

Perception of Teenage Pregnancy Among Teenage Pregnant Women in Metro Manila and Tacloban in the Philippines

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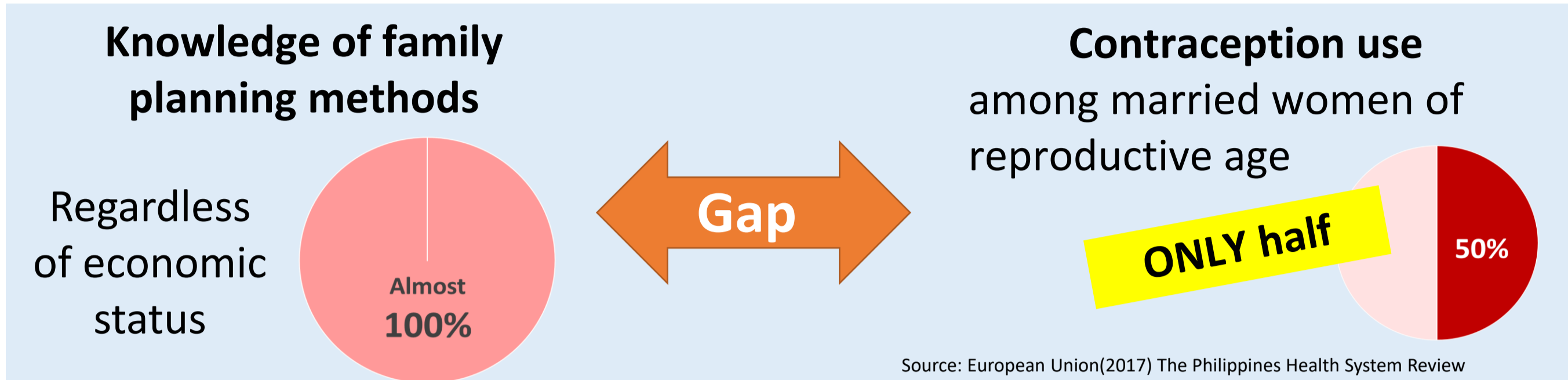
BACKGROUND | Current situation

1. High and increase rate of teenage pregnancy

- Despite the rapid decrease of neonatal/infant/Under five mortality rate, adolescent fertility rate is upward
- Proportion of girls who are already mothers are increased from 6.3% in 2002 to 13.6% in 2013.

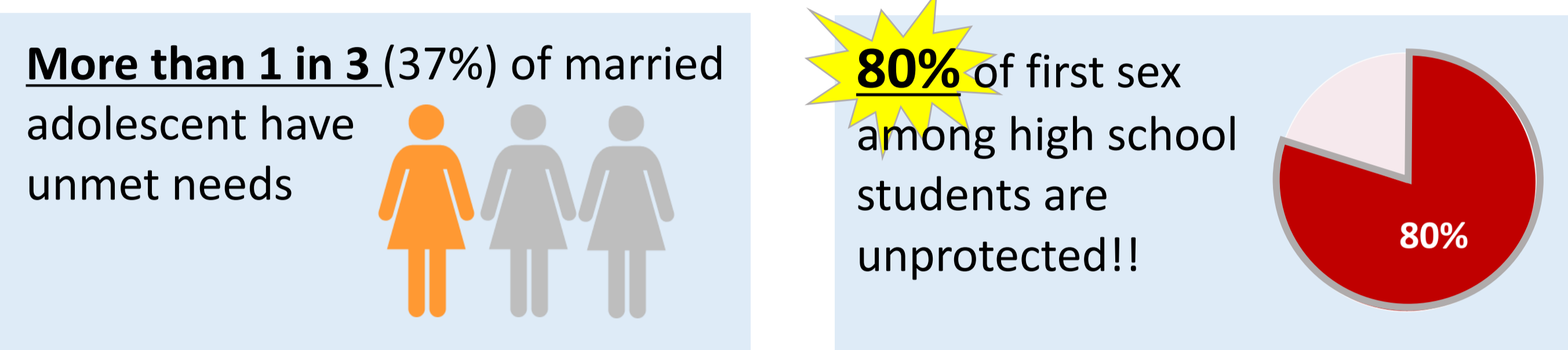
2. Low rate of contraceptive use

- Half of adolescent girls don't use contraception however they have knowledge



3. Inadequate family planning services

- Distribution of contraception and sex education don't match their situation

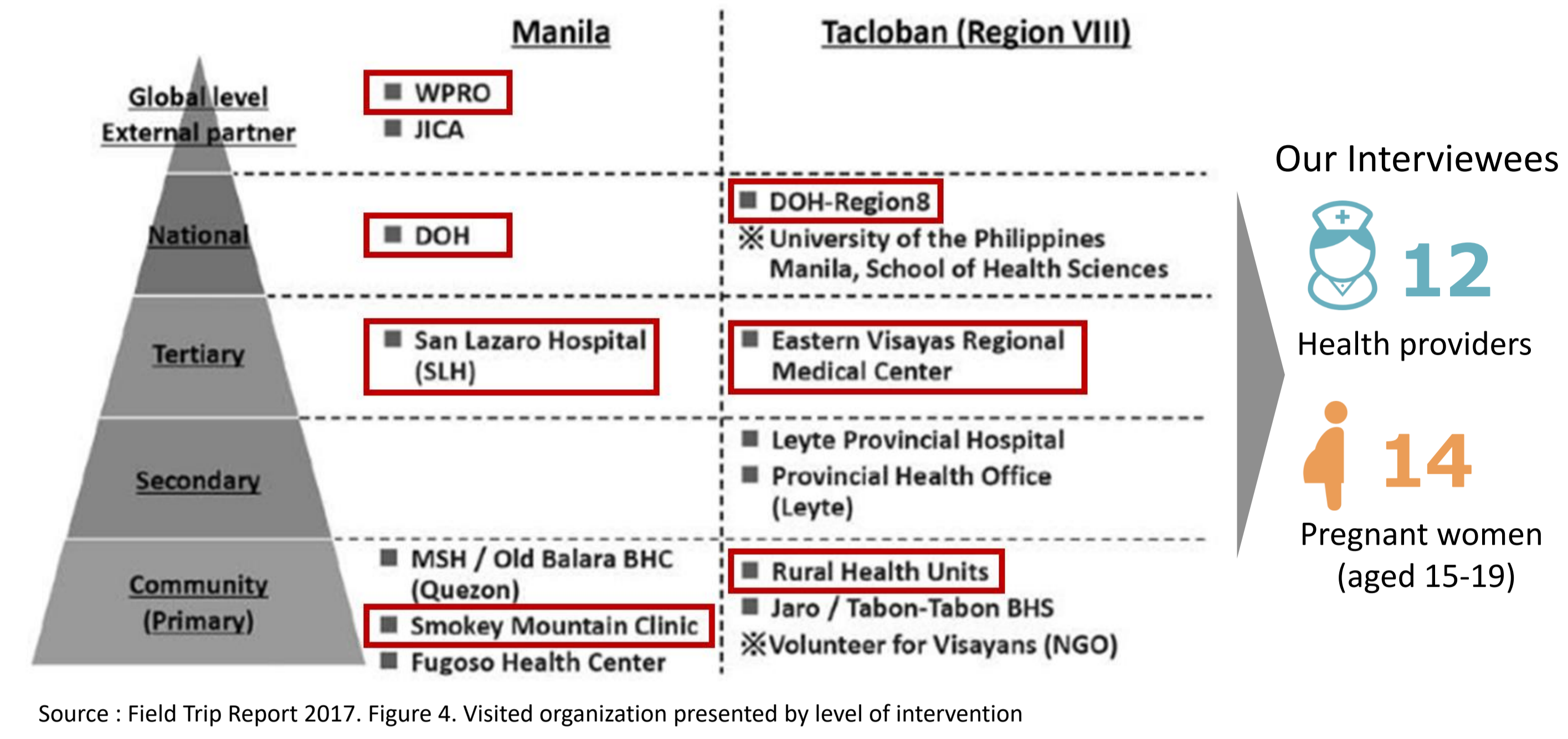


OBJECTIVES

- ◆ To assess actual situation of teenage pregnancy and maternal health services for adolescents
- ◆ To assess the gap between the expectation and the problems which occurred in the communities
- ◆ To examine how the programs reach to the people

METHODOLOGY | Interview

We visited different level of health facilities and health related organizations to conduct in-depth interviews to health care providers and pregnant women.



RESULT | What we found through the interviews

1. Actual situation of teenage pregnancy and maternal health services for adolescents

Programmes for adolescent health

- Facilities follow Adolescent Health Development Program (AHDP), Healthy Young Ones (HYO), Population committee "Pop-com"
- Free to access to the health facilities by using PhilHealth

Frailty of adolescent

- Most of the pregnant women are not married and unexpected pregnancy.
- Most of them dropped out schools due to the pregnancy.
- Injectable contraceptive method is the most preference.

2. The gap between the expectation and the problems which are occurred in the communities

Lack of human resources

- Brain drain of medical professionals are severe
- There are only a few doctors in a Barangay Health Station
- Sexual education in health facilities focus on how to prevent second teenage pregnancy after first pregnancy.

Low awareness

- Teenage pregnancy is recurrent, but family of teen mothers are not care about the issue.
- Teenage pregnancy is related to other problems: Low Social Economic Status, Lack of Education, neglected by parents, rape, etc.

Basic knowledge on family planning method

- No one have used contraception.
- It Teenage pregnancy is acceptable, because it is not rare among family members and friends.
- My partner or the partner's family can support financially.
- Many pregnant women have attended sex education class in secondary school: Risks of adolescent pregnancy, Menstrual Cycle and Sexual Transmitted Infections.

3. How the programs reach to the people

Low utilization of resources

- Even though midwives are allocated Barangay Health Station, all pregnant women must go to the hospitals or Rural Health Unit (RHU) which leads over crowding

Delay and lack of contents of sex education

- There is no policy for sex education

Low utilization of resources

- No adolescent pregnant women mentioned about existence of Youth Friendly Facility which is supposed to be used for youth encouragement.
- adolescents cannot buy contraception without parents' permissions even if these are available anywhere.

DISCUSSION

1. Sex education including risks and prevention of teenage pregnancy should be appropriately provided at secondary schools. Practical lesson for usage of family planning methods as well as lectures and these education should be continuously provided until their graduation.
2. Apart from sex education in the schools, social media can also enlighten adolescent to be aware of their reproductive health.
3. Sensitization of family planning for married adolescent women and the husband need to be provided.

CONCLUSION

The actual situation of the adolescents such as marital status, educational attainments, preference of contraceptives and pregnancy was observed. We also observed that several maternal health programs have been processed. What we assessed as regards to the gap between the expectation and the problems which occurred in the communities was lack of human resources. The programs did not actually reach the people because of low utilization of resources and delay and lack of contents of sex education.

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