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Reproductive Realities and Youth-Led Solutions: Teenage Pregnancy in the Philippines Through a Social Innovation Framework

Marina Magnolia G. Ninobla; Cyruz P. Tuppal

ABSTRACT

This study explores adolescents' perceptions of teenage pregnancy in the Philippines. The sample included ten ($n = 10$) female adolescents aged 15–19 who had experienced early pregnancy, recruited through community health centers and social worker referrals in urban and semi-urban communities. Data were generated through semi-structured, in-depth interviews. Data were collected in private, safe spaces within community health centers and schools to ensure confidentiality and comfort for participants. The study employed semi-structured in-depth interviews using a phenomenological approach, allowing participants to share their lived experiences. Thematic analysis with inductive coding was conducted to identify recurring patterns, ensuring data reliability through qualitative analysis software. Six interrelated themes emerged: (1) Sanctity of Life and Moral Responsibility; (2) Abortion as a Religious and Legal Transgression; (3) Personal Accountability and Consequences of Actions; (4) Teenage Pregnancy as an Educational and Social Challenge; (5) Strengthening Family and Community Support Systems; and (6) Government and Institutional Interventions for Prevention. The findings highlight the need for comprehensive reproductive health education, policy reforms, and strengthened support systems to mitigate the challenges associated with teenage pregnancy and improve adolescent well-being.

KEYWORDS

Teenage pregnancy, adolescent perspectives, qualitative research, moral beliefs, reproductive health, government intervention, social support.

INTRODUCTION

Teenage pregnancy remains a persistent public health and socio-economic issue in the Philippines, impacting adolescent mothers, their families, and society at large. The Philippines has one of the highest teenage pregnancy rates in Southeast Asia, a problem that has drawn significant attention from policymakers, educators, and health professionals. The high prevalence of adolescent pregnancies has been linked to various socio-cultural, economic, and educational factors, which shape adolescents' perceptions and attitudes towards early pregnancy (Maravilla et al., 2018; Maravilla et al., 2019).

According to the Philippine Statistics Authority (PSA), the number of live births among teenage mothers in the country continues to be alarmingly high, with over 180,000 cases recorded annually. This issue is further exacerbated by limited access to comprehensive sex education, inadequate reproductive health services, and cultural taboos that prevent open discussions on sexuality and contraception (Habito et al., 2021). The Philippine government has implemented various initiatives to curb teenage pregnancy, including the Responsible Parenthood and Reproductive Health Act of 2012 (Republic Act No. 10354) (Nazareno, 2013). However, despite these efforts, teenage pregnancy rates remain a major concern, necessitating further exploration of adolescents' perspectives on the issue.

Teenage pregnancy is a multi-dimensional issue influenced by a range of factors, including socio-economic conditions, education, family background, and cultural beliefs (Natividad, 2013). While previous studies have extensively examined the statistical trends and policy interventions addressing teenage pregnancy, limited qualitative research has been conducted to understand adolescents' perspectives on the matter. Exploring adolescents' views on teenage pregnancy is crucial in developing more effective programs and interventions tailored to their needs and concerns.

METHODS

This study employed an exploratory qualitative research design, which is particularly suitable for investigating complex social phenomena where limited prior research exists (Creswell et al., 2007; Creswell & Poth, 2016). An exploratory qualitative approach was chosen to gain a deeper understanding of adolescents' perceptions, experiences, and attitudes toward teenage pregnancy. The study targeted adolescents who had experienced early pregnancy. A purposive sampling technique was used to select ten participants who met the inclusion criteria. Participants were initially approached through community health workers and social workers who introduced the study to eligible adolescents. For participants below 18 years old, written assent was obtained from the adolescent and written informed consent was secured from a parent or legal guardian. Although more adolescents were approached, recruitment ceased when thematic saturation was reached, defined as the point at which no substantively new themes emerged from successive interviews. The final sample size ($n = 10$) is consistent with qualitative phenomenological studies prioritizing depth over breadth. The participants were between the ages of 15 and 19 and had experienced pregnancy during their adolescent years.

The study employed one-on-one, semi-structured interviews as the primary method of data collection. This approach was chosen due to its ability to capture the perceptions, and emotions of adolescent mothers while allowing for deeper exploration of emerging themes (Creswell et al., 2007; Creswell & Poth, 2016). Semi-structured interviews offer a balance between structure and flexibility, ensuring that key research questions are addressed while providing participants the opportunity to express their thoughts and feelings in their own words (Creswell et al., 2007; Creswell & Poth, 2016).

The use of an interview guide ensured that all participants were asked similar core questions while allowing the interviewer to probe deeper into specific responses for richer qualitative insights. Each interview lasted approximately 45 to 60 minutes and was conducted in a private and comfortable setting to protect participant confidentiality and encourage open communication. Privacy is a critical factor in qualitative research, particularly when discussing sensitive topics such as teenage pregnancy, as it helps build trust and allows respondents to share their experiences without fear of judgment or social stigma (Kamanzi & Romania, 2019).

Furthermore, ethical considerations were prioritized during the data collection process. Prior to participation, informed consent was obtained from all participants, ensuring that they were fully aware of the purpose of the study, their rights as participants, and their ability to withdraw at any time without consequences. Audio recording was used with participant consent to facilitate accurate transcription and analysis, and field notes were taken to capture nonverbal cues that could provide additional context to verbal responses (Braun & Clarke, 2006, 2013, 2019).

The collected data were subsequently transcribed verbatim and analyzed using qualitative content analysis techniques. The process of transcription and coding allowed for systematic identification of recurring themes and patterns, which contributed to the study's overall findings (Vaismoradi et al., 2016).

The data collection process lasted four weeks. Participants provided informed consent before the interviews commenced. The interviews were audio recorded with participants' permission and subsequently transcribed verbatim. Field notes were also taken to capture nonverbal cues and additional observations that could enhance data interpretation.

An inductive thematic analysis approach was employed (Braun & Clarke, 2013; White et al., 2006). Transcripts were read repeatedly to achieve immersion, after which initial open codes were generated. Related codes were clustered into candidate themes, which were iteratively refined through constant comparison across cases. Coding decisions were documented in an audit trail. Peer debriefing was conducted to review emerging codes and themes, and discrepancies in interpretation were resolved through analytic consensus. Qualitative analysis software was used to support systematic data management and transparency.

To ensure the trustworthiness of the findings, credibility, dependability, confirmability, and transferability were established. Member checking was conducted by sharing summarized findings with participants for validation. Peer debriefing with colleagues and experts in qualitative research was carried out to minimize researcher bias. A detailed audit trail was maintained to document all research decisions and methodological processes.

Triangulation was achieved through cross-referencing interview data with field notes and relevant literature to enhance the reliability of the findings.

RESULTS

This section presents only participants' accounts and thematic patterns. Interpretation and theoretical integration are addressed in the Discussion (see Figure 1). The findings of this study reveal key themes that reflect the lived experiences, perceptions, and challenges faced by adolescents regarding teenage pregnancy. Through qualitative analysis, six overarching themes emerged, highlighting the moral and religious perspectives on the sanctity of life, the legal and ethical views on abortion, personal accountability, the educational and social impact of teenage pregnancy, the role of family and community support, and the necessity of government and institutional interventions.



Figure 1 Interrelated Themes Shaping Adolescents' Perceptions of Teenage Pregnancy (Author-made)

Theme 1: Sanctity of Life and Moral Responsibility

This theme encapsulates the deep moral and religious beliefs surrounding abortion, emphasizing the sanctity of life and the ethical responsibility of individuals in preserving it. Respondents consistently highlighted that life begins at conception and that terminating a pregnancy equates to taking a life.

From the moment a baby is conceived, it is already a living being. Choosing to end that life is no different from taking the life of an innocent person. The baby is not at fault—it did not choose to be conceived. If a mother is facing difficulties or challenges, there are other ways to deal with them without having to end the life of the child. Abortion should not be legalized or normalized because it is the deliberate taking of a life that is not ours to take. (P3)

Theme 2: Abortion as a Religious and Legal Transgression

The responses overwhelmingly framed abortion as a sin against divine law and a violation of legal and moral principles. Many equated abortion to a form of crime that defies both religious teachings and human rights.

Abortion is not just a moral issue but also a legal one. In our country, it is clearly prohibited because we recognize the rights of the unborn child. If abortion were to be legalized, it would be like giving permission for the killing of innocent lives. It should not be legalized because it could lead to abuse and become an easy way out for people who should instead be held accountable for their actions. It must remain illegal to protect unborn lives and uphold the values of family and responsibility. (P10)

Theme 3: Personal Accountability and Consequences of Actions

Many respondents stressed the need for individuals to take responsibility for their actions, particularly in cases of unintended pregnancy. They emphasized the importance of facing the consequences rather than resorting to abortion.

Having a child is a responsibility that should be embraced, not something to be avoided. The moment you become pregnant, an important duty is placed on your shoulders—to care for and protect the life growing inside you. Life is not always easy, but running away from responsibility is never the solution. The situation will only become more difficult if you choose to abandon it. Instead of escaping, you should accept it as part of your growth and maturity as a person. (P8)

Theme 4: Teenage Pregnancy as an Educational and Social Challenge

The importance of education and awareness was highlighted as a means to prevent early pregnancy. Respondents advocated for better access to information, counseling, and reproductive health education to address the root causes of teenage pregnancy.

Education plays a crucial role in shaping our future. When we are well-informed about reproductive health, relationships, and life planning, we become more cautious with our decisions. Many young people experience early pregnancy due to a lack of knowledge about contraception, the consequences of teenage pregnancy, and the importance of waiting for the right time. Through education, we learn to protect ourselves, prioritize our dreams, and avoid situations that could negatively impact our future. (P5)

Theme 5: Strengthening Family and Community Support Systems

Respondents underscored the role of parental guidance, family values, and community involvement in shaping responsible behavior among youth. Many expressed the need for strong familial support and open communication between parents and children.

A strong family bond is a crucial foundation in a young person's life. Having open communication and a deep connection with family members helps in avoiding poor decisions, such as rushing into relationships or experiencing early pregnancy. When a child grows up in a home filled with understanding, love, and proper guidance, they become more prepared for life and learn to make wiser choices. The family is a person's first school, and if we want a bright future, we must cherish and nurture our relationship with our family. (P9)

Theme 6: Government and Institutional Interventions for Prevention

Calls for government and school-based programs were evident in the responses, advocating for more proactive measures such as sex education, family planning programs, and youth development initiatives.

Reproductive health education should be an official part of the school curriculum to ensure that all young people have accurate information about their bodies, pregnancy, and family planning. By enacting a law, reproductive health education can be implemented systematically and reach a broader audience. Many young individuals feel afraid or

embarrassed to talk about these topics, so having a law that strengthens reproductive health education will allow them to gain the necessary knowledge without fear or hesitation. In this way, cases of teenage pregnancy can be reduced, and young people can become more responsible in making life decisions. (P2)

DISCUSSION

The findings demonstrate that adolescents' reproductive decision-making is shaped by the dynamic interaction of moral commitments, religious beliefs, familial expectations, and institutional constraints. Rather than functioning as discrete or competing influences, these dimensions operate as a relational-moral ecology that structures adolescents' sense of responsibility, agency, and perceived reproductive options. This pattern extends caring science and moral-relational frameworks by situating teenage pregnancy within a web of relational accountability embedded in cultural, familial, and institutional contexts.

The findings must be understood within the unique socio-cultural and legal landscape of the Philippines, where the Responsible Parenthood and Reproductive Health Act of 2012 (RA 10354) remains a cornerstone of policy despite persistent implementation hurdles. While the RH Act seeks to mandate age-appropriate reproductive health education and access to services, its goals are frequently tempered by the profound influence of the Catholic Church, which maintains a dominant moral authority over public discourse on sexuality. This influence creates a climate where cultural taboos often stifle open communication regarding contraception and family planning. Furthermore, the total criminalization of abortion in the Philippines reinforces a legal and moral environment where termination is not viewed as a viable health option but as a grave transgression. For the adolescents in this study, their perceptions reflect a "moral-legal convergence" in which the sanctity of life is upheld by both state law and religious doctrine.

The sanctity of life emerged as a dominant moral orientation guiding participants' decisions to continue their pregnancies despite personal, social, and economic hardship. Adolescents framed pregnancy as a moral encounter requiring ethical response, resilience, and relational accountability. This orientation reflects deeply internalized moral and religious socialization processes, wherein life is perceived as sacred and non-negotiable (Francis et al., 2019; Smith et al., 2013). Consistent with prior literature, religious belief functioned as a moral anchor shaping adolescents' interpretations of responsibility and obligation toward the unborn child (Davis et al., 2022). Within a caring science lens, this reflects a relational ethic in which moral agency is exercised not only toward the self but toward the other-as-dependent, reinforcing motherhood as an enacted moral practice rather than merely a biological consequence (Erfina et al., 2019; Laurenzi et al., 2020). The internalization of moral responsibility appears to function as a protective ethical resource, enabling adolescents to endure adversity while maintaining coherence between belief, identity, and action (Rushton, 2018).

Beyond individual moral convictions, the adolescents' perceived lack of choice regarding abortion reflects significant structural constraints that narrow their reproductive agency. These young women operate within a rigid architecture of legal prohibition and anticipated social ostracization that effectively "subalternizes" their experiences. Abortion was framed not only as a moral transgression but as a violation of both divine and juridical authority (Jones et al., 2019; Jones et al., 1985; Maguire, 2003). Religious adherence amplified the moral framing of abortion as impermissible, consistent with evidence that doctrinal commitment strongly shapes reproductive attitudes (White et al., 2019). Simultaneously, awareness of legal prohibition and fear of social ostracization further constrained perceived options, producing a moral–legal convergence that effectively narrowed adolescents' reproductive agency (de Flores-Palacios & García-Alcaraz, 2023). The threat of legal repercussions, combined with the fear of being labeled a "sinner" or a "criminal," creates a psychological environment where continuation of pregnancy is often viewed as the only survivable social path. This indicates that the "choice" to embrace motherhood is frequently a pragmatic response to the absence of safe, legal, and socially acceptable alternatives in the Philippines.

Personal accountability emerged as a central interpretive frame through which adolescents made sense of early pregnancy. Participants articulated pregnancy as a consequence of prior choices and framed acceptance of motherhood as an ethical response to that consequence (Scott et al., 1995; Taylor et al., 2021). Rather than externalizing responsibility, adolescents demonstrated moral reflexivity, acknowledging regret while expressing commitment to perseverance and self-improvement (Damon, 2010; Xu et al., 2020; Xu et al., 2019). This aligns with scholarship linking moral responsibility to resilience and adaptive coping in the face of life disruption (Lawlor & Shaw, 2002). Importantly, within a caring science framework, accountability is not construed as punitive self-blame but as relational responsibility—an orientation toward sustaining life, restoring meaning, and reconstituting identity through care for the child. These findings suggest that interventions should build on adolescents' existing moral agency rather than framing them primarily as deficient decision-makers.

In conducting this research, it is essential to acknowledge the researchers' positionality and its potential impact on the data. As academic professionals and healthcare educators within the Philippine nursing community, the interviewers may have been perceived by participants as authority figures or representatives of institutional health systems. This perceived power imbalance, coupled with the sensitive nature of discussing pregnancy and abortion in a conservative society, may have encouraged participants to provide responses that align with perceived "social desirability" or dominant religious and legal norms. This reflexivity underscores the importance of viewing the findings as a co-constructed dialogue between the lived experiences of the adolescents and the interpretative lens of the researchers.

IMPLICATIONS

In order to address the complexities identified in this study, we propose a Social Innovation Framework for adolescent reproductive health. In this context, social innovation refers to the development of novel, youth-centered strategies that shift the focus from top-down medical interventions to participatory, community-embedded solutions. This framework recognizes that because teenage pregnancy is a multi-dimensional issue rooted in social relationships and cultural values, the solutions must also be relational and co-designed by those they intend to serve. By integrating adolescents' moral agency and existing support systems, social innovation seeks to bridge the gap between policy (the RH Act) and practice (local community reality). Our findings contribute to this framework by identifying specific entry points—such as faith-sensitive counseling and youth-led digital modules—that respect the cultural "moral-relational ecology" while providing the necessary information and support to prevent early pregnancy and empower young mothers.

The findings support the piloting of multi-level, youth-centered social innovations, including youth-led peer education programs embedded in barangay youth councils and school organizations; digital reproductive health modules co-designed with adolescents and delivered via mobile platforms; faith-sensitive counseling toolkits developed in partnership with religious leaders and school counselors; school–barangay “resilience hubs” offering psychosocial support, childcare linkage, and educational re-entry pathways for adolescent mothers; and participatory youth policy workshops with LGUs to integrate adolescents' voices into local reproductive health policy design.

LIMITATIONS

Despite the valuable insights gained from this study, several limitations must be acknowledged. First, the study utilized a qualitative phenomenological approach, which, while effective in capturing the lived experiences of adolescent mothers, limits generalizability to a broader population. The findings represent the perspectives of a small, purposively selected sample of participants and may not fully reflect the diversity of experiences among all teenage mothers in the Philippines.

Second, self-reported data was a primary source of information, which may be subject to recall bias or social desirability bias. Participants may have tailored their responses to align with perceived societal expectations or personal beliefs, potentially influencing the authenticity of their narratives.

Third, the study focused on a specific geographical location, limiting regional and cultural representation. Teenage pregnancy experiences may vary based on urban versus rural settings, socio-economic backgrounds, and local policies on reproductive health, which were not extensively explored in this study.

Fourth, ethical and emotional considerations were a challenge, as discussing teenage pregnancy and abortion is often a highly sensitive topic. While measures were taken to ensure confidentiality and emotional support,

some participants may have hesitated to disclose deeply personal or stigmatized experiences, potentially affecting the depth of the data collected.

Finally, while efforts were made to maintain researcher neutrality, the interpretation of findings remains influenced by the researchers' backgrounds, perspectives, and prior knowledge. The study would benefit from further triangulation with longitudinal studies, quantitative data, and diverse participant groups, including fathers, family members, and healthcare providers, to gain a more comprehensive understanding of teenage pregnancy experiences.

Future research should aim to address these limitations by incorporating mixed-method approaches, expanding sample diversity, and exploring interventions and policy impacts to strengthen the study's practical applications.

CONCLUSION

The study highlights the multifaceted challenges associated with teenage pregnancy, emphasizing the interplay of moral, religious, legal, educational, social, and institutional factors. The sanctity of life and moral responsibility significantly influenced adolescents' decisions to continue their pregnancies, while religious and legal concerns reinforced their stance against abortion. The importance of personal accountability emerged as a key theme, shaping their adaptation to motherhood despite educational and social obstacles. Family and community support systems were critical in mitigating the negative impacts of teenage pregnancy, while government and institutional interventions were recognized as essential for prevention and support. These findings underscore the need for holistic and interdisciplinary approaches to addressing teenage pregnancy, incorporating ethical considerations, policy reforms, and community-based initiatives to ensure comprehensive support for adolescent mothers and their children.

DECLARATIONS

Ethical approval and consent to participate:

All participants in this study gave full informed consent to participate. The study adhered to the principles of the Declaration of Helsinki and received ethics approval from the University of Northern Philippines Ethics Review Committee (IRB No. A-2024-215). Informed consent was obtained from all participants.

Consent for publication: Not applicable.

Availability of data and materials: The data generated and analyzed during this study are not publicly available due to confidentiality agreements with the participants and ethical considerations related to sensitive personal information. However, selected anonymized data may be made available from the corresponding author upon reasonable request and with appropriate institutional and ethical approval.

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Author contributions:

Study design: CT, MN
Data collection: CT, MN
Data analysis: CT, MN
Study supervision: CT, MN
Manuscript writing: CT, MN
Critical revisions for intellectual content: CT, MN

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REFERENCES

- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101. <https://doi.org/10.1191/1478088706qp063oa>
- Braun, V., & Clarke, V. (2013). *Successful qualitative research: A practical guide for beginners*. Sage.
- Braun, V., & Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health*, 11(4), 589-597. <https://doi.org/10.1080/2159676X.2019.1628806>
- Creswell, J. W., Hanson, W. E., Clark Plano, V. L., & Morales, A. (2007). Qualitative research designs: Selection and implementation. *The Counseling Psychologist*, 35(2), 236-264.
- Creswell, J. W., & Poth, C. N. (2016). *Qualitative inquiry and research design: Choosing among five approaches*. Sage.
- Damon, W. (2010). *Greater Expectations: Nurturing Children's Natural Moral Growth*. Simon and Schuster.
- Davis, J. M., Haining, C. M., & Keogh, L. A. (2022). A narrative literature review of the impact of conscientious objection by health professionals on women's access to abortion worldwide 2013–2021. *Global Public Health*, 17(9), 2190-2205. <https://doi.org/10.1080/17441692.2021.2020318>
- de Flores-Palacios, M. d. F., & García-Alcaraz, J. G. (2023). Teenage pregnancy and subalternity: A culturally constructed vulnerability. *Sexuality, Gender & Policy*, 6(2), 93-108. <https://doi.org/10.1002/sgp2.12064>

- Erfina, E., Widyawati, W., McKenna, L., Reisenhofer, S., & Ismail, D. (2019). Adolescent mothers' experiences of the transition to motherhood: An integrative review. *International Journal of Nursing Sciences*, 6(2), 221-228. <https://doi.org/10.1016/j.ijnss.2019.03.013>
- Francis, L. J., McKenna, U., & Sahin, A. (2019). Religion, Human Rights and Matters of Life and Death: Exploring Attitude Toward Abortion and Euthanasia Among Adolescents in England and Wales. In H.-G. Ziebertz & F. Zaccaria (Eds.), *Euthanasia, Abortion, Death Penalty and Religion – The Right to Life and its Limitations: International Empirical Research* (pp. 139-159). Springer International Publishing. https://doi.org/10.1007/978-3-319-98773-6_6
- Habito, C. M., Morgan, A., & Vaughan, C. (2021). Early union, 'disgrasya', and prior adversity and disadvantage: pathways to adolescent pregnancy among Filipino youth. *Reproductive Health*, 18(1), 107. <https://doi.org/10.1186/s12978-021-01163-2>
- Jones, C., Whitfield, C., Seymour, J., & Hayter, M. (2019). 'Other Girls': A Qualitative Exploration of Teenage Mothers' Views on Teen Pregnancy in Contemporaries. *Sexuality & Culture*, 23(3), 760-773. <https://doi.org/10.1007/s12119-019-09589-4>
- Jones, E. F., Forrest, J. D., Goldman, N., Henshaw, S. K., Lincoln, R., Rosoff, J. I., Westoff, C. F., & Wulf, D. (1985). Teenage Pregnancy in Developed Countries: Determinants and Policy Implications. *Family Planning Perspectives*, 17(2), 53-63. <https://doi.org/10.2307/2135261>
- Kamanzi, A., & Romania, M. (2019). Rethinking Confidentiality in Qualitative Research in the Era of Big Data. *American Behavioral Scientist*, 63(6), 743-758. <https://doi.org/10.1177/0002764219826222>
- Laurenzi, C. A., Gordon, S., Abrahams, N., du Toit, S., Bradshaw, M., Brand, A., Melendez-Torres, G. J., Tomlinson, M., Ross, D. A., Servili, C., Carvajal-Aguirre, L., Lai, J., Dua, T., Fleischmann, A., & Skeen, S. (2020). Psychosocial interventions targeting mental health in pregnant adolescents and adolescent parents: a systematic review. *Reproductive Health*, 17(1), 65. <https://doi.org/10.1186/s12978-020-00913-y>
- Maguire, D. C. (2003). *Sacred rights: the case for contraception and abortion in world religions*. Oxford University Press.
- Maravilla, J. C., Betts, K. S., & Alati, R. (2018). Trends in repeated pregnancy among adolescents in the Philippines from 1993 to 2013. *Reproductive health*, 15, 1-11. <https://doi.org/10.1186/s12978-018-0630-4>
- Maravilla, J. C., Betts, K. S., & Alati, R. (2019). Exploring the Risks of Repeated Pregnancy Among Adolescents and Young Women in the Philippines.

Maternal and Child Health Journal, 23(7), 934-942.
<https://doi.org/10.1007/s10995-018-02721-0>

- Natividad, J. (2013). Teenage pregnancy in the Philippines: trends, correlates and data sources. *Journal of the ASEAN Federation of Endocrine Societies*, 28(1), 30-30.
- Nazareno, T. L. (2013). The Responsible Parenthood and Reproductive Health Act of 2012: An Analysis of the Potential Effects of Family Planning and Sex Education Requirements in the Philippines. *Women's Rts. L. Rep.*, 35, 95.
- Rushton, C. H. (2018). Mapping the path of moral adversity. *Moral Resilience: Transforming Moral Suffering in Healthcare*; Rushton, CH, Ed, 52-96.
- Scott, E. S., Reppucci, D., & Woolard, J. L. (1995). Evaluating adolescent decision making in legal contexts. *Law and Human Behavior*, 19(3), 221-244. <https://doi.org/10.1007/BF01501658>
- Smith, L., Webber, R., & DeFrain, J. (2013). Spiritual Well-Being and Its Relationship to Resilience in Young People: A Mixed Methods Case Study. *SAGE Open*, 3(2), 2158244013485582. <https://doi.org/10.1177/2158244013485582>
- Taylor, B. L., Howard, L. M., Jackson, K., Johnson, S., Mantovani, N., Nath, S., Sokolova, A. Y., & Sweeney, A. (2021). Mums Alone: Exploring the Role of Isolation and Loneliness in the Narratives of Women Diagnosed with Perinatal Depression. *Journal of Clinical Medicine*, 10(11). <https://doi.org/10.3390/jcm10112271>
- Vaismoradi, M., Jones, J., Turunen, H., & Snelgrove, S. (2016). Theme development in qualitative content analysis and thematic analysis. <https://doi.org/10.5430/jnep.v6n5p100>
- White, K. O., Jones, H. E., Lavelanet, A., Norman, W. V., Guilbert, E., Lichtenberg, E. S., & Paul, M. (2019). First-trimester aspiration abortion practices: a survey of United States abortion providers. *Contraception*, 99(1), 10-15. <https://doi.org/https://doi.org/10.1016/j.contraception.2018.08.011>
- White, M. D., Marsh, E. E., Marsh, E. E., & White, M. D. (2006). Content analysis: A flexible methodology. *Library trends*, 55(1), 22-45. <https://doi.org/10.1353/lib.2006.0053>
- Xu, T., Tomokawa, S., Gregorio, E. R., Jr., Mannava, P., Nagai, M., & Sobel, H. (2020). School-based interventions to promote adolescent health: A systematic review in low- and middle-income countries of WHO Western Pacific Region. *PloS One*, 15(3), e0230046. <https://doi.org/10.1371/journal.pone.0230046>

Xu, Y., Norton, S., & Rahman, Q. (2019). Early life conditions and adolescent sexual orientation: A prospective birth cohort study. *Developmental Psychology*, 55(6), 1226. <https://doi.org/10.1037/dev0000704>

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