

VOICES OF TEEN MOTHERS: A PHENOMENOLOGICAL EXPLORATION IN SELECTED COMMUNITIES OF ZAMBOANGA PENINSULA

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ABSTRACT: *This qualitative research paper examined the lived experiences of the teen mothers in the different locations of the Zamboanga Peninsula which has been experiencing high fertility rates among teenagers. Selected teen mothers were interviewed using a phenomenological approach. Thematic analysis identified five broad themes: emotional shock and denial, social stigma and silence, turning points and acceptance, family support and caregiving, and aspirations and resilience. These findings highlight the need to have culturally captured, community-based interventions that enhance family dialogue, school re-entry, and psychosocial assistance to young mothers.*

Keywords: stigma, resilience, acceptance, family dialogue

INTRODUCTION

The problem of teenage pregnancy continues to plague the Zamboanga Peninsula since the adolescent birth rates are above the national average [1]. On top of having health-related consequences, early childbearing also has social and financial consequences, such as broken education, poverty, and social embarrassment [2].

Nevertheless, even in an attempt to apply an appropriate policy, teenage mothers in the region of Mindanao still encounter a number of peculiar issues associated with social conservatism in the sphere of religion, poverty, and the lack of access to reproductive health services.

This paper aims to gain insight into how young mothers in Zamboanga Peninsula make meaning out of and negotiate their experience of early motherhood, as well as the psychosocial processes determining their resilience or vulnerability.

Literature Review

The occurrence of teenage pregnancy is also usually associated with severe emotional crisis. Research in the Davao Region indicated that young mothers often have feelings of shame and humiliation after it is revealed that they are pregnant, especially because of gossiping and moralizing around them in the community [3]. The results were likened to similar situations in other Philippine settings, where conditions that include low self-esteem, regret, and anxiety at the hands of stigma were generated by teenage mothers themselves [4].

Emotional vulnerability in the Zamboanga Peninsula is a further way to connect stigma to the well-being of others. The Fifth Young Adult Fertility and Sexuality Study (YAFSS) pointed out increased exposure to violence and suicidal capabilities of the youths, indicating a dangerous place of exposure to young people that can contribute to compounding the psychological burden that early pregnancy is already facing [5]. These results support the idea that teenage motherhood is not only a reproductive process, but an emotionally demanding experience which is constrained by stigma and contextual vulnerabilities.

The social aspects of teen pregnancy indicate the rejection among peers, lack of education and poor services. In Mindanao and other regions in the Philippines, the teenage mothers cite bullying, peer withdrawal, and dropping out or temporary leaves school as common experience [6]. Such crises increase their feelings of isolation and deprive them of academic progress.

On the supporting services, Sy *et al.* [7], multi-stakeholders

study highlighted fragmented and under-resourced adolescent pregnancy services and the importance of integrated, adolescent-friendly services to overcome shame and strengthen access to care. At policy level, the region of Zamboanga Peninsula (Region IX) has engaged in teen centers and referral networks as part and parcel of being initiated by POPCOM and the local government units, which is an institutional acknowledgement at the policy level. Yet, such initiatives differ in their implementation and are not evenly distributed localities [8]. Therefore, despite the social and policy interventions that are in place, the reality of teenage mothers remains marked with exclusion and their focus is still vulnerable to inconsistent assistance.

The influence of the family continues to be a key determinant in the experience of teenage pregnancy and the responses to it are in general ambivalent. Qualitative data in Mindanao indicate that parents first respond with anger and moral sanction but then will take instrumental action of provision by providing shelter and childcare establishment [9].

The bigger picture of the National Demographic and Health Survey in 2017 revealed that family structure and parental monitoring are the protective factors as the associated risk of teenage pregnancy declines significantly [10]. In addition to that, social-work literature pointed out the importance of open communication system between parents and children in establishing trust and avoidance of early pregnancy [11]. Taken together, these results indicate that negative family reaction is likely early, but shift toward becoming a source of essential support, and positive family processes as protective factors that cushion adverse developments.

Although, teen mothers may find themselves with difficult conditions, they adopt various coping strategies to overcome their new realities. In Mindanao, emotion-focused coping styles (the acceptance of the role of motherhood, rearranging life goals in terms of the well-being of the baby, finding strength in faith or prayer, and self-isolation as a means to avoid gossip) are common [12]. Along with these, problem-oriented interventions are also important as young mothers primarily seek maternal support to take care of the child, seek alternative education opportunities, and utilize barangay teen centers and local health workers in their vicinity [13, 14].

Notably, the resilience literature observes that those coping strategies are not mutually unexclusive. Teen mothers tend to interweave acceptance and meaning-making and practical resource attainment, which does rely on the presence of

family support and teen-friendly services [15]. These mixed strategies reflect the contradictory nature of vulnerability and resilience, and they further emphasize the importance of creating interventions that foster emotional robustness and structural and institutional reliability.

METHODOLOGY

This study used a qualitative phenomenological design to capture teenage mothers' personal meanings and emotional journeys. Ten (10) teen mothers aged 15–19 were purposively selected from urban barangays in Zamboanga Peninsula.

All participants had at least one child and were willing to share their experiences. Semi-structured interviews were conducted in local dialects or Filipino, depending on participant comfort. Interviews lasted 30–60 minutes and were audio-recorded with consent. Field notes were also used.

Thematic analysis followed Braun and Clarke's [16] six-step framework. Data were transcribed, translated, coded, and clustered into thematic patterns. Assent and parental/guardian consent were secured for minors. Confidentiality and anonymity were ensured through pseudonyms.

RESULTS AND DISCUSSIONS

The lived experiences of teenage mothers in the Zamboanga Peninsula reflect a journey that begins in uncertainty and stigma but evolves through resilience and support to personal growth and aspiration.

Through thematic analysis of interviews with young mothers aged 15–19 years old, five central themes emerged: emotional shock and denial, social stigma and silence, turning points and acceptance, family support and caregiving, and aspirations and resilience. These are further supported by existing literature on adolescent motherhood in the Philippine context.

Emotional shock and denial were evident in participants' initial reactions to pregnancy. Most of those interviewed recounted emotions of fear, disbelief and alienation. One of the participants expressed, *"I could not believe it. I cried and could not speak to anybody during days."* It concurred with the results of Del Mundo and Tarroja [17], who mentioned that in the Philippines, adolescent pregnancies usually happen accidentally and are often associated with high emotional reactions including denial, guilt, fear, especially when individuals are poorly sexually educated. Fifty percent of the participants acknowledged that they only knew that they were pregnant during the second trimester, which implies that the participants lack awareness and that the reproductive health information is not readily available to the participants, especially those in the rural areas.

This emotional shock was compounded by social stigma and silence. Participants talked about being judged by the neighbors and peers, even by family members *"People discriminated against me."* *"I was a disgrace to my family,"* recalled one of the participants. This social exclusion is reflective of the typology of teenage motherhood as advanced by Tantuico and Acuin [18] since many teenagers have claimed to be ashamed and silent in their towns. Stigma contributes to school-quitting, lack of social advancement and adoption of negative labels, especially in a conservative and religiously charged place such as Zamboanga Peninsula [19].

Notwithstanding the psychological strain, most participants report experiences of turning points and acceptance often prompted by physical sensations of the baby, or encouragement on the part of a supportive adult. One teen described, *"when I felt the baby moved, I knew I had to be strong."* This turning point is comparable to the results of Alampay and Jocson [20], who identified that most Filipino young mothers experience a transformative turn where they shift into being maternal agents as they start taking on the mantle of motherhood. Acceptance is greatly associated with a sense of purpose, religious beliefs, and personal responsibility that enables the adolescent mothers to shift out of denial and to devote active care to the child.

Family support and caregiving were also a significant contributor to the participants coping and recovery. Although some of them were initially disappointed or scolded on the part of parents; but were eventually assisted by brothers, sisters, mothers, or even grandmothers. One respondent reasoned that, *"My grandmother assists me in looking after my baby allowing me to go back to school."* The significance of the family support is well documented in the Philippines. According to Medina [21], the Filipino families are significant social safety nets, and this is evident in multigenerational families.

Findings by Gultiano and Xenos [22], grandmothers tend to provide a substitute care to enable teen mothers complete their education or work part time. The issue of aspiration in the context of resilience was revealed as a strong force to contrast previous arguments of shame. Teen mothers were encouraged to continue with their studies, secure well-paying job opportunities, and offer better opportunities to their child. *"I would like to complete school and work abroad in future. I do not want my daughter to suffer,"* says one respondent. This view concurs with a study conducted by Raymundo and Cruz [23], which established that Filipino teen mothers usually gain new ambitions since they can attach some meaning in their motherhood. They derive inspiration in their children, and this goes on to define their priorities and sets their ambitions to achieve success despite the failures of the past.

These findings demonstrate that teenage mothers in the Zamboanga Peninsula experience a complex but ultimately dynamic journey. From the initial trauma of discovery and social isolation to moments of transformation and hope, their stories reflect broader cultural, familial, and systemic influences. While the challenges are substantial, strong support systems, especially within the family, can foster resilience and empower young mothers to rebuild their lives.

CONCLUSIONS AND RECOMMENDATIONS

Teenage pregnancy is a complex reality that is based on emotional, social and family factors and at the same time speaks about coping mechanisms among the young mothers. A psychosocial issue, at the teenage parenting level, is the emotional struggle with stigma, guilt, and mental health weakness, with or without the community dialogue and overall youth at-risk trends in the Zamboanga Peninsula. Socially, they are rejected by their peers, bullied and have disrupted education, in addition to experiencing fragmented

and under-resourced adolescent friendly services.

Familial factors further complicate the experiences, since families can alternate judgments and support, but as the literature proves, structurally united families and proactive parent-child communications remain optional protective factors.

Despite all these problems, teen mothers are resilient enough to use both emotion-focused response, including faith and acceptance, and problem-focused response, including seeking intervention through their relatives, pursuing education, and involvement of community services. Their ability to achieve acceptance along with resource-seeking is an example of adaptive resilience to the conditions they face. All this evidence directs to the significance of wholistic interventions, dealing with psychosocial needs, development of family communication, inadequate school re-entry programs, and adoption of adolescent-friendly services.

In Zamboanga Peninsula, a blending of localized policy driven actions and long-term provision of family and community support systems hold potential to create opportunity to alleviate risk exposure, as well as promoting resilience and building overall well-being of teenage mothers.

The findings from this study illuminate the emotional, social, and economic challenges teenage mothers face in the Zamboanga Peninsula. While many young mothers demonstrate remarkable resilience, their ability to cope and thrive is often contingent on the support they receive from their families, schools, and communities.

There is a need for family-centered, education- and community-based support to teenage mothers. Improving lines of communication between parents and adolescents will enhance their safety, especially on the aspects of sexuality and emotional well-being. Ingenious reintegration of school curriculums in a flexible learning environment and childcare will limit intergenerational poverty.

Psychosocial services at the level of the barangay should exist and be accessible in order to treat depression, feelings of guilt, and trauma. Last but not least, peer mentoring and support groups have a role in reducing stigma and isolation.

Taken together, the interventions can give rise to resilience, inclusion and empowerment and will change the narrative of stigma to one of dignity and opportunities.

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