



Psychological Well-Being, Challenges Encountered and Support Received by Pregnant Adolescents

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ABSTRACT: Teen pregnancy is becoming more and more of a problem in the Philippines, and several factors, including a woman's financial situation, her level of scholastic achievement, and her social network, influence her likelihood of becoming a mother. In the provinces of Dipolog and Dapitan, a study was conducted to evaluate the psychological health of 120 pregnant young mothers who were also enrolled in school. Throughout the study, the individuals demonstrated positive mental and emotional well-being in spite of the difficulties they faced. Their parents, teachers, and medical experts provided them with moderate aid. They received this aid. On the other hand, sociocultural, economic, and physical variables mostly determined the amount of aid. These elements served as the support's cornerstone. The report emphasizes that to help pregnant teenagers overcome these obstacles, parents and teachers must provide them with material, emotional, and physical support. The purpose of this study was to assist pregnant teenagers in resolving these issues.

KEYWORDS: Challenges, Support, Psychological Well-being, Pregnant, Teenage Pregnancy

1.0 INTRODUCTION

Teenage pregnancy is one of the most significant social and public health issues of the twenty-first century. It is harmful to both the mother's and the child's health and is a widespread public health issue (Acharya et al., 2010). It is an issue that affects almost all societies, both developed and developing. Teenage pregnancy, according to Brouwer et al. (2019), is associated with poverty and poor physical and mental health. These factors include child maltreatment, family breakdown, and lower educational achievement. Furthermore, less than half of adolescent women who gave birth before the age of 18 had a secondary school diploma.

Globally, 15 million women under the age of 20 give birth each year. In the developing world, women under the age of 20 die due to pregnancy-related complications. Women aged 15 to 19 are twice as likely to die due to pregnancy and related causes as women in their twenties. Young women are also at risk of unwanted pregnancies, sexually transmitted diseases, and unsatisfactory or coerced early relationships (Acharya et al., 2010). The teenage birth rates range from 8 percent in East Asia to 55 percent in sub-Saharan Africa, depending on cultural factors such as religion, female education, and access to contraceptives (World Health Organization [WHO], 2010).

The Philippines ranked third as having the highest rate of teenage pregnancies in Southeast Asia (Abellon, 2013). Data from the Philippine Statistics Authority shows 24 babies are delivered by teenage mothers every hour. One in ten young Filipino women age 15-19 has begun childbearing; eight percent are already mothers, and another two percent are pregnant with their first child (National Demographic and Health Survey, 2013). One in five (19 percent) young adult Filipino women aged 18 to 24 years had initiated their sexual activity before age 18. Some young adult women had their first intimate sexual act before age 18 (Associated Press, 2016). Adolescent populations are estimated to be about half the world's population, a number the World Health Organization puts at 1.2 billion (WHO, 2013). The youth are normally denied access to reproductive health services because health workers consider adolescents' sexual activity unacceptable.

Similarly, a study conducted by Brouwer et al. (2019) revealed overall results that improving child well-being can be cultivated by elevating a comprehensive point of view to the physical, emotional, and mental well-being of pregnant adolescents while likewise giving educational opportunities. Also, Enemchukwu et al. (2016), in their study on the social support available to adolescent mothers and the challenges faced, revealed that adolescent mothers' social support is limited, coming from their family and friends. This could be the reason why they cannot continue their education, earn income, and be empowered when it comes to their well-being and their baby as well. Researchers strongly recommended that the government should create a supportive environment that will assure affordable health and welfare for adolescent mothers, hence establishing policies that will empower teenagers, particularly girls, and engaging in reproductive health seminars that will aid in the eradication of the crisis of uncertain paternity and fatherless children.

In the Philippines, a photovoice design of a qualitative approach was used to look into teenage pregnant mothers' experiences. The themes that emerged from the data included regret and confusion, seeds of hope, sacrifice and hard work, joys of motherhood, and dreams for the future. The data revealed that teen mothers could rise above their past and present struggles and nurture their dreams for a bright future (Rosario et al., 2016).

Pregnant teenagers find it difficult to reveal their pregnancy to parents or other authority figures. Therefore, they undergo psychological stress from negotiations with parents, revelations to the unborn child's biological father, peer rejection, leaving the school, and fear. The anticipated perceptions of the health profession's insensitivity towards her pregnancy may also be stressful for the adolescent. Research reveals that pregnant adolescents experience significant stress, negatively impacting their physical state if it goes unmanaged (Ell, 2018).

2.0 METHODOLOGY

2.1 Method Used

This study uses a quantitative approach utilizing the descriptive-correlational design, involving collecting data from the pregnant adolescents to examine a significant relationship between the respondents' psychological well-being, challenges encountered, and support received.

2.2 Research Environment

This study was conducted in selected government and private schools in Dipolog and Dapitan cities that offer grades seven to ten, senior high school, and colleges.

2.3 Respondents of the Study

The respondents of the study were 120 teenage pregnant mothers selected through purposive sampling. The criteria in selecting the participants were the following: (1) a teenager ages 13 to 19 years old, (2) confirmed pregnant in her second or third trimester, and (3) has given her consent to participate in the study.

2.4 Research Instrument

To gather data and information, the following research instruments were used:

A. Respondents' Psychological Well-being. This is a researcher-made adapted from Carol Ryff and their modification made to suit the study to the respondents. The continuum presented in the next page was used in interpreting the data gathered:

Responses	Continuum	Interpretation
4	3.25-4.0	Very High (VH)
3	2.50-3.24	High (H)
2	1.75-2.49	Low (L)
1	1-1.74	Very Low (VL)

B. Respondents' Challenges Encountered Questionnaire. This tool determined the challenges encountered by the respondents. This is a modified tool developed by Ryff. In this research study, challenges encountered were categorized into physical, financial, educational, and social and cultural aspects. The continuum presented below was used in interpreting for the data gathered:

Responses	Continuum	Interpretation
4	3.25-4.0	Very High (VH)
3	2.50-3.24	High (H)
2	1.75-2.49	Low (L)
1	1-1.74	Very Low (VL)

C. Respondents' Support Received Questionnaire. This tool determined the level of support received by pregnant adolescents from their families, healthcare providers, and teachers. This is a researcher-made questionnaire. The continuum presented below was used in interpreting for the data gathered:

Responses	Continuum	Interpretation
4	3.25-4.00	Very High (VH)
3	2.50-3.24	High (H)
2	1.75-2.49	Low (L)
1	1.00-1.74	Very Low (VL)

The questionnaire used in the study was tried out on 10 pregnant adolescents. They were not included in the respondents' final list before the questionnaires were distributed to the target respondents. Items that seemed vague and ambiguous to the respondents were improved and modified. The purpose is to ascertain the validity of the data-gathering tool and its applicability to the research locale. The final draft of the questionnaire was reproduced after the adviser reviewed it. The corrections and suggestions made by the adviser and the panel members during the pre-oral were incorporated in the questionnaire. The research tool was tested and yielded a Cronbach's Alpha of 0.812 for the Respondents' Psychological Well-being Questionnaire, 0.783 for the Respondents' Challenges Encountered, and 0.825 for the Respondents' Support Received Questionnaire.

2.5 Data Gathering

Data were collected in all areas in Dipolog and Dapitan cities, where there were pregnant adolescent students both in private and public schools. The researcher distributed the questionnaires to the identified respondents randomly. Before the survey, the researcher explained the study's purpose and confidentiality. After the orientation, the questionnaire was distributed, and the respondents were given enough time to answer the survey questionnaire. If there were clarifications or questions with regard to the items, the researcher answered willingly in a vernacular language. After all the questionnaires were collected, the data were submitted to the statistician for the statistical treatment.

2.6 Statistical Treatment

To derive complete, valid, and reliable results, the following statistical methods and techniques were utilized with the aid of statistical software Minitab:

Mean and Standard deviation. These tools were used to describe the respondents' Psychological Well-being, Challenges Encountered, and Support Received by Pregnant adolescents. This was used in the 4-point rating scale in interpreting the variables.

Pearson product-moment correlation coefficient or Pearson's r. This tool was used to determine the significant relationship between the respondents' psychological well-being, support and challenges encountered.

2.7 Ethical Considerations

The researcher employed all ethical considerations before the actual data-gathering procedures. The researcher strictly implements the following: 1) A request letter was made addressed to the school administrators and teachers; 2) The participants asked to sign the informed consent before the actual distribution of the questionnaire commenced and after they had read the consent form so that points for clarifications could be answered; 3) The participants were fully informed about the purpose, benefits and potential risks of the study; 4) The participants were also informed that they could withdraw from participating in the study any time they wanted with the assurance of confidentiality of the information they had given; 5) The participants were encouraged to contact the investigator in case of queries and concerns; and 6) It is a top priority that anonymity and confidentiality were maintained at all times during the conduct of the study.

3.0 RESULTS AND DISCUSSION

This chapter presents the analysis and interpretation of the data collection that answer the questions of this study. They are arranged in accordance with the order of the problem presented in the first chapter.

Respondents' Psychological Well-Being

Data Table 1 shows that the respondents possessed a high level of psychological well-being as supported by the obtained weighted mean of 2.7 with a standard deviation of 0.4611. This implies that the respondents who were pregnant at an early age were able to adapt to the changes in their roles from being a student too soon to be mothers. The adolescent parenthood is associated with a range of adverse outcomes for young mothers, including mental health problems. However, in this research study, young mothers have not experienced mental or psychological problems during their pregnancy period. The findings of the study conform to the findings of Nordin, Wahab, & Yunus (2018) that the level of psychological well-being of the respondents was generally high.

Several studies suggest that adolescent mothers experience significantly higher rates, both prenatally and postpartum, than adult mothers. In the study of Fubam, Odukogbe, & Dairo (2019), unmarried status has been associated with low psychological and social well-being among young pregnant women, who are very likely to have unintended pregnancies.

This finding has practical implications for community health nurses and midwives. Multi-pronged community-driven programs are needed to reduce risk behavior among these young pregnant adults.

Table 1. Respondents' Psychological Well-being

Variables	WM	Stdev	QI
Psychological Well-being	2.72	0.46	High

Legend: 3.25-4.00- Very High 1.75-2.49-Low
2.50-3.24-High 1.00-1.74-Very Low

Respondents' Challenges Encountered

Table 2 presents the data on the challenges encountered by pregnant adolescents as to physical, financial, educational, and socio-cultural factors. The data revealed that the respondents encountered high challenges in finances and socio-cultural challenges. They experienced common challenges in physical and educational factors. This implies that being pregnant at an early age and without a living source is difficult for the young mother. Likewise, socio-cultural factors also contributed to a high challenge to young mothers. Emotional experiences such as shame, embarrassment, expression of love, and intimacy are shaped by one's culture (O'Connor et al., 2019). Most adolescent mothers are not in good socio-economic condition, so the transition to motherhood becomes problematic (Leese, 2016). Teenage parents encounter many problems, from parenting to finances, because the young mother has not even started earning when the baby is born. Young mothers may find difficulty when they do not have insurance to cover maternity care; the child and the family are burdened with paying for birth and postpartum care. Moreover, the cost of baby accessories also is a burden, particularly if the young mother is dependent on her parents (Alvarez et al., 2016; Meneses and Saratan, 2015).

Socio-cultural challenges were also perceived to be high among young mothers. A social problem that young mothers can encounter is a poor relationship with the people around her, particularly her parents. Parents may not accept the situation of their child getting pregnant at an early age. Their embarrassment may lead them not to take their pregnant adolescent child to the clinic for prenatal care and to hide their pregnant child. As soon as the parents learn of their adolescent child's pregnancy, they may react by beating, scolding, or ignoring their children. Moreover, people of the community have a negative perception of teenage pregnancy, which leads to an equally negative perception of teenage mothers (Pogoy et al., 2014). These teenage mothers have also become the topic of gossip among the community since these community members feel that teenage mothers are a bad example for their children.

Table 2. Respondents' Challenges Encountered

Construct	WM	Stdev	QI
Physical Challenges	2.37	0.65	L
Financial Challenges	2.87	0.71	H
Educational Challenges	1.92	0.07	L
Socio-cultural Challenges	2.57	0.85	H
Overall Weighted Mean	2.433	0.39	H

Legend: 3.25-4.00 - Very High 2.50-3.24-High
 1.75-2.49-Low 1.00-1.74-Very Low

Respondents' Level of Support Received

Table 3 presents the data for the respondents' level of support received in terms of family support, healthcare provider support, and teacher support. The table reveals that the respondents received high support, as reflected in the obtained overall weighted mean of 3.03 with 0.394 standard deviations. However, the health care providers were rated to give the highest level of support to the respondents. Health care providers have an important role in ensuring a positive experience for young mothers. The support of the family and teachers was both rated high among the three groups; the healthcare providers gave the highest support to pregnant adolescents.

Health care providers support the pregnant adolescent by giving antenatal care. Antenatal care provides a platform to inform and educate expectant mothers about pregnancy and the importance of seeking skilled health care before and after birth (Chama-Chiliba & Koch, 2015). The antenatal care provides regular checkups that would enable doctors or midwives to screen, prevent, detect, and treat potential health complications that may arise in pregnant women (World Health Organization 2016; James, Rall, & Strümpher, 2012). It also provides a platform to identify and manage any maternal-related complications or risk factors (Downe, Finlayson, Tunçalp, & MetinGülmezoglu, 2016; James, Rall, & Strümpher, 2012), such as pregnancy-induced hypertension, malaria, and anemia, which put at risk the lives of both the mother and unborn baby.

The first social support is the family (Gyesaw & Ankomah, 2013). Family and friends are considered a source of support, and for teenagers, this is significant in how they will integrate with social life. Young mothers' level of support substantially influenced their intentions and capacity to re-engage with education and work. Teenagers who received more support from their families, especially from their mothers, were more likely to return or want to return to school (Gyesaw & Ankomah, 2013). Family support is regarded as a positive attribute for teenage mothers' schooling (Vandana, Simarjeet, & Manisha, 2017). Family support is crucial to a teenage mother's ability to cope. A supportive family provides financial, social, and emotional assistance to a teenage mother. Unlike mothers, a teenage mother without family support faces significant challenges (Nelson, 2013). A teenage mother with a supportive family would be more successful, while a teenage mother with an unsupportive family may have painful experiences (Melvin & Uzoma, 2012).

Teachers provide emotional support to the pregnant student by encouraging her to remain in class and communicate her fears and hopes (Odimegwu & Mkwanaenzi, 2016). They accept her at school and consider her pregnancy status during physical activity classes. They should also provide her with educational support for the lessons she missed while attending prenatal care (Matlala, 2017). Supportive teachers protect pregnant students from sarcastic remarks by some teachers and students at school. Teachers should also communicate with parents and professional nurses about the pregnant student. Schoolmatesspeak for the pregnant student and support her to endure stigma and discrimination and remain in class (Matlala, 2017).

Table 3. Respondents' Level of Support Received

Construct	WM	Stdev	QI
Family Support	3.23	0.59	H
Health Care Providers	3.29	0.61	VH
Teachers	2.58	0.76	H
Overall Weighted Mean	3.03	0.39	High

Legend: 3.25-4.00-Very High 2.30-3.24-High
1.75-2.49-Low 1.00-1.74-Very Low

Significant Relationship between the Respondents' Psychological Well-Being and Support Received

Table 4 presents the data to determine the significant relationship between the respondents' psychological well-being and support received from the family, health care provider, and teachers.

The data in the table shows that the p-value is above 0.05, which signifies no significant relationship between the respondents' level of psychological well-being and the level of support they received. This implies that their psychological well-being did not influence the support given by their family, the health care providers, and their teachers. Although various studies have shown that the psychological well-being of pregnant adolescents is influenced by the support they receive from family and other support persons, in this study, the three groups were not affected by the respondents' level of psychological well-being. This may indicate that whether the pregnant adolescent experienced a negative or positive psychological well-being, their support level does not vary. They will give full support and attention, whatever the status of the pregnant adolescent.

On the other hand, the finding of the study does not conform to the findings of Rueger et al. (2016), which suggest that stress-buffering analyses suggest that different stressful contexts may not allow youth to draw on social support benefits fully. The study by Peter et al. (2017) concluded that perceived social support seems to be a protective factor against anxiety disorders in pregnant adolescents; it positively affects mental health. Another study conducted by Tark & Širvinskienė (2019) concluded that there is a significant correlation between the social support given during pregnancy and the increased emotional well-being of pregnant women.

Table 4. Significant Relationship between the Respondents' Psychological Well-Being and the Support Received

Constructs	Test Statistics		Remarks
	r value	p value	
Psychological Well- Being and			
Family Support	0.11	0.26	Not Significant
Health Care Providers	0.01	0.92	Not Significant
Teachers	0.19	0.05	Not Significant

Legend: 0.00-0.01** Highly Significant 0.02-0.05 Significant above 0.05 Not Significant

Significant Relationship between the Respondents' Challenges Encountered and the Support Received

Table 5 presents the significant relationship between the respondents' challenges encountered regarding the physical, financial, educational, and socio-cultural and the support they received from their family, the health care providers, and teachers. As shown in the table, most of the constructs do not affect the support received by the respondents. The p-value is above 0.05.

Physical challenges and the support from healthcare providers (p-value of 0.021). This implies that the support the respondents received from healthcare providers lessened the physical challenges they were experiencing. Adolescent mothers experience many physical, psychological, mental, and social challenges. It is expedient that special attention and care and support be made available to them by healthcare providers (Mangeli et al., 2017). Becoming a mother at a young age is associated with several health problems related to pregnancy, childbirth, postpartum, and breastfeeding (Ramakuella et al., 2016). Hence, healthcare providers are the most

professional source of support for teenage mothers and are expected to meet their educational and care needs. If health care providers fail to give support to teenage mothers, they would consequently suffer health challenges for them and their child.

Financial Challenges and Family Support. Teenage pregnancy is considered a social problem involving both the teenager and the family. The family often judges the pregnant teenager; also, the pregnancy may be initially denied, increasing pregnancy risks (Brown et al., 2018). The lack of family support contributes to the risk of psychiatric disorders during pregnancy (Brown et al., 2019). Social support, especially from the family, is very important for maintaining mental health, increasing an individual's capacity to cope with stressful situations.

Financial stress is a huge concern for many young pregnant women. The WHO states that the adolescent mother often lacks knowledge, education, experience, income, and power relative to older mothers (Lehmann, 2017). Due to their lack of education, income, and maturity, young women can lack budgeting and financial management skills (Farber, 2016). Financial stress and instability can lead to poor financial decision-making, such as engaging in payday loans to meet their immediate needs. This is further compounded by a lack of family support, which forces young women into homelessness and 'couch surfing' between friends. Financial restraints also impact weekly groceries, and they are more prone to poor diets. They cannot afford to take pregnancy multivitamin supplements, resulting in an increased risk of having a baby with low birth weight (SmithBattle, Chantamit-o-pas, & Schneider, 2018; Whitworth, Cockerill, & Lamb, 2017; Kirbas, Gulerman, & Daglar, 2016).

Socio-cultural challenges, family support, and support from their teachers.

Cultural conditions and social support play an important role in adolescent mothers' success in the maternal role (Whitworth, Cockerill, & Lamb, 2017). In the mothers' case, social support facilitates good behavior towards the child (Farber, 2016). Emotional or practical support from the family and friends and teachers in affection, companionship, assistance, and information makes individuals feel loved, valued, and secure. Studies have found that perceived social support, rather than received support, influences individual attitudes, decreasing dysfunctional behaviors (Amod, Halana & Smith, 2019).

Several studies support the influence of social support on the challenges encountered by pregnant adolescents. In the study of Killoren et al. (2016), findings suggested that enculturated adolescent mothers (with less positive attitudes toward teen pregnancy) may benefit from educational support programs, and enculturated and bicultural adolescent mothers (with moderately positive attitudes toward teen pregnancy) may benefit from programs to increase parenting efficacy. Such targeted interventions may, in turn, reduce the likelihood of adolescent mothers experiencing negative educational and parenting outcomes. Yesilcinar et al. (2017) concluded in their study that the mother's care should include social support, maternal attachment, and fatigue assessment. Mothers should be encouraged to use social support resources. The continuity of social support systems should be provided.

Another study conducted by Brown et al. (2018) indicated emotional, informational, and tangible social support were significantly correlated, concurrently and predictively, with perceived competence and satisfaction at most data collection points. The study by Konje et al. (2018) reported that access to effective antenatal care remains a challenge among pregnant adolescents. Most of them initiated antenatal care late, and early initiation did not guarantee care that could improve pregnancy outcomes. Nguyen et al. (2017), in their study, concluded that adolescent pregnancy poses substantial risks for maternal and infant outcomes and emphasized that these risks are significant even where services during pregnancy are available and accessed.

Families that are at psychosocial risk live under personal and contextual circumstances that hinder their parenting skills. They frequently lack the resources necessary for addressing the challenges of parenting and encounter multiple stressful life events. Social support may help diminish the parenting stress experienced from living in a disadvantaged environment by enhancing coping strategies. The study by Ayala-Nunes, Nunes, & Lemos (2017) found out that parenting stress levels were extremely high, with 44.51% of parents showing clinically significant levels. Emotional support was the type of support most closely related to parental distress, namely the network size available for providing emotional support and satisfaction with the emotional support received. On the other hand, in the studies of Amod, Halana, & Smith (2019) and Neill-Weston & Morgan (2017), their participants were not aware of inclusive education policies. They perceived that they were stigmatized by teachers, health care staff, and community members. Nevertheless, young mothers showed resolve in wanting to complete their schooling and overcome the adversities they encountered. Findings suggest that to optimize support, intervention efforts should include the interactional systems within which teenage mothers are embedded.

Table 5. Significant Relationship between the Respondents' Challenges Encountered and the Support Received

Construct	r-value	p-value	QI
Physical Challenges and:			
Family Support	0.07	0.47	Not Significant
Health Care Providers	0.23	0.02*	Significant
Teachers	0.05	0.62	Not Significant

Financial Challenges and:			
Family Support	0.30	0.00**	Highly Significant
Health Care Providers	0.03	0.75	Not Significant
Teachers	0.06	0.52	Not Significant
Educational Challenges and:			
Family Support	0.13	0.17	Not Significant
Health Care Providers	0.09	0.37	Not Significant
Teachers	0.06	0.55	Not Significant
Socio-cultural Challenges and:			
Family Support	0.23	0.02*	Significant
Health Care Providers	0.01	0.93	Not Significant
Teachers	0.28	0.00**	Highly Significant

*Legend: 0.00-0.01** Highly Significant 0.02-0.05 Significant above 0.05 Not Significant*

4.0 SUMMARY, FINDINGS, CONCLUSION AND RECOMMENDATION

4.1 Summary

This study assessed the psychological well-being, challenges encountered, and support received among teenage pregnant mothers. The following were the objectives: 1) determine the respondents' psychological well-being; 2) determine the respondents' challenges encountered as to physical, financial, educational, and socio-cultural challenges; 3) identify the respondents' level of support received as to family, health care providers, and teachers; 4) explore the significant relationship between the respondents' psychological well-being and support received; and 5) explore the significant relationship between the respondents' challenges encountered and support received.

The study utilized a descriptive-correlational design using the quantitative approach. The study was conducted in the private and government schools in Dipolog and Dapitan cities that offer grades seven to ten, senior high schools, and colleges. There were 120 pregnant teenage adolescents selected through purposive and snowball sampling. To gather pertinent data and information, the following instruments were used: Respondents' Psychological Well-being, Respondents' Level of Support Received, and Respondents' Challenges Encountered Questionnaires. The data were analyzed using weighted mean, standard deviation, and Pearson product-moment correlation coefficient, or Pearson's *r*.

4.2 Findings

The following were the findings of the study:

1. The pregnant adolescent possessed a high level of psychological wellbeing.
2. The pregnant adolescent mothers encountered a high level of financial and socio-cultural challenges while a low level of physical and educational challenges.
3. The pregnant adolescent mothers received very high support from healthcare providers and high support from their family and teachers.
4. Pregnant adolescents' psychological well-being did not influence the level of support received from their family, health care providers, and teachers.

Most of the construct in the pregnant adolescent's challenges did not influence the level of support received. However, physical challenges affect the level of support received from the health care providers. Likewise, the financial challenges they encountered influenced the level of support from their parents. The socio-cultural challenges experienced significantly affect the level of support from their family and their teachers.

4.3 Conclusions

The pregnant adolescents who participated in the study showed positive mental and emotional well-being with the full support from their parents, who boosted their self-esteem and confidence despite the challenges and hardship encountered during their pregnancy period. They received a high level of financial and emotional support from their parents, the health care providers for a prenatal check-up to ensure a safe pregnancy, labor, and delivery, and teachers for psychological support that would encourage the pregnant adolescents to continue their studies and earn a degree. The level of support received was strongly influenced by the level of challenges they experienced, such as physical, financial, and sociocultural aspects.

4.4 Recommendations

Based on the summary of the findings and conclusion, the following recommendations are hereby presented:

1. Pregnant adolescents should be strong enough to face all the challenges for themselves and the baby. Nevertheless, pregnant adolescents may always seek help from the people surrounds her in terms of financial, emotional, and physical aspects to sustain the needs during the pregnancy period.
2. The health care providers should help pregnant adolescents through continuous monitoring and consultation after birth such as health education awareness.
3. The teachers should encourage the pregnant adolescent student to be a responsible child-bearing individual and to boost students' confidence to continue schooling and never give up on achieving their aspirations and dreams to earn a degree.
4. Other studies should be conducted to explore the consequences of early motherhood and strategies that help pregnant adolescents overcome the challenges they may encounter in the latter.

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