

Key informant perspectives on delivering adolescent pregnancy-related services in Eastern Visayas

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ABSTRACT

Teenage pregnancy remains to be a major concern in the health of Filipino adolescents despite the nationwide adoption of sexual and reproductive health policies. However, trends in pregnancies have not changed significantly accompanied by a dearth of studies examining the delivery of such interventions. The current study aimed to examine the experiences and complexities in delivering adolescent-aimed interventions from the lenses of various service providers. A qualitative descriptive study using key informant interviews was conducted in Eastern Visayas. An inductive approach to thematic analysis was adopted with the responses compared and categorized until a more encompassing theme can describe the perspective of the key informants. Fifteen interviews were conducted from the education, health care, leadership, and religious sectors of the community. Three main themes were derived with the first one expressing how perceived predisposing factors to teenage pregnancy influence the manner of delivering services. The

second theme, multi-sectoral responsibility, presented aspects of adolescent services that must be addressed by various agencies to improve service delivery and even raising issues such as access to contraception. The last theme mentioned other aspects of teenage pregnancy that need to be included in the currently implemented programs. The study findings highlight the need to re-establish and improve structures in adolescent service delivery including proper allocation of resources, training and preparing personnel, and improving inter- and intra-agency partnerships. Further research is called for to further examine facilitators and barriers to the delivery of adolescent-aimed programs, and eventually improve social, economic, and health outcomes among the teenage population.

INTRODUCTION

Teenage pregnancy remains to be a major health concern among Filipinos, with the national government declaring adolescent pregnancy as a national social emergency last August 2019 (Romulo 2020). The Philippines has shown a steady increase with teenage pregnancy cases from 6.5% in 1993 and reaching a

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peak at 10% in 2013 (Department of Health 2018). It has been estimated that 9% of women between 15-19 years old have already experienced childbirth, with around a quarter of this percentage attributed to first-time pregnant adolescents (PSA and ICF, 2018). The proposed plans to decrease the rate of teenage pregnancy cases in the country were affected by the extended COVID-19 community restrictions (Romulo 2020).

Maternal death increases by two folds when pregnancy happens between the ages of 15-19 years compared to 20-24 years. Early initiation of pregnancy can also affect the growth and development of the infant (Cunningham et al. 2018). Maternal complications during delivery, obstructed labor, stillbirth, systemic and severe neonatal infections are more common in adolescent pregnancies (Oliveira et al. 2023). Moreover, the socio-economic consequences will put these pregnant women at a more significant drawback including limited employment, non-completion of studies, and major health problems in the later part of life (Singh 1998). It was also suggested that teenage pregnancies are further affected by issues like risky sexual behaviors, lack of contraception, age discrepancies between couples, domestic violence, and related socio-economic problems (Rachakonda et al. 2014).

As a response, an increased commitment to improving adolescent health through certain programs including sexual and reproductive health education aligned with international practices has been conducted (Kabiru 2019). A major step in the Philippines is the passing of the Responsible Parenthood and Reproductive Health Act of 2012 or RH Law despite negative opinions about it (Porcalla 2013). It is a comprehensive legislation guiding how the government can adopt a multi-faceted approach to delivering reproductive health services such as family planning, use of contraceptives, services on maternal health, and reproductive health education.

Recent reports mentioned that the prevalence of teenage pregnancy is still high in Eastern Visayas at around 7-11%, or 10,000 girls between 10 to 19 years old have been impregnated by boys of the same age (Dimayuga 2013). This is suggestive of a need to evaluate the implementation of targeted programs for adolescents in the Philippines, considering the restrictive and conservative attitudes towards the policy (Melgar et al. 2018).

However, there has been noted to be limited literature examining the delivery of adolescent pregnancy-related services using the Philippine context. Local studies found that a lack of preparation and training among teachers for school-based delivery of reproductive health education hinders the implementation of the policy (Kim et al. 2023; Bongco and David 2020). A study said that the RH Law led to an increase in contraceptive use, yet the sexual and reproductive health outcomes in the Philippines are still falling behind other low-and-middle income nations (Ulep et al. 2021). Another study showed that even if most facilities continued functioning during the pandemic lockdowns, the percentage of adolescents accessing such services was less than expected (Okunogbe et al. 2023).

It has been noted that aside from the national policies, all levels of the government must be responsible in ensuring that adolescents and youth receive the highest attainable standard of health, and access to quality health services. UNESCO (2013) mentioned that the youth deserve to enjoy the full extent of their rights and the 'triple dividend' of improving their health now, their lives in the future, and the next generation by investing in their health.

Hence, the current study aimed to examine the delivery of adolescent services, specifically on teenage pregnancy, in Eastern Visayas. The research was directed to capture and gain

an understanding of the experiences of various service providers in performing their responsibilities towards this social emergency. The research looked at how various agencies such as the health care institutions, leadership and governance, and the religious sectors address the problem of adolescent health. The study can serve as a guide for assessing gaps in the implementation of the RH Law, and eventually contribute to the reduction of teenage pregnancy in the region.

SUBJECTS AND METHODS

Subjects, Setting, and Data Collection Procedures

A qualitative descriptive method, specifically through thematic analysis of key informant interviews (KII), was preferred in the study to capture the experiences of different service providers, including its depth, nuance, and complexity, when delivering adolescent services.

The target population for the study was made wide and inclusive to obtain information from various perspectives that eventually informs and guides well-designed interventions. Given the exploratory nature of the study, a stratified purposive sampling incorporating maximum variation and intensity qualitative sampling was used. Initially, six key informants were to be identified in each province composed of various program implementers at different levels from the education sector (e.g., teachers, school nurses, guidance counselors), health care sector representative from the municipal, provincial, and regional level (e.g., midwife, nurse, doctor, city/municipal councilor for health), and from the service sector representatives (barangay officials, NGOs, city/municipal councilor for health).

Key informants were recruited using face-to-face and telephone scheduling. The informants should be part of their respective institution for at least one year prior to the interview and must be exposed to different programs and activities related to maternal and childcare, reproductive health, and other related tasks set by the Department of Health and other agencies. Consequently, informants who have different major assignments outside the region were excluded in the study. Participants who did not finish at least half the interview were also automatically withdrawn from the study.

The predetermined number of participants was initially set at 24 informants, but data saturation was reached after interviewing twelve participants. No added information emerged from the three participants who were subsequently interviewed, and we terminated the interviews after repeated information arose from the final three participants.

Prior to the conduct of the study, approval from an institutional ethics review board [UPMREB 2022-0474-01] was secured. The interviews lasted between 30 to 50 minutes, no participants underwent more than one interview, and none withdrew from the study after the interview.

In-depth interviews were conducted by a female research associate with a baccalaureate degree in the behavioral sciences, who is not affiliated with any sector interviewed, and was trained in qualitative research including conducting key informant interviews. The interviewer had experience of interviewing other health care providers and service recipients for research activities on immunization and nutrition programs in the same region. However, the interviewer did not have a prior interaction with the key informants and partner agencies for the current study. The researchers briefed, and debriefed after the KIIs, the interviewer about assumptions or previous notions about the delivery of RH and youth-friendly services in the community. The interviewer did not have any prior knowledge

of these services, and her perspective on teenage pregnancy cases has changed to a more open-minded one after graduating in college, from her line of work, while keeping her spirituality. Interviews were conducted as a face-to-face interview and as a videoconference, with permission for audio-recording during the interview secured from the key informants. The primary investigator is also available to join the virtual rooms or reach out to the informants as needed. Prior to the conduct of the interview, the interviewer provided an overview of the research activity and discussed the schedule of the interview. Field notes were also taken during the interview to include observed gestures or facial expressions.

The interviews were conducted in a secluded room, free from any distraction, and proper to discuss the sensitive nature of the research topic. The physical room for onsite interviews and virtual meeting rooms for online ones were only restricted to the key informant and the interviewer as agreed with the study participant.

Follow-up interviews were initially discussed with some participants, but the unavailability of the informants and changes in the position/employment status hindered this planned activity.

Data Instrumentation

A semi-structured interview guide was developed by the researchers, and composed of a series of open-ended questions and probing questions. The instrument covered a range of topics related to their experiences of delivering adolescent-aimed services. Topics are grouped into domains and included aspects such as type and quality of services, estimated number and characteristics of service users, perceptions on teenage pregnancy and sexual reproductive health services, perceived support, and availability of resources for implementation, awareness of policies (local/national) and practice guidelines, and recommendations on these services. Additional topics for key informants in the education, health, and leadership sectors include perceived reinforcement of these policies, presence of inter- or intra-agency collaborations, and training needs.

The researchers developed the topic guide based on the literature initially developed in English and translated to Filipino by the investigators. After which, these were validated by two experts in social science research. The main suggestions or comments on the initial instrument was the order of asking the questions, putting the more invasive or sensitive questions, between the more shallow questions on the topics. The guide was approved without revisions by three health workers with experience in delivering adolescent services in the community during pilot testing of the instrument.

In addition, the supporting agency and the field collectors suggested using the Filipino version of the tool with annotations in the local dialects (i.e., Bisaya and Waray), switching to the local dialect only to facilitate understanding of the question, so that the key informants will not be as intimidated if the English version of the instrument was used.

Plan of Data Analysis

The KII transcriptions were read thoroughly several times, and coding was done using predetermined categories from literature. The conceptual framework proposed that the perceived awareness and importance of the services, perceptions of the target audience of these programs, and perceived capability of the community or agencies to deliver these interventions can influence the delivery of these programs. A qualitative description of the perceptions (Sandelowski 2000) was adopted to identify themes and sub-themes. These themes will be based on significant statements made by the respondents during the interview.

During coding, the software QDA Miner Lite version 2.0.9 was utilized by one investigator to identify initial codes from repetitive words or phrases, and the other two researchers compared and re-classified these codes. Independent validation and categorization of the coding units were done by the researchers and discussed differences about the themes to reach an agreement. Moreover, the identified themes were examined vis-à-vis the transcriptions, later arranging to relate them with each other.

Ensuring Trustworthiness

Transferability was enhanced by detailing the data collection process, allowing collection of data using various approaches, and choosing a diverse set of respondents. The credibility of the findings was enhanced with the use of direct quotations from the respondents, and side-by-side analysis of the interview transcripts with a description of the identified theme or code.

Authenticity was enhanced by allowing the interviewer to build trust and rapport with the key informants prior to the interview for a more open discussion. Congruence and veracity were enhanced by using information from the interviewer's notes, as well as having the interviewer clarify and summarize the responses.

An audit trail, containing details of recognizing and classifying the codes, enhanced confirmability, and dependability was ensured by having the researchers discuss and reach an agreement on the identified themes. Reflexivity was addressed via keeping audio-taped notes, constant re-checking of codes with the other investigators, and the use of bracketing.

Participant checking was conducted by sending the generated themes to an informant from a private organization to review and give feedback on the themes. No further recommendation or comments were expressed.

RESULTS

Characteristics of the Key Informants

A total of 15 key informants were interviewed in the study, and there was no refusal to participate or dropouts. Majority of the key informants were female and coming from the health department. The age of the informants ranged from 25 to 54 years old, with an equal distribution of young and old informants, as shown in Table 1.

Table 1: Characteristics of the Key Informants in Eastern Visayas

Characteristics	n=15
Age in years	
21 - 30	5 (33%)
31 - 40	5 (33%)
>40	5 (33%)
Sex	
Male	3 (20%)
Female	12 (80%)
Province	
Leyte	4 (27%)
Samar	2 (13%)
Eastern Samar	4 (27%)
Northern Samar	5 (33%)
Institutions	
Barangay Hall	3 (20%)
Municipal/ Provincial Health Office	7 (47%)
DepEd Division Office	1 (7%)
High School	3 (20%)
Church	1 (7%)

Characteristics	n=15
Years in Service	
1-5	8 (53%)
6-10	1 (7%)
11-15	1 (7%)
16-20	2 (13%)
>20	3 (20%)

Almost half of the respondents were employed for between one to five years. Equal representation of key informants was observed across the four provinces of Eastern Visayas. The association of the responses and their areas of assignment, as well as other characteristics, was not included as part of the study objectives.

Table 2: Identified Themes and Codes from the Key Informant Interviews

Main Themes	Sub-Themes (Codes)
Perceived Predisposing Factors	1. Teenage Pregnancy Cases as External 2. Parental Influence 3. Variation between Boys and Girls 4. Technological Influence
Multi-sectoral Responsibility	5. Importance of SRH Education 6. Structural Needs of Facilities 7. Unclear Policies and Guidelines 8. Access to Contraception
Consequences of Teenage Pregnancy	9. Spousal Abuse 10. Societal Implications 11. Impact on Parents of Teenage Pregnancy Cases 12. Continuing Schooling after Teenage Pregnancy

Based on the interviews, perceived predisposing factors and multi-sectoral service delivery concerns were considered as contributing to teenage pregnancy as a problem. Likewise, the interviews further mentioned the consequences of teenage pregnancy that further compound its role as a multi-sectoral problem.

Perceived Predisposing Factors of Teenage Pregnancy

The different service providers in the region perceived that the cases of teenage pregnancy in their area are beyond their scope and influence. The responses are suggestive that the service providers do not own the existing problems on teenage pregnancy in the area. Moreover, the informants were also considering the concerns towards teenage pregnancy being beyond their responsibilities. These claims were exemplified by statements like:

“In our communities, you will seldom find a case of teenage pregnancy. If there are those cases, they were not originally from here.” (KIID 14, Male (46), 19 years as church pastor)

“If you look at the teenage pregnancy data in the area, it is just seldom, a few isolated cases only.” (KIID 12, Female (54), 21 years in the health sector)

Moreover, the informants attributed teenage pregnancy among parents and inability to guide their children to be responsible in terms of their sexual health. The informants pointed out that the parents should take the responsibility of molding and guiding their children to reduce the chance of early pregnancy among their children. These are supported by statements such as:

“I feel like there are mothers, parents, who are also lacking, there are some parents who can discipline and also those who cannot.” (KIID 13, Female (34), 3 years in the leadership sector)

After analyzing the transcribed interviews verbatim, two data coders reviewed the transcript with a third person deciding in cases of disagreements. Thirty-two codes were initially extracted from the key informant interviews, further abstracted into 24 sub-nodes by rephrasing and combining similar statements, and the sub-nodes were further re-classified into twelve nodes (underlined phrases) and were used to generate the three main themes about teenage pregnancy (Table 2). Quotations from the verbatim data are presented in double quotation marks. These themes were compared iteratively with the individual interviews to establish if consistency between the generated themes and the transcribed findings does exist.

“If only the family had molded the teenagers properly, teenage pregnancy could have been avoided.” (KIID 10, Male (27), 1 year in the leadership sector)

The non-ownership of the present problem of teenage pregnancy resulted in a lower or modified delivery of youth-friendly services. This led to hesitations among service providers to tackle teenage pregnancy and provide the necessary services to its targeted beneficiaries. This is exemplified as:

“Sometimes we are advised to control the number of complaints, before we take any action. We also allow time for the people involved to settle it on their own first, and not go to us immediately.” (KIID 6, Female (40), 3 years in the leadership sector).

Related to the significant roles of the parents, the informants also pointed out that poverty and having parents with limited education results is a predisposing factor related to teenage pregnancy. An informant stated that:

“Our victims of teenage pregnancy really are the poor, with the parents having no proper education so they just tolerate their child’s behavior putting them at risk for early pregnancy.” (KIID 8, Female (50), 27 years in the health sector)

Aside from the parental influences on the teenager, the biological and physiological characteristics were also identified as a factor leading to teenage pregnancy. The informants attributed the risky behaviors to biological differences or the role of hormones during puberty between girls and boys. This was exemplified by:

“There is a difference between the motivation of boys and girls to engage in sex early. Girls tend to be easily attached and more emotional in giving what their partner wants, while boys are simply curious and merely interested in exploring.” (KIID 11, Female (29), 4 years in the education sector)

Lastly, it was pointed out by the informants that technological influence of different forms of media influences early sexual intercourse. The informants repeatedly mentioned smart phones, social media accounts, and Internet sites were as contributory to the rise of teenage pregnancy cases, compounded by peer pressure and lack of other sources of recreation for the adolescents exemplified by statements like:

"The curiosity of boys might be influenced by their reports of watching porn with their friends - and eventually try to imitate what they see carelessly." (KIID 15, Female (38), 9 years in the education sector)

"The influence of social media because even if they live in remote areas." (KIID 11, Female (29), 4 years in the education sector)

"Teenagers are easily influenced by new technology." (KIID 10, Male (27), 1 year in the leadership sector).

Teenage Pregnancy as a Multi-sectoral Responsibility

Key informants also suggested that teenage pregnancy is a cross-cutting concern across different agencies suggesting that there is a need to implement youth-friendly and teenage pregnancy-oriented programs. However, it also raises issues of fragmented or delimited actions between sectors and agencies. In addition, the key informants verbalized that they believe in the importance of sexual and reproductive health education in addressing teenage pregnancy. This was illustrated in the statements:

"Health education must really be provided in elementary schools. It should have already been started, so that at least their minds are open about responsible reproductive health." (KIID 8, Female (50), 27 years in the leadership sector)

"There are adolescent mothers waiting for prenatal visits in one of our centers, and they have not been adequately advised or lack information about family planning and similar topics." (KIID 3, Female (31), 5 years in the health sector)

"Training or learning activities are needed for teenagers to become involved and understand the impact and how to avoid teenage pregnancy" (KIID 11, Female (29), 4 years in the education sector)

Aside from the importance of youth friendly initiatives, the importance of having an implementation structure should cover not only physical facilities, financial support, but also human resource and training needs to implement initiatives addressing teenage pregnancy. However, the procurement of resources tends to depend on the multi-sectoral nature of government agencies. The key informants raised concerns such as:

"We are trying to reach a Level 1 Adolescent Friendly facility however we are still lacking training. It is only when we reach accreditation that we can have concrete support and funding for programs targeting adolescents." (KIID 12, Female (54), 21 years in the health sector)

"There is a need for a separate room, not like here where there is no privacy. These teenagers will not approach us since they are embarrassed and not confident, so they will not really open up." (KIID 8, Female (50), 27 years in the health sector)

"The rural health unit does not withhold contraceptives because they don't like to give to adolescents but because we do not have supplies. There is no sufficient supply coming to us. The government has a budget for it but not reaching the local units." (KIID 12, Female (54), 21 years in the health sector)

"Maybe teenage pregnancy is being overlooked because of bigger public health problems happening." (KIID 9, Female (44), 22 years in the health sector).

In addition, the informants underscored the resulting hesitancy among teenagers to reach out and inquire about sexual and reproductive health topics due to lack of preparedness among personnel as exemplified by the statement:

"Reproductive health is a very sensitive topic especially if the person overseeing the program is not trained. So, if the person does not appear to be comfortable with the topic, teenagers would not come to us. So, we really need to be groomed for this [adolescent targeted programs]." (KIID 5, Male (28), 3 years in the health sector as supervisor)

Moreover, hesitancy among teenagers to seek reproductive health services, the unclear policies and guidelines resulted in diminished adherence, quality, and effectiveness of the program. Moreover, this ambiguity may even heighten the probability of unintended consequences or harm among the individuals responsible for implementing the program, as well as the stakeholders and beneficiaries involved. It was also mentioned that the lack of specific guidelines or policies on adolescent sexual and reproductive health education resulted in overlapping and confusion about which agency will manage a situation, and which is not part of their scope of responsibility. This hesitancy was supported by statements like:

"We do not have defined policies, we deal with whatever comes in whatever form, and whatever way we can interpret it." (KIID 12, Female (54), 21 years in the health sector)

"In schools, there is no written policy on how to handle teenage pregnancy cases." (KIID 4, Female (35), 13 years in the education sector)

The lack of policies and ambiguity in different orders affect the access to contraception among teenagers. There were reported cases where they cannot request reproductive health services because they lack parental consent or are not yet married even if they are interested in availing themselves of family planning services. This leads to poor adherence to the program, especially if the individual and the parents have varying opinions on contraception. One informant stated:

"If you are not yet of legal age, there must be consent from your parents or guardian. But the said policy is one hindrance in the family planning program for our teenagers because even if they want to use it, they still need to ask for their mother's or their guardian's signature." (KIID 8, Female (50), 27 years in the health sector)

Lastly, there are also no explicit repercussions to government employees who refuse to offer such services despite the RH Bill stating that everyone should have access to such services. There have been a considerable number of informants who set limits to the delivery of these services, as evidenced by statements like:

"We only give contraceptives to married couples." (KIID 2, Female (51), 34 years in the health sector)

"If we give them education about use of condoms, we are encouraging them to do the act." (KIID 14, Male (46), 19 years as church pastor)

"They will be more complacent since they won't get pregnant, and they will not be careful anymore because there is contraceptive already." (KIID 7, Female (25), 4 years in the health & education sector)

Consequences of Teenage Pregnancy

Early pregnancy could lead to increased chance of school dropout. In line with this, informants insinuated that the education sector should persuade these mothers who experienced early pregnancy to continue their education. Hence, the education sector should ensure that these early mothers are free from discrimination and motivated to finish school as exemplified by statements such as:

"We need to make them [teenage pregnancy cases] still welcome to school, and there is no hindrance to continue with their studies. There is a need to support them and protect them from discrimination coming from their schoolmates." (KIID 11, Female (29), 4 years in the education sector)

"They are encouraged to continue with their studies because if they stop studying and not finish schooling, no job opportunities will be available for them." (KIID 8, Female (50), 27 years in the health sector)

Aside from its impact on the education sector, program planners should also recognize the familial and societal implications. The interviews also made mention of the need to provide support to parents of these teenage pregnancy cases. The impact on the parents was based on the statement such as:

"It is very difficult for the family when they have discovered that one of their children got pregnant early." (KIID 13, Female (34), 3 years in the leadership sector)

Moreover, societal implications of teenage pregnancy reinforce the ideals or expectations that compound the problem of teenage pregnancy among the adults involved in the circumstances. The key informants verbalized contentious perceptions and advocated for interventions to support teenage pregnancy cases given such consequence to them. The following statements illustrated the said theme:

"If everyone gets pregnant early, you can imagine their future, the dreams of their parents for them, and it seems that it will not be as successful." (KIID 8, Female (50), 27 years in the health sector)

"On the part of the woman, her life is destroyed or changed because of teenage pregnancy. It is better if she will find a good man, but it is not always the case." (KIID 14, Male (46), 19 years in the religious sector)

"Teenage pregnant couples are already living together but are not legally married. I pity them because they remain hesitant even if I am helping them to get married." (KIID 6, Female (40), 3 years in the leadership sector)

"If they get pregnant at a young age, they can be outcasted or treated differently by their peers." (KIID 3, Female (31), 5 years in the health sector)

However, an uncommonly discussed consequence of teenage pregnancy, but an interrelated issue is the occurrence of spousal abuse among these teenagers. Teenage pregnancy can increase the likelihood of experiencing domestic abuse by their partners, as they might encounter social stigma, discrimination, loneliness, and financial dependence. The following statements illustrate this concern:

"Teenage couples tend to quarrel frequently and lead to physical abuse at times." (KIID 3, Female (31), 5 years in the health sector)

"They might become victims of violence since these couples tend to fight more due lack of enough or loss of income to sustain their needs." (KIID 7, Female (25), 4 years in the health & education sector)

"There was a case of one teenager who was pregnant and was locked up and beaten by her partner - but no complaint was done." (KIID 1, Female (30), 1 year as health sector supervisor)

DISCUSSION

This study is one of the limited qualitative studies that have delved into the perspectives of different service providers, such as educators, health professionals, religious leaders, and local officials, on services tailored for adolescents in the Philippines, particularly those related to sexual and reproductive health. The study's results indicate that challenges in delivering these services are influenced by several factors, including misconceptions, alternative beliefs, religious and socio-cultural stigma, which are perceived to contribute to adolescent pregnancies. It has also been observed that while the provision of services is considered a multi-sectoral responsibility, there is a lack of consideration for the specific issues in implementing programs that are targeted towards youth and are sensitive to their needs. Key informants highlighted the importance of prioritizing certain aspects of service delivery to enhance the effectiveness of existing programs. Additionally, a noteworthy discovery from the study was the absence of coverage or planned interventions for other repercussions of adolescent pregnancy, which could potentially improve the adherence to, and effectiveness of programs aimed at addressing teenage pregnancy cases.

Perceived Predisposing Factors of Teenage Pregnancy

The results of this present study aligned with the socio-cultural norms, religious beliefs, and personal biases of the service providers, sometimes overshadowing their knowledge of the criteria and protocols for implementing interventions (Solo and Festin 2019, Tilahun et al. 2024). The findings concur similar studies suggesting that the Philippine society remains conservative on the topic of sexuality retaining a belief that these matters should be confined within the family and not managed by teachers or schools (Parmanand 2014).

The predisposing factors perceived by the informants can serve as basis for developing tailor-made and specific strategies in reducing teenage pregnancy cases (Kanku and Nash 2010) such as the use of technological communicators or limitations among adolescent individuals (Sserwanja et al. 2022). However, these preconceived notions are also viewed as a manifestation of strong feelings and beliefs about sexual and reproductive health services (Limcaoco et al. 2021, Jonas et al. 2018).

Teenage Pregnancy as a Multi-sectoral Responsibility

Related to the burden of teenage pregnancy problem in the study area, the constraints of the current implementation of reproductive health programs demonstrated a positive attitude of

service providers. The literature also supported the findings that service providers can be uncomfortable with sex-related topics, and perceived need for additional preparation to deliver these services. This can lead to deviation from the intended content of health education programs as demonstrated by focusing on abstinence as contraceptive methods due to fear of negative or risky behaviors from providing a comprehensive RH discussion (Bongco and David 2020).

The findings of the present study showed that the type of work or engagement is a stronger predictor of attitudes towards youth-friendly services. This finding has also been observed in a multi-generational cross-sectional study of healthcare professionals in Jordan with profession and type of training as more influential than sociodemographic characteristics (Gausman et al. 2021).

However, such enthusiasm should coincide training and preparation in delivering such services. It was recommended by some studies that more comprehensive, collaborative, and direct learning activities should be given to service providers to improve their confidence and motivation to deliver sexual and reproductive health services instead of one-off training or lecture sessions only (Salam et al. 2016). Moreover, a more enabling work environment in terms of resources and facilities; but in organizational climate as well, has led to a more optimal delivery of adolescent services (Kabiru 2019; Bastien et al. 2022).

The International Technical Guidance by UNESCO emphasized the need for a comprehensive sex education (CSE) in the adolescent curriculum including aspects such as relationships, understanding gender; the human body and development; violence and safety; sexual behavior, skills for health and well-being; values, rights, culture, dignity, and sexuality; and sexual and reproductive health (UNESCO 2018). The use of this framework is recommended by relevant agencies over the commonly used abstinence-only approach. The latter, as reported by the informants, has been criticized for focusing only on the negative aspects and risks of sexual activities. In line with this, the concerns mentioned in the first theme, accompanied by the needs raised in the second theme were reflected in the sub-theme of access to contraception. The key informants mentioned are not always able to provide family planning services even if the adolescents are interested in using it and have confidence to request it. Such findings are aligned with the gaps in skills and knowledge, societal judgments, misconceptions by providers, and unclear implementing guidelines acting as barriers to giving quality RH service to adolescents (Chandra-Mouli and Akwara, 2020).

The responses of the informants also corroborate with program evaluation mentioning the decreased effectiveness of RH activities due to underfunding with the resources only planned for a short-term basis, and the fragmentation of service delivery by different agencies (Ulep et al. 2021). The informants also verbalized the need for linkages with other agencies in implementing the RH programs which other Philippine-based studies have also noted these constraints in the public health systems, and even recommended utilizing multi-sectoral models, including public-private partnerships, to strengthen and consistently deliver these services for adolescents (Azzopardi et al. 2021).

Moreover, the last sub-theme exemplifies the complexity of implementing a policy since the lack of clear guidelines to implement these programs can lead to different forms of dissonance or non-compliance to the RH policy. This finding is aligned with school-based evaluations noticing resource-based, authority-based, and policy-based non-compliance with reproductive health interventions in the country (Kim et al. 2023).

Consequences of Teenage Pregnancy

Aside from health-related issues and factors surrounding teenage pregnancy, an emphasis on other contextual factors such as the socio-economic impact to the parents and family, cultural and societal implications to the teenagers involved, and relevance of the approaches can be adopted to implement adolescent services successfully (Ninsiima et al. 2020). It was recommended that a cross-cutting approach while accounting for unique and specific considerations per sector or setting can lead to more accessible, acceptable, and complete delivery of these services (Engel et al. 2019).

The current study showed that from the perspective of the key informants, the lack of sufficient parental influence, and the feeling of being external to the community predispose adolescents to the variation in motivations and technological influences that exposes them to early sexual intercourse. These perceived predisposing can be used to address potential risk factors to teenage pregnancy, and as a basis for training service providers so that such biases will not affect delivery of adolescent interventions. The lack of sexual and reproductive health education, lack of training among service delivery personnel, and the limited access to information further result in hesitancy and embarrassment among teenagers to inquire about such topics.

The importance of health education among teenagers, though salient to key informants, cannot be implemented properly due to lack of sufficient resources (i.e., training needs, supplies and materials, dissemination, space, partnerships, and support), and the lack of clear policies. All these aforementioned factors tend to significantly contribute to the occurrence of teenage pregnancy cases. However, aside from preventing the cases of teenage pregnancy, the key informants also noted the need for supportive measures targeting known cases.

A major limitation of the study is the possibility of selection bias among the key informants given the sampling design. The lack of key informants from regional offices or larger private institutions can also limit the coverage of the noted perceptions about service delivery. The investigators also felt that the sensitivity of the topic may have also contributed to the hesitation and reluctance of participants in the study to completely take part in the activity despite strategies done to improve engagement and participation among the key informants. Social desirability and recall bias of the informants' responses are also important limitations of the study.

Another notable limitation is the quality of data inherent in the subjective aspect of data collection and analysis of qualitative studies. The investigators reinforced measures to ensure trustworthiness and credibility of the gathered data such as compliance to the interview guide, avoidance of leading questions, as well as accounting for the assumptions, biases, or perspectives of the research team. However, there is no assurance that such threats to the validity and reliability of the findings are completely removed.

CONCLUSION

This present study revealed that the program implementers in the study area perceived teenage pregnancy as a non-existent problem. It was also considered by the program implementers that cases of teenage pregnancy were beyond their responsibilities because it is more of a familial problem rather than a social issue. Also, technological influence and hormonal changes among teenagers were the perceived predisposing factors related to teenage pregnancy. In addition, the importance

of reproductive health education is highlighted as a key factor that can reduce the chance of early pregnancy. This will materialize in the presence of structured facilities and policies with an improved access to contraceptives and other reproductive health services. As a result, it was also highlighted that there should be a focus on the consequences of teenage pregnancy by supporting the continued schooling of teenage mothers without discrimination. The societal implications and effects among parents should also be considered.

Hence, the findings of this study provide a better understanding of the delivery of adolescent services by different agencies in the area. Policy makers and institutional administrators can work in developing a better and clearer implementing rules and guidelines, as well as improving on the resource and learning constraints, to avoid noncompliance to the prescribed interventions. The findings also suggest that there is a need to improve the capabilities of service providers such as grassroots health workers and schoolteachers via sufficient training and preparation. This capability building program must also include mental and emotional preparation that can improve their willingness and positive reactions on rendering RH services. Moreover, there is a need for structural and governance changes at the national and local levels to set up a more encompassing and enabling delivery of adolescent health services; and creation of supporting mechanisms that include other sectors such as NGOs and private entities.

Future research can be done to perform a more formal evaluation of the adolescent programs in the country. Prospective studies that can elucidate the impact of these programs with changes in the prevalence of teenage pregnancy, access and use of contraception, and relevant outcomes are also recommended to quantify the effectiveness of these services.

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CONFLICT OF INTEREST

All authors have stated explicitly that there are no conflicts of interest in connection with this article.

CONTRIBUTIONS OF INDIVIDUAL AUTHORS

ARS contributed to the conceptualization, methodology, software, formal analysis, investigation, data curation, visualization, validation, and wrote the original draft as well as reviewed and edited the manuscript. KGD was involved in conceptualization, methodology, investigation, validation, and the writing process including review and editing; and overseeing project administration. RCM played a role in conceptualization, investigation, writing review and editing, provided resources, and administered the project. Both JHE and JMM were responsible for conceptualization, investigation, writing review and editing, resource provision, supervision, and project administration. Lastly, JHJ and HYJ contributed to conceptualization, reviewed and edited the writing, supplied resources, supervised the project, and managed project administration.

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