner works as a pizza delivery boy and brings home a wage of Php200.00 a day. So far, she has gone to the rural health center twice and once in the town hospital for her pre-natal check up. The partner who owns a motorcycle conveniently accompanies her for her check-up. Besides going to the hospital for her pre-natal check-up, she visits her siblings which is only a walking distance from her partner's home. Last year, her mother married her former employer and is now living in the US working as a caregiver. The mother sends some financial

support every now and then. When asked what her aspirations? Her only wish is for her unborn child to have a good future (*Ang gusto ko po ay magkaroon nang mabuting kinabukasan ang magiging anak ko....!!*)

CL was 19 years old when she gave birth to a 24-week old premature baby. The belief of many is that her child was not going to live for long. Fortunately, her child was a “super fighter.” Eight days after staying at the hospital, she was able to bring her baby home where they set up some lights to serve as an incubator. She is very happy that her first child survived and regards her as a blessing. She met her partner through a common friend. She is an Alternative Learning System (ALS) passer and currently enrolled in Grade 11. She said her daughter is not a hindrance to her success. “... *‘Di naman hadlang si baby para sa’kin, inspiration ko pa nga*” (My baby serves as my inspiration, rather than a hindrance). Her partner, on the other hand, has decided to work instead of continuing his studies. He is 19 years old and has reached Grade 11. He works at a water refilling station where he earns Php4,000 per month. She expressed that it has been always difficult for them to make ends meet, especially now that there is a pandemic. She has experienced hunger even before the pandemic. Aside from financial concerns, the health risks brought by COVID-19 has made her anxious. “*Kailangan po talaga sumunod sa mga health protocols at kailangan po talaga maging mag-ingat sa mga taong nakakasalamuha mo. Nakakatakot na po talaga lumabas at makipag-usap sa iba kasi hindi natin alam kong saan-saan sila nagpupunta at marami pang iba*” (We really need to follow health protocols and be cautious of the people whom we interact with).

RP gave birth to her first child in September, a month before she turned 20. She and her partner, whom she met through social media, are staying with her parents. They have both reached Grade 12, but have decided to stop studying so that she can take care of their child while he works to provide for their family. His partner, who is 24 years old, works as a water boy. He earns Php 500.00 per week which they use for their everyday needs. She spends her days in lockdown taking care of her baby. She said she misses bonding with her family and travelling with her friends. She was only able to go outside to buy food and things for her baby. She follows health protocols such as frequent handwashing, wearing of face masks and shields, and observing social distancing. She shared her hopes and dreams for herself, her baby and family. “*Ang aking plano sa kinabukasan ko ay maging masaya kame magkakapamilya at ang Plano ko sa kinabukasan ngan anak ko ay makapagtapos ngan pag-aaral at magkaroon na magandang buhay at kinabukasan*” (I wish to have a happy family and I hope that my child would be able to finish her studies to have a good life).

YJ became a mother at the age of 16. Her partner, who is twice her age, provides for them by doing construction work where he earns Php3,000 per month. She expressed

that life in quarantine has been difficult. "*Nakaranas po ako ng hrap na dumating quarantine. Nawawala na ako pag-asa at walang wala na akong pera*" (I have experienced difficulties when quarantine guidelines were imposed. I started losing hope since we did not have enough money). She also shared that she has experienced hunger before and during the pandemic.

Theme 3. Happily married, living independently and financially stable (2 participants)

KM was 20 years old last July 15, 2020. She was eligible to be one of the respondents because she is four months pregnant at the time of the interview in October and therefore, was 19 years old when she conceived in June. Her husband owned a hardware store and they lived independently from their parents. They lived upstairs of their hardware store. She is also legally married with her husband which was solemnized in a civil wedding in September. She had four boyfriends and her husband is her fifth. Her pregnancy was unplanned and they never used any family planning method. Her husband is her neighbor. He is a 24-year-old high school graduate. She finished 11th grade and has to stop schooling due to her pregnancy. Financially, KM and her husband can afford a comfortable life from the Php30,000 monthly earnings from their hardware store. Although relatively good income, this was more than 50 percent reduction from what they used to get from which she estimated to be Php90,000 before the pandemic. She goes to her parents' home and talks to her mother whenever she and her husband have minor conflicts which only last for half a day. Generally, she is always happy, never experienced being nervous but remains fearful because of the pandemic. Her wish is for her to have a healthy baby which is due sometime in March this year.

KT was 19 years old when she became pregnant with her first child. Two months after she turned 20 in July this year, she gave birth in a private hospital. She also got married in the same month. She lives in a household with six members which includes her spouse, newborn child, her sister and her two children and their eight-year old sibling in Los Banos, Laguna. She reached Grade 12 but decided to stop schooling to focus on taking care of her child. "*Baka hindi ko kayanin kasi kaaanak ko lang*" ("I might not be able to keep up with the coursework because I just gave birth"). She and her then-boyfriend were introduced by a common friend. They have been together for three years. He is 24 years old and has reached tenth grade, but did not continue his studies to be able to work full-time. He provides for their family by doing various works like farming and sorting crops at a nearby research center. He earns around Php9,000 a month. Aside from the partner's income, her father also helps out and sends money every now and then. Although unexpected, she described her pregnancy as something that felt "natural." They did practice family planning prior to getting pregnant. Her husband was her first and only boyfriend who she had an intimate relationship with.

Before giving birth, she felt happy knowing that her baby was about to come out soon, but sometimes felt nervous thinking about whether she would have a normal delivery or not. She never felt afraid because her husband and family remained supportive of her throughout her pregnancy and birth delivery. Initially, she wanted to give birth at a lying-in clinic, but they did not accept her, so her husband brought her to a private hospital instead. Since she was already in labor, they were both frantic and forgot to bring their face shields. The hospital only accommodated her when a teenage boy at the waiting area saw them and gave his face shield to her. She did not experience any complications during and after childbirth.

DISCUSSION

The social, economic and behavioral characteristics of the subjects were described according to the circumstances they had during the pandemic such as whether they are pregnant, mother, and pregnant and mother at the same time. The description was to show whether the subjects differ by the circumstances they had during the pandemic. The assumption is that the characteristics of the teens is defined by the circumstances they are in during the pandemic. These results are based on the deductive method, where the data gathered fit into these three circumstantial categories of the teens during the pandemic. An attempt to compare the teens based on these circumstances was made but because the teens are unequally distributed across circumstances, where those who are mothers, 11 of them, are more than half of the total respondents and only five are pregnant and two are both pregnant and mother at the time of the interview, it proved to be unrealistic to differentiate their characteristics based on their circumstance during the pandemic.

On the other hand, the stories of the participants gathered through screen-mediated in-depth interviews, provided “rich and thick descriptions” of the experiences of the pregnant youth and young mothers in this difficult pandemic crisis. Three major themes emerged from their narratives, which follows an inductive method of analyses. The three themes represent the main differences among the 18 subjects in the study. The subjects within each theme share more similarities but there are also some differences.

The pandemic times require behavior modification. In the case of the teens the pandemic is not only a reason to modify their behaviors but more so their everyday life has changed for they found themselves pregnant or a young mother. That is why unlike the rest of the population, teens are faced with multiple burdens during these difficult times. Aside from health risks, teens faced other difficulties during the pandemic due to restricted movements, thus Pandemic to them means no bonding with their friends and relatives.

In Theme 1, the commonalities are that they either voluntarily or involuntarily ended the relationships with the father of their unborn or newly born child. Living with their parents is the most logical option to guarantee them financial and emotional support. Majority do not have personal income and rely on parents and relatives for the day to day sustenance not only for herself but for their child. The children of these teens will grow up without a father. The outcomes of solo parenting are more negative than positive especially so for these teens who lack education which consequently lead to scarce and limited employment opportunities. All of the teens, except one, opted to stop schooling for financial reasons. With an additional mouth to feed, one girl forego her studies to be able to do two jobs. She is the only one in this category who is gainfully employed.

Majority of the participants are in category Theme 2. They are currently living with their partners. They do not live independently, living either with their partner's or parent's household. Most of them find it hard to make both ends meet due primarily to the low income of their partner's daily wages. Their partners' low educational attainment are most in the informal sector as construction workers or doing messengerial jobs. During the COVID-19 pandemic, schools were not the only that closed but also rural health centers where youth usually go for their basic reproductive health services free vitamins and contraceptive pills. Of the 12 teens in this theme, only four of them are currently enrolled while the rest have put their studies on hold. Consequently, more than half of those who stopped desire to continue their studies in the future.

The two participants that were interviewed are categorized in Theme 3. Both are happily married and have relatively stable income. Considered twin blessings because they both have the emotional support of their spouses and are financially independent from relatives support. However, in spite of the fact that they are better situated relative to other participants, the two participants are school dropouts. The two are classic cases where the youth chose marriage and having a family life over personal ambition which is pursuing their studies. This theme also underscores that being married is somewhat related to financial independence. The latter is an important ingredient for a successful union in which early pregnancy does always result in a negative outcome.

In this study, whether the youth are living together or not, married or not, all the pregnancies of the youth were unplanned. Since most of the pregnancy is accidental but not necessarily unwanted, they missed out on the most crucial prenatal care in the first trimester of the baby. Telling their parents about the pregnancy is a challenge to many youths for fear of being harshly judged. This further contributes to the delay in seeking prenatal care at the onset of pregnancy. The stay-at-home rule has also resulted in the delays in access to prenatal care since minors were not allowed to go out. In spite of this, almost all of them have received prenatal care during their pregnancy. Apart from thinking about whether they are ready to become mothers or not,

the teens also feel anxious about getting exposed or their babies being infected with COVID-19. In addition, those who have given birth also shared some inconveniences that they experienced such as additional expenses for the rapid test and x-ray, the long waiting time for rapid test results before being accommodated, and having one or no companion allowed. The non-use of family planning methods is the reason for the unplanned, unintended or accidental pregnancies. In spite of being mothers at a young age, the teens are generally happy with their pregnancies and perceive their children as a blessing.

Regardless of the thematic category, the majority of teens belong to low income households. Several have said that it has been especially difficult to earn money and make ends meet during the pandemic. Children of teenagers from poor backgrounds are likely to end up as poor as well.²⁴ Thus, it can be said that getting married early is a factor that can perpetuate intergenerational poverty.

The teens also expressed that they miss bonding with friends and relatives as well as going to the shopping malls.

Everyone is well-informed and aware of the COVID-19 situation. They follow health safety protocols to prevent infection including frequent handwashing, wearing of face mask and face shield, and observing social distancing. However, the teens violated the stay-at-home rule to go to prenatal check-ups, buy essentials and baby's needs, visit family and relatives, and to get some fresh air.

While in lockdown, taking care of their babies and household chores keep the teens busy. None of them except one regrets their unplanned pregnancy. No one had attempted to abort or commit suicide. If there is something we can learn from the youth is their optimism. They did not lose their hopes, instead they hold high aspirations for their children. The teens draw inspiration from their children to work hard. They remain motivated to finish their studies and to find a job to provide a good life for their family.

Hope is mostly what keeps the adolescent youth going. The element of hope (*pag-asa*) is the common thread running through the stories of the teenagers. Pandemic is not the cause of teenage pregnancy nor teenage motherhood but several mediating factors such as school closures where the time spent on school work was substituted with more time on doing social networking and other activities. In addition to school closures due to pandemic, the absence of sexual and reproductive health education have compounded the resulting unintended pregnancy which remain the main reason for non-enrollment of the youth in the study.

None were found to have been molested or suffered from domestic violence. None have attempted to commit suicide mainly because of supportive parents, partners and husband. In many cases parents, at the onset upon learning the pregnancies of their daughters, are disappointed which however have been reported by the teens to have been replaced with acceptance and feeling of joy and excitement upon the birth of their child. This is partly attributed to the close family ties coupled with the innate resilience trait of Filipinos, a cultural characteristic that provides strength, in facing adverse situations like in an unintended pregnancy as opposed to self condemnation that may lead to suicidal attempts.

Regardless of their circumstances (pregnant or mother) during the pandemic and whether they are solo parents, in consensual union or married, the teens face multiple burdens such as low to no income, low education, less employment opportunities, and health risk for both the teen mother and newborn children. But, for the youth their pregnancies were unplanned but not unwanted. This is the consequence of non-use of family planning methods and not practicing sexual abstinence. In fact, for them their children are blessings and source of their inspiration. Majority of those who dropped out of school have expressed desire to continue their studies to provide a better future for their newborn. In spite of these burdens, the teens remain optimistic and hopeful for the future.

RECOMMENDATIONS

The closures of the schools that started in March, 2020 due to the highly infectious virus, prevented most of the youth to leave their respective homes during the pandemic period. The resumption of classes in October through blended learning also is another factor that prevented most from re-enrolling due to lack of gadgets, internet services, and lack of access to modules required for blended learning. Staying in school is the surest way for the youth to avoid getting pregnant and for the girls to close the gender gap in income since more education means more earnings. Education is a vehicle for social mobility. Being educated also means that the youth is better informed. The right information helps them in making better decisions about their future. Education also provides more alternatives and more roles to play, not just limited to being a wife or a mother. The government should provide supportive programs for the youth who desire to continue studying but have no financial means to pursue their studies. The 4Ps need to be expanded to allow access for the youth to ensure that they

go back to school.

All pregnancies during the pandemic were unintended due to the admission of the youth themselves that they never use any natural or modern contraceptives during their sexual activities. Because of unplanned pregnancies, and the fact that most of them kept their pregnancies from their parents lead to emotional stress and failure to seek the first trimester prenatal check-up which includes getting proper advice on proper nutrition and multivitamins supplements. An age-appropriate comprehensive sex education is not just a privilege but a right for youth to know from the right sources on reproductive health. Sex education is not only the use of contraceptives, but it includes rational planning, when you want to have kids, how many and how many years of intervals between children and learning to say No for sexual advancement. Discussion of sex at home is still culturally not accepted however, the importance of parental involvement of their children on sex education is deemed important.

The enactment of the Teenage Pregnancy Act and culturally appropriate implementing rules and regulations would mitigate teenage pregnancy. Lessening teenage pregnancy lessens the gender education gap and breaks the cycle of intergenerational poverty. Lying-in clinics and rural health units refuse to deliver babies of teenage mothers because they cannot provide OB-GYN doctors and are not equipped to handle pregnancy complications common among young mothers. Upgrading the facilities of rural health clinics may help prevent infant and child mortality.

With several of the subjects who are solo parents at very young age would potentially affect the well-being of the teen mothers but also of the child. Solo parents with no income add on to families living in poverty and children growing up without a father will definitely not contribute favorably to their human development. Because of no means for livelihood, teenage mothers depend upon the goodwill of their own parents and other relatives who more often are also unprepared to have the burden of taking care of another child. Government programs for solo young parents, which are almost non existing since as it is the growing number of population, definitely an economic burden to the community and the country as a whole.

Although none of the youth in this study experienced depression and serious emotional problems, the need for psycho-social support aside from financial support should also be a top priority and be incorporated in the Teenage Pregnancy Act. Formal social support and informal social support should be part of the policy. Peers of pregnant teens and teen mothers can be trained as peer counselors.

The study provided insights to help us to understand the complexity of being young,

pregnant or mother during a pandemic crisis in the social and cultural context of the Philippines. It is therefore imperative to mobilize all social institutions from the family, government and civil groups because teenage pregnancy, like the Pandemic, is a social problem and a social emergency. It can only be reduced through a concerted effort of the individual and society. The most certain way is to have programs and policies to make the youth stay in school so that through education, they improve their human capital, have access to reproductive health care, make informed decisions and break away from intergenerational poverty. The study also has shown that even though the youth have shown resilience, they remained a very vulnerable population especially during these global pandemic crises. They are faced with multiple burdens that need integrated assistance and support so that their optimism and hope will become a reality in the new normal after the COVID-19 pandemic crisis.

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