

# From Risk to Resilience: Exploring the Lived Experiences of Adolescent Mothers in the Philippines

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**Abstract**— Adolescent pregnancy remains a significant public health and social concern in the Philippines, with consequences that extend across psychosocial, educational, economic, and maternal domains. This qualitative phenomenological study explored the lived experiences of adolescent mothers, focusing on their pathways to pregnancy, the challenges they encountered, their support systems, coping mechanisms, and the construction of resilience. Participants were adolescent mothers who experienced pregnancy during adolescence and voluntarily shared their experiences through semi-structured interviews. Data were analyzed using Braun and Clarke’s six-phase thematic analysis framework. Findings revealed that adolescent pregnancy was shaped by multiple intersecting factors, including risk-taking behaviors, peer influence, romantic attachment, limited parental monitoring, and gaps between reproductive health knowledge and actual behavior. Participants experienced fear, anxiety, social stigma, interrupted schooling, missed opportunities, financial dependence, and physical discomfort during pregnancy and early motherhood. Despite these challenges, adaptation was facilitated by family support, partner involvement, in-law assistance, healthcare services, spiritual coping, and child-centered motivation. Motherhood became a transformative experience through which participants developed responsibility, maturity, appreciation of parental guidance, renewed aspirations, and resilience amid adversity. The study highlights the need for comprehensive adolescent reproductive health programs, family-centered interventions, psychosocial support, and educational reintegration initiatives for adolescent mothers.

**Keywords**— adolescent pregnancy; adolescent mothers; lived experiences; resilience; Philippines.

## I. INTRODUCTION

Adolescent pregnancy remains a persistent public health, educational, and social development concern, particularly in low- and middle-income countries where structural inequalities, limited access to youth-friendly reproductive health services, and sociocultural norms shape young people's reproductive experiences. The World Health Organization defines adolescent pregnancy as a pregnancy occurring among girls aged 10 to 19 years and emphasizes that it is associated with adverse health, social, and economic outcomes for both adolescent mothers and their children (World Health Organization, 2020). Globally, adolescent pregnancy has been linked to increased risks of maternal complications, neonatal morbidity, interrupted schooling, reduced employment opportunities, and long-term socioeconomic vulnerability. The United Nations Population Fund similarly frames adolescent pregnancy as a form of “motherhood in childhood,” highlighting how early pregnancy often compels

young girls to assume adult responsibilities before they have completed their physical, psychological, educational, and social development (United Nations Population Fund, 2022). UNICEF (2021) further emphasizes that early childbearing is both a consequence and a driver of inequality, as adolescents from disadvantaged families and communities are often more vulnerable to early pregnancy and its long-term effects.

In the Philippines, adolescent pregnancy continues to be recognized as a critical concern for public health, education, and social welfare. Studies using national demographic data have shown that pregnancy among Filipino adolescents is associated with multiple intersecting factors, including early sexual initiation, socioeconomic disadvantage, family structure, exposure to family planning messages, and access to reproductive health information and services (Habito et al., 2019; Pepito et al., 2021; Pepito et al., 2022). The Philippine context is especially complex because

adolescent reproductive behavior is shaped not only by individual knowledge and choices but also by family communication, peer relationships, community norms, religious values, and the availability of adolescent-responsive health services. While reproductive health policies and school-based education initiatives have been implemented, evidence suggests that information alone does not always translate into preventive behavior, particularly when adolescents lack decision-making skills, emotional readiness, confidential services, or supportive relationships (Kim et al., 2023; Chandra-Mouli et al., 2019).

Existing Philippine literature suggests that adolescent pregnancy often emerges from pathways marked by vulnerability, prior adversity, and constrained life opportunities. Habito et al. (2021) identified early union, “disgrasya,” and prior disadvantage as pathways to adolescent pregnancy among Filipino youth, emphasizing that pregnancy is not merely the result of individual decision-making but is embedded in broader social and economic conditions. Similarly, Tabei et al. (2021) found associations between teenage pregnancy and family-related factors, suggesting that family environment, household structure, and communication patterns play important roles in shaping adolescent reproductive outcomes. Family communication has been particularly emphasized in Philippine studies, where open parent-adolescent dialogue may serve as a protective factor, while weak communication, secrecy, or excessive restriction may contribute to risk-taking behavior and concealment of romantic relationships (Ventanilla & Villaruel, 2022a; Ventanilla & Villaruel, 2022b). These findings are important because they reveal that adolescent pregnancy cannot be adequately understood through a purely biomedical or individual-risk lens.

Peer influence and social exposure also contribute to adolescent pregnancy, especially during a developmental period marked by curiosity, identity formation, and the desire for belonging. Adolescents may engage in behaviors such as social gatherings, staying out late, substance use, or unsupervised romantic interactions as part of peer-oriented activities. While these behaviors do not automatically lead to pregnancy, they may increase exposure to

situations where sexual activity occurs without adequate preparation, protection, or informed decision-making. Lorenzo et al. (2023), through a human-centered design approach, emphasized the importance of listening directly to teenage voices in the Philippines, noting that young people often navigate tensions between cultural conservatism, curiosity, romantic interest, and limited safe spaces for discussing sexuality. Such findings suggest that adolescent pregnancy prevention efforts must move beyond fear-based messaging and toward approaches that acknowledge adolescents' relational realities, emotional needs, and social environments.

Reproductive health education remains a central intervention for reducing adolescent pregnancy, yet its effectiveness depends on how it is delivered and whether it addresses behavioral and contextual factors. Chandra-Mouli et al. (2019) cautioned that some commonly accepted adolescent sexual and reproductive health interventions may not work when they are not evidence-based, poorly implemented, or disconnected from adolescents' actual needs. In the Philippine setting, implementation gaps remain a concern. Kim et al. (2023) documented challenges in implementing reproductive health education in a Filipino city, suggesting that curriculum delivery, community acceptance, teacher preparedness, and institutional support influence the effectiveness of reproductive health programs. Zamora et al. (2023) similarly noted that adolescents' knowledge and perspectives on teenage pregnancy vary, indicating the need for more responsive, accurate, and age-appropriate education. These studies point to a recurring issue: adolescents may receive information about pregnancy and sexuality, yet lack the confidence, life skills, access to contraception, or supportive guidance necessary to apply such knowledge in real-life situations.

The consequences of adolescent pregnancy extend across physical, psychological, educational, and economic domains. Obstetric and perinatal studies in the Philippines have documented health risks among pregnant adolescents, including adverse maternal and neonatal outcomes (Naria-Maritana & Torres-Ticzon, 2022; Laurito, 2023). Beyond medical concerns,

adolescent mothers often face stigma, interrupted education, financial dependence, and emotional distress. Tejada (2023) highlighted academic issues among pregnant students and the need for intervention planning to support educational continuity. Maravilla et al. (2018) examined repeated pregnancy among Filipino adolescents, underscoring the risk of continued vulnerability when young mothers lack adequate reproductive health counseling, postpartum support, and socioeconomic assistance. Monterona (2020) also explored repeated pregnancy experiences among adolescent mothers in the Philippines, reinforcing the need to understand adolescent motherhood as an ongoing life condition rather than a single pregnancy event.

Despite the difficulties associated with adolescent pregnancy, recent scholarship cautions against portraying adolescent mothers solely through deficit-based narratives. While early motherhood can produce serious challenges, adolescent mothers may also demonstrate resilience, maturity, and a renewed sense of purpose when supported by families, partners, health workers, and communities. Mollborn (2019) argued that contemporary understandings of teenage motherhood must consider both structural disadvantage and the agency of young mothers as they negotiate stigma, caregiving responsibilities, and future aspirations. SmithBattle (2020) likewise emphasized the need to reduce the stigmatization of teen mothers, arguing that stigma can worsen isolation and limit access to support. A holistic approach is therefore necessary—one that recognizes adolescent mothers' vulnerabilities while also acknowledging their capacity for adaptation, meaning-making, and personal growth (Rahmawati & Murtaqib, 2024).

The transition to motherhood can also be understood through Mercer's concept of becoming a mother, which views motherhood as a developmental and identity-forming process rather than an automatic role acquired at childbirth. Mercer (2004) proposed that becoming a mother involves progressive adaptation, confidence-building, attachment, and integration of the maternal role into the woman's identity. For adolescent mothers, this process may be intensified because it occurs alongside ongoing adolescent

development. Their transition is shaped by emotional readiness, family support, partner involvement, social judgment, educational disruption, and future aspirations. Thus, examining adolescent motherhood through the lens of lived experience allows researchers to capture how young mothers interpret pregnancy, adjust to new responsibilities, and reconstruct their identities in response to changing life circumstances.

Community and health system responses are also crucial in shaping adolescent pregnancy outcomes. Studies in the Philippines have emphasized the role of community engagement, youth-responsive health services, and adolescent pregnancy-related support programs (Mantilla et al., 2023; Sy et al., 2024). Okunogbe et al. (2023) further showed that adolescent health service utilization was affected during the COVID-19 pandemic, highlighting how disruptions in service delivery can further marginalize adolescents who already face barriers to care. More recent community-based interventions have called attention to the importance of localized adolescent health programs that integrate education, counseling, family engagement, and reproductive health services (Salvador et al., 2025). However, for these interventions to be effective, they must be grounded in the actual experiences, perceived needs, and voices of adolescent mothers themselves.

This study was conducted in a local Philippine community where adolescent pregnancy remains a concern among families, schools, health workers, and community stakeholders. To protect confidentiality, no personally identifiable information about participants, families, partners, schools, or community members is disclosed. The participants were adolescent mothers who experienced pregnancy during adolescence and voluntarily shared their narratives through private interviews. Their accounts reflected diverse pathways into pregnancy, including risk-taking behaviors, peer influence, romantic attachment, family communication issues, and varying levels of reproductive health knowledge. Their experiences also revealed the emotional, social, educational, and economic burdens of early motherhood, as well as the role of family, partners, in-laws, health services, spirituality, and personal

determination in facilitating adaptation. By situating the study in a specific Philippine community while protecting participant identity, the research contributes context-sensitive insights into adolescent motherhood without reducing participants to cases of risk or vulnerability.

Anchored on a qualitative phenomenological approach, this study seeks to deepen understanding of adolescent pregnancy by foregrounding the voices and lived experiences of adolescent mothers. Specifically, the study aims: (1) to explore the pathways and circumstances leading to adolescent pregnancy; (2) to examine the psychosocial, educational, and economic challenges experienced by adolescent mothers; (3) to identify the support systems and coping mechanisms that facilitate adaptation to motherhood; and (4) to understand how adolescent mothers construct resilience and derive meaning from their experiences.

## II. METHODOLOGY

This study employed a qualitative research design using a phenomenological approach to explore the lived experiences of adolescent mothers in one city in the Philippines. Phenomenology was selected because it enables an in-depth examination of individuals' perceptions, meanings, and interpretations of their experiences. The study sought to understand the pathways and circumstances leading to adolescent pregnancy, the challenges encountered during pregnancy and early motherhood, the support systems and coping mechanisms utilized, and the ways adolescent mothers construct resilience and derive meaning from their experiences.

Participants were selected through purposive sampling based on the following criteria: (a) adolescent mothers who experienced pregnancy during adolescence, (b) willing to participate in the study, and (c) able to share their experiences openly. Data were collected through semi-structured, in-depth interviews using an interview guide designed to elicit participants' experiences regarding pregnancy, motherhood, support systems, challenges, and personal growth. Prior to data collection, informed consent was obtained from all participants and, where applicable, from parents or guardians. Ethical principles of

voluntary participation, confidentiality, anonymity, and respect for participants' rights were strictly observed throughout the study.

The interview data were transcribed verbatim and analyzed using the six-phase thematic analysis framework developed by Braun and Clarke (2006). The analytical process involved: (1) familiarization with the data through repeated reading of transcripts; (2) generation of initial codes; (3) searching for potential themes; (4) reviewing and refining themes; (5) defining and naming themes; and (6) producing the final report. Through this process, themes related to pathways to adolescent pregnancy, psychosocial, educational, and economic challenges, support systems and coping mechanisms, and resilience and meaning-making were identified and interpreted. The use of Braun and Clarke's framework provided a systematic and rigorous approach to understanding the shared experiences of adolescent mothers while preserving the richness of their individual narratives.

## III. RESULTS

### *Pathways and circumstances leading to adolescent pregnancy*

Table 1 presents the pathways and circumstances that contributed to adolescent pregnancy among the participants. The findings reveal that adolescent pregnancy was not the result of a single factor but rather emerged from the interaction of behavioral, social, familial, and informational influences. Participants described a range of experiences that increased their vulnerability to early pregnancy, including engagement in risk-taking behaviors, peer influence, romantic relationships, limited parental supervision, and inadequate application of reproductive health knowledge.

One of the most prominent pathways identified was adolescent risk-taking behavior. Several participants reported engaging in activities such as alcohol consumption, smoking, cutting classes, staying out late, and running away from home. These behaviors often exposed them to situations that increased the likelihood of engaging in unprotected sexual activity. One participant admitted, "Sige ko lang ang inom, sigarilyo...", while another shared that

the pregnancy occurred after both she and her partner had been intoxicated, stating, “Pareho kami hubog.” Others described frequently attending social gatherings and leaving home without parental knowledge, as reflected in the statement, “Nagpaparalayas, nagbabayli kung diin diin.” These findings suggest that experimentation and risk-taking, which are common developmental characteristics during adolescence, may place young people in situations where impulsive decisions can have long-term consequences.

The findings also underscore the significant influence of peer relationships and social exposure. Several

participants attributed changes in their behavior to their association with friends and peer groups. Statements such as “Napabarkada po ako” and “Nadara kaya san mga barkada” illustrate how peer networks influenced participants’ social activities, including staying out late, drinking alcohol, and engaging in romantic relationships.

Adolescents often seek acceptance and belonging within peer groups, making them susceptible to adopting behaviors that are normalized among their friends. This finding highlights the critical role of peer influence in shaping adolescent decision-making and risk behaviors.

*Table 1. Pathways and Circumstances Leading to Adolescent Pregnancy*

Theme	Subthemes	Illustrative Quotations
<b>Adolescent Risk-Taking Behaviors</b>	Drinking alcohol, smoking, cutting classes, staying out late, running away from home	"Sige ko lang ang inom, sigarilyo..." "Pareho kami hubog." "Nagpaparalayas, nagbabayli kung diin diin."
<b>Peer Influence and Social Exposure</b>	Following friends, social gatherings, barkada influence	"Napabarkada po ako..." "Nadara kaya san mga barkada."
<b>Romantic Attachment and Emotional Dependence</b>	Love, trust, desire for companionship, commitment to partner	"Sadiring kagustuhan lang, kay mahal ko kaya."
<b>Limited Parental Monitoring and Family Issues</b>	Escaping parental supervision, family conflict, weak communication	"Pirmi ako nageescape." "Napabaya po ako."
<b>Knowledge-Behavior Disconnect</b>	Awareness of pregnancy risks but continued sexual activity	"Nadiscuss man po ina sa Personal Development." "Oo, aram ko man."
<b>Limited Understanding of Reproductive Health and Contraception</b>	Inadequate knowledge regarding pregnancy prevention	"Wara man po ako knowledge." "Zero knowledge."

Another important factor was romantic attachment and emotional dependence. Participants frequently described their decisions to engage in intimate relationships as driven by affection, trust, and emotional commitment to their partners. One participant explained, “Sadiring kagustuhan lang, kay mahal ko kaya,” indicating that sexual involvement was perceived as an expression of love and personal choice rather than coercion. These narratives suggest that emotional attachment often outweighed concerns about potential consequences, reflecting the developmental tendency of adolescents to prioritize

immediate emotional needs over long-term considerations.

The theme of limited parental monitoring and family issues further emerged as a contributing factor. Some participants reported frequently escaping parental supervision, while others described feeling neglected or lacking open communication with family members. Statements such as “Pirmi ako nageescape” and “Napabaya po ako” indicate that weak parental monitoring and limited family engagement may have reduced opportunities for guidance and support. Although many participants acknowledged receiving

advice from parents regarding education and relationships, the absence of consistent supervision and meaningful communication appeared to diminish the effectiveness of such guidance.

Interestingly, the findings revealed a knowledge-behavior disconnect among several participants. Despite having prior knowledge about pregnancy and sexual health, some adolescents still engaged in behaviors that resulted in pregnancy. Participants reported learning about reproductive health in school and being aware that sexual intercourse could lead to pregnancy, as reflected in the statements, “Nadiscuss man po ina sa Personal Development” and “Oo, aram ko man.” However, awareness alone did not necessarily translate into preventive behavior. This suggests that knowledge is insufficient when not accompanied by decision-making skills, self-regulation, and supportive social environments.

Closely related to this was the theme of limited understanding of reproductive health and contraception. While some participants possessed basic knowledge regarding pregnancy, others admitted having little or no understanding of reproductive health and contraceptive methods. Responses such as “Wara man po ako knowledge” and “Zero knowledge” demonstrate gaps in reproductive health literacy among certain participants. These findings indicate

that adolescents may receive fragmented or incomplete information about sexuality, limiting their ability to make informed reproductive choices.

These findings demonstrate that adolescent pregnancy resulted from a complex interplay of individual behaviors, peer influences, romantic relationships, family dynamics, and gaps in reproductive health knowledge. The pathways identified in this study highlight the need for comprehensive interventions that address not only reproductive health education but also parental engagement, peer influence, life skills development and adolescent decision-making. Such multifaceted approaches may help reduce adolescents' vulnerability to early pregnancy and support healthier transitions into adulthood.

**Challenges experienced by adolescent mothers**

Table 2 presents the psychosocial, physical, social, educational, and economic challenges encountered by adolescent mothers during pregnancy and early motherhood. The findings demonstrate that adolescent pregnancy extended beyond the physical experience of carrying a child and introduced multiple challenges that affected participants' emotional well-being, social relationships, educational trajectories, and financial stability. These interconnected difficulties required significant adjustment as participants navigated the transition from adolescence to motherhood.

*Table 2. Challenges Experienced During Pregnancy and Early Motherhood*

Domain	Theme	Evidence
<b>Psychological</b>	Fear and Anxiety	"Nahadlok." "Kinulbaan."
	Fear of Parental Reaction	"Nahadlok lalo na pagnaaraman ni mama."
	Self-Doubt and Uncertainty	"Kaya ko ba ini?" "Di pa ako ready."
	Depression and Emotional Distress	"Nagkadepresyon ako."
<b>Physical</b>	Nausea and Vomiting	"Nasusuka ako."
	Fatigue and Dizziness	"Mapagal."
	Fear of Childbirth	"Nahahadlok ako lalo na an pag-anak."
<b>Social</b>	Community Gossip and Judgment	"Nagchichismis saakon." (1AS); "Injudge ninda ako."
	Loss of Adolescent Freedom	"Di ko na mahimo an mga gusto ko."
<b>Educational</b>	Interrupted Schooling	"Pinapundo man ninda ako mag-adal."
	Difficulty Balancing School and Pregnancy	"Pinagsasabay ko an pag-aaral nan an pagbubuntis."
	Missed Opportunities	"Kadamo ko ning missed opportunities."

<b>Economic</b>	Financial Dependence	Reliance on parents and partners for prenatal needs and childcare
	Financial Strain	"Mahal na kaya an bilingin."

One of the most prominent challenges reported by participants was psychological distress, particularly feelings of fear and anxiety upon discovering their pregnancy. Many described experiencing intense worry about their future, responsibilities, and the reactions of their families. Expressions such as “Nahadlok” and “Kinulbaan” reflected the emotional shock and uncertainty associated with becoming pregnant at a young age. For many participants, fear was intensified by concerns about parental disappointment and possible reprimand. One participant admitted, “Nahadlok lalo na pagnaaraman ni mama,” highlighting the anxiety associated with disclosing the pregnancy to family members. These findings suggest that adolescent mothers often face significant emotional burdens during the early stages of pregnancy as they struggle to process an unexpected life event.

Closely related to these emotions were experiences of self-doubt and uncertainty. Several participants questioned their readiness to assume the responsibilities of motherhood, expressing concerns about their ability to care for a child and provide for their future family. Statements such as “Kaya ko ba ini?” and “Di pa ako ready” illustrate feelings of inadequacy and apprehension regarding the transition to motherhood. The uncertainty was often linked to their young age, limited life experience, and disrupted educational plans. Such findings indicate that adolescent mothers frequently confront developmental challenges as they are required to assume adult responsibilities before feeling fully prepared.

Some participants also reported more severe forms of emotional distress, including symptoms associated with depression. One participant openly shared, “Nagkadepresyon ako,” describing emotional struggles following childbirth. Emotional difficulties were further aggravated by relationship conflicts, social judgment, and concerns regarding childcare and financial responsibilities. These findings highlight the vulnerability of adolescent mothers to mental health

challenges and underscore the importance of psychosocial support during pregnancy and the postpartum period.

Beyond psychological concerns, participants experienced numerous physical challenges associated with pregnancy. Common complaints included nausea, vomiting, fatigue, dizziness, and general discomfort. Several participants described persistent morning sickness, as reflected in the statement, “Nasusuka ako,” while others characterized pregnancy as physically exhausting, repeatedly describing it as “Mapagal.” In addition to these discomforts, some participants expressed fear regarding labor and delivery. One participant admitted, “Nahadlok ako lalo na an pag-anak,” indicating apprehension about childbirth due to limited experience and knowledge. These findings suggest that physical changes during pregnancy posed substantial challenges that often compounded emotional stress.

The study also revealed significant social challenges, particularly in the form of stigma, gossip, and community judgment. Participants frequently reported becoming the subject of negative comments and criticism from neighbors and community members. Statements such as “Nagchichismis saakon” and “Injudge ninda ako” illustrate the social stigma commonly associated with adolescent pregnancy. Although many participants attempted to ignore such criticisms, repeated exposure to negative judgments contributed to feelings of embarrassment and social discomfort. These experiences reflect the broader societal expectations surrounding adolescent behavior and motherhood, which often place young mothers in vulnerable social positions.

Another social consequence was the loss of adolescent freedom and opportunities for social engagement. Participants noted that pregnancy and motherhood restricted their ability to participate in activities previously enjoyed with peers. One participant lamented, “Di ko na mahimo an mga gusto ko,”

reflecting the lifestyle changes necessitated by motherhood. The demands of childcare and household responsibilities limited opportunities for recreation, socialization, and personal exploration, resulting in an accelerated transition from adolescence to adulthood.

Educational challenges emerged as another major concern among participants. Several adolescent mothers experienced interrupted schooling as a result of pregnancy, with some being encouraged or required to stop attending school temporarily. One participant explained, “Pinapundo man ninda ako mag-adal,” indicating how pregnancy disrupted her educational journey. Others who remained enrolled struggled to balance academic responsibilities with the physical and emotional demands of pregnancy. The statement “Pinagsasabay ko an pag-aaral nan an pagbubuntis” highlights the difficulties associated with simultaneously fulfilling the roles of student and expectant mother. These challenges often contributed to academic stress and reduced educational engagement.

Participants also reflected on the missed opportunities resulting from early pregnancy. One respondent expressed regret by stating, “Kadamo ko ning missed opportunities.” The inability to pursue educational goals, extracurricular activities, and career aspirations represented a significant consequence of adolescent motherhood. These findings suggest that pregnancy during adolescence may alter life trajectories and limit opportunities for personal and professional development.

Economic challenges further complicated participants' experiences. Many adolescent mothers reported being financially dependent on their parents, partners, or extended family members for prenatal care, childcare needs, and daily living expenses. Because most participants had not yet completed their education or secured stable employment, they lacked the financial resources necessary to independently support themselves and their children. Financial strain was particularly evident among participants who described rising living costs and limited household resources. One participant remarked, “Mahal na kaya an bilihin,” emphasizing the economic pressures associated with

raising a child. These findings indicate that adolescent motherhood often imposes additional financial burdens on families and increases young mothers' dependence on external support systems.

Adolescent mothers encounter multifaceted challenges encompassing psychological distress, physical discomfort, social stigma, educational disruption, and economic hardship. These experiences illustrate the complex realities of adolescent motherhood and highlight the need for comprehensive support systems that address not only maternal health but also mental health, educational continuity, social inclusion, and economic empowerment. Such interventions are essential in helping adolescent mothers navigate the challenges of early motherhood and achieve positive outcomes for themselves and their children.

### *Support systems and coping mechanisms that facilitate adaptation to motherhood*

Table 3 presents the different support systems and coping mechanisms that enabled adolescent mothers to adapt to the demands and responsibilities of early motherhood. The findings indicate that adaptation was not an individual process alone but was strongly shaped by the presence of emotional, financial, social, and institutional support, as well as internal coping strategies developed by the adolescent mothers themselves. These combined factors played a crucial role in helping participants manage stress, adjust to new responsibilities, and gradually accept their maternal roles.

A central finding was the importance of family support as the primary foundation for adaptation. Most participants identified their parents as their main source of emotional reassurance, financial assistance, and practical guidance in caring for their children. Expressions such as “Si Mama and Papa” reflect the consistent presence of family members in their daily struggles and caregiving responsibilities. Family support often included direct involvement in childcare, provision of basic needs, and continuous encouragement, which helped adolescent mothers stabilize emotionally and function more effectively in their new roles. This highlights the critical role of the

family unit in buffering the stress associated with adolescent motherhood.

In addition to parental support, partner involvement emerged as another significant factor facilitating adaptation. Several participants reported that their partners became more responsible and supportive after learning about the pregnancy. Statements such as

“Mas lalo siya nagsikap” and “Naging supportive siya” illustrate how some adolescent fathers increased their efforts in providing emotional and financial support. This involvement helped reduce the burden on the adolescent mothers and contributed to a more cooperative parenting arrangement. However, the level of partner support varied across participants, indicating inconsistency in paternal engagement.

*Table 3. Support Systems and Coping Mechanisms of Adolescent Mothers*

Theme	Subthemes	Evidence
<b>Family Support</b>	Emotional support, financial assistance, guidance, childcare support	"Si Mama and Papa."
<b>Partner Support</b>	Emotional reassurance, financial provision, increased responsibility	"Mas lalo siya nagsikap." "Naging supportive siya."
<b>In-Law Support</b>	Advice, emotional support, practical assistance	"Mama san partner ko."
<b>Healthcare Support</b>	Prenatal care, vitamins, maternal education, counseling	"Nagpapacheck-up po ako."
<b>Spiritual Coping</b>	Prayer, faith, religious beliefs	"Nagppray nalang po ako."
<b>Personal Coping Strategies</b>	Acceptance, positive thinking, ignoring criticism, self-motivation	"Kaya ko ini."
<b>Child-Centered Motivation</b>	Child as inspiration and purpose	"Ang baby ko an inspiration ko."

The study also highlights the role of extended family support, particularly in-laws, in facilitating adaptation to motherhood. Some participants described receiving assistance from their partner’s family, especially in terms of advice, emotional support, and childcare assistance. The statement “Mama san partner ko” reflects how in-laws became an additional support system, helping adolescent mothers cope with the demands of early motherhood. This extended family involvement further strengthened the support network available to the young mothers.

Another important dimension was healthcare system support, which contributed significantly to participants’ adjustment. Regular prenatal check-ups, provision of vitamins, maternal education, and counseling services from health centers helped adolescent mothers understand their physical condition and prepare for childbirth. The statement “Nagpapacheck-up po ako” reflects active engagement with healthcare services. These services not only addressed medical needs but also provided reassurance and guidance, which reduced anxiety and

improved confidence in managing pregnancy and postpartum care.

Beyond external support, participants also relied heavily on spiritual coping mechanisms. Many adolescent mothers turned to prayer and faith as a way of managing emotional distress and uncertainty. The statement “Nagppray nalang po ako” illustrates how spirituality served as a source of comfort and emotional stability. This form of coping helped participants remain hopeful and resilient despite challenges, reinforcing their ability to endure difficult circumstances.

Participants also demonstrated personal coping strategies, which included acceptance of their situation, positive thinking, self-motivation, and ignoring negative social judgments. The expression “Kaya ko ini” reflects a strong internal affirmation of resilience. Many participants intentionally chose not to dwell on criticism from others and instead focused on managing their responsibilities. These cognitive and emotional strategies allowed them to maintain

psychological stability and continue functioning despite adversity.

Finally, a dominant theme across all narratives was child-centered motivation, where the child served as the primary source of inspiration and purpose. The statement “Ang baby ko an inspiration ko” was commonly reflected in participants’ accounts. The presence of the child motivated adolescent mothers to persevere, seek better opportunities, and endure challenges associated with early motherhood. This shift in focus from self-oriented goals to child-centered responsibilities significantly contributed to their adaptation process.

Overall, the findings demonstrate that adaptation to motherhood among adolescent mothers is facilitated by a combination of strong family involvement, partner and extended family support, accessible healthcare services, spiritual faith, personal coping

strategies, and child-centered motivation. These interconnected support systems and coping mechanisms enable adolescent mothers to gradually adjust to their new roles, manage emotional and practical challenges, and develop a sense of stability and resilience in early motherhood.

***How adolescent mothers construct resilience and derive meaning from their experiences***

Table 4 presents the processes through which adolescent mothers construct resilience and derive meaning from their lived experiences of early motherhood. The findings indicate that resilience is not an innate trait but a dynamic process shaped by personal growth, social relationships, shifting identities, and future-oriented thinking. Through continuous adaptation to challenges, adolescent mothers gradually reinterpret their experiences, transforming adversity into motivation for self-improvement and long-term planning.

**Table 4. Resilience and Transformation Through Motherhood**

Theme	Subthemes	Evidence
<b>Development of Responsibility</b>	Increased accountability and caregiving	"Natutunan ko maging responsible."
<b>Maturity and Personal Growth</b>	Improved decision-making and emotional growth	"Kailangan ko na maging matured."
<b>Appreciation of Parents</b>	Recognition of parental sacrifices and advice	"Magbati sa magurang. Tama sila."
<b>Future Orientation</b>	Educational aspirations and long-term planning	"Mas tinaasan ko an pangarap ko."
<b>Child as Motivation</b>	Desire to provide a better future	"Para sa batit ko."
<b>Identity Reconstruction</b>	Transition from adolescent to mother	"Di na ako daraga."
<b>Resilience Amid Adversity</b>	Perseverance despite stigma and hardship	"Kakayanon ko po."

A key aspect of resilience construction is the development of responsibility, where participants described a heightened sense of accountability following the birth of their child. Many expressed that motherhood compelled them to become more disciplined, attentive, and committed to caregiving roles. The statement “Natutunan ko maging responsible” reflects this shift toward increased responsibility. This transformation indicates that adolescent mothers begin to redefine their priorities, placing greater emphasis on fulfilling maternal duties over previous adolescent behaviors.

Closely related to this is maturity and personal growth, where participants reported improvements in emotional regulation, decision-making, and overall life perspective. The transition to motherhood required them to confront real-life consequences and adopt more mature ways of thinking. One participant expressed this change clearly in the statement “Kailangan ko na maging matured.” These narratives suggest that early motherhood accelerates psychosocial development, pushing adolescent mothers toward adult-like roles and responsibilities earlier than expected.

Another important dimension is the appreciation of parents and family relationships. Many participants reflected on their experiences by recognizing the sacrifices, guidance, and support provided by their parents. The statement “Magbati sa magurang. Tama sila.” illustrates this realization and acknowledgment of parental advice that was previously disregarded. This shift in perception indicates that motherhood fosters reflection and emotional reconciliation with family members, strengthening familial bonds and improving interpersonal understanding.

The findings also highlight a strong future orientation, where adolescent mothers begin to reconstruct their life goals and aspirations. Despite early pregnancy, many participants expressed determination to pursue education and improve their socioeconomic status. The statement “Mas tinaasan ko an pangarap ko” reflects renewed ambition and motivation to achieve better life outcomes for themselves and their children. This forward-looking perspective is a critical component of resilience, as it enables participants to move beyond immediate challenges and focus on long-term improvement.

A dominant theme across all narratives is the child as motivation, where the child becomes the central source of meaning and purpose. Participants consistently expressed a desire to provide a better future for their children, as reflected in the statement “Para sa bata ko.” This child-centered motivation serves as a powerful psychological anchor that drives resilience, perseverance, and sustained effort despite adversity. It also reshapes identity and reinforces commitment to positive behavioral change.

The study further reveals identity reconstruction, where participants transition from viewing themselves as adolescents to embracing their roles as mothers. The statement “Di na ako daraga” signifies a clear shift in self-perception and social identity. This transformation reflects the internalization of motherhood as a defining life status, influencing behavior, responsibilities, and decision-making processes. Identity reconstruction is therefore a central mechanism through which meaning is derived from early motherhood experiences.

Finally, resilience is demonstrated through perseverance amid adversity, where participants express determination to endure challenges despite stigma, financial difficulty, and emotional stress. The statement “Kakayanon ko po” reflects a strong sense of endurance and self-efficacy. This resilience is shaped by both internal coping strategies and external support systems, enabling adolescent mothers to navigate difficult circumstances while maintaining hope for the future.

Adolescent mothers construct resilience through a multidimensional process involving responsibility formation, emotional maturation, redefinition of family relationships, future-oriented thinking, child-centered motivation, identity transformation, and perseverance. These processes collectively enable them to derive meaning from their experiences, transforming early motherhood from a perceived crisis into a catalyst for personal growth and a reorientation of life.

#### IV. CONCLUSION & RECOMMENDATION

This study concludes that adolescent pregnancy is a multifaceted phenomenon shaped by the interaction of behavioral, social, familial, and informational factors, which collectively contribute to early pregnancy among adolescent girls. The lived experiences of adolescent mothers reveal that pregnancy is accompanied by significant psychosocial, educational, and economic challenges, including fear, anxiety, stigma, interrupted education, and financial dependency. However, despite these difficulties, adolescent mothers demonstrate the capacity to adapt through strong family and partner support, healthcare services, spiritual coping, and personal resilience. Over time, these experiences lead to profound personal transformation, where adolescent mothers reconstruct their identities, develop a stronger sense of responsibility, and derive meaning from motherhood through a child-centered sense of purpose and future-oriented aspirations.

Based on the findings, it is recommended that schools, families, healthcare providers, and local government units collaborate in strengthening comprehensive adolescent reproductive health programs. Schools

should enhance sexuality education through skills-based and value-oriented learning that goes beyond knowledge dissemination to include decision-making, self-management, and relationship education. Families should be empowered through parenting programs that promote open communication, emotional support, and active involvement in guiding adolescents. Health centers should expand youth-friendly services that include counseling, prenatal education, mental health support, and accessible reproductive health services for adolescents. Community-level interventions should address stigma reduction and strengthen protective environments through awareness campaigns and structured youth engagement programs. Finally, targeted support programs for adolescent mothers, including educational reintegration, livelihood assistance, and psychosocial support groups, should be institutionalized to promote sustained well-being and long-term resilience.

#### REFERENCES

- [1] Chandra-Mouli, V., Lane, C., & Wong, S. (2019). What does not work in adolescent sexual and reproductive health: A review of evidence on interventions commonly accepted as best practices. *Global Health: Science and Practice*, 7(3), 343–355. <https://doi.org/10.9745/GHSP-D-19-00126>
- [2] Habito, C. M., Morgan, A., & Vaughan, C. (2021). Early union, “disgrasya,” and prior adversity and disadvantage: Pathways to adolescent pregnancy among Filipino youth. *Reproductive Health*, 18(1), 115.
- [3] Habito, C. M., Vaughan, C., & Morgan, A. (2019). Adolescent sexual initiation and pregnancy: What more can be learned through further analysis of the demographic and health surveys in the Philippines? *BMC Public Health*, 19(1), 1086.
- [4] Kim, J., Huh, J., & Yoo, S.-S. (2023). Implementation of reproductive health education in a Filipino city: A case study. *International Journal of Educational Development*, 100, 102778.
- [5] Laurito, A. A. (2023). Pattern of neonatal outcome of NICU admissions born to teenage pregnant women admitted in a Level-1 Government Hospital from January 2016 to December 2016 (p. 2023.02.15.23286000). medRxiv-Health Policy.
- [6] Lorenzo, J., Gultia, A., & Murga, M. (2023). We are open-minded but not liberated: Using human-centered design to hear teenage voices in the Philippines. *Population Medicine*, 5(April).
- [7] Mantilla, A. F. D., Aquino, D. J., Castillo, J. L., Magadan, D. F., Meneses, K. N., & U’Ren, J. A. (2023). How to strengthen the role of community engagement on the surge of teenage pregnancy in the Philippines. *SSRN Electronic Journal*.
- [8] Maravilla, J. C., Betts, K. S., & Alati, R. (2018). Trends in repeated pregnancy among adolescents in the Philippines from 1993 to 2013. *Reproductive Health*, 15(1), 190.
- [9] Mercer, R. T. (2004). Becoming a mother versus maternal role attainment. *Journal of Nursing Scholarship*, 36(3), 226–232. <https://doi.org/10.1111/j.1547-5069.2004.04042.x>
- [10] Mollborn, S. (2019). *Teenage mothers today: What we know and how it matters*. Oxford University Press.
- [11] Monterona, A. D. (2020). Young ones having younger ones: Adolescent mothers’ repeated pregnancy experiences in the Philippines. *Simulacra*, 3(2), 8666.
- [12] Naria-Maritana, M. J. N., & Torres-Ticzon, V.-M. F. (2022). Factors associated with obstetric and perinatal outcomes among pregnant teen/adolescent Filipino 13–19 years old in a tertiary hospital. *Acta Medica Philippina*, 56(15).
- [13] Okunogbe, A., Meekins, M., Saalim, K., Conti-Lopez, M. A., Benabaye, R. M., Mendoza, O. M., Julio, R., Stan, L., & Bisson, C. (2023). Utilization of adolescent health services during the COVID-19 pandemic: Evidence on impact and adaptations from a rapid assessment survey in the Philippines. *BMC Public Health*, 23(1), 478.
- [14] Pepito, V. C. F., Amit, A. M. L., Tang, C. S., Co, L. M. B., Aliazas, N. A. K., De Los Reyes, S. J., Baquiran, R. S., & Tanchanco, L. B. S. (2021). Factors associated with pregnancy among Filipino women aged 15–19: Results from the 2017 Philippine National Demographic and Health Survey.

- [15] Pepito, V. C. F., Amit, A. M. L., Tang, C. S., Co, L. M. B., Aliazas, N. A. K., De Los Reyes, S. J., Baquiran, R. S., & Tanchanco, L. B. S. (2022). Exposure to family planning messages and teenage pregnancy: Results from the 2017 Philippine National Demographic and Health Survey. *Reproductive Health*, 19(1), 256.
- [16] Rahmawati, I., & Murtaqib, M. (2024). Efforts to deal with the impact of adolescent pregnancy through a holistic approach: A literature review. *Nursing and Health Sciences Journal*, 4(1), 329.
- [17] Salvador, J. M. G., Santos, C. B. T., Tolentino, A. E., & Punzalan, M. (2025). Teenage pregnancy prevention and adolescent health: A community-based public health program in Mindanao, Philippines. *Asian Journal of Public Health Practice*.
- [18] SmithBattle, L. (2020). Reducing the stigmatization of teen mothers. *MCN: The American Journal of Maternal/Child Nursing*, 45(3), 153–158.
- [19] Sy, A. D. R., dela Luna, K. L. G., Malimban, R. C., Estadilla, J. O. H., Maglinab, J. M., Jeon, J., & Ji, H. (2024). Perceived needs and recommendations on adolescent pregnancy-related services in the Philippines. *Journal of Education and Health Promotion*, 13(1), 81.
- [20] Tabei, K., Cuisia-Cruz, E. S. S., Smith, C., & Seposo, X. (2021). Association between teenage pregnancy and family factors: An analysis of the Philippine National Demographic and Health Survey 2017. *Healthcare*, 9(12), 1720.
- [21] Tejada, J. A. M. (2023). Academic performance and issues of pregnant students: Basis for an intervention plan. *AIDE Interdisciplinary Research Journal*.
- [22] UNICEF. (2021). Early childbearing and teenage pregnancy. <https://www.unicef.org>
- [23] United Nations Population Fund. (2022). Motherhood in childhood: Facing the challenge of adolescent pregnancy. UNFPA. <https://www.unfpa.org>
- [24] Ventanilla, V. M., & Villaruel, J. P. (2022a). Batang ina: Family communication patterns and teenage pregnancies among Filipino youth.
- [25] Ventanilla, V. M., & Villaruel, J. P. (2022b). Family communication patterns and teenage pregnancies among Filipino youth. *Asean Social Work Journal*, 10(1), 10.
- [26] World Health Organization. (2020). Adolescent pregnancy. <https://www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy>
- [27] Zamora, L. D., Galingana, M. P., Gonzaga, P. M. D., Manalang, M. Y. D., Marayag, J. Q., Natividad, A. M. S., Ong, F. A. C., & Petines, A. R. (2023). Teenager's knowledge and perspectives on teenage pregnancy at selected barangay of Echague Isabela Philippines. *International Journal of Advanced Research in Science Communication and Technology*, 3(7), 17–28.