UNHEARD LITTLE VOICES: A PHENOMENOLOGICAL STUDY ON THE IMPACTS OF SOCIAL STIGMA AND DISCRIMINATION ON ADOLESCENT PREGNANCY AND ABORTION

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Professor Clarinda L. Berja
Department of Social Sciences
College of Arts and Sciences
University of the Philippines Manila

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By
Atienza, Marielle N.
(2010-30117)

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Abstract:

In developing countries like the Philippines, pregnancy among adolescents has been continuously rising for the past years. Aside from this, a growing number of adolescent women were also reported to have been resorting to unsafe abortion. Thus, it is the objective of this study to look into the life experiences of young moms in order to discern the reasons why women resort to abortion. The study also aims to determine how social stigma and discrimination affect pregnant adolescent’s decision-making, specifically on deciding on whether to push through with their pregnancies or end it through induced abortion.

In this phenomenological qualitative research, in-depth interviews were conducted among young moms who had their pregnancy during their adolescent years. Two groups of adolescent women, on the other hand, were asked to take part in focus group discussions. Experts in the field of obstetric care were also interviewed.

Findings show that young people lack adequate knowledge when it comes to sexual and reproductive health matters. The absence of sex education in the country is one of the primary perpetrators behind the soaring rates of adolescent pregnancy. Furthermore, given the conservative culture of the country, pregnant adolescents and young moms are more often than not, stigmatized and discriminated. These stigmatization and discrimination, along with shame, fear of being disowned and pregnancy’s possible adverse effect to schooling push young women to resort to abortion.

The results of the study reaffirms the need for a comprehensive sexual and reproductive health program that will provide young people the necessary knowledge and awareness to protect themselves from early and unintended pregnancy, as well as from sexually transmitted infections. The findings also highlight the need for a non-judgmental and open minded health providers as well as a specialized sexual and reproductive healthcare program that will cater to the needs of young people.
Introduction

According to the World Health Organization (2013), approximately 16 million adolescent girls, mostly from low and middle income countries, give birth yearly. Furthermore, it is reported that nearly fourteen percent of these adolescent women will resort to induced abortion. Most of which occur in low and middle income countries. The prevalence of early pregnancy is reaffirmed in the recently released Young Adult Fertility Survey (YAFS4) which reported that the percentage of adolescent moms have risen from 6.3 percent in 2002 to 13.6 percent in 2013 with roughly 700,000 new cases of adolescent pregnancy (GMANews, 2014).

In a highly conservative country like the Philippines, getting pregnant unmarried, what more at a young age, puts a woman in a bad light. Because of this, despite the illegality of abortion in the country and its adverse impact on their health, a large number of adolescent women still opt to end their pregnancies through induced abortion. According to government officials, approximately half a million women resort to unsafe abortion annually - 17 percent of which are done by adolescent moms. The Department of Health (DOH) reports that more than 100,000 women end up in hospital because of complications arising from abortion (as cited in New York Times, 2005). Aside from the complication arising from abortion, adolescent moms as well as their families are placed in difficult situations as abortion is also highly condemned in the country.

Despite the prevalence of teenage pregnancy and abortion, various studies suggest that these issues remains to be understudied and masked in silence (Kumar, Hessini & Mitchell, 2009; Norris et al., 2011). Centering on the question why adolescent women resort to induced abortion, this study aims to discover the role of social stigma among adolescent women who had abortion through the narration of their life experiences.

This phenomenological qualitative research will look into the knowledge of adolescent women regarding sex and reproductive health and discern its role in the pervasiveness of early pregnancy. It will also delve in the experiences of young moms to ascertain how the individual and societal perception and attitude toward early pregnancy affected the decision making of pregnant adolescents, specifically on deciding on whether to continue their pregnancies or end it through induced abortion.
Review of Related Literature

Social Constructionism and social problem

Social Constructivism is based on the assumptions that (1) reality is based on human activities and it is not possible to discover reality as it is non-existent. (2) Knowledge is a human creation that is socially and culturally constructed through human interaction and that (3) learning is a social process and occurs when individuals interact with one another.

Over the years, social constructivism has been used in trying to understand social problems. In the perspective of a social constructivist, social problem is not an objective condition, but rather a “claim-making activity of the individual or groups making assertions of grievances and claims with respect to some putative conditions” (Spector and Kitsuse, as cited in Neiterman, 2012, p.25).

Teenage pregnancy as a social problem

Given the threats that teenage pregnancy pose to both adolescent girls and their children, as well as its deviation from the socially accepted concept of motherhood, numerous studies and literature suggest that teenage pregnancy is one society’s most pressing social problem.

The rise in teenage pregnancy, has become one of the significant contributors to the soaring rate of maternal mortality which the International Statistical Classification of Diseases and Related Health Problems (ICD) defined as “the death of a woman while pregnant or within 42 days of the end of the pregnancy, irrespective of the duration and the site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes (as cited in World Health Organization, 2004, p.23).

According to the World Health Organization (WHO), approximately 16 million girls aged 15 to 19 and two million girls younger than 15 give birth every year. Teenagers are also reported to be at greater risk of childbirth and pregnancy related complications since they are more likely to engage in unsafe abortions and are less like to access maternal health services as compared to older women (2012). Adolescent women were also reported to be more likely to deny their pregnancy, often disregarding the signs of pregnancy, thus making them more vulnerable to complications (World Health Organization, 2007).

Stigmatization of teenage pregnancy
As teenage pregnancy is deemed to divert from the socially accepted concept of motherhood and pregnancy, teenage moms, more often than not, become subjected to stigma and discrimination.

In a study conducted by Neiterman (2012) teenage moms report that being visibly pregnant in public places or attending gatherings always remind them the nonconformity of their pregnancy. They also reported hearing negative comments, mostly from complete strangers about their pregnancy. Remarks include how irresponsible and incapable they are of providing financial and social support to their children and their immaturity and irresponsibility.

In the Philippines, a research conducted by nursing students in Cagayan de Oro city shows condemnation of teenage pregnancy from the Catholic Church and other Christian groups inevitably leads to the stigmatization of pregnant adolescents. The fear of being viewed negatively because of having a baby during their teenage years is also reflected in a study of pregnant adolescent’s concepts of the advantages and disadvantages of teenage childbearing. To quote:

“Sometimes I feel like I should be ashamed of myself for having a baby at such a young age. Or I feel like if other people say things when they see me. It sometimes puts me down because I start to wish that I should've done something different” (16-year-old, Hispanic, unintended pregnancy, previous pregnancy, one child).

According to Levandowski et al., (2012) the early pregnancy of women is seen to cause a loss in the social status of not only the young women, but as well as her family. Because of the status loss, teenage pregnancies are prone to stigmatization in communities, such as expulsion from school, etc.

**Resolving adolescent pregnancy through abortion**

This stigmatization, according to Wiemann et al. (2009) causes pregnant adolescent to feel socially isolated. Given their situations, pregnant adolescents are confronted with the problem of deciding whether to continue their pregnancies or resort to abortion.

It is reported every year that approximately 45 million unintended pregnancies end up in abortion while 19 million ends up in unsafe abortions. 40 percent these abortions are done by women aged 15 to 24 (Ekdahl, 2009).
Studies conducted by Dahlback, Maimbolwa, Kasonka, Bergstrom & Ransjo-Arvidson (2007) and Abecia et al., (2010) show that unsafe abortions done in Lusaka, Zambia were done out of fear of facing personal shame and social stigma and discrimination such as being told that their pregnancy is a “mistake,” disapproval of parents, abandonment by partner and expulsion from school.

In a study conducted by the Kenyan Human Rights Commision, it showed that 92% of its respondents had abortion. Even though unaware whether abortion is illegal or not, 98% believe that abortion is excusable given the following reasons: continuing of studies, abandonment by the father, economic constraints, rape and shame (2010).

In the Philippines, even though abortion is illegal, there is still a considerably large percentage of abortion. According to the Guttmacher Institute, out of the 3.1 million pregnancies in the country annually, 15 percent, or approximately 473,000 end in clandestine and unsafe abortions. Approximately 64,000 of which are teenage abortions. Even though some women have abortion through medical procedures such as manual vacuum aspiration (MVA) or dilation and curettage (D&C), they are still at risk as providers may be lacking the skill to perform such procedure or because of unsanitary setting. On the other hand, low income women, about 22 percent of women have abortion through massage or use of catheter (2013).

Unsafe abortion, however, may result to serious complications and even death. According to a report by a New York-based center for Reproductive Rights, at least 1000 women die from complications arising from unsafe abortions while 90,000 are hospitalized (as cited in ABS-CBN News, 2010).

Despite the complications that may arise out of unsafe abortion, a large number of women’s choose to delay or even not to seek post-abortion care at all because of the fear of being imprisoned as well as the fear of abortion stigma.

**Abortion Stigma**

Kumar, Hessini & Mitchell (2009) defined abortion stigma as “a negative attribute ascribed to women who seek to terminate a pregnancy that marks them, internally or externally, as inferior to ideals of womanhood” (p. 628) and theorized that women who had abortion are stigmatized as they are seen and considered to be going against the “essential nature” of women. To elaborate on
how stigma, such as abortion stigma is produced and reproduced, Kumar et al. cited the work of Link and Phelan (2001):

In the first component, people distinguish and label human differences. In the second, dominant cultural beliefs link labelled persons to undesirable characteristics – to negative stereotypes. In the third, labelled persons are placed in distinct categories so as to accomplish some degree of separation of ‘us’ from ‘them’. In the fourth, labelled persons experience status loss and discrimination that lead to unequal outcomes.

According to Tagoe-Darko, stigma is evident in three levels, specifically at the individual (patient/client); the medical, made up of the environment and providers; and the community consisting of the family, friends and peers. At the individual level, fear, shame and embarrassment are evident. Fear of the negative reactions from family and friends increase the likelihood that women will keep their abortion as a secret. This leads to decline in communication and interaction with family members and even delay in seeking support and help (2013).

As what Goffman (1963) suggest, abortion stigma is a “concealable stigma.” Norris, Bessett, Steinberg, Kavanaugh, De Zordo & Becker (2011) argues that women who had abortion believe that they cannot be stigmatized if no one knows they had abortion. However, Norries et al., notes that the concealment of stigma may cause internal experience of stigma and adverse effects in health. This is supported by Quinn and Chaudior (2009) who states that the concealment of abortion is part of the spiteful cycle that strengthens the continuance of stigma (as cited in Norris et.al, 2011). The stigmatization of abortion and its concealment of is reflected in the study of Guttmacher Institute which revealed that most of the women who had abortion chose to disclose the matter at least to one person. Not even a half decided to discuss it with their partner, while nearly one-third chose not to reveal their abortion to anyone (2013).

According to Levandowski et al., the stigmatization of pregnant teenagers is not limited at the family or community level, but in fact may extend to the health care system. Because of the stigma surrounding abortion, women suffering from post-abortion complications are left suffering silently in their homes and delaying seeking care which may lead to more complications, and even death. When women suffering from post-abortion seek care, Levandowski et al. notes that women may experience stigmatizing attitude from health workers as well as resultant negligence as
evidenced by the account of a registered nurse-midwife in their study who reported that patients in need of post-abortion care “are looked at as having done a bad thing and may be neglected” (p.169).

Based on this pool of literature, it can be hypothesized that the stigma and discrimination surrounding adolescent pregnancy has cultural underpinnings, given the conservative Catholic culture of the country which places great importance to remaining chaste until marriage. Sex is also considered to be something that should only be done in the context of marriage and solely for procreation purpose. This stigma greatly affects the decision of pregnant adolescents to resort to abortion. However, as a woman resort to abortion, she is once again placed in a difficult situation and is once again vulnerable to stigma. This fear of stigma is seen to be affecting their decision on whether to delay seeking care in case of complications arising from abortion, which in turn places their lives at risk.

Conceptual Framework and Theoretical Framework

Three theories will be used in order to understand the phenomenon being discussed in this research. Erving Goffman’s theory of social stigma will be the primary framework for analysis, supported by Lev Vgotsky’s social constructivism and Richard Hoggart’s Cultural Studies.
Erving Goffman is a forerunner in the study of stigma in the field of sociology, medicine, health sciences, criminology and psychology. In his work, *Stigma: Notes on the Management of Spoiled identity*, Goffman defines stigma as “an attribute that is deeply discrediting that negatively changes the identity of an individual to a tainted, discounted one” (as cited in Kumar, Hessini & Mitchell, 2009, p.626). Goffman’s theory of social stigma has been used in various studies such as mental illness, leprosy, cancer-related discrimination and HIV/AIDS. Goffman’s conceptualization of stigma is now also being used in abortion research.

Goffman categorizes stigma into three types: (1) “abominations of the body,” which pertains to physical deformities, (2) “blemishes of individual character,” which referred to deviant individuals such as those who have mental disorders and addictions and (3) “tribal identities,” or those who are stigmatized because of their race, sex, religion or from coming from a despised social group (as cited in Weiss & Ramakrishna, 2004)

Because of the stigma surrounding their early pregnancy, pregnant adolescents are more likely to resort to abortion. This is well observed in the study of Dahlback, Maimbolwa, Kasonka, Bergstrom & Ransjo-Arvidson (2007) which reported that common reasons cited for performing unsafe abortions in the Lusaka, Zambia were mainly because of fear of facing personal shame and social stigma following pregnancy outside of marriage such as disapproval of parents, abandonment by partner and expulsion from school.

Link and Phelan (2001, as cited in Kumar, Hessini & Mitchell, 2009) elaborates on how stigma is produced and reproduced in their stigmatization model:

In the first component, people distinguish and label human differences. In the second, dominant cultural beliefs link labelled persons to undesirable characteristics – to negative stereotypes. In the third, labelled persons are placed in distinct categories so as to accomplish some degree of separation of ‘us’ from ‘them’. In the fourth, labelled persons experience status loss and discrimination that lead to unequal outcomes.

(p.626)

Strengthening Goffman’s social stigma theory are Vgotsky’s social constructivism and Hoggart’s cultural studies. Social constructivism posits the view that reality is based on human activities and that knowledge is a human product and is socially constructed. In the constructivist’s perspective, learning is seen as a social process that occurs when individuals interact with each
Vygotsky, a cognitivist, discards the claims of Piaget and Perry, arguing that learning cannot be separated from its social context. Furthermore, Vygotsky places great importance in language and culture, as it plays a vital role in human intellectual development and how individuals perceive the world (University of California, n.d.).

Over the years, social constructivism has been used in understanding social problems such as teenage pregnancy and abortion. According to Neiterman, teenage pregnancy is constructed as a social problem as teenage girls are seen to be deviating from the usual concept of pregnancy, which is supposed to be desirable and planned, as well as from the socially accepted concept of “motherhood.” In his study, pregnant teenagers report that being visibly pregnant in public places or attending gatherings always remind them the nonconformity of their pregnancy. Hearing negative comments about their pregnancy from complete strangers was cited as a usual occurrence. Negative remarks include how irresponsible and incapable they are of providing financial and social support to their children and their immaturity and irresponsibility (2012). Having an induced abortion, on the other hand is seen by Kumar, Hessini & Mitchell (2009) as going against the “essential nature” of women. On the other hand, Loseke argues that a condition such as abortion can be interpreted in a number of ways, as social problem is defined differently in a society. He further emphasized the importance of the differences of how people view conditions in order to have a clear grasp on how such social problem originates and constructed (as cited in Frechette, 2006).

Vygotsky’s brand of constructivism also stresses the vital role of culture and social context in an individual’s cognitive development. Various ideas have been associated with the term culture, but the most common concepts include: sharing ideas, meanings and values, socially learned, often exists at unconscious level and constantly changing through lived experience. Hence, cultural studies is primarily concerned with how meaning is created, circulated, and produced from the social, political and economic spheres within a specific culture. As Winter (n.d.) stated, cultural studies is aimed at “studying cultural forms, practices and processes of contemporary societies to critical investigation and analysis” (p.118).

Culture also plays an important role in understanding the health seeking behavior of individuals. MacPhail and Campbell (2001) argues that as much as individuals weigh the possible benefits and repercussions of their behavior, there is a need to delve into the ignored societal,
normative and cultural contexts in which the individuals’ knowledge, attitude and behavior are constructed for the reason that their decisions are greatly influenced by their immediate practical environment, their social rootedness as well as their outlook in life (as cited in Health Systems Development, 2003).

Applying the theoretical foundations of cultural studies, cultural factors, specifically cultural expectation and societal beliefs about young motherhood heavily affect the decision-making of young moms regarding abortion. This is shown in Moss-Knight’s Experiences of pregnancy among adolescents in The Bahamas: A qualitative approach, which reports that an adolescent’s cultural environment affects how adolescents view their sexual roles and responsibilities. Unwed adolescent pregnancy is also deemed to be “undesirable” and goes in contrast with what the society considers to be appropriate age for pregnancy. Because of the pregnant adolescents’ deviation from the socially accepted norms and values, they are more likely to become objects of ridicule and are less likely to utilize community care and health care service.

In the Philippines, the predominantly conservative culture of the country emphasizes the importance of remaining chaste until marriage and for sex to be done only in the context of marriage. Thus, young people who engage in sexual activities are seen as committing sin. The stigmatization of pregnant adolescents is reflected in the study of Abecia et. al, (2010) in which young women reports that the condemnation of the Catholic and other Christian groups contributes to their feeling of disgrace and guilt.

**Methodology**

*Study design*

Grounded on the research paradigm that stresses the vigor of the interpretive tradition, a phenomenological approach was adopted for the research. Phenomenological approaches are considered as powerful instrument in understanding a specific phenomenon as it allows the researcher to look not just into the narrative accounts of the individual, but also in their perceptions, motivations and actions (Lester, 1999).

According to Wimpenny and Grass (2000), phenomenology is highly appropriate in studies that is concerned with human experiences as it unwrap concealed meaning in a specific phenomenon (as cited in Research Design and Methodology, n.d.).
Participants

In order to address the needs and achieve the goals and objectives of the study, the researcher employed both strategic and purposive sampling.

Purposive sampling was used in order to provide for relatively equal number of people that will pave the way for better exploration and description of the meanings taking place within the study conditions (Luborsky & Rubinstein, 2011). For this research the specific type of purposive sampling used was criterion sampling which includes choosing specific cases that meet necessary criterions (Patton, 1990). Also, given the time constraints, strategic sampling will also be employed to ensure accessibility.

Women of legal age and who have experienced pregnancy during their adolescent years were used as participants for the study for they are seen as more vulnerable to stigma. According to Wiemann, Rickert, Berenson & Volk, a considerably large number of pregnant adolescents feel stigmatized because of their pregnancy and are at greater risk of social isolation and abuse (2005). Women of legal age who had pregnancy during their adolescent years were selected based on any of the three criteria: (1) had failed attempt to abort with/without the help of manghihilot/healer or use of abortifacients (2) had thought of or planned but did not pursue abortion. These women were selected for this research because for one, abortion in the country is not just seen as illegal, but also an immoral act. Thus, engaging and even thinking of having abortion leave women more prone to stigma. The cases of the women who had unsuccessful induced abortion, on the other hand, will be used to show that women will delay seeking care in event of post-abortion complications because of the fear of abortion stigma.

For purpose of triangulation, which is used in qualitative studies to further increase the credibility and validity of the study, the researcher also sought information from other sources. Focus group discussions were held with two different groups. Both groups are composed of women aged 18 and above. The first group are students from the University of the Philippines Manila and the other group are composed of students from Catholic universities. Interviews with medical expert in the field of obstetric care, health worker and the executive director of a non-government organization (Likhaan Center for Women’s Health Inc.) were also conducted.
Ethical consideration

Given the sensitivity of the topic pursued in this research, it is therefore the obligation of the researcher to ensure the welfare of the participants of the study. Free and prior informed consent (FPIC) was given to those who took part in the research. Briefing and debriefing were also given especially to those who have experienced adolescent pregnancy, so as to inform them of the possible emotional and psychological risks that the study entails. Lastly, respondents were assured that their identities will be kept in high confidentiality and that the information they will be giving the researchers will be used for research purposes only.

Data Sources and Collection

As for the collection of data, in-depth interview was the primary instrument used in this study. The researcher conducted series of in-depth interviews from the 2nd week of November until the 2nd week of January. The in-depth interviews were useful in exploring the subject in depth and understanding the gaps, in this case, regarding the social construction definitions, perceptions and beliefs of young mom’s about teenage pregnancy and abortion and the role that stigma plays in their decision making.

As part of triangulation, two focus group discussions with women aged 18 were conducted during the month of December. FGDs were used as such format stimulates discussion and helps in generating new ideas regarding the topic at hand. Through group interaction, respondents were encouraged to exchange questions and comment on each other’s opinions and experiences. It was also useful in examining why they think that way. Heeding Yin’s (1984) advice, open-ended interviews were used develop the depth of data gathering. The researcher also made use of the FGD guide for exploring abortion relation stigma made by IPAS’, a global non-governmental organization aimed at stopping preventable deaths and disabilities arising from unsafe abortion.

Data Analysis

Content analysis was used in analyzing the data. After interviews were transcribed, the researcher read and reread the interviews as whole and identify topics that are later considered as primary categories/category labels. Similarities and differences were identified among cases. Findings were connected with each other as well as to the existing pool of literature to establish
the points of convergence and divergence. The results were the analyzed based on the propositions of the research.

*Strengthening the Validity of the research*

Aside from data triangulation, as suggested by Krefting (1994, as cited in Baxter & Jack, 2008), the researcher established rapport with the respondents so as to reduce the potential for social desirability responses in interviews. Member checking was also observed in order to clarify whether the researcher’s interpretation of the data are the same with the respondents. Such measure was also used in order to give respondents the opportunity to provide new or additional perspectives.

**Results**

Based from all the transcribed interviews, thematic narratives were developed and analyzed. The findings are not intended to represent the pregnancies of all adolescent women, but rather to provide better understanding of the plight of adolescent moms and identify areas of significance. The results were categorized under factors influencing early pregnancy, discovery of pregnancy and plans/Attempts to abort, perceived stigmatization of adolescent/teenage mothers, support received during pregnancy, experiences in accessing health care services during pregnancy and resolutions and coping strategies undertaken. Supportive quotes and matrixes are included in order to support and give importance to the ideas and perspectives of adolescent women.

**Factors influencing early pregnancy**

Reasons for engaging in sexual intercourse cited by young moms include: curiosity, love, pressure from partner and sex as a normal part of relationships. Two of the respondents felt that they were forced by their partners into having sex.

> Alam mo ‘yun, yung first na “ganun” namin kasi ano, kasi actually sobrang bata ko pa nun na parang out of curiosity hindi ako marunong humindi, oo lang. [You know, the first time that we did “it” I was too young. It was out of curiosity, I didn’t know how to say no]

* (Lisa, 20).
The other respondent mentions that her partner has high sex drive making it difficult to say no to his request. However, she felt betrayed as her boyfriend did not keep his promise of withdrawing.

*So at first, supposedly, dahil nga unprepared, unplanned, walang cont – walang ano, walang safety. Walang, walang condom. Ang usapan noon withdrawal before. Eh hindi niya ata napansin, so he popped whatever it is inside. [So at first, supposedly, since we were unprepared, it was unplanned. There was no safety. There was no condom. We agreed that he will withdraw, but he got too caught up in the situation that perhaps he didn’t notice, so he popped whatever it is inside]*

*(Alex, 21)*

Use of contraception methods during sexual intercourse was absent, one of the young moms reports using the withdrawal method. One reported that she was too young and was unaware of such. One of the young moms said that they are not using condoms or pills because she trusts her partner and that they have always been using the withdrawal method. The other adolescent mom’s partner, as mentioned above, did not withdraw as he had promised.

Table 1 summarizes the young mom’s knowledge of and perception about contraception methods.

<table>
<thead>
<tr>
<th>Respondents</th>
<th>Contraception methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Young Mom 1, tried to induce abortion</td>
<td>Pills - have negative effects on women, especially on the brain</td>
</tr>
<tr>
<td>Young Mom 2, disowned by her family during first months of her pregnancy</td>
<td>Unaware of contraception methods before her pregnancy</td>
</tr>
</tbody>
</table>
| Young mom 3, readily accepted and supported by her family | Condom  
  Pills – stops a woman from being fertile |

*(Table 1. Knowledge and perception about contraception methods)*

The three respondents attribute their lack of knowledge on contraception methods and reproductive health to the conservative Filipino culture that considers sex as a taboo. Unable to
talk about sex at home or in school, most teenagers have to rely on internet articles, stories from friends and from pornographic materials.

_Naa-avoid siya, hindi siya nao-open. Never siyang nao-open actually... Open ako pagdating sa school work, pag may kaaway ako sa school, kung may hindi ako gusto sa subject, kapag stressed na, pero kapag lovelife, border pa nga lang ng lovelife hindi ko ma-open eh...yun pa kay. [It (talks about sex) has always been avoided. Actually, it was never talked about...I’m open when it comes to school work, if I’m mad at someone, if I don’t like a subject or if I’m stressed. But when it comes to love life, I can’t even talk about my lovelife, what more that (sex)].  

(Alex, 21).

Experts from the field of Obstetric care believe that aside from lack of sex education, young people do not have the means to buy contraceptives. The director of Likhaan Center for Women’s Health, a grass root organization aimed at promoting the health and rights of women believe that young people do not have any means to protect themselves as nothing is provided in health programs, both in hospitals and schools in the country.

Despite the prevalence of the conservative Catholic culture that denounces sex not in the context marriage, the percentage of teenage pregnancies continue to soar. As shown in Table 2, the doctors and the executive of the NGO attribute the growing number of early pregnancies to the lack of education, poor socioeconomic status and the role of media.

<table>
<thead>
<tr>
<th>Respondents</th>
<th>Causes behind the continuous rise in early pregnancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor from private hospital</td>
<td>Lack of proper education, poor family support and poor economic status</td>
</tr>
<tr>
<td>Doctor from public hospital</td>
<td>Lack of sex education, poverty, peer pressure, role of media, and degradation of family values,</td>
</tr>
<tr>
<td>Doctor from Non-government organization</td>
<td>Lack of sex and reproductive health programs in the government and in private institutions like school</td>
</tr>
</tbody>
</table>

(_Table 2. Causes behind the continuous rise in early pregnancy_)

Albeit conservative, all respondents agree that to a certain extent, the society is slowly opening up to the idea of pre-marital sex, as a “normal thing to do” as reflected in what the media, both in television and the internet, and music portray.
Kasi everyone is doing it. Dahil ginagawa ng mga friends nila, nakikita nila sa TV, ayun nga dahil everyone’s doing it, why not us? Why not me? Yung ganoong kaisipin. Tapos ayun pa yung ating media, nakakalungkot mang isiping, yung media natin, not only in television but also in internet, masyadong publicize, advertise ang sex, not only in movies, not only sa mga telenovela na nakikita natin, but also in songs. Parang maski sa songs, parang cool ang songs kapag there’s sex in that. [Everyone is doing it. Because everyone’s doing it, why not us? Why not me? And sadly the media, both in television and internet publicize, advertise sex, not only in movies or intelenovelas, but also in songs. Even in songs, it’s as if the song is cool if there’s sex in it...]

(Doctor from private hospital)

The director of Likhaan, however, notes that most Filipinos has yet to come into terms with reality and that the country’s moralistic society is the one of the hindrances in addressing the problem on the growing numbers of teenage pregnancies.

...Except that napaka moralistic talaga ng society natin na pinipigilang pag-usapan yung problema na yun. Yung buhay at kinabukasan ng young people ang nalalagay sa alanganin. Because of yung hypocritical nga na ating lipunan.. [our society is very moralistic, always prohibiting on talking about the problem. The life and future of the young people are what’s being put at stake]

(Executive Director, Likhaan)

**Discovery of pregnancy and plans/attempts to abort**

The young moms as well as the adolescent women express that teenagers are in shock and in denial after the discovery of their pregnancies. Respondents report having feelings of disbelief, sadness and fear after finding out that they are pregnant. Aside from personal denial, respondents admit that they concealed their pregnancies from their families and friends, and even to their partners as long as they can.

Doctors emphasize that young people’s denial and concealment of their pregnancy results to poor health-seeking behavior, which may eventually entail undetected pregnancy complications and put the life of the mother and the baby at risk. One of the doctors reports that young expectant moms are more rebellious and problematic in terms of compliance.

....kasi talagang makikita mo, one rebellious sila. Even sabihin mo na you need to do this... Like for example if I tell them that they need to have this examination, you need these medicines, you have to do the ultrasound, the laboraties that they need to do, mas hindi sila compliant.. [You can see that they
are rebellious. Even if you tell them you need to do this...Like for example if I tell them that they need to have this examination, you need these medicines, you have to do the ultrasound, the laborations that they need to do, they are less compliant]

(Doctor from private hospital)

The primary reasons for the concealment of pregnancy were fear of the reactions and lack of support and acceptance from the family, not being able to finish school, shame and humiliation entailed by early pregnancy and being abandoned by (their) partners.

The young moms also admit that it was not possible not to think of abortion as a way out. Two of the respondents share that they planned on having abortion and have even saved money and researched about it. Table 3 shows the reasons cited by the three young moms when asked about why they thought of resorting to abortion.

_Ayun naisip kong magpalaglag. Naisip naming dalawa na bumili ng cytotec online. Sabi niya, “ano, bibilhan na ba kita ng cytotec?”_

(Charlene, 20)

_..eh bakit…parang yun mga yun palang, isipin mo pa lang, manghihinayang ka na sa kung ano mang mawawala sa’yo. Kaya ano, parang may part talaga na gusto ko siyang mawala noon [Just think of what you’ll lose, you’ll really feel bad. That’s why there’s really a part of me that wants him to be gone that time]_

(Lisa, 20)

<table>
<thead>
<tr>
<th>Respondents</th>
<th>Reason for wanting to have an abortion</th>
</tr>
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<tbody>
<tr>
<td>Young Mom 1, tried to induce abortion</td>
<td>Shame and dishonor brought by her pregnancy to her and her family, pregnancy would affect her schooling and abortion would be a way to end the possible life-long suffering of the child</td>
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<tr>
<td>Young Mom 2, disowned by her family during first months of her pregnancy</td>
<td>Shame, fear of whether she’ll be accepted by her family and the possible effect of her heart ailment to her pregnancy</td>
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<tr>
<td>Young mom 3, readily accepted and supported by her family</td>
<td>Shame and fear that she might be disowned by her family and pregnancy would affect her schooling</td>
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</table>
Table 3. Reasons for wanting an abortion

The two respondents, however, did not push through with the abortion because of feelings of guilt and fear. Support given by family and friends were also vital in the decision on whether to push through with the pregnancy or not. Other factors considered for not having abortion are the beliefs that their pregnancies are “God’s gift” and parts of “God’s plan.” Adolescent women holds the same belief that babies, whether expected or not, are blessings from God.

Parang ang thinking na lang if you look at it at another side, every baby is a blessing. Ganun na lang. Kahit na sabihin mong maaga siya, unwanted siya, nakasagabal man siya, every baby is a blessing. [If you look at it at another side, every baby is a blessing. Even though it (baby) came early, it’s unwanted, if it’ll hinder you, every baby is a blessing...]

(College student, 18)

It was a different ball game for the other respondent. After confirming that she was pregnant, she and her parents came to a mutual decision to abort the baby. However, her attempt to abort the baby was not successful even after taking two sets of aborting pills. She shares that she took these failed attempts as a sign that it’s God will that she pushes through with her pregnancy. After trying to abort the baby, she tells that she did not seek a check-up, not until one incident were in she suffered from food poisoning.

Twice namin siya ginawa, so bale four medicines, four days ‘yun wala pa ding epekto. Siguro it was God’s plan na hindi ko pababayaan, hindi ko pababayaan yung bata. [We did it twice, so that’s four medicines, four days but nothing happened. Maybe it was God’s plan, (He) did not leave me, I will not leave the child.]

(Alex, 21)

All of the young moms believe that other people will label them bad and immoral if they discovered that they attempted or even planned to have an abortion. Thus, their plans or attempts to abort were only between them and their parents/partners.

<table>
<thead>
<tr>
<th>Respondents</th>
<th>Perception of abortion</th>
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</thead>
</table>
| Young Mom 1, tried to induce abortion | Before pregnancy: abortion as a bad thing  
After pregnancy: understood why some women resort to abortion, a way to save the child from a life-long suffering |
Adolescent women associate the term abortion to killing. Women who resort to abortion are considered to be not courageous enough to face the fault that they created. Most of the adolescent women believe that even though getting pregnant early may entail difficulties, pregnant teenagers/adolescents should not resort to abortion as babies are God’s gift.

When complications arise due to unsafe abortions, doctors and the executive of the NGO express that women, especially young people are unwilling to admit that they induced abortion, making it more difficult to treat them. Young women are also unaware of the possible health risks posed by induced abortions such as bleeding, infections, infertility and even death.

In public hospitals, women who are suspected to have performed abortion are treated but are scrutinized and reported to the police. This practice, however, is not observed in private hospitals. The director of Likhaan notes that women who experience spontaneous abortions are also being inspected and reprimanded. Furthermore, some women are reprimanded before they are treated and there are even some hospitals who refuse to give post-abortion care.

May mga hospitals na hindi muna sila tinitignan hanggang hindi sila nagpapalista daw, yung nagpapablater. Yung inaamin nila na nagkaroon sila ng induced abortion. Actually very demeaning procedure yan sa babae and it should not happen. But I know some hospitals do that and may mga hospitals din kami na alam na hindi tumatanggap ng post-abortion complications so ibig sabihin hindi nila
nilalapatang gamot, ibig sabihin nirereject nila at ipinapasa sa ibang hospitals. [There are hospitals who don’t treat women, not until they confess that they had induced abortion and are reported o the police. It’s actually a very demeaning procedure for women and it should not happen. But I know some hospitals do that and there are also hospitals who don’t offer post-abortion complication, meaning they don’t treat them and refer them to other hospitals]

(Executive Director, Likhaan)

The director of Likhaan believes that no woman would ever want to have an abortion. She believes that women who induce abortion are placed in difficult situation and have only made the decision to terminate their pregnancies because they felt that it is the only best thing to do.

**Perceived stigmatization of adolescent/teenage mothers**

The three young moms shares tell that getting pregnant at an early age can be stigmatizing. One of the respondents shares that she had to stay for several months at her aunt’s home because her father was too furious with her that she was thrown out of the house.

After the discovery of their pregnancies, the three young moms were forced to stop from school. Respondents chose not to divulge their situation, instead the alibis given to the school from stopping include heart ailment, health reasons and financial problems.

The three respondents believe that some people perceive them to be “malandi.” They explain that while people are not saying anything, the way people look at them is enough to make them feel that they are being talked about and stigmatized. This feeling is supported by the perception of adolescent women who believe that women who get pregnant at early age are gossiped about behind their backs and are labelled, “malandi,” “disgrasyada,” and “makati.”

Adolescent women feel that women who got pregnant early and who planned or attempted to have an abortion are stigmatized and discriminated because of the highly conservative culture of the country.

<table>
<thead>
<tr>
<th>Respondents</th>
<th>Reason why young moms are stigmatized and discriminated</th>
<th>Reasons why women who planned/attempted to have an abortion are stigmatized and discriminated</th>
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Women who get pregnant early do not adhere to the teachings of the Church, Getting pregnant is already bad, killing the baby is worse, abortion is illegal, babies are blessings from God and women who have abortion are not brave enough to push through with her pregnancy.

Teenage years is not the acceptable age for women to get pregnant and women should not get pregnant until she is married. Abortion is illegal, abortion is tantamount to killing and the Church teaches that it’s wrong to kill.

The stigma, however, is not only directed to the pregnant adolescent/teenager, but as well as to her family, especially her parents.

Women who got pregnant at an early age and attempted or even planned to have an abortion are believed to be more stigmatized and discriminated. As mentioned above, women who thought of resorting to abortion as a way out are viewed negatively.

Noong nalaman nila na pregnant, so malaking isyu na yun, noong nalaman nila na magpapaabort, mas malaking issue yun. Mas malaking issue yun na pwede nilang ipagkalat. Kasi mali na nga. Una, sa paningin ng mga tao, mali na nga na mabuntis ka ng walang asawa, tapos teenage pregnancy pa. Tapos may ginawa ka pang another pang mali, pinatay mo yung baby, ayun nga nagplan ka ng abortion. So double whammy na sa ‘yo yun

(College student, 19)

**Support received during pregnancy**

Support coming from other people, especially the respondents’ families is considered one of the most important factors during the course of pregnancy and in deciding on whether to push through with the pregnancy or not. One of the young moms believe that if their family cannot accept them, what more can they expect with other people and the society.
Adolescent women believe that support from other peoples enables the pregnant teenagers/adolescents to have a positive outlook regarding their pregnancies, thus reducing the possibility of resorting to abortion.

…kahit hindi yung community eh, kung tatanggapin ka ng family mo na ganun ka na…ay na nagkaganun ka na, na ganun yung nangyari, okay lang eh. Magiging okay…magkakaroon ka ng positive thinking sa pregnancy kahit unwanted man siya. [Even if the community don’t accept you, but your family accepts the fact that you got pregnant, it’ll be okay. You’ll have a positive thinking towards your pregnancy even though it is unwanted…”

(College student, 19)

Experiences in accessing health care services

Two of the respondents sought health care services from private hospitals while one sought help from a public hospital. The respondents who had their check-ups and gave birth in private hospitals felt that the services given to them were satisfactory. Despite being cared for, one of the two respondents felt that she was being judged for giving birth at such a young age.

...although they were doing their job...may sense pa din ng “bakit ang bata ng pasyente? Bakit...Ito yung case niya tapos ang bata niya...17...kaka-17” eh 17, 8 months...ilan ba 8 months, 9 months, ang bata ko nun. Yun yung nararamdaman ko nun, nakikita ko din naman sa kanila. Marunong naman akong mag-assess ng tao kahit papaano. And the way they look at people is very degrading na parang okay bakit, bakit ang bata? [Although they were doing their job, there’s this feeling as if they’re asking, “why is the patient so young?” I was 17 that time and I was 8 months pregnant. That’s how I felt about them. At the very least, I know how to assess people. And the way they look at people is very degrading as if saying, “okay, why is our patient so young?”

(Alex, 21)

The respondent who availed of services from the public hospital felt that she was well taken cared of, especially because of her heart ailment. She mentions that her blood pressure was taken every hour and that doctors check up on her every now and then. She admits though that there were also instances where in health care workers seem to be taken aback whenever they find out her age.

The executive director of Likhaan Center for Women’s Health believes that providers for health services for young people should be open-minded and not judgmental in order to truly
provide for the sexual and reproductive needs of young people. She also adds that the consultation services given by providers should match with the young people as most of them are in school during weekdays.

**Resolutions**

Young moms admit that it is hard to be a mother at an early age, struggling to balance the responsibilities of being a mother and a student. They also reported feeling of having to make up for their “mistake” or redeeming their selves by studying and working hard. Although they are viewed negatively, they believe that being a mother at a young age does not automatically translate that they will not be successful in the future.

**Analysis**

The findings of the study pinpoint that young people’s lack of knowledge when it comes to sexuality and reproductive health is one of the main perpetuators behind the continuous rise in adolescent pregnancy. The inadequacy of sexuality and reproductive health education is brought about by the highly conservative culture of the country which restricts sex from being discussed openly both at home and in school. Furthermore, although not as apparent as before, the machismo culture of the country still persists as evident by the adolescent women’s inability to say no whenever their partners ask for sex.

Albeit adolescent women in the focus group discussions believe that early pregnancy is already considered normal and to a certain extent accepted by the society, women who have early pregnancies are stigmatized. As what Link and Phelan’s stigmatization model suggests, individuals who deviate from the norms of the society are labelled and attributed negative characteristics based from dominant cultural beliefs. In the country, women who get pregnant early are constructed and tagged as “malandi.” “makati,” “maagang kumirengkeng” and “disgrasyada” as they are seen to be going against the teaching of the Church which emphasizes the value of remaining chaste and that sex should only be done in the context of marriage. To avoid being labelled and for the pregnant women as well as her family’s identity to be tainted, pregnant teenagers/adolescents and their families try to conceal the pregnancy as long as they can and at times will even resort to dangerous measures such as clandestine abortion as a way out. As what the findings suggest, shame and dishonor brought about by the pregnancy, acceptance and support of family, friends and
society, effects of their pregnancies to their schooling and future and abandonment of partners are primary considerations for pregnant teenagers/adolescents in deciding whether to push through with their pregnancies or not.

Resorting to abortion can also cause an individual to be stigmatized and discriminated. In the Philippines, if a woman had an early pregnancy is considered bad, a young expectant mom who thought of or what more, resorted to abortion is seen as worse and evil. Just like the case of the pregnant adolescents, women who planned or had an abortion will conceal the fact that they attempted to abort the baby. As evidenced by one of the young moms, the plans and attempts to abort the baby is kept as a secret until now between her and her family. Experts from the field of obstetric care report that woman who had induced abortion will not seek medical care for as long as they can, or if they do, will try to deny the fact that they had an induced abortion. It is worthy to note, however, that most women are not fully aware of the health risks posed by induced abortion such as bleeding, infections, infertility, and even death. On the other hand, pregnant teenagers/adolescents who push through with their pregnancies is greatly affected by the culture and the teachings of the Church about the sanctity of life. Although early and unintended, expectant young moms see their pregnancies as a blessing and as a part of God’s plan.

After being labelled and attributed negative characteristics, pregnant teenagers/adolescents “are placed in distinct categories so as to accomplish some degree of separation of ‘us’ from ‘them’...labelled persons experience status loss and discrimination that lead to unequal outcomes.” (Link & Phelan, 2001 as cited in Kumar, Hessini & Mitchell, 2009, p.626). From the findings of the study, stigmatization and discrimination of pregnant adolescents are manifested in different ways. Aside from being labelled and stereotyped and the concealment of their pregnancies, women had to stop schooling, some of which are forced to drop out from school. There are also cases wherein some pregnant teenagers/adolescents are disowned by their parents and are thrown out of their homes. Young moms also report being constantly subjects of gossips and criticisms. Stigmatization is not only limited to the pregnant adolescents, but as well as her family. The pregnant adolescent’s parents are often blamed for their inability to instill positive values in their child. Thus, even some families will try to conceal the pregnancy of their daughter as exemplified by two of the young moms wherein they were advised by their parents to refrain from going out of their house or to go somewhere else wherein no one would recognize them.
In terms of health services provided, some of the young moms feel that while medical workers are doing their jobs, they are still being treated differently. Comments and questions regarding their age and pregnancy cause pregnant teenagers/adolescents to feel that they are being condemned and judged.

Furthermore, given their physical vulnerability and their lack of financial capacity to provide for their needs, young moms, more often than not, lack the autonomy to decide for themselves. Since having a child at a young age is constructed as tantamount to having an unsuccessful future, as what Goffman suggests, young moms develop this feeling of having to redeem their selves and to compensate for their stigma.

**Conclusion and Recommendation**

In conclusion, first, it cannot be denied that the inadequacy, if not the absence of knowledge as well as the erroneous beliefs regarding sex and reproductive health results into early and unintended pregnancies. As advised by the experts in the field of obstetric care as well as other studies done before, a comprehensive sex and reproductive health program needs to be implemented to broaden the knowledge of young people and to give them the necessary information to protect themselves.

Second, the taboo surrounding sex, adolescent pregnancy and abortion is detrimental. The more that the society continues with its longstanding cultural aversion of talking about sex, the more that young people become vulnerable to early and unplanned pregnancies. Furthermore, stigmatization of adolescent pregnancy and abortion as a social control comes at a price - at times at the expense of the child and the young mother.

As what the findings suggest, fear of the stigma and how the society will accept them along with fear of being abandoned by their partners and their pregnancies’ possible effect to schooling are the adolescent women’s primary reasons for wanting to induce abortion. The fear of being ‘tainted’ hinders young people from seeking help. Thus, there is a need for the government as well as private hospitals to ensure that health providers are not judgmental and are respectful of the rights of young people, specifically on ensuring patient confidentiality. Open-minded and non-judgmental health providers are also needed by women suffering from post-abortion complications. Given the cultural stigma surround seeking post-abortion care, the government
should also ensure that women suffering post-abortion care are not subjected to harsh and biased treatment, but instead are treated humanely and given adequate care.
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