



## Prevalence of Teenage Pregnancy During 2021 and 2022 in the Philippines: A Review

**Ericha Elham Soud S. Tan<sup>1,2</sup>, RN, MD; Evangelica T. Carreon<sup>1,2</sup>, RPh; Lilibeth B. Hortillo<sup>1,3</sup>, RM, BCHS, BSM; Naida N. Waradji<sup>1,2</sup>, RMT; Nazhra B. Musallam<sup>1,2</sup>, RN, MD, MPH; Rufaisa O. Albang<sup>1,2</sup>, RMT; Erwin Faller<sup>1</sup>, BS Pharm, PhD, MMPS, FRI Pharm**

<sup>1</sup> St. Bernadette of Lourdes College, Quezon City, Metro Manila, Philippines

<sup>2</sup> Integrated Provincial Health Office – Sulu Provincial Hospital, Asturias, Jolo, Sulu, Philippines

<sup>3</sup> Municipal Health Office, Brookespoint, Palawan, Philippines

### ABSTRACT

Teenage pregnancy is a problem that has a big social impact globally. In the Philippines, the teenage pregnancy rate is considered a “national emergency”. However, it has not been fully accounted for the prevalence of teenage pregnancies across the country, especially on the far-flung areas, that went undocumented or unintended pregnancies, to date. This review presents a semi-systematic, integrative literature review on the trends on prevalence, factors, complications, and general management to teenage pregnancy. It was found out that though studies on teenage pregnancy are widely covered, there has been a gap in the study on the prevalence of teenage pregnancy, especially on an archipelagic setting, like the Philippines, and its far-flung areas. Hence, a study on the Prevalence of Teenage Pregnancy during 2021 and 2022 in the Province of Sulu is conducted.

**Keywords:** teenage pregnancy, prevalence, factors and complications, general management

### Background

The World Health Organization defines teenage pregnancy as occurring in adolescent girls between the ages of 10 and 19. This covers those who are regarded as adults under local law. Teenage pregnancy is a major societal issue that affects teens, families, and society at large in a variety of negative ways.<sup>[1]</sup> According to recent World Bank data, the Philippines has a higher adolescent birth rate than the average global rate of 44 and the ASEAN region's average rate of 33.5, at 47 births annually per 1,000 women aged 15 to 19<sup>[2]</sup>. This means that every day, more than 500 adolescent females in the Philippines become pregnant and give birth. UNFPA shares the sense of urgency expressed by NEDA and POPCOM, which recently referred to the nation's disturbingly high rate of teen pregnancies as a “national emergency.”<sup>[3]</sup>

As shown on Table 1., the Philippine National Nutrition Council reported that there are 203,085 live births of teenage mothers in 2016, 196,478 in 2017, and 183,000 in 2018<sup>[4]</sup> which accounts for the decrease in teenage pregnancy rate from 10% as recorded during 2008 to 9% in 2017<sup>[5]</sup>. Given a recent recorded time span of 10 years, a 1% decrease is still seen by the Philippine Government as “national emergency”. Specifically, in 2019 there were 7% more births among females who were 15 or younger in the Philippines. There were 62,510 Filipino minors who gave birth in 2019, up from 62,341 in 2018. 2,411 very young adolescents, or roughly seven every day, between the ages of 10 and 14, gave birth in 2019. On Table 2., the three regions of Central Luzon (7,523), Calabarzon (8,008), and the National Capital Region (7,546) each saw one in three births of minors. Outside of Luzon, Northern Mindanao, the Davao Region, and Central Visayas had the greatest proportions of minors who gave birth—4,747, 4,551, and 4,541, respectively<sup>[6]</sup>. This does not fully account those teenage pregnancies that went undocumented and unintended pregnancies to date. Among Filipino youth, according to living conditions and perceived self-efficacy, there are three main methods for adolescents to become pregnant: through early unions, by “*disgrasya*” (romantic relationship accidents), and when conception is directly linked to hardship and disadvantage<sup>[7]</sup>.

Table 1. Live Births of Teenage Mothers in the Philippines<sup>[4][6]</sup>

Live Births	Philippine Authority <sup>[4]</sup>	Statistics	National Nutrition Council <sup>[6]</sup>
2016	203,085		
2017	196,478		
2018	183,000		62,341
2019			62,510

Table 2. Regions in the Philippines with the greatest number of live births of teenage mothers during the year 2019<sup>[6]</sup>

Region	Live Births of Teenage Mothers
Central Luzon	7,523
Calabarzon	8,008
National Capital Region	7,546
Northern Mindanao	4,747
Davao Region	4,551
Central Visayas	4,541

Because of their historical ties to the pre-invasion and pre-colonial societies that evolved on their lands, indigenous communities, peoples, and nations view themselves as distinct from other facets of the society that currently predominate in those lands, or portions of them. They are currently non-dominant segments of society, but they are determined to maintain their ethnic identity and ancestral homelands as the foundation for their continuous existence as a people, in accordance with their own cultural norms, social structures, and legal systems<sup>[8]</sup>. The Philippines is a multicultural nation with between 14 and 17 million Indigenous Peoples (IPs) who are divided into 110 ethnolinguistic groups. They are primarily found in Northern Luzon (Cordillera Administrative Region, 33%) and Mindanao (61%), with a few tribes also present in the Visayas. In the Province of Sulu, majority of the Indigenous People (IPs) consists of the Tausugs, Sama and Badjao<sup>[9]</sup>.

Up to date, there are no known official statistics on the actual demographics of IPs in the Philippines which poses a challenge in the documenting of cases of teenage pregnancies in the province. The United Nations Population Fund Philippines has reported that despite improvements nationwide, there are still significant differences between regions and population groups. The impoverished, illiterate, and population groups who are marginalized, such as indigenous people, frequently live in rural areas without access to healthcare services. Furthermore, indigenous women have a number of challenges that increase their risk for maternal morbidity and mortality, including low access to services, a lack of formal education, endemic poverty, and problems with traditional practices such as adolescent marriage<sup>[10]</sup> which can result to implications physically, socially, educationally, and social stigma<sup>[11]</sup>. Thus, the study entitled "Prevalence of Teenage Pregnancy during 2021 and 2022 in the Philippines: A Review" is conducted.

## Methods

This review employs a semi-systematic and integrative literature review approach. Instead of focusing on impact size, this review aims to discover and comprehend all potentially pertinent research traditions that have consequences for the subject under study. It then synthesizes these traditions using meta-narratives. The researchers conducted comprehensive literature search across several databases and sources using highly sensitive and organized algorithms to find all relevant studies—both published and unpublished—that fall within the bounds of available resources and are qualified for inclusion. These database specifically includes the following: World Health Organization, United Nations Population Fund Philippines, United Nations Department of Economic and Social Affairs, International Journal on Societies, Philippine National Nutrition Council, and Philippine Commission on Population with search keywords "Teenage Pregnancy, Trends, Prevalence"; Demographics from Philippine Statistics Authority and World Health Organization; the International Journal of Reproductive Health, IAFOR Journal of Education: Inclusive Education, International Journal of Adolescence, International Journal on Family Planning Perspectives, European Journal of Public Health, Medical Journal Australia, International Journal on Adolescent Health, and BioMedical Journal with search keywords "Teenage Pregnancy Factors, Teenage Pregnancy Complications"; and the Australian Journal of General Practice, Australian Family Physician Journal, and the International Journal on Obstetrics and Gynaecology with search keywords "General Management, Teenage Pregnancy".

In order to comprehensively respond to a clearly articulated research topic and assist evidence-based decision-making, the researchers compile, critically evaluate, and synthesize in a single source all empirical data that satisfies a set of pre-specified eligibility criteria. Also, this review intends to evaluate, criticize, and summarize the literature on a study issue in a way that encourages the emergence of fresh conceptual frameworks and viewpoints. The researchers detect patterns that can be understood and gaps in the literature that relate to established ideas, theories, methods, or results. All research articles from the mentioned databases were thoroughly read by the researchers. The key reviews are listed hereafter.

## Teenage Pregnancy Trends and Prevalence

There are substantial physical, social, and economic repercussions associated with adolescent pregnancy, which is a global phenomenon with well-known causes. The adolescent birth rate (ABR) has declined globally, although there have been large regional differences in the rates of change as well as levels within and within nations. People with less education or lower socioeconomic level frequently have greater rates of adolescent pregnancy. Inequity rises because of slower progress in reducing adolescent first births among these and other vulnerable groups. Girls are more likely to become pregnant unintentionally because of child marriage and child sexual abuse. Adolescents are frequently unable to avoid unwanted births because of obstacles to accessing and utilizing contraception. The issue of expanding teen parents' access to high-quality maternal care is receiving more and more attention. In poor countries, an estimated 21 million females between the ages of 15 and 19 become pregnant each year, and about 12 million of them give birth<sup>[12]</sup>. From 64.5 births per 1000 women in 2000 to 42.5 births per 1000 women in 2021, the ABR has fallen globally. However, rates of change have varied widely around the globe, with Southern Asia (SA) experiencing the steepest drops and Latin America and the Caribbean (LAC) and sub-Saharan Africa (SSA) experiencing slower declines. SSA and LAC continue to have the highest rates globally, with 101 and 53.2 births per 1000 women, respectively, in 2021, despite declines in other areas<sup>[13]</sup>. ABR also exhibits significant regional variations. For instance, in LAC, Nicaragua had the highest estimated ABR of 85.6 per 1000 teenage females in 2021, compared to Chile's 24.1 per 1000 teenage girls<sup>[13]</sup>. There are huge differences even between nations.

For instance, in Zambia, the percentage of adolescent girls between the ages of 15 and 19 who have started having children (women who have given birth or are pregnant at the time of interview) varied from 14.9% in Lusaka to 42.5% in the Southern Province in 2018 <sup>[14]</sup>. In 2017, this varied by region in the Philippines, from 3.5% in the Cordillera Administrative Region to 17.9% in the Davao Peninsula Region <sup>[4]</sup>. The actual number of births to teens is still high even if the estimated global ABR has decreased. The predicted birth rate for 15 to 19-year-olds was highest in SSA (6,114,000), whereas Central Asia saw significantly fewer births (68,000). As compared to 22,000 in South-East Asia (SEA) during the same year, the corresponding number among adolescents aged 10 to 14 in SSA was 332,000 <sup>[13]</sup>. According to research on risk and protective variables for adolescent pregnancies in LMICs, rates are often higher for people with lower levels of education or socioeconomic position <sup>[15]</sup>. These disadvantaged populations have experienced notably poor progress in lowering adolescent first births, which has resulted in rising inequality. Adolescent pregnancies and deliveries are influenced by many different circumstances. First, girls are frequently pressured to get married and have children. According to estimates, there were 650 million child brides in the world as of 2021. Child marriage puts girls at higher risk for pregnancy for two reasons: first, girls who marry very young typically have limited autonomy to influence decisions about delaying childbearing and using contraceptives; second, in many cultures, girls choose to get pregnant because their options for education and employment are limited. Motherhood, whether it occurs within or outside of marriage or union, is frequently prized in these civilizations, making marriage or union and childbearing one of the few viable options for young girls <sup>[16]</sup>.

### Teenage Pregnancy Factors and Complications

The teenagers who are pregnant deal with many of the same challenges that other pregnant mothers do. For those under the age of 15, there are extra issues because they are less likely to be physically capable of supporting a healthy pregnancy or giving birth <sup>[17]</sup>. Risks are more closely linked to socioeconomic variables than to the biological impacts of aging for girls between the ages of 15 and 19 <sup>[18]</sup>. By the time a girl is 16, the risks of low birth weight, early labor, anemia, and pre-eclampsia are unrelated to biological age because they are not seen in births to older adolescents after adjusting for other risk factors, such as having access to high-quality prenatal care <sup>[19]</sup> <sup>[20]</sup>. While for some people, pregnancy in adolescence can have a transforming effect on altering toxic relationships and behaviors <sup>[21]</sup>, it is not applicable to everyone. Increased exposure to domestic violence (which may be made worse by the pregnancy), mental health conditions, substance abuse, sexually transmitted infections (STIs), financial hardship, and homelessness are just a few of the social and health effects of young pregnancies. Teenage pregnancy is significant because it can impede a person's education and training, with varying chances for restart. While teen mothers are frequently driven to provide for their children's needs and to continue growing as parents and adults <sup>[22]</sup>, their rights to healthcare and education may be particularly vulnerable to violations <sup>[23]</sup>. Teenager-friendly primary and secondary care facilities are necessary to maximize the engagement of young women who decide to carry a pregnancy to term <sup>[24]</sup>. These are summarized in Table 2. Below:

Table 3. Summarized Teenage Pregnancy Factors and Complications

Factors	Complications
<b>Obstetrical Factors along with poor prenatal care</b> <sup>[17]</sup> <sup>[19]</sup> <sup>[20]</sup>	Physically incapable, low birth weight, early labor, anemia, and pre-eclampsia, sexually transmitted infections (STIs)
<b>Social and Behavioral Factors</b> <sup>[21]</sup>	Toxic relationships and behaviors, increased exposure to domestic violence, mental health conditions, substance abuse, financial hardship, homelessness
<b>Civil Factors</b> <sup>[22]</sup> <sup>[23]</sup>	Rights to healthcare and education may be particularly vulnerable to violations

In comparison to teenagers who do not become pregnant, those who do so are more likely to endure socioeconomic deprivation, insecure housing, and reliance on social aid <sup>[23]</sup>. Teenage pregnancy frequently follows an intergenerational pattern, with the pregnant teens being the offspring of young moms who themselves struggled with social, economic, medical, educational, and career issues <sup>[23]</sup> <sup>[25]</sup>. Additionally, there is a link between teenage pregnancy, physical or sexual abuse as a child, and domestic violence <sup>[26]</sup>. Other factors that have a significant role in teenage pregnancy are exposure to sexually transmissible infections, smoking, and alcohol and other drugs <sup>[27]</sup>.

### Teenage Pregnancy General Management

In order to support teenagers through what is frequently a frightening period, general practitioners (GPs) have a part in recognizing such sensitivity and enhancing the health literacy of these young people. These can improve the outcome for this pregnancy and for a future family. These are some practices and strategies that the general practitioner should use to manage teen pregnancy <sup>[28]</sup>:

Table 4. Practices and Strategies on Teenage Pregnancy Management <sup>[28]</sup>

Practices	Strategies
<b>Act to reduce the risk of unintended adolescent pregnancy</b>	Investigate conception goals and conceptions about contraception in a considerate and age-appropriate manner. To adapt to alterations in social circumstances, do this gradually; Encourage the use of long-acting reversible contraception (LARC), which has been found to be more effective in this age group and is what should be advised initially.; Verify that young people are aware of where to get and how to use condoms for the protection of sexually transmitted infections.; and Assessment of emergency contraception knowledge.

<p><b>When unintended adolescent pregnancy occurs</b></p>	<p>Support and counseling without judgment, with all available alternatives (check with local teaching hospital social work department or Public Health Networks for referral pathways); and Check for sexual exploitation and abuse, and be mindful of coercive relationships that could arise when an adolescent is carrying a child for an older partner.</p>
<p><b>Antenatal care</b></p>	<p>Consult the area's specialized adolescent female service.; Recognize that adolescents might be less familiar with anatomy and less likely to comprehend what is happening to their body, so they might benefit from explanations at all stages.; Analyze the quality of the nutrition.; Utilize the regional guidelines for prenatal care, paying particular attention to fetal development.; As advised, test for chlamydia in the first trimester; Think about repeating the test later in the pregnancy.; Every trimester, conduct routine screenings for alcohol consumption, drug use, aggression, and mood problems.; Give them access to resources for quitting smoking.; Discuss the warning signs and symptoms of preterm labor as well as the significance of observing fetal movements.; Before birth, talk about contraception options.; Encourage and facilitate breastfeeding.; and Whenever possible, include fathers.</p>
<p><b>Postpartum and beyond</b></p>	<p>Promote the use of early childhood institutions, home visiting programs, age-appropriate mothers' groups, and other early intervention strategies.; Encourage returning to school, getting a degree, or getting a job, and keep up the healthy lifestyle adjustments started while pregnant.; Promote continued breastfeeding, provide explicit instruction on the safe use of formula, and continuously offer guidance on infant nutrition.; Check the nutritional status, especially for nursing mothers.; and Provide vices-cessation support.</p>

**Research Locale and Research Gap**



Figure 1. Geographic Map of the Philippines

However, given the archipelagic design, geopolitical circumstances, and multicultural factors dynamics of the Philippine setting, it is but a challenge to manifest health care support, especially to the indigenous people that yields to challenges that increase their risk for maternal morbidity and mortality, including low access to services, a lack of formal education, endemic poverty, and problems with traditional practices such as adolescent marriage <sup>[10]</sup>.

The Philippines, as shown in Figure 1., is an archipelago of about 7,640 islands, stretching 1,850 kilometers north to south from the South China Sea to the Celebes Sea. The Philippines is bordered by the Philippine Sea to the east and the Sulu Sea to the southwest. The archipelago's total area, including inland bodies of water, is estimated to be around 300,000 square kilometers, though cadastral survey data suggests it may be larger. The 11 largest islands in the Philippines are Luzon, Mindanao, Samar, Negros, Palawan, Panay, Mindoro, Leyte, Bohol, and Masbate; collectively, they make up nearly 95% of the total land area of the nation. The Philippines' coastline is the fifth-longest in the world at 36,289 kilometers, while its exclusive economic zone is 2,263,816 kilometers long. The Province of Sulu is a province of the Philippines in the Sulu Archipelago and part of the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM). Based on the 2020 census, it has a total documented population of 1,000,108 individuals<sup>[29]</sup>. The Sulu Archipelago, which includes Sulu as one of its islands, extends from Borneo Island in the south to the northernmost point of the Zamboanga Peninsula. The main island and its islands are located between Tawi-Tawi to the southwest and the island provinces of Basilan to the northeast. The Sulu Sea and the Celebes Sea form the northern and southern maritime boundaries of Sulu, respectively. Around 157 islets, some of which are still unidentified, are in Sulu.

There has been, and on-going records on the prevalence of teenage pregnancy in the Philippines, as supported by the government organization such as the Philippine Statistics Authority. However, there are no related published studies in relation to prevalence studies on teenage pregnancies in the province, thus, this paper shall serve as a baseline information, through retrospective study inclusive for the year 2021 and 2022 to establish data and understanding on teenage pregnancy prevalence in the province. Furthermore, the results from this study shall assist government and private organizations in their programs, advocacy, and sociocultural-sensitive factor-targeted strategies towards reducing the prevalence of teenage pregnancies in the province. Holistically, the results of this study will give a picture of the status of the province for the year 2021 and 2022 on teenage pregnancies.

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## Synthesis

According to the 2022 State of World Population Report (SWOP) by United Nations Population Fund, the Philippines has the following teenage pregnancy statistics: 1. 36 in every 1,000 Filipino girls aged 15 to 19 already gave birth between 2004 and 2020; 2. 6 percent of women experienced intimate-partner violence in the past 12 months according to 2017 data; 71 in every 1,000 women aged 15 to 49 went through an unintended pregnancy between 2015 and 2019.; The Philippines ranks 56<sup>th</sup> among 150 countries for the number of unintended pregnancies at 71 per 1,000 women annually; and 51% of all pregnancies are unintended which is almost the same as the global average. According to the World Health Organization, pregnancy and childbirth complications are the leading causes of death among girls aged 15-19 years globally, with low and middle-income countries accounting for 99% of global maternal deaths of women aged 15-49 years. On these overwhelming statistics and potential outcomes on teenage pregnancy, there has been no studies on teenage pregnancy on indigenous communities. This study shall establish the baseline information to address the gap on the Prevalence of Teenage Pregnancy during 2021 and 2022 in the Philippines, particularly in indigenous-rich areas, such as the Province of Sulu.

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## Conclusion

Teenage pregnancy has been a global issue that affects social, economic, medical, educational, and career aspects of women. There is a lot of literature pertaining to the trends on prevalence, factors, complications, and general management to teenage pregnancy. However, there is a gap in the study on the prevalence of teenage pregnancy, especially on an archipelagic setting, like the Philippines, and its far-flung areas by which teenage pregnancies can go undocumented. Therefore, this study will address this gap and will give a picture of the prevalence of teenage pregnancy among women for the year 2021 and 2022 and establish a baseline data to which interventions to address teenage pregnancy i.e., sociocultural-sensitive factor-targeted medical and health intervention among teenage women, cases monitoring, accountability, and evaluation, and other related variables or indicators such to broaden the scope on the prevalence such as teenage pregnancy may be initiated.

## Acknowledgements

The researchers thank the participation and support of the faculty of St. Bernadette of Lourdes College on this review.

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