

DOI: <http://dx.doi.org/10.33846/hn50701>
<http://heanoti.com/index.php/hn>



RESEARCH ARTICLE

URL of this article: <http://heanoti.com/index.php/hn/article/view/hn50701>

Factors Affecting Teenage Pregnancy at Selected Barangay of Echague Isabela Philippines

Rianne Maie C. Mangaol^{1(CA)}, Edmelyn B. Cacayan², Angelito E. Alvarado³, Precious Anne R. Ramos⁴,
 Johanie A. Samut⁵, Trixie Mae E. Rivera⁶, Maricel A. Ricardo⁷, Jinky R. Sanchez⁸

^{1(CA)} College of Nursing, Clinical Coordinator, Isabela State University, Echague Isabela, Philippines;

riannemaicastillo26@gmail.com (Corresponding Author)

²College of Nursing, Dean, Isabela State University, Echague Isabela, Philippines

³College of Nursing, Research Coordinator, Isabela State University, Echague Isabela, Philippines;

docgel15@gmail.com

⁴College of Nursing, Student Nurse, Isabela State University, Echague Isabela, Philippines;

preciousanneramos66@gmail.com

⁵College of Nursing, Student Nurse, Isabela State University, Echague Isabela, Philippines;

johaniesmt@gmail.com

⁶College of Nursing, Student Nurse, Isabela State University, Echague Isabela, Philippines

⁷College of Nursing, Student Nurse, Isabela State University, Echague Isabela, Philippines

⁸College of Nursing, Student Nurse, Isabela State University, Echague Isabela, Philippines

ABSTRACT

Teenage pregnancy affects many teenagers and become a public health concern. The purpose of this research study is to identify the different environmental factors affecting early pregnancy among teenagers in selected Barangay of Echague Isabela. Descriptive-correlational study was conducted among selected teenagers at barangay X, Y and Z of Echague Isabela through non-probability convenience sampling technique. Questionnaire consist of 4 contributing factors; the economic factor, familial factor, peer-pressure factor and educational factor using the Likert scale. Data were gathered through online platforms and face-to-face. The result of the study reveals that there was no significant relationship between the factors that contribute to teenage pregnancy and their profile age, and educational status where $C > 0.05$ on the analysis. There was no significant difference between the factors that contributed to teenage pregnancy when grouped according to their profile age, and educational status where the analysis shows $F > 0.05$. It indicates that the factors that contribute to teenage pregnancy is not affected by the respondents' age, and their educational status. It served as resources, to increase awareness and may provide information that could be useful for couples, students, health workers, teachers and parents.

Keywords: teenage pregnancy; factors; affects

INTRODUCTION

Adolescence is one of the most crucial staged of a person's growth. This is the time where curiosity, wonders and goals were either triggered or established. In the scope of this stage, adolescents tend to try all things that waivers different factors that basically influences their perspectives in life. Such as, different societal issues are also being affected. One of the most evident nowadays is the population growth brought about by teenage and unwanted pregnancies ⁽¹⁾.

Adolescent or teenage pregnancy is defined as females between the ages of 13-19 who engage in sexual activity and become pregnant either intentionally or unintentionally. Most of the time, these adolescent pregnancies are regarded as selfish, apathetic and immoral by the general population regardless of the teen's intention of getting pregnant. It has been addressed to occur in all societies that greatly contributed to major problems which were influenced by socio-economic factors, discipline, parenting or programs ⁽²⁾. There were approximately 12 million girls aged 13-19 years and less than 800 thousand girls under 13 who gives birth in different developing regions every year and at least 10 million of that are unintended pregnancies ⁽³⁾. Adolescents tend to get involved in this issue because of commonly related socio-economic issues such as poverty, lack of education, misconceptions, curiosity ⁽⁴⁾.

According to the data from Rural Health Unit (RHU) of Echague, a total of 187 teenagers gave birth in the year 2019 and a total of 147 in the year of 2020 in Echague. The researchers added the total population of teenage birth cased in both year 2019 and 2020 and got the top 3 barangays that had highest cased which are the barangay X that had 20 teenage birth cases, barangay Y had 17, and barangay Z had 16 teenage birth cases. Just here in the

Philippines, we were declared as the 13th country with largest population. Our population on January 1, 2015 were roughly 100,730,309 (100.7 million) and teenage pregnancy was distinguished as one of the major causes. The lack of knowledge of teenagers regarding sex education or reproductive health, poverty and peer pressure commonly leads them to engage in premarital sex which causes them to be mothers at a very young age ⁽⁵⁾.

Teenage pregnancy may also be linked to things such as lack of education and information about reproduction, peer pressure and early engagement of sexual activity. Although some teenage pregnancies are intentional, the majority of teenage pregnancies are unintentional and lead to many negative outcomes for the teenage mother, the child as well as other family and peers. Teenage mothers generally do not have the resources to care for a child and often they are not able to sustain healthy habits throughout pregnancy to ensure they produce a healthy baby. These young females often do not complete their education and they begin a perpetual cycle in which their child may further go on to become a teenage parent as well ⁽²⁾.

In some cultures, customs and traditions lead to early marriage which would therefore lead to early pregnancy. In these cases, pregnancy is acceptable and is most often intentional. However, they are occurring in developing countries such as India and Sub-Saharan Africa. In developed countries however, teenage pregnancy is most often unintentional and due to a variety of different reasons. Drugs and alcohol, low socio-economic status, peer pressure and sexual abuse, media influence ⁽⁶⁾.

The Philippines is one of the Asian countries which shares a similar situation. In a study managed by the National Demographic and Health Survey in 2013, one out of each Filipino young women age 15 to 19 has early maternity and impregnated. Therefore, the government in collaboration with the different non-government agencies should make an effort in resolving this topic. Young pregnancies are frequently related to social development issues such as lack of adequate education or knowledge about sex and contraceptives and poverty. This frequently results in single parenthood which organizes conditions that make the mothers irresponsible. Therefore, it brings social disgrace in various nations and cultures. This study would like to emphasize surveying the lived experiences of Filipino teenage mothers in their pre-natal and post-natal stages on how they prepare themselves and accept their new roles as mothers ⁽¹²⁾.

Due to early pregnancy, teen mothers are very likely to drop out of school because of their low ambitions and dedication to getting an education. About 38% of female teens who have a child before the age of 18 complete their high school education by the age of 22. This means that very high percentage of teen mothers will not even go on to graduate from high school let alone pursue post-secondary education. However, the child of a teen mother is very likely to live in poverty because of its mother lack of financial resources. Essentially, the birth of this child became the beginning of a perpetual cycle in many cases. The child is likely to endure many of the same issues its mother did in her childhood. For instance, the child is likely to grow up in poverty and in very poor conditions. They are likely to be missing a father figure, leaving them with fewer role models and increased chances of confiding in other children in the same situation ⁽⁷⁾.

According to Rural Health Unit (RHU) in the Municipality of Echague that barangay X, Y and Z had the highest cases of teenage pregnancy among the entire barangay. The researchers embarked this study to identify and to understand the factors that most affecting teenage pregnancy of selected barangay in Echague, Isabela. And the findings generated on the teenage respondents may serve as basis for the health workers of selected barangays in the development and establishment of interventions that would help young women to avoid early pregnancy.

METHODS

The researchers used a quantitative research, under descriptive-correlational method of research design. The gathered data had assessed the factors influencing on teenage pregnancy of selected barangay of Echague Isabela.

The study was conducted at barangay X, Y and Z of Echague Isabela which according to data from Rural Health Unit (RHU) of Echague Isabela had the highest cases of teenage birth in the year 2019 and 2020 The participants of the study are the selected teenage mothers who was pregnant and gave birth in the year 2019-2020 at barangay X, Y and Z of Echague Isabela. A total of thirty three (33) respondents was selected by the researchers. The researchers used a non-probability sampling method under convenience sampling where all respondents are selected depend on the availability.

Table 1. Mean and qualitative description

Scale	Range	Description
1	1.00 - 1.80	Never
2	1.81 – 2.60	Seldom
3	2.61 – 3.40	Sometimes
4	3.41– 4.20	Often
5	4.21 – 5.00	Always

The researchers planned with all one's might in time, effort, and cooperation in developing the questionnaire to serve its intended teenager respondents of selected barangay. The survey created using suitable

questions modified from several sources like articles and published materials. The survey was comprised of two (2) main parts subdivided into different subparts, first part was the profile of the respondents, second and the last part has four (4) categories; the economic factor, familial factor, educational factor, and peer pressure factor which were the factors that contribute to teenage pregnancy. In the questionnaire, Likert scale will use to determine if the respondent always or never in a state question.

Data Gathering Procedure

The researchers created questionnaire checklists to gather the needed information from selected teenager participants of selected barangay of Echague Isabela. The questionnaire are based from several sources like professional books and published materials related to the study. Preparation of instruments, Questionnaires was the major tool needed for the study in gathering the data. The requirement are the designing of good data collection instrument were considered. For instance, a survey questions about issues related to the researcher's study to accommodate the participant's knowledge preparedness. After professor's approval of the questionnaire and necessary permit for pilot testing, the researchers ask permission to the parents/guardian of the teenage mother to perform interview and secure a consent for confidentiality of the respondents' identity. After the signing of consent, the researchers conducted and float the questionnaire through the help of Barangay Officials by visiting the respondent's houses for face to face interview and online platform for the respondents who are not recently lived from barangay X, Y and Z of Echague Isabela. The tool used were subjected for the accuracy and validity testing of Cronbach's alpha through the assistance of statistician. In addition, the instrument was approved by our adviser and professor before it laid on study.

Statistical Treatment of Data

For the purposed of descriptive statistical analysis, the respondents' profile were analysed by used of frequency, percentage and weighted mean. Pearson's Chi-square C – test was used to determine the significant relationship between the factors that contribute to teenage pregnancy and their profile. Analysis of Variance F – test was used in identifying the significant difference between the factors that contribute to teenage pregnancy when grouped according to their profile.

RESULTS

Profile of the Respondents

The profile of the respondents in terms of Age and Educational Status.

Table 1. Frequency and percentage of the respondents' profile

Profile of the respondents	Frequency	Percentage
Age		
14 years old	1	3
15 years old	3	9
16 years old	4	12
17 years old	5	15
18 years old	7	21
19 years old	8	24
20 years old	5	15
Educational Status		
Currently studying	14	42
Out of School	18	55
Alternative Learning System Student	1	3

Table reveals that most of the respondents 8 or 24 percent are 19 years old. Whereas, 7 or 21 percent are 18 years old; 5 or 15 percent are 17 years old and 20 years old; 4 or 12 percent are 16 years old; 3 or 9 percent are 15 years old and 1 or 3 percent is 14 years old. It implies that majority of the teenage mother are at the legal age.

As gleaned from the data above, majority of the respondents are out of school which comprises of a frequency of 18 or 55 percent. Whereas 14 or 42 percent are currently studying and 1 or 3 percent is an Alternative Learning System student.

Factors that Contribute Teenage Pregnancy

The factors that contribute teenage pregnancy; economic factor, familial factor, educational factor and peer-pressure factor. Table 2 bears the mean and qualitative description of respondents in terms of economic factors. As seen in the table that in terms of economic factors the respondents eat three times a day with the mean 4.76 or described as "Always". Whereas, they posted "often" such as they don't need to go to work so they can go to school; the income of their parents is enough to support them and they are given fair allowance with their

siblings. The overall mean was 4.05 or often which implied that the factors as to economic status has a contributory factor for a student to indulge in teenage pregnancy.

Table 2. Mean and qualitative description of the respondents in terms of economic factor

Economic factor	Mean	Description
1. The income of my parents is enough to support me.	3.82	Often
2. My daily allowance is enough for me.	3.82	Often
3. I don't need to work so I can go to school.	4.03	Often
4. I eat three times a day.	4.76	Always
5. I and my siblings are given fair allowance.	3.82	Often
Mean	4.05	Often

Table 3. Mean and qualitative description of respondents in terms of familial factor

Familial factor	Mean	Description
1. I can see wherever my parents argue.	2.94	Sometime
2. I don't sneak out when my parents do not permit me to. I obey my parents when they do not permit me to.	3.67	Often
3. My parents do not abuse me verbally or physically.	3.79	Often
4. I share my problems with my parents/relatives.	3.61	Often
5. I am not a useless daughter.	4.09	Often
6. My parents support me with my problems or decision-making.	4.12	Often
7. My parents support me with my studies	4.24	Always
8. I'm not scared that my parents will judge me if I tell them about my issues.	3.39	Sometimes
9. My parents always ask me how I've been doing.	3.73	Often
10. I update my family wherever I go or whatever I am doing.	3.64	Often
Mean	3.72	Often

Table 3 shows the mean and description of familial factor of the respondents. Data revealed that the respondents' parents always support them with their studies. Whereas, they often don't sneak out when their parents do not permit them, they obey their parents when they do not permit them; their parents do not abuse them verbally or physically; share their problems with their parents/relatives; they are not useless daughter; their parents support them with their problems or decision-making; their parents often ask them how they've been doing; and they update their family wherever they go or whatever they are doing. Teenage mother sometimes see their parents argue and they are not scared that their parents will judge them if they tell them about their issues.

The overall mean of familial factor as one of the factor contributing to teenage pregnancy was 3.72 which described as "Often". This implied that family plays a vital role by giving a psychosocial support to students, hence preventing the occurrence of teenage pregnancy.

Table 4. Mean and qualitative description of respondents in terms of educational factor

Educational factor	Mean	Description
1. I'm aware of sex education.	3.03	Sometimes
2. I attend seminars symposium regarding sex education.	1.58	Never
3. I use contraceptives when engaging in sexual intercourse.	2.88	Sometimes
4. I know the consequences of premarital sex from the start.	3.00	Sometimes
5. I care about my grades in school.	4.55	Always
6. My teachers teach us regarding reproductive health.	4.27	Always
Mean	3.22	Sometimes

Table 4 exhibits the mean and qualitative description of respondents in terms of educational factor. It could be gleaned on the above data that teenage mothers always care about their grades and their teachers teach them regarding reproductive health. Whereas, they sometimes use contraceptives when engaging in sexual intercourse; aware of sex education and know the consequences of premarital sex from the start. They never attend seminars, symposium regarding sex education.

Table 5 bears the mean and qualitative description of respondents in terms of peer pressure factor. Data shows that in terms of peer pressure the respondents often believed and followed their friends' good advices; their friends teach them to explore about what they curious about; friends encourage them to do the good and existing things they haven't tried that they've already tried; feel good when they do good and existing things with their friends; don't drink alcohol even with their friends; feel the sense of belongingness with their friends; feel comfortable when they open up their problems with their friends; and their friends don't influence them to do a thing that triggers their curiosity. Whereas, the teenage mother sometimes feel outcast when they do not do what they do and they never choose being with their friends than with their parents.

Table 5. Mean and qualitative description of respondents in terms of peer pressure factor

Peer Pressure factor	Mean	Description
1. My friends teach me to explore about what I am curious about	3.82	Often
2. I believe and follow my friends' good advices	3.91	Often
3. My friends encourage me to do the good and existing things I haven't tried that they've already tried	3.70	Often
4. I feel good when I do good and existing things with my friends	3.76	Often
5. I don't drink alcohol even with my friends	3.85	Often
6. I can feel the sense of belongingness with my friends	4.00	Often
7. I feel comfortable when I open up my problems with my friends	3.79	Often
8. I don't feel outcast when I do not do what they do	3.39	Sometimes
9. They don't influence me to do a thing that triggers my curiosity	3.58	Often
10. I rather choose being with my friends that with my parents	1.24	Never
Mean	3.50	Often

Significant Relationship between the Factors that contribute Teenage Pregnancy and their Profile

Table 6. Significant relationship between the factors that contribute to teenage pregnancy and their profile

Profile	Significance Pearson's Chi-square (C)	Analysis	Decision	Remarks
Age	0.811	C > 0.05	Accept Ho	Not significant
Educational status	0.277	C > 0.05	Accept Ho	Not significant

Table 6 shows the significant relationship between the factors that contribute to teenage pregnancy and their profile using Pearson's Chi-square C – test at 0.05 level of significance.

Significant Difference between the Factors that Contribute to Teenage Pregnancy when Grouped According to their Profile

Table 7. Significant difference between the factors that contribute to teenage pregnancy when grouped according to their profile

Profile	Significance (F)	Analysis	Decision	Remarks
Age	0.115	F > 0.05	Accept Ho	Not Significant
Educational Status	0.127	F > 0.05	Accept Ho	Not Significant

Table 7 shows the significant difference between the factors that contribute to teenage pregnancy when grouped according to their profile using Analysis of Variance F – test at 0.05 level of significance.

DISCUSSION

The most of the respondents are at the age of 19 with a frequency of 8 or 24 percent and 7 or 21 percent are 18 years old; 5 or 15 percent are 17 years old and 20 years old; 4 or 12 percent are 16 years old; 3 or 9 percent are 15 years old and 1 or 3 percent is 14 years old. It affirms in the suggestions of Advocates for Youth that “Adolescent mothers are less likely to complete their education and are most likely to face limited career and economic opportunities compared to women whose first child is born after the age of 20. Which is pivotal because the study that “A child whose mother has no education is twice as likely to drop out of school then one whose mother is educated and an estimated one-third of adolescents, who are teen parents, are products of teenage pregnancies⁽⁸⁾.

Majority of the respondents' educational status was out of school with a frequency of 18 or 55 percentage. Whereas 14 or 42 percent are currently studying and 1 or 3 percent is an alternative learning system student.

Factors that Contribute to Teenage Pregnancy at Selected Barangay of Echague, Isabela

Economic Factor

Economic Factor got the highest factor that contributes to teenage pregnancy with an overall mean of 4.05 or described as “Often” by the respondents.

Familial Factor

Respondents were always supported by their parents in their studies with a highest total mean of 4.24. Whereas the respondents sometimes see their parents argue with a mean of 2.94. The overall mean of familial factor as one of the factor that contributes to teenage pregnancy is 3.72 or as described as “Often”. A study reveals

that students did not see their parents as an elevated source of information for sexual health. Approximately one-third of the respondents mistakenly believed that teenagers will never get pregnant during their first sexual encounter. Recommendations include training teachers to provide professional advice, the inclusion of more schools for the survey, further training on other counseling techniques, and extension of advocacy to other pertinent sectors of the community⁽¹³⁾.

Educational Factor

Educational factors determined the respondents as least among the 4 factors that contributes to teenage pregnancy with an overall mean of 3.22 which were categorized as “Sometime”. This was significant because WHO highlights that adolescents have a limited knowledge in engaging to sex⁽³⁾. However in married or unmarried adolescent girls, some pregnancy is accidental and results from experimenting with sexuality or lacking knowledge about how to prevent conception⁽⁷⁾. In addition, the adolescents who engaged in sexual activity, only a few used condoms during sex even those with multiple partners⁽⁹⁾. Furthermore, it was revealed that minimal condom usage during sex by adolescents is probably due to limited knowledge on safe sex, cultural norms, unfriendly environment for condom accessibility, thereby exposing themselves to the risk of contracting sexual transmitted infections including HIV and unwanted pregnancies. However the study was limited because it focuses only to the lack of knowledge regarding to sex. One of the reasons for the rising number of unplanned pregnancies among adolescents is a lack of reliable knowledge on sex education⁽¹⁰⁾.

Peer Pressure Factor

Respondents posted “Often” in peer pressure as a factor that contributes to teenage pregnancy with an overall mean of 3.50.

As revealed in the table 6, the significance C values for all the profile were greater than 0.05. The null hypothesis was accepted. There is no significant relationship between the factors that contribute to teenage pregnancy and their profile age, and educational status. This indicates that the factors that contribute to teenage pregnancy is independent of the respondents’ age, and their educational status. Hence, age and educational status of the respondents did not influence on their being pregnant during their teenage years. The study in Northeast Ethiopia, showed that there is a high prevalence of teenage pregnancy in the area. Age, rural residence, contraceptive nonuse, and parental marital status (divorce) were found to have a statistically significant association with teenage pregnancy⁽¹¹⁾.

As revealed in the table 7, the significance F values for all the profile were greater than 0.05. The null hypothesis was accepted. There is no significant difference between the factors that contribute to teenage pregnancy when grouped according to their profile age, and educational status. This indicates that the the factors that contribute to teenage pregnancy is not affected by the respondents’ age, and their educational status. However, the study in Namibia revealed that, the age at which a teenage girl had her first intercourse, education level, the usage of contraceptives, and home wealth position all had a significant impact on teenage pregnancy. As a result, it is critical for the country to scale up and improve adolescent-friendly health services, particularly in the most afflicted areas. Advocacy and information sharing strategies could include innovative and educational programs in the form of play or movie series aimed at youth⁽¹⁴⁾.

CONCLUSION

This study showed the factors that contributed to teenage pregnancy of Barangay X, Y, Z of Echague Isabela.

The study found in the respondent’s profile that young women aged 18 and 19 are mostly experienced teenage pregnancy and majority of them have stopped attending and dropped out from attending school. In terms of economic factors, the respondents achieved their basic needs in their everyday life. It is because their parents support them and provided their needs. In terms of familial factors, it was found that the respondents can still manage to share and tell their problems from their families. In terms of peer pressure, majority of the respondents answered, it is because they felt more belong to their peers or friends than with their parents. Lastly, in terms of educational factors, the majority of respondents answered sometimes observed. It is because not all the respondents are totally using contraceptives when engaging in sexual intercourse and majority of the respondents do not have enough knowledge or not aware of the consequences regarding premarital sex. It was also showed that the respondents did not attend seminars regarding sex education.

The significant relationship between the factors that contribute teenage pregnancy and their profile resulted that there is no significant relationship between the factors contributed to teenage pregnancy and the respondents’ profile. It means the factors contributed to teenage pregnancy are independent. It also showed in table 8 the respondents’ age and educational status did not influence on their pregnancy during teenage years.

The significant difference between the factors that contribute to teenage pregnancy when grouped according to their profile resulted no significant difference between the profile of the respondents and factors that contributed to teenage pregnancy. It was also shows in table 9 that the factors that contributed to teenage

pregnancy are not affected the respondent's profile. Table 10 shows the weighted mean, qualitative description and rank of the factors that contribute to teenage pregnancy resulted that economic factor ranked 1, familial factor ranked 2, peer pressure factor ranked 3, and educational factor ranked 4 that base on their weighted mean.

The researchers presents the following recommendations for fulfilment.

1. The Local Government Unit of Echague should design a plan of intervention to promote programs that will increase awareness on teenage pregnancy preventive measures in order to lessen the incidence of teenage pregnancies under their custody.
2. Parents and guardians should be involved to attend seminars that will enrich their knowledge on proper handling incidence of teenage pregnancies.
3. Department of Health (DOH), particularly the Rural Health Unit (RHU) of Echague should implement programs regarding teenage.
4. School Guidance counselors and school nurses should work collaboratively in designing an intervention plan to address the needs of students regarding sex education and reproductive health.
5. Sex education should be given emphasis and implement more of Comprehensive Sexuality Program as mandated by RA11166 in K-12 (DepEd) curriculum to increase awareness among students regarding teenage pregnancy to prevent early pregnancy.
6. This study may be used by future researchers as their reference or guide for their research study. The future researchers may also find out some new result that will guide them to have a better research study.

REFERENCES

1. Zaky EA. Adolescence; a crucial transitional stage in human life. *J child adolescent behavior*. 2017.
2. Ogori AF, Yurmsa AR. The Cause and Effect of Teenage Pregnancy: Case of Kontagora Local Government Area in Niger State, Northern Part of Nigeria. 2013.
3. World Health Organization. Adolescent pregnancy [Internet]. 2020 [cited 2020 Jan 31]. Available from: <https://www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy>
4. Hor CV. Teenage pregnancy among today's Filipino youth. Retrieved from *Inquirer*. 2014.
5. Magsino D. More girls aged 10-14 get pregnant in the Philippines-POPCOM [Internet]. 2020 [cited 2020 Feb 14]. Available from: <https://www.gmanetwork.com/news/news/nation/726028/more-girls-aged-10-14-get-pregnant-in-the-philippines-popcom/story/>
6. Domenico DM, Jones K. Adolescent Pregnancy in America: Causes and Responses, *Journal for Vocational Special Needs Education*. 2007;30(1):4-12.
7. Rowbottom S. Giving girls today and tomorrow; breaking the cycle of adolescent pregnancy (1-22). United Nations Population Fund. 2007.
8. Woodward L, Fergusson DM, Horwood LJ. Risk factors and life processes associated with teenage pregnancy: Results of a prospective study from birth to 20 years. *Journal of Marriage & Family*. 2001;63(4):1170-1184.
9. Adogu P, Udigwe I, Udigwe G, Ubajaka C. Review of Problems of Adolescent Sexual Behavior and the Role of Millennium Goals 4, 5 and 6 Nigeria. *International Journal of Clinical Medicine*. 2014;5(15):940.
10. Ioannidi-Kapolou E. Use of contraception and abortion in Greece: A review. *Reproductive Health Matters*, 2004;12(24):174-183.
11. Habitu YA, Yalew A, Bisetegn TA. Prevalence and Factors Associated with Teenage Pregnancy, Northeast Ethiopia, 2017: A Cross-Sectional Study. *Journal of Pregnancy*. 2018.
12. Salvador JT, Sauce BR, Alvarez MO, Rosario AB. The Phenomenon of Teenage Pregnancy in the Philippines. *European Scientific Journal*. 2016.
13. Candelaria ME, Rodriguez MB, Reyes RJ, Tatel AR. Knowledge, Attitude, and Behavior of Teenagers Regarding Sex in the community of Los Banos, Laguna. *Health Policy and Systems Research Issue* 3. 2018.
14. Indongo N. Analysis of Factors Influencing Teenage Pregnancy in Namibia. *Medical Research Archives*; 2020.