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Research Article

Exploring the Intersectionality of Teenage Pregnancy, Rights, and Sexuality Education: A Case Study Analysis in Tugbok, Davao City

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ABSTRACT

This research sought to investigate the interplay between teenage pregnancy, human rights, and sexuality education in the Tugbok, District of Davao City. In spite of being such an important problem as that of teen pregnancy is, there seems to be very little attention given to it, especially when one takes into consideration poor and marginalized societies. There are several causes for teen pregnancy, such as peer pressure, poverty, internet, lack of parents' guidance, and poor or no knowledge of proper sexuality education at all. The qualitative case study approach was chosen for this research with semi-structured interviews conducted among four purposively sampled mothers aged between 17 and 19 who come from poor backgrounds as out-of-school youths in Tugbok District. From the thematic analysis, the following results emerged; First, dire poverty severely influenced the agency of the respondents, pushing some of them to engage in prostitution for economic reasons. Second, all respondents reported experiencing social stigma from their communities, leading to psychological problems like depression and even thoughts of committing suicide. Lastly, there was a major conflict about the necessity of sexuality education. While all acknowledged its practical benefits in preventing the spread of sexually-transmitted diseases, majority of the group members were opposed to the idea of its incorporation in schools at the primary level due to concerns of promoting early sexual experimentation and respect for the autonomy of adolescents in making their decisions. This research highlights the fact that teen pregnancy among poor Filipinos is not just a case of personal misconduct but rather a complex issue involving multiple layers of factors like poverty, gender disparity, inadequate familial support, and controversial sexuality education. Lastly, there was a major conflict about the necessity of sexuality education. While all acknowledged its practical benefits in preventing the spread of sexually-transmitted diseases, majority of the group members

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were opposed to the idea of its incorporation in schools at the primary level due to concerns of promoting early sexual experimentation and respect for the autonomy of adolescents in making their decisions. This research highlights the fact that teen pregnancy among poor Filipinos is not just a case of personal misconduct but rather a complex issue involving multiple layers of factors like poverty, gender disparity, inadequate familial support, and controversial sexuality education.

Keywords: *Adolescent mothers, Davao City, Intersectionality, Philippines, Poverty, Sexuality education, Stigma, Teenage pregnancy*

Introduction

The research will focus on the gender, race, class, sexuality, and ability of the respondents. It will also explore how much rights and awareness about sexual education they have. Teen pregnancy is an issue around the world which is found more in poor and uneducated societies in third world countries like the Philippines (Salvador, 2016). Poor and uneducated societies tend to have problems like teen pregnancies (Coley, 1998). According to the Philippines Statistics Authority, the Davao region had the highest rate of teen pregnancy in the Philippines at 17.9 percent (Mindanews, 2018). They include individuals working in the marginal sector of Tugbok, Davao City, who happen to be victims of a socially stigmatized group. It is important to note that most teenage mothers/parents tend to have poor education levels, coming from dysfunctional families (Pitso, 2014). The study seeks to highlight that the phenomenon of teenage pregnancy is very serious and a neglected social problem that makes the young victims of poverty and lack of proper parenting skills (Lee, 1999). There are dire repercussions of teenage pregnancy, including dropping out of school and even engaging in criminal activities such as abortion and prostitution (Cunningham, 1996).

In essence, teenage pregnancy has social implications that include poor educational standards and entrenched poverty. In developed nations, teenage pregnancies tend to happen out of wedlock and carry negative social stigma while in developing countries like the Philippines; teenage pregnancies occur in marital context and up to 50 percent of these cases are planned. However, there are cases where

teenage pregnancies may lead to malnutrition in developing countries (World Health Organization, 2018). Research shows that educational measures along with provision of contraception can greatly minimize unintended pregnancies.

Although intersectionality usually involves multiple axes such as race and physical ability, the current study specifically looks into the interaction of factors such as economic class, family structure, and gender roles that affect teenage pregnancy among the subjects of Tugbok, Davao City. In the urban poor setting of Tugbok, these factors do not act alone; rather, they intersect to produce unique outcomes. For example, the experience of a teenage girl belonging to a poor family where there is no parental supervision is different from those of teenagers from families that have better socioeconomic backgrounds and intact parents. Poverty limits the possibility of educational and health services access, whereas gender roles impose the responsibility of providing care and ensuring family survival on young women. The same applies to family structures wherein having grandparents who do not work in the house and siblings can directly affect the autonomy of teenagers. Therefore, this research does not consider teenage pregnancy as merely a behavioral issue but an intersectional product of these factors. Electronic and field ethnographies will be employed in this study depending on the situation to strictly adhere to health guidelines.

Objectives

The primary objectives of this study intend to:

1. To describe the socio-economic profile of study participants in terms of age, family income, occupation of parents, ethnicity, religion, and educational attainment.
2. To assess the level of awareness among study participants on sexuality education concepts and human rights.
3. To identify the issues confronted by the study participants.

Methodology

Qualitative methodologies were used for this research project, wherein the problems that the adolescents face as mothers in Tugbok, Davao City were collaboratively identified. This research aimed to study the methodology utilized as well as the issues identified from previous research studies by Spear & Lock (2003), such as those pertaining to teenage pregnancy. In the current research, key informants were interviewed and an emphasis was placed on adolescents who are mothers in Tugbok, Davao City. Issues involving families, schools, and the community where adolescent mothers are a part of were also considered in this research.

Research Participants

A purposive sampling technique was employed in recruiting four (4) adolescent mothers for primary data gathering. Eligibility for

inclusion included: (1) age of 19 years or younger, (2) a mother currently, (3) residence in Tugbok, Davao City, and (4) coming from a poor household, being labeled out-of-school youth. Additional secondary information from the immediate surroundings of the selected adolescents was gathered. All respondents came from poverty-ridden communities.

A sample size of four was used to allow the adoption of a case study research design using the qualitative methodology, where narrative richness trumps generalizability (Spear & Lock, 2003). Contrary to quantitative research design, which needs a large sample size to achieve statistical significance, a case study research is characterized by a need to have rich and thick descriptions of reality. Having four respondents allowed the researcher to engage each respondent through extensive interviews conducted between 45-60 minutes per participant, giving him/her the opportunity to probe deeply into each respondent's unique life story while not losing focus on the topic of discussion. A relatively small sample size also aided in building trust and rapport. Though the results cannot be generalized to all teen mothers in the Philippines, it provides highly contextualized information regarding the intersectional vulnerability of the teenagers in Tugbok, Davao City.

Table 1. Demographic Profile of Participants

Alias Name	Age	Address	Religion	No. of Children
Ana	19	Tacunan, Tugbok Dist., Davao City	Catholic	1
Rose	17	Sto. Niño, Tugbok Dist., Davao City	Catholic	1
Princess	19	Sto. Niño, Tugbok Dist., Davao City	Catholic	2
Angel	18	Sto. Niño, Tugbok Dist., Davao City	Iglesia ni Cristo	1

Data Collection

The collection of data took place mainly via semi-structured and in-depth interviews that used a mixed approach (virtual/physical) while abiding strictly by the public health guidelines. An interview guide was prepared based on the goals of the research that posed open-ended questions on topics such as the experience of pregnancy, the community's attitude towards it, coping strategies, family relationships, and attitudes toward sex education and sex rights.

The researchers understood the potential of social desirability bias, which refers to the

act of respondents giving socially acceptable answers rather than truthful accounts of their personal experiences. In order to prevent social desirability bias from being a confounding variable in the research process, certain steps were taken. These included ensuring that the participants would remain fully anonymous, which was guaranteed in each interview and reinforced by stating that pseudonyms would be used in all publications. Furthermore, open-ended and non-leading questioning techniques were utilized to ensure that the interviewer did not prompt certain responses, e.g., by asking

whether the respondent had been stigmatized instead of asking them to simply describe their experience. Moreover, it was clearly stated to the participants that there were no right or wrong answers in the study and that the goal was to learn about the participants' experiences. Furthermore, rapport-building was done before conducting the interviews to establish equality between the researcher and respondents. Finally, when analyzing the data, the answers were cross-validated with field-notes and, when possible, answers provided by secondary informants. Nonetheless, social desirability bias can still occur when discussing topics like commercial sexual exploitation and family conflicts.

Data Analysis

The transcriptions were then analyzed through a technique known as thematic analysis. The analysis consisted of six stages, including becoming familiar with the data, creating initial codes, looking for themes, reviewing themes, defining themes, and presenting themes. Analysis was based not only on each case's own story but also on patterns recurring in all four cases.

Limitations

This study is anchored on a limited, purposively selected sample size of four adolescent mothers in one specific district of Davao City, Philippines, namely Tugbok, thus posing a problem regarding the generalizability of the results. The specific sociocultural and geographical conditions existing in Tugbok, notably the high level of poverty among its residents, may vary from those prevailing in other parts of the Philippines, thus the applicability of the findings may be questionable. It should also be acknowledged that the research findings should not be taken as statistically representative but rather viewed as context-specific stories of individual adolescent mothers.

It is also worth mentioning that the sensitivity of issues involved, such as sexuality, prostitution, domestic violence, and stigmatization in the community, might have resulted in social desirability response biases in relation to participant reactions. Although some measures have been put in place to reduce this limitation,

such as providing anonymity to respondents, assuring nonjudgmental interviewing style, allowing respondents to be honest, building rapport, and using triangulation with field notes, it cannot be denied that the chances of response bias still exist. Specifically, issues relating to transactional sex, parental rejection, and suicide attempt are particularly culturally taboo in the Philippine setting.

Moreover, the use of cross-sectional design means that the experiences of the participants are recorded at one point in time, thereby hindering the evaluation of any causality or change in outcome variables over time, such as coping with stigmatization and economic improvement. The lack of a control group (never-pregnant adolescents) also limits the ability to differentiate between risk factors unique to the experience of teenage pregnancy and general community-wide risk factors.

Further investigations conducted on a larger sample size composed of participants from different areas and religious backgrounds would enrich the existing body of literature. Longitudinal research designs following the same participants for a number of years would prove useful in examining the developmental course and intervention efficacy. Lastly, the employment of mixed methodology through the addition of quantitative data on stigma, depression, and economic problems would enhance the qualitative findings from this study.

Result

The analysis yielded four detailed case narratives and several overarching themes. The cases are presented individually to preserve the integrity of each participant's story, followed by a cross-case synthesis of key findings.

Case 1 : Angel- The Student Mother

Angel is an 18-year-old teenage mother living in Sto. Niño, Tugbok, Davao City, together with her four-year-old daughter and grandmother. Angel's grandmother does not have any source of income, making Angel the only one providing for her family financially. Although faced with financial limitations, Angel is currently studying in Grade 10. Angel became a mother at the age of 14 after being impregnated

by her client during her commercial sexual activities aimed at sustaining herself. Angel's situation is influenced by culture where children provide care to their parents and grandparents (Williams, 1997).

When asked whether sexuality education should be provided at the primary level, Angel rejected the idea and argued that it is too early to teach adolescents sexuality education as they will make their decisions anyway. On the other hand, when asked whether sexuality education can help prevent STIs among young people, Angel agreed on this and remarked:

"Yes, it will prevent them from being infected because they would have the knowledge of how to prevent the disease."

Here, she demonstrated an awareness of the role sexuality education can play in disease prevention while still remaining hesitant about its use. When it comes to parents educating their children on sexual issues, Angel stated:

"I hope so, but parents don't want to teach that because they believe that it's not right for them to teach those things to their children."

According to Angel, childbearing at an early age posed serious health problems, especially with regard to the health of both mother and child. This finding is in accordance with the universal awareness of the health risks of teenage pregnancy (Dangal, 2006). In answering whether she ever faced any stigmatization in society, she said:

"Yes, since I am still young at the time when I became a mother and they do not know the reason behind my situation."

Her response indicated how social perception based on age and societal ignorance on socioeconomic factors contributing to her pregnancy influenced her responses. The strategies she adopted to deal with stigmatization were indifference to criticism and firm religious faith, as shown below:

"When you face difficulties and you cannot turn to anyone else, you need to turn to yourself first, trusting in God."

In the midst of difficult situations such as poverty, prostitution, and unmarried motherhood, Angel was resilient with spiritual strength and emotional boundaries against the community's criticism.

Case 2: Princess – The Abandoned Mother

Princess is an 18-year-old teenage mother and out-of-school youth who lives in her parents' house in Sto. Niño, Tugbok, Davao City. She has two children: a son aged two years and a daughter aged five months. Her pregnancy started when she was 16 years old. The father of her children is currently in prison after being arrested during a drug buy-bust operation and is unable to help in taking care of the children. Her mother is a housewife while her father is engaged in construction work; therefore, Princess relies on her parents for her basic needs. In her own words about her living conditions, she stated:

"I am not okay because I cannot provide the needs of my children, especially that my children are having cough and colds, and I really don't know from whom will I get the help and everyday needs of my children."

The above story captures the multiple vulnerabilities associated with teenage motherhood in situations where there is partner imprisonment, generational poverty, and lack of healthcare and support services.

On being asked whether teenage pregnancy is dangerous, Princess made a distinction between the opinions held by peers and the real dangers involved. While teenagers view teenage pregnancy lightly, she noted that its real effects involve partner desertion. Her comment is derived from her personal experience with partner desertion owing to imprisonment.

In respect to community treatment and mental health, Princess had experienced defamation but insisted that she did not mind the stigma since her children were a blessing. Nevertheless, she confirmed experiencing high levels of psychological disturbance in which she says:

"I was defamed and I don't mind because my children were blessings. I am also depressed due to the challenges I face. I have always thought of taking my life but I dare not because of my children."

From the above statement, it becomes apparent that Princess has a complicated psychopathological condition that can be broken down into: (1) stigma in the form of defamation, (2) cognitive restructuring of the role of her children as protective measures against

despair, and (3) symptoms of depression and suicidality. The latter condition is averted by her motherly obligations to her children.

Princess's circumstances exemplify what Prinsloo and Ovens (2021) describe as the "social deprivation trap," wherein young person's experience overlapping social exclusion, intimidation, isolation, and diminished self-esteem. Her situation is further compounded by the absence of a co-parenting partner, financial dependency on aging parents, and the daily stress of managing children's untreated respiratory ailments without access to medical or material assistance.

Despite the severity of her circumstances, Princess identified her children as the primary motivation for continued survival. Unlike participants who drew on religious faith or extended family support, her resilience appeared anchored almost exclusively in maternal obligation. The absence of spousal support, combined with limited family economic capacity, positioned her in a particularly precarious situation among the four cases studied.

Case 3: Rose – The Advocate Mother

Rose is an adolescent mother who has dropped out of school and lives in Sto. Niño, Tugbok, Davao City. She has two kids: a one-year-old boy and a nine-month-old girl. Her pregnancy began when she was 15 or 16 years old; thus, she had to leave school. Her husband works in a car repair shop and is the only breadwinner in the household. Even if they do not have much, Rose admitted feeling contented with her family life since she was happy with her kids and husband. Nonetheless, this contentment comes with regret for the loss of opportunities in her adolescent years.

According to Rose, at her school, she was taught sexual education as part of science lessons. This background influenced how she would later think about when and whether to have sexual education in the future.

Unlike other participants who opposed primary-level teachings, Rose supported sex education lessons being taught at an elementary level. She strongly believed that early implementation would assist in solving teenage pregnancy cases. Upon being asked on ways to

reach out to illiterate youths, Rose confirmed that education was essential.

On the effectiveness of sexuality education in tackling adolescent pregnancies, Rose answered:

"yes, it should be since young people nowadays do not think about anything; they only act immediately."

The above quote explains the opinion of Rose regarding the behavior of adolescents. Adolescents are impulsive in nature, and through formal education, they can be disciplined to think accordingly.

When Rose went to school, she had learned about sex education in the science classroom. She believes that sex education must be taught in elementary schools. She also believes that sex education will help the community to prevent this kind of issue which is teenage pregnancy. Sex education must be taught to youth that are illiterate. As I asked her if sex education is helpful in preventing teenage pregnancy among the youth, and she speaks,

"Yes, it should be because youth today just decide right away without analyzing what the consequences lie ahead."

This answer reveals her idea that decision making among teenagers is highly impulsive in nature, and formal education acts as an intervention strategy to instill thinking skills.

Rose also pointed out that sexuality education is effective in preventing sexually transmitted diseases because today's youth is very impressionable about sex. It is important that teenagers be adequately ready for receiving sexuality education.

Answering on what dangers there may be in the case of teenage pregnancy, she included not only physiological dangers but also those related to emotional and psychological, *"Yes, it is dangerous since we do not know what could happen in our marriage life. We need to think only about our future,"* she added, as teenagers.

These statements clearly show the girl's worries about the lack of stability in marriage, and how early pregnancy closes doors to education, work, and other possibilities for her future. In this regard, Rose stated the following about health problems in their marriage life:

"The issue I find most problematic in our family is when my children fall ill."

This statement clearly shows the difficulties faced by poor families in coping with health crises, which can bring more problems to their unstable marital and economic life. Here is what she said:

"That is where in case my kids are ill, we encounter very problematic situation within the life of our marriage."

Rose confessed that she had been made to feel ashamed in the society owing to her early pregnancy. Yet, she further admitted to accepting the reality that she was at fault. Such admission is indicative of internalized community stigmatization, as opposed to a clear-cut perception of guilt. According to Rose, her family had been extremely angry for her early pregnancy; however, on the other hand, Rose gained acceptance from them along the line. The trend observed across several cases illustrates the family's double-edged impact, which includes being a source of stress as well as a coping mechanism for social discrimination.

Rose confirmed having suffered depression while reacting negatively to her pregnancy in the family. This finding is consistent with the psychological implications observed in all four cases. Rose clearly delivered her message to the community based on her life experiences:

"You should not have early pregnancy because in the end, we will be miserable and it is too early to enter into marriage."

The above message works as a warning to other young people as well as a personal regret about early marriage and early child-bearing. Even in the face of all the shame and depression and material problems, Rose claimed to be happy. Two things can account for Rose's resilience: (1) an economically stable husband, and (2) acceptance by the family. In contrast to Angel, who had religion, and Princess, who had her mother alone to support her emotionally, Rose has both – an intact marriage relationship and family reconciliation. However, Rose had a regret about not being able to experience the normal development stages as a teenager.

Case 4: Ana – The Isolated Mother

Case four deals with Ana's life, and it turns out that she is a nineteen-year-old mother. When she was eighteen years old, she gave birth to a son. Her husband is a construction

worker and their income come from her husband's salary. It's been a rollercoaster in her married life, with ups and downs as if she couldn't travel where she used to be at this age. Today, she just takes care of his 5-month-old baby.

Ana is an 18-year-old mother living in Tacunan, Tugbok District, Davao City. The girl got married at the age of 18 and gave birth to her first child in the following year. Ana's husband works as a construction laborer; the salary he receives constitutes the only source of family earnings. According to Ana, her marital life could be compared to a roller coaster; there are times when she feels happy and satisfied and moments when she faces various difficulties. What is more, Ana cannot spend time with her friends or move around freely anymore as she is engaged in taking care of her baby who is only five months old.

Ana mentioned that there was no formal teaching about sexuality education in her school. Ana's statement is in contrast with Rose, who had some form of class discussions regarding sexuality education. It also means that her experiences are similar to the participants who did not receive any formal teachings about sexual health. In regards to the question on whether she thinks sex education should be implemented at the primary level, Ana did not support the idea since she believes that knowing about sexual activities may cause teenagers to engage in these activities at an earlier age. Ana said:

"It must not be taught in elementary because they will engage in early sexual activities."

This statement is consistent with the views of many participants and parents, as they believe that knowledge causes actions rather than giving teenagers the skills needed to make decisions. Aside from being against the implementation of the program at the elementary level, Ana doubted the efficacy of the sexuality education program as well. Her rationale is that teaching teenagers about sexual activities cannot stop them from indulging in these acts because they are independent-minded people.

Ana highlighted the existence of various medical risks of teenage pregnancy, particularly those relating to complications during childbirth due to younger age. As she stated

"Pregnancy at young age is risky for the health of the woman. The lives of teenagers are at stake when they give birth as a result of their physical fitness."

This statement clearly shows knowledge regarding the physical aspect of teenage pregnancies along with the risks of mortality and morbidity during such pregnancies. Ana reported that there is a high incidence of teenage pregnancies in her community and this is mainly due to the peer pressure on girls. As Ana made clear, economic disadvantage is also part of the picture with teenage pregnancy. As she said,

"I think it is difficult because most of the time teenage partners do not pay the bills of having babies. They eventually come back to beg from their parents."

This statement identifies one economic aspect of teenage pregnancies: teenage women are not only physically burdened, but also financially burdened with their own pregnancies in many cases, as their partners abandon all responsibilities. This statement also implies that teenage women sometimes have to resort to asking their families for help in order to solve their issues.

"Sometimes in the community I heard someone saying that I am too young to have a baby. I felt discrimination, and I was hurt because they did not know my story."

This answer shows us the following aspects of stigmatization: (1) age-based discrimination, (2) verbal expression of negative thoughts, (3) discrimination as a form of action and not attitude only, (4) being emotionally hurt because others do not understand her circumstances. The participant named Ana delivered a very specific and experience based message to the community on what being a teenage mother involves:

"You have no freedom like when your child has a temper tantrum, you cannot relieve yourself freely whenever you want because you stick with your baby all the time."

Although quite an ordinary statement, Ana's message brings out the true magnitude of autonomy and personal freedom loss that teenage mothers face. Contrary to the more common threats of health complications and educa-

tion interruptions, Ana highlights the unrelenting and round-the-clock nature of childcare that most teens are not prepared for psychologically and physically.

In contrast with Princess, who did not have any husband support due to imprisonment, Ana indicated that she had husband support. Moreover, she considered her family to be a source of assistance. Ana expressed that she could deal with stigma with the help of her family and husband. In essence, it is consistent with the emerging trend in the study showing how family and/or husband support helps young mothers to cope with the psychosocial challenges of teenage pregnancy and its possible outcomes.

Cross-Case Themes

- **Poverty as the Main Restriction of Agency:** The economic restrictions imposed on each participant determined the conditions under which they lived (dependence on their parents or grandparents), the methods they used for survival (transactional sex), and their future goals (foreclosure of educational and career aspirations).
- **Stigma as a Constant Source of Psychological Strain:** Stigma was experienced by all participants in terms of community discrimination, verbal insults from society members, and social condemnation. This experience led to the appearance of psychological disorders such as depression (Princess, Rose) and suicidal ideations (Princess).
- **The Central Yet Contradictory Function of the Family:** Each participant reacted to their pregnancy similarly; first, there was shock or rejection, and then acceptance. The family could be a cause of stress (especially in the immediate aftermath of the disclosure of pregnancy) and the main protection against full exclusion from society.
- **Ambivalent and Paradoxical Perspectives on Sex Education:** The ambivalence about sex education is evident throughout participant comments. Even as all participants acknowledged the practical benefits of sex education in terms of preventing sexually transmitted diseases and pregnancy, most

(Ana, Angel, and even Princess at first) vehemently opposed introducing sex education at the elementary level. Their opposition stemmed from two assumptions: (1) that teaching sex at an early age would promote rather than dissuade sexual activity and (2) that teenagers make independent decisions irrespective of their education.

- **Coping Mechanisms Using Personal and Relational Resources:** The various coping mechanisms used by participants include religion (Angel), selective denial of criticism from the community (Angel, Princess), maternal responsibilities as a deterrent against self-destructive behavior (Princess), positive marital relationships (Rose, Ana), and eventually acceptance from their families (Rose, Ana, Princess).
- **Economic Vulnerabilities Related to Gender:** The female participants faced an unfair amount of the physical challenges resulting from pregnancy, along with the economic difficulties that arose when the male partner either did not assume any responsibility (as described by Ana) or was in jail (as described by Princess). This situation highlights the vulnerabilities that arise from the intersection of gender, poverty, and inadequate legal and economic protection for young women.
- **Health Emergencies as Triggers of Family Turmoil:** Several participants (such as Princess and Rose) mentioned child illnesses as their main cause of stress. For poor families that had no savings or health insurance, even common illnesses such as breathing problems became triggers of severe economic and psychological crises, thus exposing their vulnerability in terms of coping mechanisms.
- **Loss of Normative Adolescence:** All participants voiced their dissatisfaction about what they missed during their youth: Ana missed traveling and engaging in other adolescent activities, Rose missed out on her teenage years, Angel experienced her adolescence only through working and being involved in prostitution, and Princess's days consisted of taking care of her sick baby girl.

- **Differential Availability of Protective Factors:** Although all three individuals experienced poverty and stigmatization, the outcomes differed depending on whether or not there were certain protective factors available. Rose and Ana (good partners, eventually accepted by their families) had positive experiences. Ana (lack of partner, grandmother depended on her), on the other hand, depended on her religion for protection. Princess (incarcerated husband, unable to rely on his support, financially dependent on her parents) became suicidal and was the most vulnerable individual.
- **Systematic Failure Manifested Through Inadequate Sexuality Education:** Sexual health awareness levels varied and tended to be derived from experience rather than through systematic teaching. Ana had no sex education provided at her school whatsoever. Angel had been able to find out about prevention methods only after she got pregnant. The only participant, Rose, who had some classroom education, was the only one who advocated for early implementation. Thus, previous exposure to such education tends to determine future advocacy efforts.

Discussion

This research highlights the actuality of teenage pregnancy in an urban poor neighborhood in the Philippines. It supports past studies regarding the social and economic factors that contribute to teen pregnancy (Coley, 1998; Lee, 1999), as well as the profound psychological effects associated with stigma and depression (Prinsloo & Ovens, 2021). Nevertheless, it provides insight into an important aspect about the attitudes of the respondents concerning their views towards sexual education, and much more importantly, teenage pregnancy is caused not by one but a combination of factors.

The core assertion made in this study is that teenage pregnancy among Tugbok youth in Davao City can only be adequately explained beyond the single-axis framework, such as "insufficient sex education" or "inadequate parenting skills." The four cases all fall under the following three intersecting categories: (1) female

gender in a patriarchal society where reproduction and child-rearing responsibilities fall on younger women; (2) living in abject poverty without any stable income from their families; and (3) family structures that involve non-functioning parental figures, unemployed grandparents, and/or partners who are behind bars. These axes are not independent of one another. As an illustration:

- It is not true that Angel's choice to get pregnant stemmed from either "bad decision-making" or "insufficient sex education." It is actually the convergence of gender (taking care of her grandmother), poverty (having no other sources of income), and family structure (being with a non-working grandparent) that led her into prostitution when she was 14 years old.
- The vulnerability of Princess to depression and suicide is related to the intersection between the category of gender (she is the only caregiver to two children), poverty (she relies on her parents who have limited income), and the family structure (her partner is behind bars and she does not have another parent). An intervention addressing only one aspect of her predicament, such as sex education, will not be sufficient for her needs.
- Though Rose and Ana continue to suffer from the conditions of being poor and young women, they also possess the protective intersection that includes their families and partners.

Why Sex Education is Not Enough

It is necessary to understand the attitudes of the interviewees to sexuality education—a clear understanding of the need to learn about contraception and STI prevention, but a refusal to introduce such lessons too early in a person's life—from an intersectional perspective. Their stance should not be labeled simply as "cultural conservatism" or "ignorance"; rather, it represents a harsh reality in which one does not help overcome the issues of poverty, hunger, and family burdens.

For instance, Angel did not need any sex education to know how to avoid getting pregnant if she needed to have sex as a means of

surviving each day. Likewise, sex education could not help relieve Princess of the anxiety that stemmed from being sick for many years and having no one besides herself to take care of her. As can be seen, sex education alone cannot serve as the best answer to the problem of teenage pregnancy.

Stigma as an Intersectional Concept

All participants mentioned having been subjected to stigma at the community level, but their experiences were influenced by various intersecting factors. Princess was the participant who suffered the worst mental effects of stigma because she did not have anyone to offer her any support other than her parents. Angel suffered from stigma, which was heightened by the moral judgment that she faced because of how she earned her living and became pregnant. The lowest intensity of stigma was felt by Rose because her family accepted her and she had a supportive husband. This highlights that stigma is intersectional and should be addressed taking into consideration the different aspects of the individual.

Double-Edged Nature of Families as Intersections

Families developed out of being a source of stress, as well as from the fact that the family was the only barrier to social ostracism—another form of intersectionality. Families struggling with poverty were facing economic hardship, while adding an additional burden with teenage pregnancy, as there would be another person to take care of and potentially losing the daughter's contribution to the income or education. Thus, family rage was not only about "moral disapproval," but also real concerns about their intersection with poverty and familial responsibility. Nevertheless, families remained the only social net these young mothers could rely on. While government programs providing aid in this matter were unavailable, families had to deal with the consequences. It indicates that supporting families, economically and by means of providing parenting help, might be more efficient than dealing with adolescents themselves.

Comparison with Previous Literature

The results of this study are consistent with the "social deprivation trap," where young people suffer from the combined effects of social exclusion, threats, loneliness, and poor self-image, as posited by Prinsloo & Ovens (2021). Nevertheless, this study further explores the phenomenon by revealing how the elements of gender and household structure can be seen as other forms of deprivation. Moreover, although Salvador, Alvarez & Rosario (2016) have suggested the inclusion of sexuality education in the school curriculum, this study provides an insight into why sexuality education may not be sufficient without addressing issues related to poverty, health care services, and family support programs.

Limitations of a Policy Framework Based on a Singular Axis

There are clear policy implications to the intersectionality analysis presented here. Interventions that focus on one aspect of vulnerability, such as providing contraceptive access while failing to consider poverty, or educating individuals about sex without providing psychological support, may prove ineffective. Angel and Princess provide good examples: both required not only knowledge but also money, security in their living situation, care for their children, and safety from exploitation or abandonment.

Conclusion

From the four cases studied, there arise three main conclusions. First, the majority of those involved did not want sex education to be taught in primary school due to concerns that children could experiment with their sexuality. In this regard, they suggested that the process of learning begin in secondary schools where the students can easily comprehend what is being taught. However, although the participants had no interest in sex education being taught earlier, they agreed on its importance in reducing risks associated with sexually transmitted diseases and early pregnancies. One participant even suggested that the topic be taught among illiterate and non-schooling adolescents because the majority of young mothers in the

study came from such groups. Lastly, all participants came from poor families of nine or ten people where the men alone provided the household income while the women took care of their numerous siblings. The lack of parental advice due to economic considerations rather than neglect was another important contributor. The teens were discriminated against and verbally abused by their communities, leading to thoughts of suicide in one instance. Interestingly, the parents were usually the first to condemn their daughters, although most of them ultimately accepted the situation. This study acts as an 'eye opener' for policymakers and other interested parties, indicating that teenage pregnancy in marginalized areas of the Philippines is not only a behavioral issue but also a result of several interrelated factors, including poverty, gender inequality, lack of family support, and the controversial nature of sex education. It would be best to include comprehensive sex education in the curriculum from the earliest age feasible in order to sensitize the teens about the repercussions and drawbacks of teen pregnancies (Salvador, Alvarez, & Rosario, 2016).

Recommendation

Through the voices of Angel, Princess, Rose, and Ana, it is clear that teenage pregnancies in the marginalized communities of the Philippines are symptoms of multiple deficiencies, including those within society, economics, and the rights-based approach to education. This issue cannot be addressed by focusing on just one of these areas but rather through a broader multi-sectoral approach.

These recommendations are suggested below:

- **Education and Policy:** The Department of Education must enforce a comprehensive sexuality education (CSE) curriculum that is culturally sensitive from the intermediate to secondary school levels based on evidence (Salvador et al., 2016). Such a curriculum needs to be developed in collaboration with communities to tackle cultural issues around its early introduction. Also, this must not discriminate against out-of-school or illiterate youth.

- Community and Health Systems: Stigma-free health services must be made available for youths and adolescents, which include not only access to contraception and prenatal care, but also psychosocial support, parenting, and vocational trainings for adolescent mothers.
- Family Support: The social welfare system should consider extending its programs to include economic help and counseling for poor families facing teen pregnancy issues, helping families become stronger as a unit instead of rejecting them at first.
- Digital Responsibility: The regulatory authorities should be strict about the implementation of age verification on social networking sites that prevent young people from falling prey to online predators and indulging in dangerous online activities leading to teen pregnancy.
- Need for Further Research: There is need for future participatory action research that would continue to prioritize the perspective of affected teens in developing, assessing, and monitoring teen pregnancy intervention programs. The research should be conducted with bigger sample sizes and over longer periods of time.

References

- Coley, R. L. (1998). Early childbearing and children's achievement and behavior over time. *Perspectives on Sexual and Reproductive Health*, 30(1), 41-42.
- Cunningham, G. C. (1996). Teenage pregnancy: A multidimensional problem. *Journal of Community Health*, 21(2), 85-96.
- Dangal, G. (2006). An update on teenage pregnancy. *The Internet Journal of Gynecology and Obstetrics*, 5(1).
- Lee, M. C. (1999). Family structure and teenage pregnancy. *Social Science Research*, 28(3), 293-311.
- Mindanews. (2018, July 9). Davao region has highest teenage pregnancy rate -- PSA. <https://www.mindanews.com/top-stories/2018/07/davao-region-has-highest-teenage-pregnancy-rate-psa/>
- Philippine Statistics Authority. (2018). National Demographic and Health Survey 2017. <https://psa.gov.ph/content/national-demographic-and-health-survey-2017>
- Pitso, J. M. (2014). Factors associated with teenage pregnancy in South Africa. *Mediterranean Journal of Social Sciences*, 5(2), 315-322.
- Prinsloo, C. H., & Ovens, M. (2021). The social deprivation trap: Adolescents in high-risk environments. *Journal of Youth Studies*, 24(5), 589-605.
- Salvador, J. T., Alvarez, G. B., & Rosario, M. L. (2016). Sex education in Philippine schools: Issues and challenges. *The Philippine Journal of Education*, 95(4), 12-15.
- Spear, H. J., & Lock, S. (2003). Qualitative research on adolescent pregnancy: A review of the literature. *Journal of Pediatric Nursing*, 18(4), 237-245.
- Williams, L. B. (1997). Filipino family culture and the care of the elderly. *Journal of Aging Studies*, 11(4), 331-344.
- World Health Organization. (2018, February 23). Adolescent pregnancy. <https://www.who.int/news-room/factsheets/detail/adolescent-pregnancy>