

Psychosocial and Socioeconomic Factors of Adolescent Pregnancy in Daraga, Albay, Philippines: Policy Implications

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Abstract— Adolescent pregnancy remains a significant public health and development concern, particularly in communities where young people face socioeconomic limitations, psychosocial vulnerabilities, and restricted access to reproductive health support. This study examined the psychosocial and socioeconomic factors of adolescent pregnancy in Daraga, Albay, Philippines, and identified policy implications for local intervention. A descriptive-correlational research design was used among 59 adolescent respondents aged 10–19 years who had experienced pregnancy. Data were gathered using a researcher-made questionnaire assessing socio-demographic profile, socioeconomic factors, and psychosocial factors, including social, cultural, emotional, and psychological dimensions. Descriptive statistics, weighted mean, and Spearman’s rank-order correlation were used for data analysis. Findings showed that most respondents were aged 18–19 years, at the senior high school level, first-time mothers, and from households earning below ₱10,000 monthly. Socioeconomic, social, and cultural factors were rated neutral, while emotional and psychological factors were rated agree, indicating stronger perceived influence. Correlation results revealed no significant relationship between respondents’ profile and their perceived psychosocial and socioeconomic factors. The study concludes that adolescent pregnancy in Daraga, Albay, is shaped by shared community conditions and psychosocial experiences, highlighting the need for integrated reproductive health education, youth-friendly services, emotional support, and family-centered interventions.

Keywords— adolescent pregnancy, psychosocial factors, socioeconomic factors, reproductive health, policy implications.

I. INTRODUCTION

Adolescent pregnancy remains a major public health, social, educational, and developmental concern across the world. It refers to pregnancy among girls aged 10 to 19 years, a developmental period marked by rapid physical, emotional, psychological, and social changes. While adolescence is expected to be a stage of learning, identity formation, and preparation for adulthood, pregnancy during this period often disrupts the normal developmental process and exposes young mothers to multiple health and social risks. The World Health Organization (2023) identifies adolescent pregnancy as a global concern because it is associated with adverse maternal and neonatal outcomes, school interruption, social stigma, reduced economic opportunities, and long-term vulnerability. Although international efforts have contributed to reductions in adolescent birth rates in some settings, the problem remains persistent, especially in low- and middle-

income countries where poverty, limited access to reproductive health services, inadequate sexual education, and gender inequality continue to affect adolescents’ reproductive choices.

Globally, adolescent pregnancy is closely connected with inequality. Adolescents from poor households, rural communities, and families with limited educational resources are more likely to experience early pregnancy compared with their more advantaged peers. The World Health Organization (2024) emphasized that adolescent pregnancy tends to be higher among girls with low educational attainment and low economic status. Similarly, the United Nations Population Fund (2023) explained that adolescent pregnancy is often not the result of deliberate and fully informed choice, but rather the outcome of multiple disadvantages, including lack of access to education, lack of reproductive health

information and services, early union, sexual violence, and limited autonomy. These conditions restrict adolescents' capacity to make informed decisions about their bodies, relationships, and future. Thus, adolescent pregnancy should not be understood only as an individual problem, but also as a reflection of broader structural, social, and economic conditions that shape young people's lives.

The health consequences of adolescent pregnancy are also significant. Adolescents face higher risks during pregnancy and childbirth because their bodies may not yet be fully prepared for pregnancy-related demands. The World Health Organization (2023) reported that complications related to pregnancy and childbirth are among the leading causes of death among girls aged 15 to 19 years. Adolescent mothers are at greater risk of anemia, preeclampsia, eclampsia, preterm delivery, and other complications, while their infants are more likely to experience low birth weight, preterm birth, and neonatal complications. UNICEF (2024) similarly emphasized that early childbearing can negatively affect adolescent girls' health, education, livelihood, and social status. These risks become more serious when adolescents have limited access to prenatal care, skilled birth attendance, postnatal services, and adolescent-friendly health facilities. Therefore, adolescent pregnancy requires strong preventive and supportive interventions that protect both young mothers and their children.

Beyond health, adolescent pregnancy has long-term social and economic consequences. Pregnancy during adolescence may force girls to stop schooling, limit their chances of entering higher education, reduce employment opportunities, and increase dependence on family members or partners. UNFPA (2022) described adolescent pregnancy as a development issue because it can reinforce cycles of poverty, exclusion, and gender inequality. Plan International (2023) also noted that adolescent pregnancy can reduce a girl's future opportunities and increase her vulnerability to social judgment, economic hardship, and dependence. When adolescents are unable to continue their education, they may face limited livelihood options, which can affect not only their own future but also the well-being of their children. In this

sense, adolescent pregnancy has intergenerational implications, as poverty and reduced opportunities may continue from young mothers to their children.

Studies have shown that adolescent pregnancy is influenced by multiple and interacting factors. Abate et al. (2025), in an umbrella review of systematic reviews and meta-analyses, identified low socioeconomic status, rural residence, history of abuse, early marriage, and non-use of contraceptives as important determinants of adolescent pregnancy. Poudel et al. (2023), in a pooled analysis of South Asian data, found that lower socioeconomic status, low exposure to reproductive health information, and limited awareness of family planning were associated with adolescent pregnancy. Alukagberie et al. (2023) likewise emphasized that adolescent pregnancy is multidimensional and linked to education, wealth, reproductive health policies, and access to public health interventions. These findings suggest that adolescent pregnancy cannot be fully explained by a single factor. Instead, it emerges from the interaction of socioeconomic, psychosocial, cultural, familial, and behavioral conditions.

Psychosocial factors are especially important in understanding adolescent pregnancy. Adolescents are influenced by peers, romantic relationships, family communication, emotional needs, self-esteem, stress, trauma, and mental health conditions. The decision to enter or maintain relationships may be shaped by the need for affection, belonging, acceptance, comfort, or emotional support. When adolescents experience loneliness, emotional stress, poor family communication, or pressure from peers, they may become more vulnerable to early sexual relationships and unintended pregnancy. Diez et al. (2024) identified social risk factors and consequences of early pregnancy, emphasizing that adolescent pregnancy is not only related to material disadvantage but also to emotional vulnerability, limited support systems, and social pressures. Similarly, Sy et al. (2024) highlighted the need to understand the perceived needs of adolescents, families, and communities in developing pregnancy-related services in the Philippines. These studies underscore the importance of examining

psychosocial factors alongside socioeconomic conditions.

In the Philippines, adolescent pregnancy remains a continuing concern despite existing laws, policies, and programs on reproductive health. The Commission on Population and Development (2022) reported that adolescent fertility remains an important population and development issue in the country. The Philippine government enacted Republic Act No. 10354, or the Responsible Parenthood and Reproductive Health Act of 2012, to ensure access to reproductive health services, family planning, maternal care, and age-appropriate reproductive health education. Republic Act No. 7610 also reinforces the protection of children against abuse, exploitation, and discrimination. Despite these legal safeguards, adolescent pregnancy persists, suggesting challenges in implementation, access, awareness, and cultural acceptability. Barriers such as stigma, limited youth-friendly services, insufficient parent-child communication, and uneven reproductive health education may prevent adolescents from receiving the support and information they need.

Filipino studies further show that adolescent pregnancy is shaped by both structural and personal pathways. Habito, Morgan, and Vaughan (2021) found that early union, “disgrasya,” prior adversity, and disadvantage contribute to adolescent pregnancy among Filipino youth. Their findings suggest that adolescent pregnancy in the Philippines is often linked to poverty, limited life choices, social expectations, and unequal power relations.

These conditions may be worsened by limited access to comprehensive sexuality education and youth-friendly reproductive health services. Sy et al. (2024) also emphasized that adolescent pregnancy-related services in the Philippines should be responsive to the needs of adolescents and families, taking into consideration community perceptions, gender sensitivity, and available support systems.

This reinforces the need for localized studies that examine how adolescents perceive the factors associated with pregnancy in their own communities.

The present study is situated in Daraga, Albay, a municipality where adolescent pregnancy remains a relevant concern for public health, education, and local governance. As a locality with both urban and rural characteristics, Daraga reflects social and economic conditions that may influence adolescents’ access to education, health services, family support, and reproductive health information. Adolescents in low-income households may experience financial limitations that affect schooling and access to services, while social and emotional concerns may influence their relationships and decisions. Although national laws and health programs provide policy direction, local data are necessary to understand the specific conditions affecting adolescents in the municipality. The findings of this study can therefore provide evidence for strengthening local reproductive health programs, improving youth-friendly services, enhancing family and school-based interventions, and developing policy implications that respond to the actual needs of adolescents in Daraga, Albay.

Specifically, this study aimed to determine the psychosocial and socioeconomic factors of adolescent pregnancy in Daraga, Albay, Philippines, and their policy implications. It sought to: (1) describe the socio-demographic profile of the respondents in terms of age, educational attainment, gravida, and estimated monthly income; (2) assess the respondents’ perceptions of socioeconomic factors associated with adolescent pregnancy; (3) assess the respondents’ perceptions of psychosocial factors, including social, cultural, emotional, and psychological factors associated with adolescent pregnancy; (4) determine the significant relationship between the respondents’ socio-demographic profile and their perceived psychosocial and socioeconomic factors; and (5) formulate policy implications that may help reduce adolescent pregnancy in Daraga, Albay.

II. METHODOLOGY

This study employed a descriptive-correlational research design to examine the psychosocial and socioeconomic factors of adolescent pregnancy in Daraga, Albay, Philippines. The design was appropriate in describing the socio-demographic characteristics of the respondents and determining the

relationship between their profile and the perceived factors associated with adolescent pregnancy. The respondents were female adolescents aged 10 to 19 years who experienced pregnancy in the top three barangays with recorded adolescent pregnancy cases in Daraga, Albay for the years 2024 and 2025. A probability sampling approach through total enumeration was used; however, the final sample included only those respondents who consented and were successfully reached during the data collection period.

Data were collected using a researcher-made questionnaire composed of two parts. The first part gathered the respondents' socio-demographic profile, including age, educational attainment, gravida, and estimated monthly income. The second part assessed the factors associated with adolescent pregnancy, categorized into socioeconomic and psychosocial domains. The socioeconomic domain referred to economic factors, while the psychosocial domain included social, cultural, emotional, and psychological factors. Prior to data collection, permission was secured from the Mayor's Office, Municipal Health Office, and the barangay officials of the selected barangays. Respondents were informed of the purpose of the study, the voluntary nature of participation, and the confidentiality of their responses. For minor respondents, parental or guardian consent was obtained before administering the questionnaire.

The gathered data were encoded, tabulated, and analyzed using descriptive and inferential statistics. Frequency counts and percentages were used to describe the socio-demographic profile of the

respondents. Weighted means were computed to determine the respondents' level of agreement with the socioeconomic and psychosocial factors associated with adolescent pregnancy, using the following scale: 4.21–5.00 for Strongly Agree, 3.41–4.20 for Agree, 2.61–3.40 for Neutral, 1.81–2.60 for Disagree, and 1.00–1.80 for Strongly Disagree. Spearman's Rank-Order Correlation was used to determine the relationship between the respondents' profile and the perceived psychosocial and socioeconomic factors. Ethical standards were observed throughout the study by ensuring voluntary participation, informed consent, confidentiality, anonymity, and the respondents' right to withdraw at any time without penalty.

III. RESULTS

Socio-demographic profile of the respondents

Table 1 presents the socio-demographic profile of the 59 adolescent respondents in terms of age, educational attainment, gravida, and estimated monthly income. The findings show that most respondents were in late adolescence, particularly those aged 18–19 years old, who accounted for 32 respondents or 54.2% of the total sample. This was followed by those aged 15–17 years old with 24 respondents or 40.7%, while only 3 respondents or 5.1% belonged to the 10–14 age group. This indicates that adolescent pregnancy in the study area was more common among older adolescents. This may be attributed to greater exposure to romantic relationships, increased independence, and more opportunities for social interaction during late adolescence. However, the presence of pregnant adolescents aged 10–14 years remains a serious concern because pregnancy at a very young age carries greater health, emotional, and social risks.

Table 1. Socio-demographic profile of adolescent respondents

Profile	Category	f	%
Age	10–14 years old	3	5.1
	15–17 years old	24	40.7
	18–19 years old	32	54.2
Educational Attainment	College level	6	8.5
	Elementary level	8	13.6
	Junior High School	18	30.5
	Senior High School	27	47.5
Gravida	1	48	81.4

	2	10	16.9
	3 or more	1	1.7
Estimated Monthly Income	₱10,001–₱20,000	7	11.9
	₱20,001–₱30,000	1	1.7
	Below ₱10,000	51	86.4
	Total	59	100.0

In terms of educational attainment, the largest proportion of respondents were at the senior high school level, comprising 27 respondents or 47.5%. This was followed by junior high school level with 18 respondents or 30.5%, elementary level with 8 respondents or 13.6%, and college level with 6 respondents or 8.5%. These findings suggest that many respondents were still in the process of completing basic education when pregnancy occurred. Adolescent pregnancy may therefore interrupt schooling, delay academic progress, or limit opportunities for higher education and future employment. The relatively small number of respondents who reached college level may also suggest that early pregnancy and related socioeconomic challenges can affect educational continuity and advancement.

With regard to gravida, most respondents were first-time pregnant adolescents, with 48 respondents or 81.4% classified as gravida 1. Meanwhile, 10 respondents or 16.9% had been pregnant twice, and 1 respondent or 1.7% had three or more pregnancies. This finding indicates that adolescent pregnancy in the study was mostly experienced as a first pregnancy. However, the presence of repeat pregnancies among some respondents suggests gaps in reproductive health education, family planning access, and post-pregnancy counseling. Repeat pregnancy during adolescence may further increase the risk of school discontinuation, economic dependence, and adverse maternal and child health outcomes.

In terms of estimated monthly income, the majority of respondents came from low-income households, with 51 respondents or 86.4% reporting a monthly income below ₱10,000. Only 7 respondents or 11.9% belonged to households earning ₱10,001–₱20,000, while 1 respondent or 1.7% reported an income of ₱20,001–₱30,000. This shows that adolescent

pregnancy in the study was largely concentrated among economically disadvantaged respondents. Limited household income may restrict access to education, health services, nutrition, and reproductive health information. It may also increase adolescents' vulnerability to dependency, early relationships, and reduced life opportunities. Overall, the profile of the respondents suggests that adolescent pregnancy in Daraga, Albay is closely situated within conditions of educational vulnerability and economic disadvantage.

These findings are consistent with existing literature showing that adolescent pregnancy is commonly associated with poverty, limited educational attainment, and social vulnerability. The World Health Organization (2023, 2024) identifies adolescent pregnancy as both a health and development concern, particularly among girls with fewer educational and economic opportunities. UNFPA (2022, 2023) similarly emphasized that adolescent pregnancy can disrupt schooling, reduce future employment prospects, and contribute to cycles of poverty. In the Philippine context, the Commission on Population and Development (2022) reported that adolescent fertility remains a continuing concern, especially among vulnerable groups. Habito, Morgan, and Vaughan (2021) also found that adolescent pregnancy among Filipino youth is shaped by early union, prior adversity, and social disadvantage. Similarly, Poudel et al. (2023), Alukagberie et al. (2023), and Abate et al. (2025) identified low socioeconomic status, lower educational attainment, and limited access to reproductive health information and services as important factors associated with adolescent pregnancy. These studies support the present findings that adolescent pregnancy is not only a biological event but also a social, educational, and economic issue requiring integrated policy and program interventions.

Psychosocial and socioeconomic factors associated with adolescent

Table 2A presents the respondents' perception of socioeconomic factors associated with adolescent pregnancy in Daraga, Albay. The overall mean score of 3.35, interpreted as neutral, indicates that

respondents neither strongly agree nor disagree on the extent to which socioeconomic conditions influence adolescent pregnancy. This suggests mixed perceptions among adolescents regarding the role of economic circumstances in shaping early pregnancy outcomes.

Table 2A. Respondents' perception of socioeconomic factors associated with adolescent pregnancy

Statements	Mean	Interpretation
1. Our household income is sufficient to meet daily needs.	3.64	Agree
2. My parents or guardians have stable employment.	3.15	Neutral
3. I have easy access to health services when needed.	3.59	Agree
4. My parents/guardians have attained a good level of education.	2.95	Neutral
5. Our living conditions are comfortable and safe.	3.71	Agree
6. Money problems cause stress for me.	3.34	Neutral
7. I have limited access to health services because of financial reasons.	3.17	Neutral
8. Poverty can influence adolescents to get pregnant early.	2.95	Neutral
9. Lack of money makes it hard for me to continue my education.	3.59	Agree
10. Some adolescents enter relationships because of financial support.	3.36	Agree
Overall Mean	3.35	Neutral

The respondents agreed that their household income is sufficient to meet daily needs (M=3.64), that they have access to health services when needed (M=3.59), and that their living conditions are safe and comfortable (M=3.71). These findings suggest that many respondents do not experience severe deprivation in their immediate environment. In addition, they also agreed that lack of money affects their education (M=3.59) and that some adolescents enter relationships for financial support (M=3.36). This indicates that while basic needs may be met, financial limitations still influence educational continuity and relationship decisions.

On the other hand, respondents expressed neutral perceptions regarding parental employment stability (M=3.15), parental educational attainment (M=2.95), financial stress (M=3.34), limited access to health services due to financial reasons (M=3.17), and the direct role of poverty in early pregnancy (M=2.95). These neutral responses suggest variability in lived socioeconomic experiences and a lack of strong consensus among respondents on how directly poverty contributes to adolescent pregnancy. Overall, the findings imply that socioeconomic conditions are acknowledged but not perceived as the most dominant

or direct influence on adolescent pregnancy in the study area.

The findings are supported by several studies highlighting the role of socioeconomic disadvantage in adolescent pregnancy. The World Health Organization (2023) and UNFPA (2023) emphasize that adolescent pregnancy is more prevalent among populations with limited economic opportunities and restricted access to reproductive health services. The Commission on Population and Development (2022) similarly reports that adolescent fertility in the Philippines remains higher among economically vulnerable groups. Furthermore, Abate et al. (2025) identified low socioeconomic status, poverty, and limited education as key determinants of adolescent pregnancy. Poudel et al. (2023) also found that household wealth and economic disadvantage significantly influence early pregnancy among adolescents, while Alukagberie et al. (2023) stressed that poverty and limited educational opportunities are strongly associated with adolescent pregnancy. These studies collectively support the present findings that socioeconomic conditions play a role in adolescent pregnancy, although their influence may interact with psychosocial and behavioral factors rather than operate in isolation.

Table 2B presents the respondents' perception of social factors associated with adolescent pregnancy in Daraga, Albay. The overall mean score of 3.28, interpreted as neutral, indicates that respondents neither strongly agree nor disagree that social factors contribute to adolescent pregnancy. This suggests that the respondents have mixed perceptions regarding the role of peer influence, parental supervision, family communication, romantic relationships, media exposure, and parental guidance in adolescent pregnancy.

Among the social indicators, respondents agreed that they are influenced by their peers in making important

decisions (M=3.41), can openly communicate with their family about personal matters (M=3.64), and find it hard to talk to their parents about relationships and sex (M=3.42).

These findings show that while adolescents may experience general openness within the family, communication about sensitive topics such as sexuality and romantic relationships remains difficult. The agreement on peer influence also suggests that peers may play an important role in shaping adolescent choices and behaviors, especially during a developmental stage when acceptance and belonging are important.

Table 2B. Respondents' perception of social factors associated with adolescent pregnancy

Statements	Mean	Interpretation
1. I am influenced by my peers in making important decisions.	3.41	Agree
2. My parents or guardians closely supervise my activities.	3.34	Neutral
3. I can openly communicate with my family about personal matters.	3.64	Agree
4. I am currently in or have had romantic relationships that influence my decisions.	3.39	Neutral
5. Media affects my views on relationships and behavior.	3.16	Neutral
6. I find it hard to talk to my parents about relationships and sex.	3.42	Agree
7. I feel pressure from my peers to have a boyfriend or girlfriend.	3.31	Neutral
8. Seeing other adolescents get pregnant affects my thinking.	3.17	Neutral
9. The people around me influence my decisions.	3.10	Neutral
10. Lack of parental guidance affects my behavior.	2.90	Neutral
Overall Mean	3.28	Neutral

Meanwhile, respondents gave neutral responses on parental supervision (M=3.34), romantic relationships influencing their decisions (M=3.39), media influence on relationships and behavior (M=3.16), peer pressure to have a boyfriend or girlfriend (M=3.31), seeing other adolescents become pregnant (M=3.17), influence of people around them (M=3.10), and lack of parental guidance affecting behavior (M=2.90). These neutral ratings suggest that social influences are not experienced uniformly by all respondents. Some adolescents may be strongly affected by peers, relationships, family dynamics, or media, while others may not clearly recognize these as direct influences on adolescent pregnancy. Overall, the findings imply that social factors are present but are perceived in varied ways, highlighting the need to strengthen family

communication, peer education, and adolescent guidance programs.

These findings are supported by existing literature emphasizing the role of family, peers, and community environments in adolescent pregnancy. The World Health Organization (2023) notes that adolescent pregnancy is influenced by social conditions, including limited access to sexuality education and reproductive health information. UNFPA (2023) also emphasizes that adolescent pregnancy is often linked to inadequate information, lack of supportive services, early relationships, and social vulnerability. Habito, Morgan, and Vaughan (2021) found that adolescent pregnancy among Filipino youth is shaped by pathways involving early union, prior adversity, and social disadvantage. Sy et al. (2024) further

highlighted the need for adolescent pregnancy-related services in the Philippines that respond to the perceived needs of adolescents, families, and communities. Similarly, Diez et al. (2024) identified social consequences and contextual risk factors as important dimensions of early pregnancy. These studies support the present findings that social factors may influence adolescent pregnancy, particularly through peer influence, communication gaps, and limited guidance on relationships and sexuality.

Table 2C presents the respondents' perception of cultural factors associated with adolescent pregnancy in Daraga, Albay. The overall mean score of 3.16, interpreted as neutral, indicates that respondents neither strongly agree nor disagree that cultural beliefs, traditions, and community norms are associated with adolescent pregnancy. This suggests that cultural factors may be present in the community, but their influence is not strongly or consistently perceived by the respondents.

All indicators under cultural factors were interpreted as neutral. These include the acceptability of early marriage in the community (M=3.14), avoidance of open discussion about sexual topics (M=3.03), male dominance in household decision-making (M=3.03), religious beliefs discouraging contraceptive use (M=3.19), and general community acceptance of

adolescent pregnancy (M=3.24). Respondents also gave neutral ratings to the influence of cultural beliefs on relationships (M=3.24), the cultural non-acceptance of talking about sex (M=2.98), cultural beliefs affecting pregnancy decisions (M=3.27), cultural beliefs affecting the treatment of pregnant adolescents (M=3.32), and culture influencing views about marriage and pregnancy (M=3.12). These results imply that respondents may not strongly identify culture as a direct factor in adolescent pregnancy, or they may have varied experiences of cultural expectations within their families and communities.

The neutral responses may also indicate that cultural influences are less visible or less openly acknowledged by adolescents, especially when compared with more personal factors such as emotions, stress, relationships, and decision-making. Although the respondents did not strongly agree that cultural factors contribute to adolescent pregnancy, the presence of neutral scores across all items still suggests that cultural norms may indirectly shape adolescent behavior. For instance, silence around sexual topics, religious hesitation about contraceptive use, and traditional views on gender roles may limit adolescents' access to accurate reproductive health information and open guidance. Therefore, culturally sensitive health education and community dialogue remain important in addressing adolescent pregnancy.

Table 2C. Respondents' perception of cultural factors associated with adolescent pregnancy

Statements	Mean	Interpretation
1. In our community, early marriage is considered acceptable.	3.14	Neutral
2. People in our community avoid discussing sexual topics openly.	3.03	Neutral
3. Men are usually the major decision-makers in the household.	3.03	Neutral
4. Religious beliefs discourage the use of contraceptives.	3.19	Neutral
5. Adolescent pregnancy is generally accepted in our community.	3.24	Neutral
6. Cultural beliefs influence how I view relationships.	3.24	Neutral
7. Talking about sex is not openly accepted in our culture.	2.98	Neutral
8. Cultural beliefs affect decisions about pregnancy.	3.27	Neutral
9. Cultural beliefs affect how adolescents are treated when pregnant.	3.32	Neutral
10. Culture influences my views about marriage and pregnancy.	3.12	Neutral
Overall Mean	3.16	Neutral

These findings are supported by literature showing that culture and social norms can influence adolescent pregnancy, even when adolescents may not directly

recognize their effects. The World Health Organization (2023) emphasizes that adolescent pregnancy is affected by limited sexuality education,

gender norms, and barriers to reproductive health services. UNFPA (2023) similarly notes that early pregnancy is often linked to limited reproductive autonomy, early marriage, gender inequality, and lack of access to information and services. Habito, Morgan, and Vaughan (2021) found that Filipino adolescent pregnancy is shaped by early union, social disadvantage, and culturally embedded experiences such as “disgrasya.” Sy et al. (2024) also highlighted the importance of community perceptions and culturally responsive services in addressing adolescent pregnancy in the Philippines. Likewise, Diez et al. (2024) identified cultural and social contexts as relevant risk factors and consequences of early pregnancy. These studies support the present findings

that cultural factors may influence adolescent pregnancy indirectly through norms on sexuality, gender roles, family expectations, and reproductive health decision-making.

Table 2D presents the respondents’ perception of emotional factors associated with adolescent pregnancy in Daraga, Albay. The overall mean score of 3.44, interpreted as agree, indicates that respondents generally recognize emotional factors as associated with adolescent pregnancy. This suggests that emotional experiences such as affection, loneliness, stress, acceptance, and the need for comfort may influence adolescent behavior and decision-making related to relationships and pregnancy.

Table 2D. Respondents’ perception of emotional factors associated with adolescent pregnancy

Statements	Mean	Interpretation
1. I have high self-esteem and confidence in myself.	3.68	Agree
2. I receive enough affection and attention from my family or peers.	3.59	Agree
3. I generally do not feel lonely or isolated.	3.31	Neutral
4. I tend to act impulsively without thinking of consequences.	3.27	Neutral
5. I receive emotional support when facing difficulties.	3.27	Neutral
6. I sometimes feel lonely.	3.50	Agree
7. I enter relationships to feel loved or accepted.	3.49	Agree
8. I feel emotional stress in my daily life.	3.46	Agree
9. Problems at home affect my emotions.	3.39	Neutral
10. I seek comfort from others when I feel sad or stressed.	3.44	Agree
Overall Mean	3.44	Agree

Among the indicators, respondents agreed that they have high self-esteem and confidence in themselves (M=3.68), receive enough affection and attention from family or peers (M=3.59), sometimes feel lonely (M=3.50), enter relationships to feel loved or accepted (M=3.49), experience emotional stress in daily life (M=3.46), and seek comfort from others when feeling sad or stressed (M=3.44). These findings show that adolescents may experience both positive and vulnerable emotional states. While self-esteem and affection are present, feelings of loneliness, emotional stress, and the desire to feel loved or accepted may still influence their involvement in relationships. This indicates that emotional needs can become an important factor in adolescent decision-making, particularly when adolescents seek belonging, validation, or emotional support.

Meanwhile, respondents gave neutral ratings to not feeling lonely or isolated (M=3.31), acting impulsively without thinking of consequences (M=3.27), receiving emotional support when facing difficulties (M=3.27), and problems at home affecting emotions (M=3.39). These neutral responses suggest that emotional experiences vary among respondents. Some adolescents may have adequate support systems, while others may still experience emotional instability, impulsiveness, or family-related stress. Overall, the findings imply that emotional factors are perceived as more influential than some external factors, emphasizing the need for emotional guidance, counseling services, and adolescent mental health support.

These findings are supported by studies emphasizing the emotional and psychosocial dimensions of adolescent pregnancy. The World Health Organization (2023) recognizes adolescent pregnancy as a public health concern linked not only to physical risks but also to social and emotional vulnerabilities. UNFPA (2023) notes that adolescent pregnancy often occurs in contexts where girls have limited power, support, and access to information, making them more vulnerable to early relationships and unintended pregnancy. Habito, Morgan, and Vaughan (2021) found that prior adversity and disadvantage shape pathways to adolescent pregnancy among Filipino youth. Sy et al. (2024) also emphasized the need for adolescent pregnancy-related services in the Philippines that address the emotional and social needs of young people and their families. Similarly, Diez et al. (2024) identified emotional vulnerability, social consequences, and limited support systems as relevant factors in early pregnancy. These studies support the present findings that emotional needs, stress, loneliness, and the search for acceptance may contribute to adolescent pregnancy and should be addressed through youth-centered interventions.

Table 2E presents the respondents' perception of psychological factors associated with adolescent pregnancy in Daraga, Albay. The overall mean score

Table 2E. Respondents' perception of psychological factors associated with adolescent pregnancy

Statements	Mean	Interpretation
1. I have sufficient knowledge about reproductive health.	3.58	Agree
2. I am capable of making responsible decisions about my life.	3.66	Agree
3. I engage in risk-taking behaviors.	3.25	Neutral
4. I have clear goals and plans for my future.	3.66	Agree
5. I have experienced trauma or stress that affects my decisions.	3.46	Agree
6. I sometimes doubt myself and my abilities.	4.19	Neutral
7. I feel stressed about my future.	3.56	Agree
8. My mental and emotional state affects my decisions.	3.47	Agree
9. I feel pressured to fit in with others.	3.47	Agree
10. Feelings of insecurity can influence me to seek early relationships.	3.10	Neutral
Overall Mean	3.54	Agree

Meanwhile, respondents gave neutral ratings to engaging in risk-taking behaviors (M=3.25), doubting themselves and their abilities (M=4.19), and feelings of insecurity influencing them to seek early

of 3.54, interpreted as agree, indicates that respondents generally recognize psychological factors as associated with adolescent pregnancy. This suggests that cognitive, mental, and behavioral aspects such as reproductive health knowledge, decision-making ability, stress, trauma, peer pressure, and emotional state may influence adolescent choices related to relationships and pregnancy.

Among the indicators, respondents agreed that they have sufficient knowledge about reproductive health (M=3.58), are capable of making responsible decisions about life (M=3.66), and have clear goals and plans for the future (M=3.66).

These results show that many respondents perceive themselves as knowledgeable, goal-oriented, and capable of responsible decision-making.

However, respondents also agreed that they have experienced trauma or stress that affects their decisions (M=3.46), feel stressed about their future (M=3.56), believe that their mental and emotional state affects their decisions (M=3.47), and feel pressured to fit in with others (M=3.47). These findings indicate that even when adolescents possess knowledge and aspirations, psychological pressures may still affect their behavior and decision-making.

relationships (M=3.10). Although these items were interpreted as neutral, they still suggest the presence of varied psychological experiences among the respondents. Some adolescents may be more resilient

and confident, while others may experience self-doubt, insecurity, stress, or pressure that could make them more vulnerable to early relationships and pregnancy. Overall, the results suggest that psychological factors are important in understanding adolescent pregnancy, particularly because decision-making during adolescence may be affected by stress, trauma, emotional instability, peer pressure, and the desire for acceptance.

These findings are supported by literature emphasizing that adolescent pregnancy is influenced not only by social and economic conditions but also by psychological and behavioral factors. The World Health Organization (2023) recognizes adolescent pregnancy as a public health concern shaped by limited access to reproductive health information, social vulnerability, and developmental challenges. UNFPA (2023) highlights that adolescent girls often face limited power in making reproductive decisions, making psychological readiness and support essential. Habito, Morgan, and Vaughan (2021) found that prior adversity and disadvantage contribute to pathways leading to adolescent pregnancy among Filipino youth. Sy et al. (2024) also emphasized the need for adolescent pregnancy-related services in the Philippines that respond to adolescents' emotional, psychological, and social needs. Similarly, Diez et al. (2024) identified risk factors and social consequences

of early pregnancy, including vulnerabilities linked to limited support, emotional strain, and adolescent decision-making. These studies support the present findings that psychological factors such as stress, trauma, pressure, and mental-emotional state are relevant in understanding adolescent pregnancy and should be addressed through counseling, mental health support, reproductive health education, and youth-centered interventions.

Relationship between the respondents' socio-demographic profile and their perceived psychosocial and socioeconomic factors associated with adolescent pregnancy

Table 3A presents the relationship between respondents' socio-demographic profile and their perception of socioeconomic factors associated with adolescent pregnancy in Daraga, Albay.

The results show that all computed p-values for age ($p = .858$), educational attainment ($p = .051$), gravida ($p = .699$), and estimated monthly income ($p = .818$) were greater than 0.05.

This indicates that there is no statistically significant relationship between the respondents' socio-demographic profile and their perception of socioeconomic factors associated with adolescent pregnancy. Therefore, the null hypothesis is accepted.

Table 3A. Relationship between respondents' profile and socioeconomic factor

Profile Variables	r	p-value	Interpretation
Age	.024	.858	Not Significant
Educational Attainment	-0.117	.051	Not Significant
Gravida	0.051	.699	Not Significant
Estimated Monthly Income	-0.031	.818	Not Significant

The findings imply that respondents tend to share similar perceptions of socioeconomic factors regardless of their age, educational background, pregnancy history, or income level. This suggests that views on socioeconomic conditions influencing adolescent pregnancy are relatively uniform across different demographic groups. It further indicates that perception of economic-related issues such as income, access to services, and financial limitations is not

strongly shaped by individual socio-demographic differences among respondents in the study area.

The absence of significant relationships suggests that socioeconomic perceptions are influenced more by shared community experiences rather than individual characteristics. This means that adolescents, regardless of their background, may experience similar environmental and social conditions that shape how they view economic factors related to adolescent pregnancy.

These findings are supported by existing literature emphasizing that adolescent pregnancy is a multifactorial issue shaped by broader structural and contextual conditions rather than individual demographics alone. The World Health Organization (2023) highlights that adolescent pregnancy is strongly influenced by structural determinants such as poverty, education access, and health service availability. Similarly, UNFPA (2023) notes that adolescent pregnancy is driven by systemic inequalities that affect adolescents across different social groups. In the Philippine context, the Commission on Population and Development (2022) reports that adolescent fertility is influenced by widespread socioeconomic barriers that cut across demographic categories. Habito, Morgan, and Vaughan (2021) further explain that pathways to adolescent pregnancy among Filipino youth are shaped by shared structural disadvantages rather than isolated personal characteristics. Likewise, Poudel et al. (2023) and Alukagberie et al. (2023) found that while socioeconomic status is a key determinant of adolescent pregnancy, its effects are generally

consistent across groups, reinforcing the idea that broader environmental and structural factors play a stronger role than individual demographic differences.

These studies support the present findings that socio-demographic characteristics do not significantly influence adolescents' perceptions of socioeconomic factors associated with adolescent pregnancy.

Table 3B presents the relationship between respondents' socio-demographic profile and their perception of social factors associated with adolescent pregnancy in Daraga, Albay.

The results show that all computed p-values for age ($p = .237$), educational attainment ($p = .628$), gravida ($p = .147$), and estimated monthly income ($p = .130$) were greater than 0.05. This indicates that there is no statistically significant relationship between the respondents' socio-demographic profile and their perception of social factors associated with adolescent pregnancy. Therefore, the null hypothesis is accepted.

Table 3B. Relationship between respondents' profile and social factor

Profile Variables	r	p-value	Interpretation
Age	.156	.237	Not Significant
Educational Attainment	.066	.628	Not Significant
Gravida	.191	.147	Not Significant
Estimated Monthly Income	.199	.130	Not Significant

The findings imply that the respondents' perceptions of social factors do not significantly differ according to age, educational attainment, number of pregnancies, or monthly income. This suggests that social influences such as peer pressure, family communication, parental guidance, romantic relationships, and media exposure may be commonly experienced by adolescents regardless of their personal background. In this sense, social factors associated with adolescent pregnancy appear to be shared concerns across the respondent group rather than issues limited to a specific demographic category.

to similar peer groups, family expectations, media influences, and norms surrounding relationships and sexuality. This highlights the importance of community-wide and school-based interventions that address social influences among all adolescents, rather than focusing only on particular age, income, or educational groups.

Overall, the absence of significant relationships indicates that social perceptions related to adolescent pregnancy may be shaped more by the broader social environment than by individual profile characteristics. Adolescents in the same community may be exposed

These findings are supported by studies showing that adolescent pregnancy is influenced by shared social and community contexts. The World Health Organization (2023) emphasizes that adolescent pregnancy is associated with limited access to sexuality education, social vulnerability, and barriers to reproductive health services. UNFPA (2023) also explains that adolescent pregnancy often occurs within social conditions where young people lack adequate support, information, and autonomy. Habito, Morgan,

and Vaughan (2021) found that Filipino adolescent pregnancy is shaped by social disadvantage, early union, and prior adversity, indicating that social conditions can affect adolescents broadly. Sy et al. (2024) further emphasized that adolescent pregnancy-related services in the Philippines should consider the needs of adolescents, families, and communities. Likewise, Diez et al. (2024) identified social risk factors and consequences of early pregnancy, including family, peer, and community influences. These studies support the present findings that social factors are relevant to adolescent pregnancy but may operate as shared community-level influences rather than factors that vary significantly by respondents' demographic profiles.

Table 3C presents the relationship between respondents' socio-demographic profile and their perception of cultural factors associated with adolescent pregnancy in Daraga, Albay.

The results show that all computed p-values for age ($p = .838$), educational attainment ($p = .160$), gravida ($p = .915$), and estimated monthly income ($p = .832$) were greater than 0.05.

This indicates that there is no statistically significant relationship between the respondents' socio-demographic profile and their perception of cultural factors associated with adolescent pregnancy. Therefore, the null hypothesis is accepted.

Table 3C. Relationship between respondents' profile and cultural factor

Profile Variables	r	p-value	Interpretation
Age	-.027	.838	Not Significant
Educational Attainment	-.190	.160	Not Significant
Gravida	.014	.915	Not Significant
Estimated Monthly Income	.028	.832	Not Significant

The findings imply that respondents' perceptions of cultural factors do not significantly vary according to age, educational attainment, number of pregnancies, or monthly income. This suggests that beliefs and norms related to early marriage, gender roles, contraceptive use, sexuality, and community acceptance of adolescent pregnancy may be similarly perceived across different groups of respondents. In this study, cultural views appear to be shared within the community rather than strongly influenced by individual demographic differences.

pregnant adolescents regardless of their age, educational level, gravida, or income status.

Overall, the absence of significant relationships indicates that cultural perceptions may be shaped more by the broader community environment than by personal characteristics. Adolescents living in the same locality may be exposed to similar cultural expectations, religious beliefs, family traditions, and social norms regarding sexuality, relationships, and pregnancy. This highlights the need for community-based, culturally sensitive interventions that promote open discussion of reproductive health, gender-responsive education, and supportive treatment of

These findings are supported by literature showing that cultural and community norms influence adolescent pregnancy at a broader social level. The World Health Organization (2023) emphasizes that adolescent pregnancy is shaped by gender norms, limited sexuality education, and barriers to reproductive health services. UNFPA (2023) similarly identifies early marriage, gender inequality, and limited reproductive autonomy as important cultural and social contributors to adolescent pregnancy. Habito, Morgan, and Vaughan (2021) found that Filipino youth experience pathways to adolescent pregnancy shaped by early union, prior adversity, and the culturally embedded concept of "disgrasya." Sy et al. (2024) also emphasized the importance of understanding community perceptions and designing culturally responsive adolescent pregnancy-related services in the Philippines. Likewise, Diez et al. (2024) identified cultural expectations, social norms, and limited support systems as relevant risk factors and consequences of early pregnancy. These studies

support the present findings that cultural factors may operate as shared community-level influences rather than factors that significantly differ according to respondents' demographic profiles.

Table 3D presents the relationship between respondents' socio-demographic profile and their perception of emotional factors associated with adolescent pregnancy in Daraga, Albay.

Table 3D. Relationship between respondents' profile and emotional factor

Profile Variables	r	p-value	Interpretation
Age	-.069	.601	Not Significant
Educational Attainment	.076	.573	Not Significant
Gravida	.245	.062	Not Significant
Estimated Monthly Income	.096	.470	Not Significant

The findings imply that respondents' perceptions of emotional factors do not significantly differ according to age, educational attainment, number of pregnancies, or monthly income. This suggests that emotional experiences such as loneliness, stress, desire for affection, need for acceptance, and seeking comfort may be common among adolescent respondents regardless of their personal background. Although gravida showed the highest correlation value among the profile variables ($r = .245$), its p-value of .062 remains above the 0.05 level of significance; therefore, it is still interpreted as not significant.

Overall, the absence of significant relationships suggests that emotional factors associated with adolescent pregnancy may be shared across respondents rather than limited to specific demographic groups. Adolescents in different age brackets, educational levels, pregnancy histories, and income groups may experience similar emotional concerns that influence their relationships and decision-making. These findings highlight the importance of emotional support programs, school-based counseling, adolescent mental health services, and family-centered interventions that are inclusive and accessible to all adolescents.

These findings are supported by literature emphasizing that adolescent pregnancy is shaped by emotional and

The results show that all computed p-values for age ($p = .601$), educational attainment ($p = .573$), gravida ($p = .062$), and estimated monthly income ($p = .470$) were greater than 0.05.

This indicates that there is no statistically significant relationship between the respondents' socio-demographic profile and their perception of emotional factors associated with adolescent pregnancy. Therefore, the null hypothesis is accepted.

psychosocial vulnerabilities that may cut across demographic characteristics. The World Health Organization (2023) recognizes adolescent pregnancy as a health and development concern influenced by social, emotional, and reproductive health vulnerabilities. UNFPA (2023) explains that adolescent girls often experience limited support and autonomy, which may affect their relationship choices and reproductive decisions. Habito, Morgan, and Vaughan (2021) found that prior adversity and disadvantage shape pathways to adolescent pregnancy among Filipino youth, suggesting that emotional and social vulnerabilities are important in understanding early pregnancy. Sy et al. (2024) also emphasized the need for adolescent pregnancy-related services in the Philippines that address emotional, family, and community needs. Similarly, Diez et al. (2024) identified emotional vulnerability, limited support systems, and social consequences as relevant issues in early pregnancy. These studies support the present finding that emotional factors are relevant to adolescent pregnancy but may operate broadly across adolescents rather than vary significantly by socio-demographic profile.

Table 3E presents the relationship between respondents' socio-demographic profile and their perception of psychological factors associated with adolescent pregnancy in Daraga, Albay. The results

show that all computed p-values for age ($p = .740$), educational attainment ($p = .871$), gravida ($p = .965$), and estimated monthly income ($p = .906$) were greater than 0.05. This indicates that there is no statistically significant relationship between the respondents' socio-demographic profile and their perception of psychological factors associated with adolescent pregnancy. Therefore, the null hypothesis is accepted.

Table 3E presents the relationship between respondents' socio-demographic profile and their

perception of psychological factors associated with adolescent pregnancy in Daraga, Albay.

The results show that all computed p-values for age ($p = .740$), educational attainment ($p = .871$), gravida ($p = .965$), and estimated monthly income ($p = .906$) were greater than 0.05. This indicates that there is no statistically significant relationship between the respondents' socio-demographic profile and their perception of psychological factors associated with adolescent pregnancy. Therefore, the null hypothesis is accepted.

Table 3E. Relationship between respondents' profile and psychological

Profile Variables	r	p-value	Interpretation
Age	.044	.740	Not Significant
Educational Attainment	-.022	.871	Not Significant
Gravida	.006	.965	Not Significant
Estimated Monthly Income	-.016	.906	Not Significant

The findings imply that respondents' perceptions of psychological factors do not significantly differ according to age, educational attainment, number of pregnancies, or monthly income. This suggests that psychological experiences such as decision-making ability, reproductive health knowledge, stress levels, goal setting, peer pressure, and emotional influences may be commonly experienced across adolescents regardless of their demographic background. Even though adolescents may differ in age, education, income, or gravida, their perceptions of psychological influences appear to remain relatively similar.

The absence of significant relationships indicates that psychological factors associated with adolescent pregnancy are likely shaped by shared developmental and environmental experiences rather than individual socio-demographic differences. Adolescents in the same community may be exposed to similar educational opportunities, peer environments, and social pressures that influence their psychological development and decision-making processes. This highlights the importance of strengthening school-based education, mental health support systems, and reproductive health programs that are accessible to all adolescents.

These findings are supported by literature emphasizing that adolescent pregnancy is influenced by psychological and behavioral factors that cut across demographic groups. The World Health Organization (2023) highlights that adolescent pregnancy is associated with developmental, social, and behavioral vulnerabilities during adolescence. UNFPA (2023) explains that adolescents often face limited autonomy, peer pressure, and emotional challenges that influence reproductive decisions. Habito, Morgan, and Vaughan (2021) found that pathways to adolescent pregnancy among Filipino youth are shaped by prior adversity and social disadvantage, indicating that psychological vulnerability is not limited to specific demographic categories. Sy et al. (2024) further emphasize the importance of addressing adolescents' psychological and emotional needs through responsive health and social services in the Philippines. Similarly, Diez et al. (2024) identified stress, limited support systems, and psychosocial vulnerability as contributing factors to adolescent pregnancy. These studies support the present findings that psychological factors operate broadly across adolescents rather than being significantly influenced by socio-demographic profile differences.

Policy implications based on the findings

Table 4 presents the proposed policy implications to reduce adolescent pregnancy in Daraga, Albay. The policy recommendations were developed based on the findings of the study, particularly the need to address socioeconomic and psychosocial factors associated with adolescent pregnancy. The proposed policies focus on reproductive health education, youth-friendly services, parent-child communication, peer support, and economic assistance. These areas reflect the study findings that adolescent pregnancy is not influenced by a single factor alone but by the interaction of knowledge, emotional needs, social environment, family support, and economic vulnerability.

The Integrated Adolescent Reproductive Health and Empowerment Program aims to reduce adolescent pregnancy by improving reproductive health knowledge, increasing access to youth-friendly health services, and strengthening peer-led support systems. Its key activities include integrating age-appropriate sex education in the school curriculum, conducting seminars and workshops, distributing information and education materials, establishing youth-friendly

corners in health centers, providing counseling and contraceptive services, training health workers, developing peer educators, organizing youth forums, and launching school- and community-based campaigns. These strategies are important because they directly respond to the need for accurate reproductive health information, accessible adolescent health services, and positive peer influence.

The proposed Strengthening Parent-Child Communication Programs focus on promoting open communication within families. Through parenting seminars, family counseling sessions, and communication guide materials, the program seeks to improve parent-adolescent relationships and strengthen parental guidance.

This is essential because adolescents may be able to talk with their families about general personal matters but may still find it difficult to discuss sensitive topics such as relationships, sexuality, and reproductive health. Improving family communication can help adolescents receive proper guidance, emotional support, and values formation.

Table 4. Proposed policy implications to reduce adolescent pregnancy in Daraga, Albay

Proposed Policy	Objectives	Key Activities	Responsible Persons/Agencies	Expected Outcome
Integrated Adolescent Reproductive Health and Empowerment Program	To reduce adolescent pregnancy by enhancing knowledge, improving access to youth-friendly health services, and strengthening peer-led support systems among adolescents.	Integrate age-appropriate sex education in the school curriculum; conduct seminars and workshops among adolescents; distribute IEC materials; establish youth-friendly corners in health centers; provide free counseling and contraceptive services; train healthcare providers on adolescent-friendly services; train peer educators; organize youth forums and support groups; launch school- and community-based youth campaigns.	School administrators, teachers, DOH, DepEd, LGUs, nurses, midwives, youth organizations, schools, and NGOs.	Increased awareness and informed decision-making among adolescents; increased utilization of adolescent health services; positive peer influence and improved adolescent behavior.

Strengthening Parent-Child Communication Programs	To promote open communication within families.	Conduct parenting seminars; organize family counseling sessions; develop communication guide materials.	LGU, social workers, NGOs.	Improved parent-adolescent relationships and guidance.
Economic Support and Livelihood Programs	To reduce economic vulnerability linked to early pregnancy.	Provide livelihood training for families; offer scholarships and financial aid; implement conditional cash transfer programs.	LGU, DSWD, TESDA.	Reduced financial pressure and reduced pregnancy-related risk factors.

The Economic Support and Livelihood Programs aim to reduce economic vulnerability linked to adolescent pregnancy. Proposed activities include livelihood training for families, scholarships and financial aid, and conditional cash transfer programs. These interventions are important because the socio-demographic findings showed that most respondents came from low-income households. Economic support may help reduce financial pressure, improve school retention, and lessen the risk of adolescents entering relationships for financial support. Overall, the proposed policies emphasize a coordinated response involving schools, health offices, local government units, social welfare agencies, youth organizations, and non-government organizations.

These policy implications are supported by existing laws, public health recommendations, and research literature. Republic Act No. 10354, or the Responsible Parenthood and Reproductive Health Act of 2012, supports access to reproductive health education, family planning, and adolescent health services. The Department of Health (2021) emphasizes the importance of health promotion and youth-responsive services, while the Commission on Population and Development (2022) highlights the continuing need to address adolescent fertility in the Philippines. The World Health Organization (2023) and UNFPA (2023) recommend comprehensive sexuality education, access to adolescent-friendly reproductive health services, and protection of adolescents' rights. Habito, Morgan, and Vaughan (2021) stress the need to address poverty, structural inequalities, and access to

reproductive health information among Filipino youth. Sy et al. (2024) also emphasize that adolescent pregnancy-related services in the Philippines should respond to the needs of adolescents, families, and communities. These references support the proposed policies as relevant, evidence-based, and responsive strategies for reducing adolescent pregnancy in Daraga, Albay.

IV. CONCLUSION & RECOMMENDATION

This study concluded that adolescent pregnancy in Daraga, Albay is predominantly experienced by late adolescents aged 18–19 years, most of whom are in senior high school, belong to low-income households, and are primarily first-time mothers. The respondents generally perceived socioeconomic, social, and cultural factors as neutral influences, while emotional and psychological factors were identified as more significant in contributing to adolescent pregnancy. Furthermore, statistical analysis revealed no significant relationship between respondents' socio-demographic profile and their perceptions of psychosocial and socioeconomic factors, indicating that these perceptions are relatively consistent across age, educational attainment, gravida, and income level. Overall, adolescent pregnancy in the study area is shaped more by psychosocial experiences and shared community conditions rather than individual demographic differences, highlighting the need for comprehensive, multi-level interventions.

Based on the findings, it is recommended that the Local Government Unit of Daraga, in collaboration

with the Department of Health and Department of Education, strengthen and fully implement integrated adolescent reproductive health programs that focus on comprehensive sexuality education, accessible youth-friendly health services, and peer education initiatives. Schools should intensify guidance and values formation programs that address emotional and psychological well-being, while also promoting responsible decision-making among adolescents. Parents should be actively engaged through structured parenting seminars and communication enhancement programs to improve openness in discussing sensitive topics such as relationships and reproductive health. Furthermore, livelihood assistance, scholarships, and financial support programs should be expanded to address economic vulnerability among families. Lastly, continuous community-based awareness campaigns should be conducted to reduce stigma, improve knowledge, and support adolescents in making informed and responsible life choices, ultimately contributing to the reduction of adolescent pregnancy in the municipality.

REFERENCES

- [1] Abate, B. B., Sendekie, A. K., Alamaw, A. W., Tegegne, K. M., Kitaw, T. A., Bizuayehu, M. A., Kassaw, A., Yilak, G., Zemariam, A. B., Tilahun, B. D., et al. (2025). Prevalence, determinants, and complications of adolescent pregnancy: An umbrella review of systematic reviews and meta-analyses. *AJOG Global Reports*, 5(1), 100441. <https://doi.org/10.1016/j.xagr.2025.100441>
- [2] Ahinkorah, B. O., Kang, M., Perry, L., Brooks, F., & Hayen, A. (2021). Prevalence of first adolescent pregnancy and its associated factors in sub-Saharan Africa: A multi-country analysis. *PLOS ONE*, 16(2), e0246308. <https://doi.org/10.1371/journal.pone.0246308>
- [3] Alukagberie, M. E., Elmusharaf, K., Ibrahim, N., & Poix, S. (2023). Factors associated with adolescent pregnancy and public health interventions to address in Nigeria: A scoping review. *Reproductive Health*, 20(1), 95. <https://doi.org/10.1186/s12978-023-01629-5>
- [4] Biruk, B. A., Sendekie, A. K., Alamaw, A. W., et al. (2025). Prevalence, determinants, and complications of adolescent pregnancy: An umbrella review. *AJOG Global Reports*, 5(1), 100441. <https://doi.org/10.1016/j.xagr.2025.100441>
- [5] Christofides, N. J., Jewkes, R. K., Dunkle, K. L., Nduna, M., Shai, N. J., & Sterk, C. (2014). Early adolescent pregnancy increases risk of incident HIV infection in the Eastern Cape, South Africa: A longitudinal study. *Journal of the International AIDS Society*, 17(1), 18585. <https://doi.org/10.7448/IAS.17.1.18585>
- [6] Commission on Population and Development. (2022). Adolescent fertility in the Philippines. CPD.
- [7] Department of Health. (2021). National objectives for health Philippines. DOH.
- [8] Diez, E. R., Martínez, C. S., & Muro, P. M. (2024). Risk factors and social consequences of early pregnancy: A systematic review. *SAGE Journals*. <https://doi.org/10.1177/21582440241271324>
- [9] 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), 107. <https://doi.org/10.1186/s12978-021-01163-2>
- [10] Plan International. (2023). Teenage pregnancy. <https://plan-international.org/srhr/teenage-pregnancy/>
- [11] Poudel, S., Dobbins, T., Razee, H., & Akombi-Inyang, B. (2023). Adolescent pregnancy in South Asia: A pooled analysis of demographic and health surveys. *International Journal of Environmental Research and Public Health*, 20(12), 6099. <https://doi.org/10.3390/ijerph20126099>
- [12] Republic of the Philippines. (1992). Republic Act No. 7610: Special protection of children against abuse, exploitation and discrimination act.
- [13] Republic of the Philippines. (2012). Republic Act No. 10354: Responsible Parenthood and Reproductive Health Act of 2012.

- [14] 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, 324. https://doi.org/10.4103/jehp.jehp_2133_23
- [15] United Nations International Children's Emergency Fund. (2024). Early childbearing. <https://data.unicef.org/topic/child-health/early-childbearing/>
- [16] United Nations International Children's Emergency Fund. (2025). Adolescents and young people: Sexual and reproductive health. <https://data.unicef.org/topic/hiv/aids/adolescents-young-people/>
- [17] United Nations Population Fund. (2022). Seeing the unseen: The case for action on adolescent pregnancy. UNFPA.
- [18] United Nations Population Fund. (2023). Adolescent pregnancy. <https://www.unfpa.org/adolescent-pregnancy>
- [19] United Nations. (2015). Transforming our world: The 2030 agenda for sustainable development. <https://sdgs.un.org/2030agenda>
- [20] World Health Organization, UNICEF, UNFPA, World Bank Group, & UNDESA. (2025). Trends in maternal mortality estimates 2000 to 2023. World Health Organization.
- [21] World Health Organization. (2023). Adolescent pregnancy. <https://www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy>