



# Implementation of Teenage Pregnancy Prevention Program in Rizal Medical Center

Michelle C. Lita  
MPA Student

Registered Social Worker, University of Rizal System, Philippines

## Abstract:

Adolescence a Unique and Special Formative Stage of Human Development Adolescence is a crucial period of psychological and biological change. It is second to early childhood in the rate and extent of developmental change. Puberty is initiated in late childhood through a series of hormonal changes that lead to sexual maturation and the capacity to reproduce. The resulting changes in sexual organs and production of sex hormones from these organs bring about the development of secondary sexual characteristics such as breast budding and growth of pubic hair. Changing sex hormones affect many changes in social interaction, sexual drive, attachment, and responses to stressors. Sex hormones also affect a wide range of nervous system processes. Different parts of the adolescent brain mature at different speeds. Therefore, the teenage pregnancy is the condition of being pregnant of adolescence aged 10 to 19. Those who are affected are the girl herself up to the national society. The victims of teenage pregnancy are the girl herself, her child, her parents and relatives and the national society. It will also probably make her economically vulnerable. The national scope of the problem is very alarming; in the United Nation Population Fund Agency (UNPFC) representative Ugochi Daniels' claims that this could derail the country's Millennium Development Goals (MDGs). The Millennium Development Goals are eight international development goals that the UN member states have agreed to achieve by the year 2015. These MDG include eradicating extreme poverty and attaining universal primary education. In fact, among the six ASEAN major economies, the Philippines ranked the highest rate in teenage pregnancy.

## I. INTRODUCTION

The teenage pregnancy is a reproductive process through which a new baby is conceived, incubated and ultimately born into the world. Many facets of pregnancy are covered starting with the preparation and planning stages, and moving through conception, fetal development, labor and delivery, and post-partum (or post-birth) stages. The document describes normal, uncomplicated pregnancy in some detail, and contains information concerning more difficult pregnancies, including pregnancies for women with chronic illnesses and other health complications. Pregnancy is a unique, exciting and often joyous time in a woman's life, as it highlights the woman's amazing creative and nurturing powers while providing a bridge to the future. Pregnancy comes with some cost, however, for a pregnant woman needs also to be a responsible woman to best support the health of her future child. The growing fetus (the term used to denote the baby-to-be during early developmental stages) depends entirely on its mother's healthy body for all needs. Consequently, pregnant women must take steps to remain as healthy and well-nourished as they possibly can. Pregnant women should consider the many health care and lifestyle considerations described in this study. Though we have tried to present relatively comprehensive coverage of pregnancy, this document should only be an overview. It will hopefully introduce you to some new ideas and help you to learn about aspects of pregnancy that you may not have previously encountered, but it does not contain or provide all the information you will need to make informed choices as you go through your own actual pregnancy. The doctor, and other specialized health care providers including nurses and midwives,

will be some of your more important allies during your pregnancy. They are in the best position to guide you through the process and to make authoritative recommendations that will best benefit your baby-to-be's development and future health and welfare.

## II. THE PROBLEM IN OUR SOCIETY

Teen pregnancy is a communal problem, a family problem, and a personal problem all rolled into one. It frequently goes hand in hand with premarital sex. Problems come when the news needs to breach each parent's party. A spring of thought flash before one's eyes, and registers only two; whether, to back the hell up – abort the child or carry on with the pregnancy but sign up for adoption - or get the hell in – have the child with all its perks and consequences alike. After which, these impressions simply serve no purpose but to put them off, and deduce to mere nuisance to them when the truth of their situation slowly sinks in. How do they provide for the child if their parents cut them short financially? Will they be able to go to grad school? What will become of their future? What will become of their child's future? By this time, they would have to contend with the pressures of parenthood. What'll truly bother them in the long run is the reality of whether they can fulfill their obligation as parents, and the security of their child's future. Teenage pregnancy is becoming a societal problem that branches out to other problem

## III. HISTORY AND STATISTICS OF TEENAGE PREGNANCY IN THE PHILIPPINES

One of the reasons why teenagers are already aware with this topic is because of media. They get a higher knowledge to sex

from the magazines, TV shows, internet, movies and other media. In television, they now also create and make shows about teen pregnancy like “Teen Moms” and “16 and Pregnant”. These shows make us realize that the rate of this problem is getting higher and it is getting usual. There are a lot of reported cases regarding teenage pregnancy since the past few years until now. According to the UN Population Fund (UNFPA), teenage pregnancy has a huge rate in the Philippines, especially among the poor. 2/3 of Filipinos, who give birth before age 20, belongs to the low-class society. Data from the National Statistics Office showed that 8 percent among 1.7 million babies born in 2004 were born to mothers 15-19 years old. Young mother gave birth to 818,000 babies in 2000 alone. This means, almost one of every 10 babies are born to teenage mothers. The risk is, almost 10 percent of the born babies from young mothers are malnourished. As years passed by, the statistics are getting higher. According to the study done by the Population Institute of the University of the Philippines, more than 46 percent of teenage pregnant woman resort to induced abortion which is against the law and the Church; 2 of every 5 teenage pregnancies are unwanted ones. If the government won't start acting on this, this problem will be worse as years goes by. The problem of high teen pregnancy rates is compounded by rapid repeat pregnancy, meaning that teen moms tend to have another pregnancy soon after the index pregnancy. About one fourth of teenage mothers have a second child within 24 months of the first birth. Source: Philippine Statistics Authority Early pregnancy and childbearing carries inherent risks for the mother and her infant. The bodies of young mothers have not fully ready for the rigors of pregnancy and childbirth, significantly raising the risks for complications. Children of young mothers are more likely to be born prematurely and with low birth weight, making them prone to infant death and other health issues like deafness and blindness. Early pregnancy and childbirth also carry social and economic risks, such as reduced probability of school completion, and therefore, reduced likelihood of gainful employment, perpetuating the cycle of poverty. According to the UNFPA early childbearing could be costing the Philippines PhP33.0 billion annually, or one percent of the country's gross domestic product in foregone incomes. The Program for Young Parents (PYP) is the United States Agency for International Development's (USAID) response to the problem of increasing teen pregnancies in the Philippines. The PYP seeks to expand access to high quality integrated MNCHN/FP services to help reduce unmet need for family planning, especially among the poor and women below age 19. The PYP is an adaptation and expansion of the Teen Moms Program of the University of the Philippines-Philippine General Hospital(UP-PGH). PROGRAM FOR YOUNG PARENTS Implementing Guidelines In compliance with the Department of Health (DOH) policy on high-risk pregnancy, Concealable (Comprehensive Emergency Obstetric and Newborn Care) regional, provincial, and district level hospitals with high numbers of deliveries among young women below 19 years old are engaged for the PYP. The PYP emphasizes joint responsibility and involvement of male partners in ensuring healthy pregnancy and safe delivery. It seeks to promote complete antenatal consultations; facility-based deliveries, including availing of Philippine Health Insurance Corporation (PhilHealth) benefits for the mother and infant; exclusive breastfeeding for at least six months; and a gap of three to five years between births using long-acting reversible

contraceptives. It is incumbent upon hospitals to serve clients, but adolescents require special skills and empathy, in accordance with the DOH Administrative Order 2013-0013, “National Policy and Strategic Framework on Adolescent Health and Development and the National Standards and Implementation Guide for the Provision of Adolescent-Friendly Health Services.” Engaged facilities constitute a PYP Team with members from the different hospital departments and identify an area that they can transform into an adolescent-friendly space. The PYP Team trains to deal with adolescent clients; drafts the hospital PYP protocol; and operates the PYP Center. In addition to providing antenatal services, they conduct educational sessions for teenage parents on recognition of danger signs and symptoms of pregnancy, gender sensitization, life skills, healthy timing and spacing of pregnancies, and exclusive breastfeeding. The PYP Team endorses clients who complete the health education sessions to partners like the Department of Education (DepEd), Department of Social Welfare and Development (DSWD), and Technical Education and Skills Development Authority (TESDA) where they can access education and livelihood opportunities after delivery. The Schuyler Center for Analysis & Advocacy (2008) states that it benefits society if mother and baby are healthy; the mother is educated and able to care for her child; the child is prepared for school; and the mother becomes economically independent. Further, the intervention must try to reach out to the teen fathers, engage them to be part of the pregnancy and birth experience, help them pursue education and employment to help them support their family, and counsels them on relationships and parenting. These are precisely the outcomes that the PYP is seeking to achieve. An assessment conducted by the Health Policy Development Program in 2016 concluded that the PYP meets most of the DOH's Adolescent-Friendly Health Services standards - “The PYP provides a clear link between demand generation strategies and service delivery. It supports teenage mothers before, during and after delivery at different levels of the health system. The hospital where the pregnant adolescent is compelled to deliver provides AYRH education, prenatal, natal and postnatal PROGRAMFOR YOUNG PARENTS Implementing Guidelines care including birth-spacing and opportunities for a better future. It also collaborates with an Inter-local Health Zone-SDN for demand generation and care for the teenage mothers.”

#### **IV. SOCIAL FACTORS INSTIGATE TEENAGE PREGNANCY IN OUR COUNTRY?**

In the developed world, the causes of teenage pregnancy are different in the sense that it is mostly outside marriage and carries lots of social stigma. Thus, adolescent sexual behavior is one of the causes of teenage pregnancy. In our world today, having sex before 20 yrs. are the “in” thing, it is even normal all over the world and this is brought about high levels of adolescent pregnancy which creates sexual relationship among teenagers without the provision of comprehensive information about sex. The immature and irresponsible behavior arising due to complex teenage psychology is another important cause of teenage pregnancies. Teenagers often go through several emotions because of their own transition from childhood and peer pressure.

1.Lack of sexual education causes teens to get abortions as they ultimately realize their inability to bear the responsibilities of being a parent at such a young age.

2.The lack of attention and affection from family resulting in depression forces them to seek love and support from other people, especially members of the opposite sex.

3.Overprotection gives rise to frustration and a feeling of not being loved and cared for. Thus, balance is the key to avoid this problem. Lack of affectionate supervision of parents or guardians results into the adolescents or teenage girl's becoming pregnant.

## **V. CONSEQUENCES OF TEENAGE PREGNANCY IN SOCIETY**

a) The issue of teenage pregnancy has several consequences. It is continually increasing the population growth rate in the society. Many babies are being born through it, which cannot be catered for by the available resources.

b) The issue encourages dropping out from schools. Many pregnant female children end up dropping out from school to avoid shame thus undermining government's efforts towards ensuring Education for All and the Millennium Development goal of Education in the nearest future.

c) Due to poverty, many of those involved in teenage pregnancy die off prematurely because of lack of proper medical attention.

The following laws are implemented to address the social issue of teenage pregnancy in the Philippines; not directly but is connected to that topic as well: the RH Bill which includes sex education and the use of contraceptives--- and that's about it. This tells us several things: firstly, there are not enough laws that address teenage pregnancy since it is difficult to monitor it. Secondly, this social issue cannot be prevented with the help of laws since people cannot be controlled in their decisions. And thirdly, this is a social issue that continues everywhere and not even government officials or politicians know how to control it. Sex education can reach teenagers through many ways, one of which is through schools. The government can make it compulsory for school students to undergo at least a certain number of hours of sex education. Instead of focusing on the dangers and consequences of teenage pregnancy, schools can also educate teenagers on the advantages of not having a baby when they are unprepared so that students may be able to weigh out the pros and the cons. This can be enforced by getting students to attend service-learning trips and having them be exposed to the real world of teenage pregnancy. Another way that teenagers can be educated about sex is through their parents but for this to work, there must be a strong relationship between the child and the parent. Also, with a strong relationship, parents can have more influence in their child's sex decisions and may be able to direct their decisions in the right way. So, in other words, having a good parent-child relationship can help to decrease the affected population.

## **VI. PROGRAM FOR YOUNG PARENTS Implementing Guidelines**

The problem of high teen pregnancy rates is compounded by rapid repeat pregnancy, meaning that teen moms tend to have another pregnancy soon after the index pregnancy. About one fourth of teenage mothers have a second child within 24 months of the first birth. Early pregnancy and childbearing carry inherent risks for the mother and her infant. The bodies of young

mothers have not fully ready for the rigors of pregnancy and childbirth, significantly raising the risks for complications. Children of young mothers are more likely to be born prematurely and with low birth weight, making them prone to infant death and other health issues like deafness and blindness. Early pregnancy and childbirth also carry social and economic risks, such as reduced probability of school completion, and therefore, reduced likelihood of gainful employment, perpetuating the cycle of poverty. According to the UNFPA early childbearing could be costing the Philippines Php33.0 billion annually, or one percent of the country's gross domestic product in foregone incomes. The Program for Young Parents (PYP) is the United States Agency for International Development's (USAID) response to the problem of increasing teen pregnancies in the Philippines. The PYP seeks to expand access to high quality integrated MNCHN/FP services to help reduce unmet need for family planning, especially among the poor and women below age 19. The PYP is an adaptation and expansion of the Teen Moms Program of the University of the Philippines – Philippine General Hospital (UP-PGH).In compliance with the Department of Health (DOH) policy on high-risk pregnancy, Concealable (Comprehensive Emergency Obstetric and Newborn Care) regional, provincial, and district level hospitals with high numbers of deliveries among young women below 19 years old are engaged for the PYP. The PYP emphasizes joint responsibility and involvement of male partners in ensuring healthy pregnancy and safe delivery. It seeks to promote complete antenatal consultations; facility-based deliveries, including availing of Philippine Health Insurance Corporation (PhilHealth) benefits for the mother and infant; exclusive breastfeeding for at least six months; and a gap of three to five years between births using long-acting reversible contraceptives. It is incumbent upon hospitals to serve clients, but adolescents require special skills and empathy, in accordance with the DOH Administrative Order 2013-0013, "National Policy and Strategic Framework on Adolescent Health and Development and the National Standards and Implementation Guide for the Provision of Adolescent-Friendly Health Services." Engaged facilities constitute a PYP Team with members from the different hospital departments and identify an area that they can transform into an adolescent-friendly space. The PYP Team trains to deal with adolescent clients; drafts the hospital PYP protocol; and operates the PYP Center. In addition to providing antenatal services, they conduct educational sessions for teenage parents on recognition of danger signs and symptoms of pregnancy, gender sensitization, life skills, healthy timing and spacing of pregnancies, and exclusive breastfeeding. The PYP Team endorses clients who complete the health education sessions to partners like the Department of Education (DepEd), Department of Social Welfare and Development (DSWD), and Technical Education and Skills Development Authority (TESDA) where they can access education and livelihood opportunities after delivery.The Schuyler Center for Analysis & Advocacy (2008) states that it benefits society if mother and aby are healthy; the mother is educated and able to care for her child; the child is prepared for school; and the mother becomes economically independent. Further, the intervention must try to reach out to the teen fathers, engage them to be part of the pregnancy and birth experience, help them pursue education and employment to help them support their family, and counsels them on relationships and parenting. These

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## VII. OBJECTIVES

The PYP emphasizes joint responsibility and involvement of the male partners, towards attaining

### The following objectives:

1. Reduce rapid repeat pregnancy and births to women below 19 years old who have already given birth (The Philippines' Department of Health encourages a gap of three to five years between births.)
2. Promote facility-based deliveries, including availing of Philippine Health Insurance Corporation (PHIC or PhilHealth) benefits for the mother and infant
3. Promote full breastfeeding for at least six (6) months
4. Increase contraceptive prevalence rates, particularly for long acting reversible contraceptives (LARC)

## VIII. APPROACH

The PYP emphasizes joint responsibility and gender sensitivity. It addresses young clients' special needs for counseling and education, in addition to the usual weight and blood pressure monitoring and laboratory examinations. Educational sessions were originally designed to coincide with the required four (4) ante-natal and at least one (1) post-natal consultation visits.

### Later on, the educational sessions were organized as follows:

└ Session 1 focused on recognition of danger signs and symptoms of pregnancy and

birth planning, including compliance with Philippine Health Insurance (PhilHealth) requirements so that the mother and her infant can avail of benefits

└ Session 2 is on gender sensitization and healthy timing and spacing of births using long acting reversible methods of contraception (LARC). The Philippines Department of Health (DOH) recommends an interval of three (3) to five (5) years between pregnancy and child birth

└ Session 3 is about life skills and breastfeeding

└ Session 4 is an orientation on the education and livelihood programs of development partners that teen clients may choose to avail of Upon delivery, the young mother is initiated into breastfeeding and encouraged to breastfeed exclusively for at least six (6) months.

### Engagement Process

1. Conduct Situational Analysis (Please see Attachment A: Pre-Engagement Checklist).

1.1 Establish the need for the PYP in a facility by analyzing available records on births and pregnancy outcomes, such as: number of deliveries to teen mothers for a defined period; parity of the teen moms; pregnancy and birth complications experienced; etc.

1.2 Determine available resources, such as, area that can be designated for use of the PYP; champions in the different departments who are willing to be part of the PYP team; other resources.

1.3 Summarize the information in a project brief for presentation to hospital management.

2. Advocate to Hospital Management

2.1 Set up an orientation meeting with hospital management.

2.2 Conduct orientation and present the briefing paper to establish the need for a PYP to hospital management. (Please see Attachment B: Sample PYP Orientation Program).

3. Organize the PYP Core Team (Please see Attachment C: Sample PYP Core Team Composition).

4. Conduct planning workshop with members of the PYP Team

4.1 Develop protocol. (Please see Attachment D: Sample PYP Protocol).

4.2 Orient stakeholders on protocol.

4.3 Prepare Implementation Plan for the PYP (Please see Attachment E: Sample Implementation Plan).

5. Organize and conduct training for PYP Team. (Please see Attachment F: Sample Dealing with Adolescent Clients Training Agenda).

6. Transform the designated area into an adolescent-friendly space. (Please see Attachment

G: DOH AFHS Standards Facility Monitoring Checklist).

7. Launch the PYP. (Please see Attachment H: Sample PYP Launch Program).

8. Operate the PYP. (Please see Attachment I: Teaching & Learning Process Guide for PYP Educational Sessions).

9. Monitor and evaluate performance of the PYP (Please see Attachment J: Sample PYP Data Matrix).

### Background

The Teen Moms Program was set up in the University of the Philippines - Philippine General Hospital (UP-PGH) in 2000. It applies a multi-disciplinary approach to the multi-faceted problem of teenage pregnancy, with team members coming from the Departments of Pediatrics, Obstetrics and Gynecology (OB-

Gyne), Social Work, Nutrition, and Education. Teen Moms advocates for abstinence for those who are not sexually active and contraception for those who are sexually active and may/may not yet have children. For those who already have children, the objective is to postpone having another child/other child for at least two (2) years. Clients are encouraged and assisted to continue their studies. They and their partners are helped to find work. Sexuality education is a key intervention.

#### **UP-PGH being a training hospital, Teen Moms' objectives are as follows:**

└ Service - Provide quality service for Teen Moms (OB-Gyne) and their children (Pediatrics).

└ Training - Give residents and consultants the opportunity to work with teenage clients

└ Research - Encourage the conduct of research on the adolescence stage

Since it was established in 2000, Teen Moms has been able to:

└ Provide pre- and post-natal care to adolescent clients

└ Encourage delivery in a health facility

└ Detect and treat complications of pregnancy and child birth

└ Promote acceptance of family planning

└ Prevent another pregnancy within two (2) years

└ Encourage breastfeeding for at least six (6) months

└ Provide pediatric care and immunization to children of teen mothers

└ Provide psycho-social support to teen moms In view of the improved health outcomes attained over the past 13 years that it has been implemented, Visayas Health will adapt the Teen Moms Program in health facilities with high volumes of deliveries in its project sites. Henceforth, this will be referred to as the Program for Young Parents (PYP), to underscore the importance of involving men in the effort to address teen pregnancy.

#### **PYP will:**

5. Promote facility-based deliveries

6. Reduce births to women below 18 years old

7. Promote full breastfeeding for at least six (6) months

8. Increase contraceptive prevalence rates, particularly for long acting methods

#### **IX. SUMMARY**

The Rizal Medical Center is under the Department of Health (DOH), the Policy of DOH for implementation, prevention, intervention and programs were implemented on teenage pregnancy. The results Ten controlled trials and five qualitative studies were included. Controlled trials evaluated either early childhood interventions or youth development programs. The overall pooled effect size showed that teenage pregnancy rates were lower among individuals receiving an intervention than in those receiving standard practice or no intervention confidence interval Three main themes associated with early parenthood emerged from the qualitative studies: dislike of school; poor material circumstances and unhappy childhood; and low expectations for the future. Comparison of these factors related to teenage pregnancy with the content of the programs used in the controlled trials indicated that both early childhood interventions and youth development programs are appropriate strategies for reducing unintended teenage pregnancies. The

programs aim to promote engagement with school through learning support, ameliorate unhappy childhood through guidance and social support, and raise aspirations through career development and work experience. However, none of these approaches directly tackles all the societal, community, and family level factors that influence young people's routes to early parenthood.

#### **X. CONCLUSION**

Teenage pregnancy raising a child can place many families deeper in to financial hardship; leading to possible life of criminal activity. The educational programs are in place to assist teenagers understanding the negative outcome of having a child and design to assist families in dealing with the situation of your teen daughter or son becoming a parent before they are ready. The number one solution to preventionist being abstinent or using contraceptives. Love and patient and kind love does not envy boor boast; it is arrogant or rude. It does not insist on its own way if not irritable or resentful; it does not rejoice at wrongdoing but rejoices with the truth. Love bears all things, hopes all things endures all things teenage pregnancy maybe a hard circumstance to handle but with love and family support all things are possible.

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