

## Coping Strategies of Young Mothers of the University of Northern Philippines

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### Abstract

*This study aimed to identify the coping strategies of young mothers and pregnant students. Specifically, it determined the respondents' immediate attitude towards pregnancy, the challenges confronting young mothers particularly teenage pregnancy, and the coping strategies to overcome the challenges. This study also tried to identify the existing reproductive health services offered by the university to young mothers.*

*The descriptive method of research was utilized to understand the issues confronting young mothers both at personal and school level. This was conducted during SY 2002-2003 in the University of Northern Philippines, Yigan City. There were 30 respondents who were interviewed and six participants in the one-hour focus group discussion. Content analysis was used. Survey results were tallied and treated using frequency count, percentage and rank.*

*The researchers found out that most of the respondents experienced unplanned or unintended pregnancy and had a feeling of ambivalence towards their condition. The difficulties encountered were mainly financial and emotional in nature. It was also difficult for them to balance the demands of studies and motherhood. All respondents got support from concerned individuals especially their parents. They only suffered rejection at the start but were accepted later. They also found out that the university had no clear policy regarding the provision of reproductive health and guidance services that specifically cater to the needs of young married students. There was a lack of advocacy on reproductive health issues and concerns.*

*Based on the findings of the study, the researchers recommend that more counseling services should be provided to pregnant students to help them overcome emotional crisis and at the same time assure them of social acceptance. A comprehensive program catering to the reproductive health needs of adolescents*

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*should be Initiated in the university. Moreover, the University Clinic should expand its services to include prenatal care and postnatal care, family planning, counseling and other reproductive health services.*

## Rationale

Early initiation into sex and the changing age patterns in marriage are worldwide processes affecting the youth in both developed and developing countries. The Philippines, in particular, is not exempted from these changes. These may be attributed to increased labor force participation of women and inability to find acceptable marriage partners (Caldwell, 1996). The Young Adult Fertility Survey of 1995 found out that more and more adolescents are engaging in premarital sex despite strong cultural barriers about the subject.

University students are particularly affected by this phenomenon of extended adolescence in view of their participation in higher level of learning. However, it must be noted that universities, given the coeducational setup in the campus create an environment conducive to free male-female interaction as well as enhanced opportunities for premarital sex.

With such opportunities comes sexual risk which includes risk of losing virginity, risk of decreased marriagability and risk of unwanted pregnancy (Silva, 1998). The latter is significant considering the upsurge of premarital sex among adolescents as indicated in the Young Adult Fertility Survey of 1995.

Apparently, such phenomenon is also happening at the University of Northern Philippines. It has been observed that many female students are initiated into early motherhood. Pregnancy and childbirth are considered crises by older women. Hence, these experiences become doubly difficult for adolescents.

This scenario led the researchers to look into the various challenges encountered by young mothers as they struggle to attain college education. It is expected that the university offers services and programs that would help these young mothers. Therefore, this study serves as an eye-opener to the fact that pregnant students/young mothers also have reproductive health needs and that support mechanisms are necessary for them to hurdle the difficulties of early motherhood.

## Objectives

This study attempted to determine

1. the respondents' immediate attitude towards pregnancy,
2. the challenges confronting students particularly teenage pregnancy,
3. the coping strategies to overcome challenges, and
4. the existing reproductive health services offered by the university to young mothers.

## Review of Related Literature

With an estimated one billion adolescents alive today, the world is experiencing the largest adolescent population in history. More than half of the world's population is below the age of 25, and four out of five young people live in developing countries (WHO/UNFPA, 1999). The World Health Organization (WHO) defines adolescents as individuals between 10 and 19 years of age. The broader term "youth" encompasses the 15 to 24 year-old age group. Adolescence is a time of tremendous opportunities and changes. It is also a time of heightened vulnerability.

Adolescence is a period when young people develop their adult identity, move toward physical and psychological maturity and become economically independent. While adolescence is a healthy period of life, many adolescents are often less informed, less experienced, and less comfortable in accessing family planning and reproductive health services than adults (PATH/Outlook, 1998). Resistance and hostility from adults are experienced when young people attempt to obtain reproductive health information and services. This puts them at an increased risk of sexually transmitted infections (STIs), HIV, unintended pregnancy, and other health consequences that can adversely affect their future and the future of their communities in the years to come. In addition, gender inequalities, particularly unequal power in relationships, may limit their ability to use contraceptives or seek reproductive health services.

Young people worldwide face social, economic, and health challenges that were unimaginable even a decade ago. While young people's health and educational prospects are improving and marriage and childbearing are occurring at later, more mature stages of life compared with previous generations, some serious concerns remain. Complications of pregnancy, childbirth, and unsafe abortion are the major causes of death of women ages 15-19. Young people ages 15 to 24 have the highest rates of sexually transmitted infections (STIs), including HIV. Statistics on rape suggests that between one-third and two-thirds of rape victims worldwide are 15 years old or younger (PATH, 2000).

The Young Adult Fertility Survey of 1982 conducted nationwide by the UP Population Institute covering the age group of 15-24 found out that despite the growing and compulsory nature of population education in public schools, only half of the respondents claimed to have received population education. Close friends were identified as the most common sources of family planning information. Most of the subjects experienced their first sexual encounter after quitting school. Moreover, 12% of the sexually **active women** used contraceptives either during their first or more recent sex encounter. A large number of students were found to be contraceptive users. Lastly, 30% of the sexually active women had premarital pregnancies and the interval between first **sex** and marriage was longer among those who had premaritally conceived their first pregnancies in comparison with women who had first conceptions occurring within marriage (Women's Health I, 1994),

A related study was conducted in 1963, which showed that sexual information was gained principally from pornographic literature, movies, television and friends (Guerrero, Women's Health I, 1994).

Attitudes toward premarital intercourse have also undergone marked changes, particularly among young people. PATH, 2000 cited four standards for premarital coitus: abstinence, i.e. premarital intercourse is considered wrong for both males and females regardless of the circumstances; permissiveness with affection which is premarital intercourse that is permissible for both males and females if it occurs in the context of a stable relationship that involves love, commitment, or being engaged; permissiveness without affection which is sex that is permissible for both males and females, regardless of emotional commitment or simply on the basis of physical attraction; and double standard which means premarital intercourse is acceptable for males but not for females and may either be orthodox. The double standard holds regardless of the couple's relationship or transition where sex is considered **acceptable** for the woman if she is in love or if she is engaged.

In the Philippines, the prevailing standard has been either abstinence or double standard. However, today, particularly among young people, the standard is one of permissiveness with affection.

Many adolescents are sexually active. Each year, approximately **1** million give birth accounting for up to one-fifth of all births worldwide (UNFPA, 1997). In the developing world, about 40% of women **give birth** before the age of 20 compared to 10% only in developed regions. In the United States, however, 19% of adolescent women give birth by age 20.

Giving birth always carries potential health risks but the risks of childbearing are greater for young women. Adolescents are more likely to experience obstructed delivery, prolonged labor, and difficult deliveries that can

result to **long** complications, hemorrhage, or death if the women do not have access to medical care. Young women's frequently limited knowledge and lack of confidence in **assessing the health system** result in limited prenatal care and **also contribute** significantly to complications (Mothercare Matters, 1995).

Early **pregnancy** may be **softly** suctioned **for** young married **adolescents who maybe expected to prove** their **frilly**, **but doksens fce** health risks associated with **early pregnancy** regardless of their marital status. **Pregnancy that occur** before **adolescents are** fully developed also **poss** significant risks **in** infants, including injuries, lower birth weight, and lower chance of infant survival (Alaudin and MacLaren, 1999).

In developing countries, approximately 60% of **pregnancies** and births to married and unmarried **adolescents are** unintended (ICRWV, 1996). Unplanned births can lead to emotional distress **and** economic hardship. If the young woman is unmarried, she may also **face** disapproval from **the** community. **Pregnant stunts** in developing countries often seek abortion to avoid expulsion from school (Zabin and Kirgu, 1998).

Each year, 1 million to 4.4 million adolescents in developing countries undergo abortion, and most of these are **performed** under unsafe conditions (PRB, CPO, 1994). **In** countries where abortion is illegal or restricted by age, young women may seek an illegal provider who may be unskilled or may **practice under unsanitary conditions**. **Unsafe** abortion represents a high proportion of the **mortality** among **adolescents** (PATH, Outlook, 1998).

**In** addition to the reduction of **health** risks in early unintended **pregnancy**, postponing adolescent **childbearing** has benefits for **women** and society. Young women who delay the birth of their first child until after **adolescence** have greater opportunities to acquire the education and skills necessary for raising a **family and competing** **successfully** in the job market. Increased education is strongly associated with young **women's** **postponement of marriage and childbearing until after her adolescent years**.

The reproductive health behavior of **adolescents** is changing affecting the ability to plan for their future. This **calls for** reproductive health programs **that** would provide information and services enabling adolescents to develop **positive and adaptive** behavior. Such programs would help them make decisions and manage the challenges **in** their lives.

The growing incidence of premarital **sex** and unintended pregnancy in the Philippines is a **manifestation** of the growing need **for** school and community based intervention programs. A more aggressive approach should **be** adapted by

pregnant plnens and adminstrtrors to help adolescents overcome the challenges confronting them.

## Methodology

**Research Design.** The descriptive method of ressrch was utilized in thio study. It was designed to understand ad discover the issues confronting young mothers both at personal and school level and wht the un/verity had been aping to help them surmount such challenges. This was conducted during SY 2002-2003 in the University Northr Philippines, ViG City.

**Subjects and Sample.** Respondents were college students whose ages rge fom 17-24 ad were pregut at tho time of study. Those who experienced pregnancy during their sdckesent years were also inckded. There were 3\$ respondents for the survey and sh participants ia the focus group discussion. They came from different admie units of the university. Purposive sampling was used in identifying the respondents.

**Data Gathering Techniques.** An ierview with key informants corwited the data fr the survey. A ope-hour focus **group discussion (FGD)** was also condud to get i-depth information on the coping strategies of respondents. It was also a opportunity for the participants to share their life histories. Tie Guidsce Counsdors of the different units also helped provide data for this swdly.

**Statistical Treatment and Analysis of Data.** Content analysis was employed for the dea gstherd from the POD apd the interview. Survey results were tallied snd tretas using frequency count, **percentage and rank.**

## Discussion of Results

### I. Feauto fros tke Foea Group Deعالon

The FGD was condutd with six (6) sudent respondents from different acaden4is unit; of UNP. Three (3) of them wre pregnantst the time of the study wifs the other three wore done with their first pregnancies. Five participants were already married and one wss single. AAl of them went through unplanned pregnancies tut cwtiwed studying due to their desire to finish college.

## Attitude towards Prepregnancy

All participants got pregnant when they were teenagers. They had to stop schooling for a while to adjust to their new roles as mothers and at the same time settle problems resulting from the unwanted pregnancy. According to them they never expected to become pregnant because the sexual encounter happened only once. They said they were shocked when their menstrual cycle stopped.

The first sexual encounter usually happened at the man's house and it was unexpected. Three participants reported that they were invited to their boyfriends' home to attend a birthday party. After which they were forced to stay. One revealed that she was forced by her boyfriend to have sex with him.

When they first learned about their pregnancy, they had the feeling of denial, fear and confusion. They were still financially dependent on their parents and they knew that their pregnancy could unmake their future. Considering that premarital sex is as taboo in the society, they feared the humiliation that their pregnancy might bring to the family. All of them explained that they only told people about their condition when their pregnancy was already obvious and they could no longer lie about it. The first persons to know of their condition were their boyfriends and their friends except for Glyza whose boyfriend was never informed about her pregnancy. It was usually the case that the parents were the last to know. Two participants considered abortion as a way out.

In a fit voice, Glyza reported that she almost lost her mind when she learned that she was pregnant. She was still studying and her family was not in favor of her boyfriend. Moreover, her father trusted her so much and her pregnancy was the ultimate betrayal of that trust. Her boyfriend was not aware of her pregnancy. She tried to hide her condition by saying in a relative's house. She also considered abortion but she felt guilty about it. Later, she was excited about having a baby,

Jonslyn got pregnant when she was in first year college. Her family was informed of her condition through the Guidance Office. She told the group that her parents brought her to an abortionist (kilos) twice because they were not in favor of her boyfriend. The first visit asked for P4000 as payment. Since they didn't have the money, they looked for another who charged them P200. That time she thought she had enough troubles already so she convinced her parents not to abort the baby anyway everyone in the neighborhood knew about it. So the option was for her to stop attending school and deliver the baby away from the prying eyes of her neighbors. She did not marry her boyfriend but she was optimistic for marriage to happen in the future.

Sonia, Jenny and Myre! had to **many their boyfriends upon** getting pregnant. They were uncertain about the future but they hoped that finishing college would make things better.

### Difficulties **daring Pregnancy**

All participants revealed that their families were **angry at** them in the beginning, but eventually accepted their fate because for them, it was destiny (*gawa*). They continued to support their daughters financially and emotionally. The parents were also worried about the pregnancy and even advised their daughters to take precautions so that the baby would not be affected.

Regarding the relationship with their partners, two had problems because **their** parents were not in favor of the relationship. The other three had caring and supportive partners/husbands.

All of them encountered difficulties in their studies. They narrated that they had a hard time meeting the requirements in school like these, projects and others. They also incurred absences when they suffered from morning sickness and when they went for prenatal checkup. When they reviewed for exams, they said that they could hardly concentrate. They could **not stay** up late at night to study because of too many responsibilities to attend to. Financially, they were still dependent on their parents or in-laws since partners were not yet financially stable.

In school, they never experienced discrimination as a result of their pregnancy. Both classmates and teachers were sympathetic towards them. According to them, it was only in the beginning that they received reprimands but later on everyone became considerate. One opined that this acceptance could be due to the fact that more and more college students are becoming sexually active and get pregnant as a consequence. It is then very normal to be pregnant college student in the campus.

## Results of the Survey

### Attitude towards Pregnancy

Table 1 shows the feelings of the respondents upon **knowing** about their pregnancy.



Table 1. **Feelings** of respondents about their pregnancy

Feelings About Being Pregnant	F	%
Worried	12	40.00
Happy	4	13.33
Confused	4	13.33
Excited	5	16.67
Lost	2	6.67
No Response	3	10.00
Total	30	100.00

Twelve (40%) of the respondents became worried after learning they were pregnant, five (16.67%) became excited, four (13.33%) were happy about their pregnancy, another four (13.33%) were confused while two (6%) felt lost. Ten (10%) chose not to give comments.

The feeling of ambivalence could be explained by the fact that these respondents were still young and were not yet ready to face the challenges of motherhood. Most probably, their pregnancies were unplanned and that they were afraid of the consequences. Aside from the foreseen responsibility of parenting, respondents were concerned about having to stop attending school. On top of all of these was the problem on how to inform their parents about their pregnancy. On the positive side, some respondents were happy and excited because they were pregnant. This made them experience the essence of womanhood. Furthermore, they looked forward to a baby to bind the relationship with their boyfriends.

**Findings) Reactions about Pregnancy.** It can be gleaned from the table that the respondents had mixed feelings about their pregnancy. Eleven (36.67%) were worried about their future. However, some (11) were happy because of the new life in their womb. Eight (8 or 26.67%) were afraid because they were still students and they might stop schooling as a consequence. Although they value education, these respondents had to deal with their unplanned pregnancy. Seven (23.33%) were afraid of how their parents would react to the news of their pregnancy. Three of the respondents regret why they engaged in premarital sex while two were worried about their future in-laws because they did not like them for their sons.

**Table 2. Initial reactions about pregnancy.**

Reactions	Frequency	Percentage (n=30)
Worried about the future	11	36.67
Happy about pregnancy	11	36.67
Afraid	8	26.67
Afraid of parents	7	23.33
Regret	3	10.00
Fear of being disliked by in-laws	2	6.67

Multiple responses

It can be deduced then that the respondents' initial reaction about their pregnancy were mostly negative. While some were happy, there were more who were worried about the consequences of their actions. So at the onset of pregnancy, respondents were saddled with worries that they had to resolve immediately.

**Abortion as an Option.** Considering the mixed feelings that the respondents had about their pregnancy, it was no wonder that majority of them considered abortion as a way out. As shown in Table 3, twenty one (70%) of the respondents considered abortion as an option or a solution to their problem. Only three (10%) did not at all consider aborting the baby. Six (20%) did not respond to the question. This finding affirms the result of the study conducted by ICWS, UP (1994) that the young may resort to abortion because they do not want to accept responsibility for their actions. More often, it is the boy who evades the consequences of premarital sex and leaves the girl to suffer. In the context of school, this means that the girl is not allowed to graduate.

**Table 3. Respondents' stand on abortion as an option.**

Abortion as an Option	Frequency	Percentage
Yes	21	70
No	3	10
No Response	6	20
Total	30	100

### Difficulties Encountered During Pregnancy

**Difficulties in School.** Table 4 shows the difficulties encountered by the respondents in school. Frequent absenteeism due to discomforts of pregnancy was the most common problem as identified by 11 respondents. Other difficulties were shame, difficulty in coping with class requirements, fear

about stopping in school, financial worries, lack of support from family members and fear of ridicule by classmates.

**Table 4. Difficulties encountered by the respondents in school.**

Problems	Frequency	Rank
Frequent absenteeism	11	1
Ashamed of coming to school	7	2
Difficulty in coping with class requirements	6	3
Stop schooling due to pregnancy	5	4
Financial difficulties	4	5
Lack of support	2	6
Ridiculed by classmates	1	7

#### Multiple Responses

The table reveals the sudden transformation in the life of the respondents as a result of their unexpected pregnancy. Bodily discomforts were common during (the first quarter of pregnancy) and the respondents had a hard time coping with the requirements in school. Their situation was further compounded by the stigma attached to getting pregnant because of premarital sex. Such circumstances became additional burdens on their part considering the adjustments they needed with their new status as mothers.

Difficulties at Home. As gleaned in Table 5, 13 respondents experienced family conflict as a result of their unexpected pregnancy. They complained about the frequent naggings and scolding from their parents as well as other members of the family. Considering the standards of morality, family conflict became a natural consequence of an unwanted pregnancy that parents treated them like outcasts.

**Table 5. Difficulties encountered by respondents at home.**

Difficulties	Frequency	Rank
Family conflict	13	1
Financial difficulties	6	3
Shame	8	2
Unsupportive husband/boyfriend	3	4
Depression	2	5.5
None	2	5.5

#### Multiple Responses

The dilemma of other respondents was further compounded by financial difficulties, shame, no support from husband or boyfriend and depression. Only

two respondents did not experience any difficulties at all saying that their condition was readily accepted by the family.

The table above signifies the radical change in the lives of the respondents i.e. from being ordinary adolescents to prospective mothers faced with financial difficulties and the scorn of society. Considering their age, such odds were hard to surmount and they needed every ounce of help from family members. Overcoming such problems could be the first step towards their empowerment.

### Coping Strategies of Young Mothers

Table 6 shows the coping strategies of respondents. Upon learning that they were pregnant, all respondents got financial or emotional support from some concerned individuals. They first sought understanding from the members of the family especially the parents. There were parents who accepted their fate with quiet resignation while other parents hated them at first but eventually accepted their condition. Other concerned individuals identified by the respondents were siblings, grandparents, husband and boyfriends and in-laws who had to help them overcome their problems

**Table 6. Coping Strategies of Respondents**

Strategies	Frequency	Rank
Getting support from concerned individuals	30	1
Getting married	25	3
Being more serious in studies	9	5
Being good and responsible mothers	29	2
Planning for the future	13	4

#### Multiple Responses

Twenty-nine respondents believed that being good and responsible persons helped them in coping from their problems brought by the unplanned pregnancy. Positive thinking was a strategy employed to ease their burdens. Other strategies identified were getting married, planning for the future and giving serious consideration to studies.

The above data further showed that respondents had a positive attitude about their pregnancy. Though initially the pregnancy was considered a mistake, they made efforts to build a future for themselves and their children. In a way, this could be the first step towards their empowerment.

## Reproductive Health Programs Offered by the University of Northern Philippines

The researchers interviewed the guidance counselors of the academic units where the respondents were enrolled. They found out that there were counseling services catering to the needs of pregnant students. However, there were only few who availed of such services. They further revealed that pregnant students only went to the Guidance Office to get pass slips when they incurred absences. Furthermore, records for the different guidance centers never showed pregnancy as one of the reasons for frequent absenteeism.

At the Institute of Nursing and College of Health Sciences, policies have been adopted to deal with student pregnancy. Pregnant students are not allowed to enroll in their clinical practice to safeguard the health of the fetus and the mother from communicable diseases. They are only allowed to enroll after childbirth.

It must be noted then that despite the growing incidence of young pregnancy in the University, there are no specific programs or services designed to address the problem.

The University Clinic does not offer reproductive health services for pregnant students. In an interview with the school nurse, she revealed that pregnant students do not visit the offices for pre-natal check up. She also added that female students are not comfortable when they go for medical check-up because the university has a male doctor/physician. Patient-friendly approaches are therefore needed to fill the gap between medical services and students.

In terms of advocacy, the Center for Gender and Development (CGAD) has no current program on increasing the awareness of high school and college students regarding the need for gender education along reproductive health and rights.

With the dearth of reproductive health services in the University, it is therefore projected that the incidence of unintended pregnancy remains unabated. This phenomenon in the campus continues if the administrators fail to address the issue and do not formulate interventions and programs.

## Conclusions

Students who experience unplanned or unintended pregnancy share a common feeling of ambivalence towards their condition. The difficulties

encountered are mainly financial and emotional in nature. They also find it difficult to balance the demands of studies and motherhood.

Young mothers and pregnant students endeavor to cope with challenges by getting support from concerned individuals such as their parents, siblings, in-laws, boyfriend and other relatives. They only suffer rejection at the start but eventually get support especially from parents.

The university has no clear policy regarding the provision of reproductive health services and guidance services that specifically cater to the needs of young and married students. There is an absence of information and education campaign to combat the increasing rate of teen pregnancy in the campus. The lack of advocacy also contributes to the limited knowledge of students on reproductive health issue.

## Recommendations

1. More counseling services should be provided to pregnant students during the early stage of pregnancy to help them overcome emotional crisis and at the same time assure them of social acceptance. Corollary to this, the OSA should closely monitor the incidence of pregnancy in the campus.
2. A comprehensive program caring to the reproductive health needs of adolescents should be initiated in the university. The program should include the following components: prenatal care services, counseling services, advocacy on reproductive rights, and follow-up health care services.
3. The medical services offered by the University Clinic should also include prenatal care and postnatal care, family planning, counseling and other reproductive health services. To realize this, medical and nursing students should be expected to serve as volunteers in extending such services.

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