“I’ve become hopeful again.”
A qualitative study of how the work of NGOs can be beneficial for teenage mothers in the Philippines.

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Abstract
This study aims to examine how the work of NGOs can be beneficial for teenage mothers in the Philippines. We wanted to study why they sought support of an NGO and how their lives were impacted after they made contact with an NGO. Teenage pregnancy rates have been rising in the Philippines and mostly affect the young mothers negatively i.e. they often have to quit school and be financially dependent on their parents. They are a stigmatized group and to understand their situation you have to comprehend how the context in the Philippines comes to affect them.

The study was conducted using a qualitative inductive method. By using semi-structured interviews, we have collected our material by interviewing eight young mothers who were in contact with two different organizations.

The result of the study shows that the work of NGOs has a significant influence in improving the young mothers’ lives both mentally and physically. When becoming pregnant they get rejected by their social circle and are left on their own because they are viewed as a disgrace. To analyze our result, we have used stigmatization and empowerment as theoretical framework. The study has shown that the environment is crucial for the outcome of their lives and that the organizations’ play an important role in their lives to empower them to take action and start something new.

Keywords: Teenage pregnancies, NGO, empowerment, Philippines, stigmatization
“I’ve never met a woman who’s not strong, they don’t exist”

- Diane von Furstenburg (Personal communication, Women in the World interview, 2016).
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1. Introduction

In September 2015, United Nations Development Programme (UNDP) decided the “2030-agenda” with 17 Sustainable Development Goals (SDG). All the goals relate to human lives and the environment. Goal number three is especially relevant for this study because it relates to ensure healthy lives and promote well-being for all, at all ages. Furthermore, goal number 3.7 continues to enact that by 2030 all countries must ensure universal access to sexual and reproductive healthcare services, including for family planning, education and the integration of reproductive health into national strategies and programmes (https://www.undp.org). The Philippines places on a low rank of 113 out of 189 nations on the Human Development Index, (HDI) which makes it a medium ranking country. The HDI calculates the countries average score based on different indicators such as life expectancy, years of schooling and the Gross National Income (GNI) (http://www.hdr.undp.org). The Philippines have mostly been focused on reducing poverty and raising the years of schooling through efforts like making the school fee free of charge and by offering low income families’ access to healthcare (Regeringskansliet, 2016). The efforts have resulted in the expected years of schooling in the Philippines becoming 12,6 years, compared to 10 years two years before (https://www.undp.org).

The Philippines has over the past decade experienced a rapid economic growth, increasing the GNI and thus making great economic progress. However, the country has had a deterioration in teenage pregnancy rates. As teenage pregnancy rates are declining in most countries, it is rising in the Philippines. According to the human development reports from UNDP, there are approximately 60 births per 1,000 women aged 15-19 in the country (http://www.hdr.undp.org). According to the World Health Organization (WHO, 2018) developing countries are seeing a spike in teenage pregnancy rates. This phenomenon will continue to increaser because of the rising population of youths. There are approximately 16 million girls between 15-19 years in developing regions that give birth every year, that is 11% of the total births per year. As an effort to combat the rising teenage pregnancy rates the Philippines recently passed a new Republic Health act bill that requires schools to teach sexual education as part of the curriculum.

1.1 Research problem statement

Teenage pregnancies are linked to various social problems for the individual, their family and community. These social problems are enhanced when the individual resides in a developing region. Teenage pregnancies often lead to girls dropping out of school and marrying. As an effect of these mothers’ lower educational level, they have fewer opportunities for employment. Unmarried pregnant teenagers may also face stigma or rejection by family and community and may be victims to threats or violence (WHO, 2018). When there are gaps that governmental social work doesn’t fill, non-governmental organizations (NGO) play an important role in society to fill that gap (Asian Development Bank, 2007). In regions where there are gaps in the social work, participation of NGOs
is crucial to ensure that development policies, plans and programs will address the priority needs of women (Philippine Commission on Women, 2012). To build a sustainable world it is crucial to build equal societies which means that men and women should have the same opportunities. The statistics from UNDP (http://www.hdr.undp.org) and WHO (2018) clearly show that young women are the most disadvantaged when it comes to education and employment.

1.2 Purpose
The purpose of this study is to examine Philippine teenage mothers’ perception of how NGO work can be beneficial for them.

1.3 Research questions
To answer the purpose of the study we have selected the following research questions:

1. What experiences made the young mothers contact the NGO?

2. What impact has the NGOs work had for the teenage mothers’ lives?

1.4 Terms & definitions
In this section we want to explain the central concepts and definitions that we have used in our study as we have used abbreviations and terms that can be ambiguous. Some of these terms only appear once or twice as a reference and other appear more.

**Family planning**
The Department of Health in the Philippines define family planning as having the desired number of children when you want to have them by using safe and effective modern contraceptive methods. Proper birth spacing is having children 3 to 5 years apart, which is best for the health of the mother, her child and the family (https://www.doh.gov.ph).

It is stated in the RH bill that the State guarantees universal access to medically-safe, non-abortifacient, effective, legal, affordable and quality reproductive health care services, methods, devices and supplies which do not prevent the implantation of a fertilized ovum as determined by the Food and Drug Administration (FDA) and relevant information and education thereon according to the priority needs of women, children and other underprivileged sectors (Philippine Commission on Women, 2012).
Teenage mothers
UNICEF’s definition of teenage mothers is a girl between the ages 13-19, becoming pregnant (UNICEF, 2008).

The statistics provided in this study will be inclusive of all teenage mothers 13-19 years of age. When we specifically mean teenage mothers between ages 15-19, we will write it out in parenthesis. In this study we have decided to interview mothers between the ages 15-26 who have been pregnant in their teen years because we have decided to use the law (2003:460) on ethical testing of research relating to people which says that you can interview adolescents from the age of 15 without their parents’ consent.

HDI “Human Development Index”
United Nations regularly conducts measurements of the member states social and economic conditions in the so-called Human Development Index (HDI). Different factors such as life expectancy, years of schooling and the gross national income (GNI) and more, make up the country’s average score and places it on a list composed of four categories “Low human development, Medium human development, High human development and Very high human development” (www.undp.org).

SDG “Sustainable Development Goals”
The 2030 Agenda for Sustainable Development was agreed upon by all United Nations members in 2015. This is a global partnership were both developed and developing countries are working towards achieving these 17 goals. This is a major agreement that includes both human, societal and environmental improvements in order to sustain our planet (https://www.undp.org).

UNDP “United Nations Development Programme”
UNDP works in about 170 countries to eradicate poverty and to work towards achieving the SDG’s for a sustainable planet. UNDP helps countries in developing policies, building resilience and forming partnerships, among other things (https://www.undp.org).
2. Background

How we look at different social problems depends on the context in which we find ourselves. Cultural and political conditions, as well as the current social context, have significance for how social problems are handled and perceived. How a society looks at a social problem, depends on the economic and demographic conditions which in consequence also affect the social context (Meeuwisse & Swärd, 2006). Therefore, we want to present the Filipino context by describing the society, the cultural values and religious influences in an effort to understand teenage pregnancies as a rising phenomenon in the Philippines. We also want to describe the two organizations we have visited to conduct our interviews to provide a context for where we have been.

2.1 Context in the Philippines

The Philippines is an island nation consisting of approximately 7000 islands, it was invaded by Spain during the 1500th century. Spain ruled the country for more than 300 years and they imposed Catholicism on the indigenous people. They also introduced Christian philanthropy (Dolan, 1991). Philippines varying history of different rulers and different social systems have shaped the country to this day. The great majority of the Philippine population is bound together by common Christian values founded by the Spanish. The political and educational system in the Philippines is modeled after that of the USA, meaning that governmental control is limited. Thus, many of the social services are provided by NGOs (Asian Development Bank, 2007).

The Catholic faith continues to play a major role in society as it still shapes the country’s laws, one example is that divorce is prohibited in the Philippines. Legal separation is permitted under special circumstances, but no legal remarriage is possible. Sandoval (1993) writes in his study that the Philippines was ranked the most conservative out of Britain, Ireland and USA, all which traditionally hold Christian values. Majority of Filipino people surveyed in Sandoval’s (1993) study said that it is always wrong to engage in homosexual, premarital and extramarital relations. Personal alliance systems are anchored by kinship, beginning with the nuclear family. A Filipino's loyalty goes first to the immediate family and children are expected to take care of their parents and elderlies. Bonds of ritual kinship, sealed on three ceremonial occasions-baptism, confirmation and marriage are traditional rites everyone should go through (Dolan, 1991).

2.2. NGO work in the Philippines

A non-governmental organization is a non-profit organization whose purpose is to work with vulnerable groups in society in order to promote sustainable development (Asian Development Bank, 2007). The earliest NGO services in the Philippines started when the Christian missionaries set up schools, hospitals, asylums and orphanages in an effort to reach out to the indigenous people. All
charitable organizations are coordinated by the Bureau of Public Welfare (Dolan, 1991). There are many government social work programs in the Philippines such as the PhilCard which is a medical card that allows low income individuals to get medical aid (https://www.doh.gov.ph). Most of the local community based social work is performed by NGOs. The Philippine Council for NGO certification asserts that there are between 60-70 000 NGOs registered in the Philippines (https://www.pcnc.com.ph). The Philippine state highlights that NGOs play a crucial role in the progress of marginalized communities (Philippine Commission on Women, 2012). Their function is to serve the people in need and provide them with different kinds of services. Their role in society is to promote change by inspiring people and thus contribute to improved lifestyles. NGOs often work with empowering marginalized groups in communities. These groups are often exposed to poor living conditions with few resources (Bhatnagar, 1991). The NGOs creative approaches to face development challenges in the Philippines have had a major impact on the society. It also functions as a resource for the communities where the government’s social work is limited or doesn’t exist at all (Asian Development Bank, 2007).

2.3 Rising teenage pregnancy rates
Despite the improvement efforts and the general educational level, which is an average of 9-10 years of schooling, the pregnancy rates in the Philippines are rising (https://www.undp.org). One in ten Filipino women aged 15-19 has begun childbearing (Natividad, 2013). Professor in demography Josefina Natividad (2013) used results from the National Demographic and Health Survey (NDHS) and the latest results from the 2011 Family Health Survey (FHS) to discuss teenage pregnancies in the Philippines. Her results corroborate that the teenage pregnancy rates in the Philippines has steadily been rising over a 35- year period.

Early motherhood varies by educational level, region and wealth quintile. In the Philippines the teenage pregnancy rates are higher in the smaller island regions. The numbers are 44 percent for women with elementary education, versus 21 percent for women with college education (Recide, 2014). Although teenage pregnancy rates are generally higher in rural areas, Natividad (2013) found that the teenage pregnancies had been steadily increasing in both rural and urban areas during these 15 years in the Philippines. Natividad (2013) also compared the socioeconomic status of the teenage mothers between two years of the study. The results showed a correlation between low education, poor living conditions and the prevalence of early motherhood, which remained steady during the two years she sampled.

According to WHO (2018) early motherhood comes with many consequences, with the most dangerous being unsafe abortions. Young mothers often suffer health consequences as well as social and economic consequences which also affects their children. The numbers of children under five years of age suffering malnutrition in the Philippines is 33.4 percent (https://www.undp.org) Early
motherhood leaves the young mother depending on family or a partner for economic support (WHO, 2018). Natividad (2013) further concludes that closely spaced birth is a huge problem for young Filipino women in relationships because they have the highest unmet need for contraception. Her discoveries revealed that 37% of the girls currently in relationships between ages 15-19 had an unmet need for contraceptives compared to all other groups of women in relationships that had 19%. Natividad (2013) means that this information indicates that teenage mothers are not a prioritized group of reproductive health programs and services.

Natividad (2013) continues to describe that early teenage pregnancies could occur both from early marriages, but also premarital intercourse resulting in unintended pregnancies which is the main cause in the Philippines.

2.4 Republic health act
The newly enacted Republic Health act bill of 2012 had faced strong catholic opposition for 14 years before being approved by the congress. The bill has been partly formulated to combat the issue of rising teenage pregnancies (PMNCH, 2013). PMNCH is the Partnership for Maternal, Newborn and Child Health which is an alliance of more than 1000 organizations in 192 countries working with everything relating to the sexual reproductive, maternal, health sectors. This alliance provides a platform for organizations to align their objectives and resources, to agree on interventions to improve maternal health as well as reproductive health.

The Responsible Parenthood and Reproductive Health Act of 2012 (RH bill) contains rules, regulations, prohibited acts and penalties. The guiding principles in the health act imply that it is the duty of the state to protect and strengthen the nuclear family as a social institution and to equally protect the life of the mother and the life of the fetus. The state also guarantees equal protection of the welfare and rights of children, the youth and the unborn. The state recognizes marriage as a sacred social institution and the foundation for family construction (Philippine Commission on Women, 2012).

To ensure that reproductive health and development policies, plans and programs will address the priority needs of women, the poor and the marginalized, participation by NGOs, women’s organizations, civil society, faith-based organizations, the religious sector and communities is crucial. The resources of the country must be made to serve the entire population, especially the poor (Philippine Commission on Women, 2012).

It is stated more specifically in section 14 of the Republic health act that the state shall provide age and development appropriate reproductive health education to adolescents. It is also stated that the department of education (DepEd) must formulate a curriculum that can be used both in public and private schools, whereas it is optional for the latter to teach it. The adolescents shall develop skills in self-protection against discrimination; sexual abuse and violence against women and children and other forms of gender-based violence and teenage pregnancy, they shall also be provided knowledge in
physical, social and emotional changes in puberty. They shall be taught women’s rights and children’s rights, responsible teenage behavior and responsible parenthood (Philippine Commission on Women, 2012).

2.5 Organizations we have visited

We want to describe the two organizations we have visited to provide a context for where we have conducted our interviews. We want to describe how the organizations work, what interventions they offer and their target groups. The organizations we visited were both community based, meaning that they serve specific communities directly and that they work outreaching. Both organizations work with a wide target group, but they have different approaches. Their work is similar in the sense that they offer immediate solutions, but also job training. Organization one focuses more on practical and material solutions while organization two focuses on raising awareness and prevention.

Organization one is a Christian organization who works to help less fortunate individuals, families and communities in their area. They are covering three communities and their goals is to empower the people and families who are living in poverty. The organization has been active for 43 years and because it’s a non-governmental organization they depend on funds to continue their work in the communities. The employees are mostly nuns who live and work on the organization’s ground. To respond to the needs of the communities the organization offers many programs and services. They have a child and youth welfare and development program where they offer educational assistance for children in primary school up to college, community based supplemental feeding for the children, a family welfare and development program where they work to help families in the community, physical therapy services and they also work with teenage mothers by offering them parenting workshops and caregiver education. The organization works outreaching by searching for teenage mothers in need of help. When we were visiting them, they didn’t have any funds for the teenage mother’s educational program but they are trying to source it because they think it’s necessary so they can provide the young mothers with scholarships.

Organization two has been active for ten years and the primary goal for this organization is to reduce teenage pregnancies and to increase contraceptive users. Organization two is mostly funded by overseas donations from countries like USA, Denmark, South Korea etc., they also have a few individual donors. All the employees are paid employees and the organization consists of 30 people, divided into four teams, the IT/economics team, the leadership team, the youth team and the clinical team. We met with the teams that works directly with the population i.e. the youth and clinical team.

The clinical team works with offering medical care and maternal care, they also work with contraceptive consultancy and implantation of contraceptive devices. Every service they offer is free of charge except for the pap smear test which they charge a laboratory fee for.
The youth team works with raising awareness around contraceptives and the reproductive system among teenagers and young adults, up till 24 years of age. They have formulated different educational programs for different age groups, for 13-15-year old’s they go through the reproductive system and for the older youths they teach the different contraceptive methods and work with debunking myths that exist. One common myth that almost every employee had encountered was that people believe you get tumors from using condoms. The youth team also works with educating teachers, they hold workshops in how to teach sexual education because it is as expressed “still very new to the Philippines”. They also train youths to become youth advocates, whose purpose is to inform and distribute contraceptives to their peers. By having youth advocates their peers can much easier access contraceptives and be more comfortable asking them questions.
3. Earlier research

In this chapter we want to present a comprehensive understanding on the current state of knowledge around the phenomenon of teenage pregnancies. We have selected relevant articles to provide a deeper understanding around this phenomenon. Because we want to study how the work of NGOs can be beneficial for teenage mothers, we have to understand the underlying circumstances. Therefore, we present different aspects of being a teenage mother, how teenage mothering is constructed in society and what has been proven to reduce the numbers of teenage pregnancies. The last article highlights how NGOs help teenage mothers and what methods they use. We start by explaining our process of selecting the literature used for this study. The articles will also be used to analyze the result in this study.

3.1 Literature

While researching this subject and trying to find theories and articles that fit, we have used the databases Google scholar, Academic Search Complete, Research Gate, Libris and Diva search engine. We have searched on the terms “teenage pregnancies”, “teenage pregnancies in the Philippines”, “NGO work” and many more. We found many articles, scientific journals and previous research studies. When selecting these we tried to find relevant articles that would fit our study as this is a widely researched area. It was difficult to find relevant articles as the contexts varied considerably from the Philippines thus it wasn’t applicable. Most of the articles were international articles so we only have two articles relating to the Philippines. We do not present any Swedish articles as the Philippines is the local context for this study. We highlight the different aspects of the phenomenon of teenage pregnancies, so we have selected articles that refer to different topics such as sexual behavior, teenage mothering, stigmatization, empowering NGO work and their methods.

In line with our method, we decided on the theoretical concepts after analyzing our result. These theories are described under heading “theories and theoretical concepts”.

3.2 Teenage mothering as a phenomenon and how to prevent it

Jordan Tovera Salvador, Jucay Sauce, Oneel Castillo Alvarez and Ahrjaynes Rosario, (2016) describe in their study that teenage pregnancies are a worldwide issue with yearly increasing numbers, especially in developing countries. By conducting interviews with teenage mothers, they wanted to examine their experiences. With this article we want to highlight the factors that contribute to young women becoming teenage mothers and the different aspects of their lives.

In the results of their study they found four themes. In the first one Salvador et al. (2016) describe the transition a woman is making from childhood to become an adolescent. Being an adolescent comes with many changes in the body but also in the mindset. Because of their curiosity adolescents will take interest in sexual actions and want to explore their sexuality which is seen as a “forbidden act”. They
often have spontaneous behavior and poor decision-making skills that will lead them to impulsive situations that many times end up in unsafe sexual intercourse.

Salvador et al. (2016) describe the second theme as childbirth. They found that the teenage mothers in their study expressed anxiety of how their parents would react to their pregnancy. According to Salvador et al. (2016) one of the things that affect the young mothers’ decision on how to go about the pregnancy is their families’ approval. One factor that has an impact on reducing teenage pregnancy is parental influence and for them to communicate with their children and provide guidance. They describe the parents of the young girls as their support system and “coaches” who come to have a big impact on the girls’ sexual behavior.

The third theme is motherhood. Salvador et al. (2016) describe that teenage mothers go through phases of ambivalence during their pregnancy, where they both have positive as well as negative feelings regarding their pregnancy. Salvador et al. (2016) continue to describe the correlation between limited socioeconomic opportunities and high pregnancy rates. The main challenges their participants expressed was the struggle to find a job to provide for their children. Some of them expressed difficulties of going back to school because they had to work instead to earn enough money for them to be able to support the needs of their children while others combined their studies with work.

The last theme was building new dreams where Salvador et al. (2016) describe the young mothers desire to start over and pick up where they left. Several young mothers expressed their wish to continue school while some of them wanted to continue being fulltime mothers. All the mothers wanted to work harder to create a good life for their children and expressed that they became stronger since becoming mothers’.

Salvador et al. (2016) mean that sexual education and parental guidance will raise awareness among youths which would help delay sexual activity and create safer sexual behaviors which would help in the prevention of teenage pregnancies. Another factor that is important in reducing teenage pregnancies are clinics which offer free sexual health interventions. Diana Wohler, Minoo D’Cruz and Jordan White (2019) conclude that the best preventer of unintended teenage pregnancies is school and community based sexual health clinics. They compared two communities in an American city; one which had a tax funded school clinic while the other community had no clinic at all. In the start of this study both communities had similar numbers of teenage pregnancies. The authors found that the teenage pregnancy numbers steadily decreased under a number of years in the community which had a school clinic. They also mean that school clinics have proven to be an important factor in decreasing teenage pregnancy numbers. Wohler et al. (2019) mean that it is crucial for governments to offer fundamental reproductive health care services and interventions.

3.3 Societal constructions of teenage mothers

In her article Lee I. SmithBattle (2013) writes about how teenage mothers in America have been misrepresented and stereotyped over the last half century. Pam Alldred (2011) found similar results as
SmithBattle (2013) in her study conducted in England. We chose these studies to highlight the challenges that young mothers face in America and England. America and England are religious countries just like the Philippines, the difference is that they are developed countries. America is mainly Protestant and Catholic and England is Protestant (Pariona, 2018) while the Philippines is Catholic (Dolan, 1991). Because of the stigmatization of teenage mothers, they are facing challenges that directly lead to their own choices and bodies. The importance of this study is that it provides a general understanding of where the stigmatization of young mothers originates from and the potential harmful effects.

SmithBattle (2013) describes the stigma associated with teenage mothering, reasons for its persistence and its potentially harmful effects. She means that stigma should be of concern to healthcare staff because stigmatizing practices impede effective clinical care, contributes to teen mothers’ many challenges and violates the healthcare ethics that patients shall be treated with respect and dignity. SmithBattle (2013) describes two approaches to sexual education which are abstinence and information based. Sexual education in America has for a long-time highlighted abstinence up playing the dangers of sex and ignoring sexual desire. SmithBattle (2013) goes on to describe stigma as:

“Stigma occurs when individuals and groups are labeled as different. Difference is pathologized by more powerful groups, leading to the stigmatized group’s mistreatment, marginalization, or social exclusion”.

The stigmatization of teenage mothers began about half a century ago when news articles claimed that teenage pregnancies led girls on a downward spiral resulting in poverty, family breakdown and welfare dependence. Many of these articles were focused on “children raising children” implying that these girls were just too young to raise a child, when this had been the norm just ten to twenty years earlier (SmithBattle, 2013). Alldred (2011) also means that the dominant cultural understandings of teenage pregnancy construct it as unplanned and the result of reckless, irresponsible behavior. Implicitly, and even explicitly in some cases, early motherhood is assumed to be the result of unsafe sex during casual encounters, by young women who are not in a relationship and labeled promiscuous.

According to SmithBattle (2013) teenage mothers are aware that the society considers them unfit to be mothers. Many of them describe a wide instance of interactions that can be perceived as stigmatizing. The most common report is media and strangers who glare at them differently when they are walking with their child. Even if it is well-meaning many teen mothers also express being treated differently by school and health care -personnel, instead making them feel humiliated. Some reported feeling disregarded because the health care professionals never addressed them directly, instead they addressed their parents. The interviewees in Alldreds (2011) study meant that they had to “take responsibility” by carrying through with the pregnancy and thus “taking responsibility for their actions”. The author describes common expressions that the girls hear like “you are never ready for a baby you just have to get on with it” and “no one plans for a baby, they just happen when they do, and
you make the most of it”. Alldred (2011) means that these young women are “taking responsibility” for an unplanned conception which leads to extensive life changes. The author concludes that this understanding of young mothers being irresponsible changes once the young mothers take “responsibility”. SmithBattle (2013) finishes with a discussion on the consequences of the stigmatization teenage mothers face. She continues that parenting is a challenging experience for parents of any age. The stigmatizing experiences contribute to teen mothers’ social isolation, loss of confidence and lack of resources because they fear help-seeking. The above-mentioned factors can be the cause of teenage mothers’ dropping out of school in order to avoid stigma which in turn increases their vulnerability.

3.4. NGOs – an important arena for change

There are many reasons that teenage mothers seek help from NGOs. One of the most common struggles is not being able to finish school which Schulkind and Sandler (2019) describe in their study. They study teenage mothers in America and the outcomes and effects of dropping out of high school because of pregnancy. The results that Schulkind and Sandler (2019) highlight is that education is one of the factors that is most affected when a young girl chooses to drop out of high school. Especially the factor to finish their education. They explored differences in the outcomes of life chances by comparing teenage mothers who were expecting to give birth before graduating high school and others who were expecting to give birth after finishing high school. They conclude that young teenage mothers who give birth and drop out of school are less likely to enroll in school again even when their child has grown up. But when it came to graduating college both groups had the same struggle because they all had children to take care of. Schulkind and Sandler (2019) mean that young girls who drop out of high school when getting pregnant are more likely not to get married and to have more children compared to women who give birth after finishing their high school. The interruption in their education comes to affect their later life outcomes as they have a bigger chance of living in poverty. This is where the work of NGOs becomes important as they offer vulnerable groups the chance to improve their lives (Shroff, 2010).

In her study Geeta Shroff (2010) wants to examine the impact that the work of NGOs has on women in developing regions and how it could help women in vulnerable positions to improve their lives. Shroff (2010) means that women in developing regions face different challenges in their everyday life e.g. unequal access to education and healthcare. Thus, it is crucial for NGOs to work with supporting their clients in order to help them improve their lives and face the challenges. This study was conducted in India with different NGO’s and their female clients, to get a wider perspective of their work with empowerment and gender equality. The NGOs pointed out that they work with women and communities who actively want help from the organizations. It is common that people in remote communities are unaware of the help NGOs can provide and thus never get the
possibility to change their lives. Thus, women who seek help have often seen the progress within other communities and want the same for themselves.

The result of Shroffs (2010) study showed five developing stages of empowerment that the women go through while visiting the NGOs. In every step Shroff (2010) explains the characteristics of the woman during the different stages towards achieving empowerment. The first stage is powerlessness where the author describes the woman’s lack of emotional support from her home. She cannot talk about her personal issues with her family, instead the NGO provides the women with emotional support. The next stage is initiation where the woman becomes more curious about the organization, but is still unaware of knowledge around family planning, education, raising a child among others. They are in a stage of taking in information but are still too uninformed to ask questions. In this stage it is important for the NGO to enable the women in partaking in the organizations work. By using workshops together with other women in the same situation they can help clients see that they are not alone. Through this process the NGO slowly starts to create awareness in order to spread new knowledge.

The third stage is participation where the desire to learn more about solving problems within the family arises. The women become more independent and confident and thus start to ask more questions. The NGO educates the women by teaching them about relevant subjects such as women’s rights or reproductive facts etc. Many NGOs also offered the women to practice their learning skills in different workshops. Shroff (2010) describes the fourth stage as adaption. This is where they embrace the knowledge and start implementing it in their everyday lives. It can then benefit herself, her family and eventually spread to the community. It is here that the feeling of freedom starts to emerge and many become more supportive. They start to encourage their children to enroll in school and pursue a better future. The last stage in the process of empowerment is leadership. The NGO has now gained a passive role and is not needed anymore. The woman is now in charge of her own life and is able to pass down the knowledge she has learnt. These women often come to support and inspire other women in their midst to do the same.

Shroff (2010) means that it often takes about five years to go through the stages of empowerment in order for the women to understand their full potential. She also explains that a woman’s path to achieving empowerment depends on the circumstances surrounding her. Factors that may affect the process could be culture, religion, family structure, socioeconomic factors etc. The NGOs mentioned that one of the factors that make the empowerment process to go faster is for the woman to have a support system. They describe it as a sisterhood which creates a feeling of belonging.

This method is called peer support and it is a common method to use while working with young people. Catriona Jones, Clare Whitfield, Julie Seymour and Mark Hayter (2019) mean that this method is becoming more popular in the promotion of self-management in relation to wellbeing. Jones et al. (2019) investigate how the peer support method affects young mothers. The authors mean that peer support is an effective method which is especially useful when spreading sexual health information.
The authors found that there is a complex range of structure that needs to be implemented for this method to be positive and empowering for the individuals.

While implementing this method authority takes a more passive role while the informal friendships are being utilized for development. Jones et al. (2019) conclude that formal leaders cannot entirely rely on these informal friendships without offering support and structure to the group. The factor that is most important is the quality of the friendships not the quantity. Thus, large groups without formal structure does not result in improved self-management. The peer support method cannot be considered neutral as all parties involved are affected by cultural norms. Group process cannot be taken for granted and must be continuously monitored to guarantee improving dynamics and thought processes. The formal support figure must offer the group guidance and provide knowledge around power dynamics in order to challenge attitudes. By doing this the individuals can increase their critical awareness (Jones et al., 2019).

4. Theories & theoretical concepts
In this study we have chosen to use the theory of stigmatization and the concept of empowerment. These theories and concepts are helpful in understanding young mother’s experiences of coming in contact with NGOs. The theory about stigmatization is important for our study because it explains why
the young mothers feel the need to contact NGOs. In order to understand human development, the empowerment concept becomes important as we see from the result that the work of NGO’s has empowered the young mothers.

4.1 Stigmatization

The theory on stigmatization depicts the process of people becoming exposed due to their appearance, actions or religion etc. Link and Phelan (2001) describe that the stigmatization process consists of five different stages. The first stage is labelling which means that small differences that appear between people become labelled. Stage two is stereotyping which is where the labelled differences become associated with negative traits and thus leads to the creation of stereotypes. The third stage is separation which occurs when people are considered belonging to different groups. When such groupings occur one group is seen as inferior compared to the other. Thus, leading to the fourth stage which is status loss, where one group loses its social status and falls lower in the social hierarchy. This process then results in discrimination, which is the fifth and final stage of stigmatization (Link & Phelan, 2001).

Erving Goffman (2014) means that stigmatizing labels differ depending on the society. Each society builds its own framework for the norms of being through language, culture and religion. These frameworks enable people to have certain expectations of other people in the same society. We can only identify the normative expectations in our own societies if someone violates these. We can then identify the norms and the normative violations (Goffman, 2014).

Goffman (2014) describes the consequences of stigmatization. He starts by explaining personal stigma which is the stigmatizing process of labeling individuals and their actions. Goffman (2014) believes that individuals get stigmatized because of past events in their lives. These events may be related to unemployment, alcohol abuse, mental illness or having a different sexual orientation than the majority. Common perceptions about stigmatized individuals can be that they are irresponsible and or less competent. This can lead to the environment having low expectations of them, which can result in low self-esteem and loss of confidence. Consequences on a macro level of stigmatization are that the vulnerable group becomes disadvantaged in accessing and advancing in income opportunities, education, mental and physical well-being and living conditions. In this way, individuals and groups are excluded from exercising their civil rights and thus become victims to exclusion and marginalization (Goffman, 2014).

Goffman (2014) writes that being labeled as different can lead to the creation of different strategies for coping. He continues to write that stigmatized people often try to find contexts where they can authentically be themselves without fear of feeling different. He differentiates between two contexts as being “the wise” and being “the own”. In both contexts, the stigmatized person can be themselves without fear of being excluded. Among “their own” they are with other people in the same situation.
who understand them because they face the same stigma. Together they support each other and can help each other overcome different obstacles (Goffman, 2014). The other group that the stigmatized person can be themselves with are “the wise”. These sympathetic people are well acquainted with the stigmatized person or groups challenges. The wise people do not exercise power over the stigmatized instead they provide comfort and understanding (Goffman, 2014).

4.2 Empowerment
Empowerment is a popular theoretical concept and describing it is not simple. The term empowerment is getting increasingly diffused as more stakeholders are adjusting the term to their interests. Empowerment is related to knowledge, liberation and the power to control one owns life (Askheim & Starrin, 2007). To understand the theoretical concept of empowerment you have to see its history and where the term originates from. The term first appeared in an article from the Psychological review in 1926 but didn’t gain popularity until the Vietnam war. People all over USA were organizing and protesting in movements with the slogan “power to the people”. The term originally focused on grassroot development but as time has progressed the term has been adjusted to each stakeholder and can now be used in organizations, social activism and self-help (Askheim & Starrin, 2007).

There are different branches of empowerment, some of which are related to social work, healthcare or politics etc. (Starrin, 2007). We will describe the social work aspect of empowerment because that is what we will use in our analysis. An important factor of empowerment is that it highlights the importance of working with people in vulnerable positions. It could be anything from the most urgent situations to the improvement of health and well-being over time (Askheim & Starrin, 2007).

Another factor that is important in empowerment is the perception of the individual as an essential active being who knows for themselves what they need and value to change their life for the better. In accordance to empowerment the individuals’ confidence in their own abilities should increase when they realize that they can do things on their own (Starrin, 2007). Participation, trust and autonomy therefore become relevant terms when talking about empowerment as empowerment aims to increase individuals’ control over their own life. Individuals can be empowered through education, guidance and consultation (Askheim & Starrin, 2007; Starrin, 2007).

One important aspect of empowerment are emotions. Emotional processes are what promotes or inhibits empowerment. Tengqvist (2007) means that emotional energy refers to the emotions people feel when partaking in different contexts where they feel valued, people then feel enthusiasm, solidarity and energetic. There are also contexts that bring out the opposite feelings, which drain people of energy instead of increasing it. This brings out feelings of powerlessness, tiredness and decreased self-confidence. Emotional energy is a broad concept and compromises feelings of right and wrong. Individuals who are full of emotional energy feel confident, valuable and also feel better about their decisions than people who lack emotional energy (Tengqvist, 2007).
Tengqvist (2007) continues to write about collective movements and how they form. Collective empowerment arises when people unite because of their situation or when people feel solidarity with their situation. It takes as little as talking about shared experiences to unite in movements in purpose to fight for one’s dignity. People who feel stigmatized and marginalized often feel shame which makes them withdraw the public eye. These people often lack emotional energy and thus feel less energy to take initiative and make decisions. For a movement to inspire change, people first need to increase their emotional energy (Tengqvist, 2007).

5. Methods & material
In this chapter we will explain our full process of collecting and analyzing the data of our study. The information in this chapter will be divided into different subheadings to compartmentalize the
information and thus, make our process and choices clear. To end this chapter, we discuss the trustworthiness of our study.

5.1 Previous knowledge
When we decided that we wanted to go to the Philippines none of us knew anything about the country except that it was famous for its beautiful environment. None of us had been there or anywhere close to the Southeast Asian region before, therefore our knowledge about the continent was limited. We were very interested to write about a subject connected to gender and women's rights, so we started to research on the internet about difficulties in the country related to those subjects. We found that there were many social issues regarding women's rights in the Philippines and that the country is currently under a “war on drugs”. What stood out to us was that the Philippines is one of the countries with the highest rates of teenage pregnancies and so we wanted to know more about that. We knew about the phenomenon of teenage pregnancies through media, but none of us had any personal experience of it as both of us are schooled in the Swedish way of being which is to pursue studies and a career before starting a family.

5.2 Methodological selection
In this study we have used a qualitative, inductive approach. When the purpose of a study is to create an understanding of human experiences and behavioral patterns, the qualitative approach is applicable. The qualitative method aims to problematize and to give a holistic understanding of specific conditions. This method also makes it possible to describe the social nuances in a society in a more reality-based way (Bryman, 2018). Because our purpose was to examine how the work of NGOs can be beneficial for teenage mothers in the Philippines, this choice of method was perfect for us. To collect the data for our study we have used semi structured interviews which Bryman (2018) describes as the most suitable method in qualitative studies. The qualitative method was particularly suitable for us because we could take part of the young mothers’ experiences which are not limited to general assumptions. This method does not depict a one-sided picture of reality that is firm and absolute; instead it enables us to get different answers without them invalidating each other (Neuman, 2011).

Our approach was inductive in the sense that our purpose was not to test the liability of a hypothesis but instead arrive to theoretical conclusions from our collected data (Bryman, 2018). We thought that an inductive approach would be suitable for our study because we didn’t have any hypothesis to proceed from, or any previous knowledge of the subject. Instead we wanted to examine the participants personal stories and experiences regarding our topic, especially because we were in an alien context.
5.3 Selection and demarcations

Bryman (2018) means that in order to create a strategic sample that reflects the research questions, a purposive sampling technique is helpful. The sample choice in this study was purposive in the sense that we only wanted to interview young mothers who have already given birth. We wanted to know how the work of NGOs can be beneficial for teenage mothers’ and thus we needed to interview mothers who had been through the whole process of being pregnant and then seeking contact with an NGO. We decided to interview girls from the age of 15, because it was difficult to find young teenagers to interview. We interviewed eight girls who are 15 years of age and older. Even if they weren’t teenagers anymore the criteria was that they had to have had their first child in their teenage years. The girls who participated in the study also had to have been in contact with the selected NGOs that we visited to be able to relate to the questions in the interview. We had three respective five participants from each organization.

We have also chosen to demarcate us to only interviewing the mothers, because we found while researching that these young girls often have to take the biggest responsibility of their child and that they are in a more vulnerable position than their counterparts, i.e. the fathers. In many of the cases they must raise their child alone without the father. The sample choice was purposive, but the final sample was based on availability.

In this study we chose to demarcate us to the cities Manila and Puerto Princesa where we visited one organization in each. We conducted informant interviews with four NGO workers to find out how they work. The informant interviews will not be part of our result as we intend to only depict the young mothers’ experiences. Our selection of the NGO’s was strictly based on availability because they all worked with the same target group. We visited a total number of five organizations but because of our tight schedules, one of the organizations could not fit us in and with another one, our schedules didn’t align and the third organization didn’t have any clients of our required minimum age of 15. Thus, we were left with two organizations which are described under the background section under number “2.5”.

5.4 Data collection and data processing

To get answers for our research questions we have conducted semi-structured interviews with eight young mothers and complemented these with four informant interviews with NGO workers to find out how they work. The information from the informant interviews with the NGO workers will not be used in the result as we only want to examine the teenage mothers’ experiences. By understanding how they work and what interventions they offer, we could easier understand the young mothers’ experiences. The informant interviews were also important in order for us to be able to formulate a better interview guide to use in the interviews with the young mothers. We were able to get more answers from the respondents by using semi-structured interviews because it enabled us to ask follow-
up questions. We spent quite some formulating our interview questions as the structure of the interview guide must be able to answer our research questions. By conducting these interviews in person, we have also been able to experience the respondent’s facial expressions and body language (Bryman, 2018). Their facial expressions and body language have not been used in the result; it was used when we were conducting the interviews to be able to create a comfortable situation for the participants. There were some moments when we had to pause during some of the interviews because we noticed that the participant was getting emotional. Thus, their facial expressions and body language have not affected the result.

We started the research process by searching for NGO’s working with teenage mothers and found some Facebook pages for some organizations, we also got suggestions on NGO’s from our Professor Johan Gärde’s contact in the Philippines and from different websites. Majority of the organizations were in Manila, where we started our research. Most of the NGO’s do not have their own website and thus we had to make drop-in visits to inform them of our purpose of visit. Due to time limits and other practical circumstances, our selection of NGO’s was strictly based on availability. We got referred to another organization which we were able to visit. We visited the organizations between three to four times to get to know the organization, to interview and meet the people working there and to interview the respondents.

We were recommended to use an interpreter because majority of the young mothers are more comfortable speaking their native language Tagalog than English. Because of time limitations we didn’t have time to arrange for a formal interpreter and thus had to get help from one of the NGO employees. We conducted the interviews with one respondent at a time and started every interview by going through our letter of consent and explaining their rights as participants. We followed our semi-structured interview guide to get our main research questions answered. We also asked follow-up questions depending on the young mothers’ own experiences. We recorded and transcribed each interview which lasted between 30-50 minutes each. We transcribed every interview as soon as we could afterwards.

While coding and analyzing our data, we used a qualitative thematic analysis method and followed the method as described by Bryman (2018). Both of us read the transcribed interviews and then we discussed what themes we had discovered. We then tried to sort our material according to the different themes we had discovered. While sorting the material we color highlighted the transcribed interviews according to the themes. We tried to get the smaller themes to fit into the larger ones so we could present everything as nuanced as possible. The qualitative thematic analysis method comes alive through the researcher’s interpretations. Only after being processed by a person, can the stories told by the young mothers come alive (Wigg, 2019). This means that the result presented are interpreted by us.
To select what theories, we should use to analyze our result, we went back to our collected material while researching before this study. We were inspired by re-reading our earlier research material. We then analyzed the result and decided on two theories that would best explain the result.

5.5 Ethical considerations

When conducting a qualitative study, you are taking part of other people’s stories and experiences thus it is very important to be aware of ethical issues, dilemmas and conflicts that can surface during the research process (Neuman, 2011). In our study we have used the Swedish law on ethical testing of research relating to people (2003:460) in order to make sure that all the ethical regulations would be followed during our research. The law breaks down various steps that must be followed and ensured for the participants. The most significant steps to consider in this law is the information requirements and the requirement of consent.

We have also taken part of the ethical principles of research from the Swedish Science council (Vetenskapsrådet, 2002) to protect the participants and to make them feel secure about their participation.

The first of the four principles of research ethics and one of the steps in the law on ethical testing of research relating to people (2003:460) are the information requirement, where the researcher must inform the participants about the aim of the study, what role they have in the study and what conditions apply. The participants should also be aware that their participation is voluntary and that they can choose to leave the study at any time. The second one is the consent claim, where the consent must always be obtained from the participants. To fulfill this, we wrote the participants a letter of consent where we gave them all the information about the study and where they could read all their rights as a participant. In the end they had to sign the letter and give us their consent to be a part of the study. We also went through the letter of consent with them before the interview and clearly explained all the parts of the letter to make them aware of all the information and their rights as participants.

According to the law (2003:460) on ethical testing of research relating to people, it says that participants who are between 15-18 years old must fully understand the purpose and conditions of the study in order to participate without their parent’s consent. Otherwise it would have been necessary to obtain from the guardians of the child. That is why we only interviewed young mothers who were 15 years and older.

The third one of the four principles of research ethics is the confidentiality requirement, where all the information revealed shall be given the greatest possible confidentiality. The personal information in the collected data must be stored in such a way that the information cannot be accessed by someone else other than the researcher. (Vetenskapsrådet, 2002). Neuman (2011) describes the importance of privacy, confidentiality and anonymity when doing research to make sure that the person feels safe to participate. When you are conducting a study, you are taking part in another person's life. They may
have opinions, thoughts or beliefs that they don't want others to know about. Therefore, we included this information in the letter of consent to ensure them that they will be anonymous and that no traceable information will be revealed. Therefore, we will replace their names with numbers.

We also recorded the interviews with our phone and made it clear to the participants that we were going to delete the recordings after the transcription, so no other person would be able to hear them. Both the recordings and the transcriptions were stored in a way so that unauthorized persons wouldn’t be able to get access to the material. The fourth note that Vetenskapsrådet (2002) describes is the use requirement where the collected information and data from participating individuals may only be used for research purposes and nothing else. This was also something that we wrote in our letter of consent, so the participants felt secure.

The power dynamics were something we also had in consideration while conducting this study. It’s almost impossible to avoid differences in the power dynamics. By arriving as foreign students in their country to study a social problem, there is a risk that the respondents could easily feel that they are inferior and being evaluated by us. To reduce this, we tried to create a good atmosphere and show them our thankfulness for their participation. We expressed how much we value them sharing their personal experiences and stories. We felt that it was important to create a good relationship with these women to make them feel secure about participating in the study. To do this we thought of visiting them before the interviews, but we didn’t get the chance to do that because they didn’t have time. But we did our best to make the participants feel comfortable before we started the interview by small talking and meeting their children.

We were aware that we may acquire information that could be sensitive to our respondents and because of that we had to choose our interview questions carefully and adjust to the situation. We were always thinking of being careful and humble while interviewing the young mothers, because the sensitive subject may cause mental stress. We always made it clear that they could take a break or skip any questions if they didn’t want to answer. If the participant were to cry or get uncomfortable during the interview, we always took a break and if they wanted to, they could choose to end the interview, but no one did that.

5.6 Validity and reliability
Bryman (2018) describes the importance of validity and reliability to measure the quality of a study. Bryman (2018) means that these two components are not especially useful when it comes to a qualitative study, because the researchers do not aim to measure the quality. Validity is used to examine the relevance of measurements and whether you really measure what is going to be measured and what grade the measurement is.

Bryman (2018) describes two types of validity, internal and external. The internal validity seeks to examine the correspondence between the theoretical ideas that have developed and the researcher’s observations during the study. In the beginning of this study we didn’t have any theory to proceed
from. We started by just observing situations and after the interviews were conducted, we processed the material. We presented the result of the study after analyzing the material. We then chose the theories that would best explain the result. The internal validity also deals with the transparency of the study (Bryman, 2018). We have tried to be as transparent as possible by explaining our work process from start to finish so that it is re-creatable.

The external validity explains the generalizability and trustworthiness of the study. Bryman (2018) describes that results in qualitative research is often difficult to generalize because the limited number of respondents. Bryman (2018) further describes that it’s difficult to generalize the results in a specific context to different environments. With this he means that the sample of a population in a study has to be representative to get generalizable results. We believe that our selection of respondents is representative for our study, because all our respondents had experienced being pregnant in their teenage but because of the small number of respondents, our results cannot be generalized to a global context. This because we only interviewed eight young mothers in our study so their experiences cannot cover the overall experience of being a teenage mother in other parts of the world. However, the study is generalizable to societies similar to the Philippines. If the study is conducted again in a similar context i.e. similar culture, religion and social class etc. the result would align.

The reliability deals with the instruments used in a study such as technical equipment, the environment in which the study was conducted and the researcher’s ability to formulate questions among others (Bryman, 2018). We have explained all these under heading “5.3”.

5.7 Method discussion
We are aware that our selection of eight respondents is too small to make the study generalizable to a global context. It is generalizable if the context is similar i.e. similar country, social class, culture and religion. However, it does contribute to new research and further research suggestions regarding teenage pregnancies. We believe that our study has resulted in a broader understanding of the importance of NGO work in the Philippines related to teenage pregnancies. It may also contribute to helping other students with their research, like other student’s thesis work has helped us in order to find different approaches. We have discussed if the results would have been different for our study if we would have used focus groups instead of semi structured interviews. A focus group according to Bryman (2018) is when a group of individuals discuss a subject more deeply with each other where the researcher is there to observe in order study the interplay of the group. If we would have used focus groups, it could have had mixed outcomes. The positive aspect about focus groups is that the young mothers may have been more comfortable when interacting with others in the same situation which could result in them sharing things they wouldn’t have thought about in a regular interview. At the same time this may result in the young mothers feeling exposed. Therefore, we chose to use semi
structured interviews to secure the individual’s integrity and comfortability in sharing their experiences without feeling stressed.

We have not used the information from the informant interviews with the NGO workers in our result as we have only depicted the young mothers’ experiences. However, we are aware that the informant interviews could have affected the coding process while we were looking for themes as the NGO workers could sometimes express subjective opinions about the culture or the target group. This has not been a conscious decision, but their answers could have affected our preunderstanding of teenage mothers’ situation in the Philippines. The positive aspect of conducting the informant interviews has been that we were able to formulate a more precise interview guide in order to understand the young mothers’ experiences better. We formulated the interview questions with caution because of the sensitive subject that may affect the young participants. We didn’t want to upset them in any way or make them feel vulnerable while participating. Because of this we always observed their body language and facial expressions to know if they were upset in any way or needed a break etc. We found this to be an advantage of conducting interviews in person.

We are also aware of the outcomes of using an interpreter in our study. This might have caused misunderstandings in the translation that we don’t know about which could have affected the answers of the respondents. This could have affected the reliability of our study as things might have been misinterpreted or lost in translation. The interpreters in the study were also one of the social workers in the organizations that we visited. This because we didn’t have time to get another interpreter because we didn’t know at what time the interviews might happen. This can have caused different ethical dilemmas while interviewing the young mothers. We believe that this could have had both negative and positive outcomes. Having an NGO employee as an interpreter affects the confidentiality of the young mothers who were interviewed. Because their anonymity is not guaranteed anymore as the staff now knows what has been said. There might be things that the young mothers left out because they didn’t feel comfortable to talk about in front of someone they knew. The positive aspect of having an employee as an interpreter is that they could have felt more comfortable because they trust the interpreter.

None of the young mothers expressed negative opinions about the NGO. They only had positive things to say about them describing how they have been very helpful and supporting. It could be what the young mothers actually feel, but we suspect that the interpreter could be a reason for them to not express negative opinions. When we look back at the interviews, it could also have been the interview questions because we didn’t have any specific question about possible negative experiences.

While we have been processing our collected material, we have tweaked the purpose of our study because we wanted to narrow it down even further. This has caused some of our interview questions to become irrelevant for our study. This may result in us missing out on asking questions that would have been more relevant to our current purpose, but we have chosen to precise our purpose so that we still are able to use majority of our collected data material.
6. Results

In this section we will present our result. It will be divided into different themes that we discovered while analyzing our data. While using a qualitative analysis, the life stories and experiences are told through the researchers’ interpretations. Only by the transcriptions and analysis can the researcher
present a life story (Wigg, 2019). We have decided to name the mothers Participant 1, (P1) participant 2, (P2) etc. to make it easier to read. The organizations will also be named organization one and organization two. This because we want to keep the people involved in this study anonymous. We will present the results in chronological order as in starting with their experiences before they were in contact with the NGO going over to when they got in contact with the NGO and last part will be about the effects of their work. Some of the categories do intersect with each other meaning that some of the information can be recurring.

6.1 Negative emotions
We noticed that the young mothers felt fear and anxiety in their lives. Majority of them described their initial fear of telling their families about their pregnancy because they were afraid of their reactions. They didn’t know how to go about telling their families or what reaction they might expect. They never expressed fears of threats or violence, instead they described that their fear was linked to feeling guilty. Majority said that they felt guilty because they are pressured to finish school in order to help supporting their families. P3 said “I’m the eldest so my parents are expecting me to graduate school and to have a job to help them…. I felt sad because I disappointed my parents”. P4 also had similar experiences and said “I didn’t how to tell my family, I couldn’t tell them because I’m too young. I didn’t know how to tell my parents because they need help themselves in terms of financial”. Some of the young mothers described their experience of breaking the news of their pregnancy to their families as normal or happy. These particular participants were living with their boyfriends and were also being financially supported by them. These young mothers didn’t express that they were a financial burden to their parents as the others had described.

The young mothers continued to describe that their friends and community members gossiped about them being promiscuous and disrespecting their parents. The feelings of guilt that the young mothers described were intensified because of their gossiping. The common experience was that they were surrounded with rumors of being promiscuous. When asked to describe specifically what people were saying about her, P4 is quoted: “they were saying that I was too young and that I disrespect my parents because they are sending me to school but I’m doing something that’s not good”. Another young mother didn’t want to answer this question because she described the rumors surrounding her as “not good words”.

The young mothers also expressed that they had dropped out of school once their growing stomachs started to show. P5 described that she was so ashamed of her growing stomach that she didn’t want to attend her graduation. Instead her sister and father went to collect her diploma. During the interview she said: “My diploma was received by my father because I was ashamed of my belly showing. It was big, I was five months, I was ashamed.”. The one who continued school the longest had dropped out when she was seven months pregnant. When asked if they were allowed to continue
school, they answered that they could but that they quit because they didn’t want to be in the public eye.

As the pregnancy went on the young mothers started to feel anxious about giving birth and raising their child. They described that people were scaring them by telling stories. One example was that they had heard about majority of women dying while giving birth. The young mothers also expressed that they were afraid because they didn’t know how to raise a child. They meant that they didn’t have any expectations or information on how to raise a child. None of the young mothers described that they had any guidance from parents or other adults in their proximity. Their whole pregnancy experience seems to be characterized by negative emotions, not one of the young mothers described that they were happy or anticipatory about their pregnancy. Instead they described that they were worrying over possible scenarios like what would happen in case their newborn was to become sick.

6.2 Progression of support

Another theme we identified was how the support from their families and community changed from the beginning of their pregnancy up to giving birth. Majority of the participants expressed that their pregnancy initially wasn’t accepted by their family. The young mothers were met with anger, disappointment and grief. One of them recalled that she had gotten thrown out of the house and another one had tried to commit suicide because of her anxiety. The young mothers also expressed that their community viewed them as “troublemakers” or “kids who hang out on the street”. The young mothers also recounted that their communities thought of them as irresponsible but described how they eventually changed their opinions once they saw how they were caring for their child. Some young mothers said that their neighbors had praised them for not getting an abortion and actually taking responsibility for their child.

The young mothers recounted that their families eventually accepted them and their child. They didn’t explain the process of acceptance in detail, but it seemed like it was the progression of time. All but one of the young mothers still live at home and receive financial support from their respective families. The young mothers expressed that they get more attention at home now as mothers compared to before their pregnancy. One of the young mothers P2 is quoted saying “I used to self-pity because my mother’s attention was on my brothers. I wanted more attention, but it was always on my brothers.” The same mother (P2) further expressed that her mother accepted her child after she found out that it was a baby boy. When we asked her why her mother had suddenly become accepting, she answered that it was because the first grandchild was a boy. The other participants described similar situations where their parents became accepting after they had given birth to a boy. All the participants except one gave birth to boys.

When asked what support they had received from outside of the NGO the young mothers answered that they only had support from their families. Out of the eight participants, only three had support
from their babies’ father. They meant that they had many financial problems because the father didn’t help with anything. P4 said about her situation that “I am the mother and the father of the child”. Nobody mentioned that they had received support from their friends. Neither emotionally nor materially. Instead the young mothers described their lives as isolated because they only went to work then home. Many also recalled that they used to hang out with their friends all the time to just socialize and party but now they rarely go out because their child is their priority. Many expressed that they spent all their time with their child because they had no one who could help them. No one mentioned that their friends visited them or helped them in any way.

Overall all the young mothers described that they had only received financial and material support from their families as their families were providing for them. Many mentioned that they didn’t feel comfortable speaking about their feelings and issues with their families and because of this they didn’t get the emotional support that they needed. They described that they were feeling alone and isolated. From the beginning they didn’t have emotional nor financial support but as time progressed, they were accepted which resulted in them being able to live at home and be financially supported. They described that they didn’t have any emotional support neither from family nor friends.

6.3 The young mothers’ NGO experiences
Because of the two organizations’ different approaches the participants also described various experiences. Participants 1-5 were from organization one and participants 6-8 were from organization two.

Participants 1-5 from organization one expressed that the most important thing they learned there was education on how to care for a child. All mothers had partaken in the organizations parenting workshops where they learned hygiene and nutritional information among other things. Before they got in contact with the NGO, the young mothers from organization one expressed that they were uncertain of their maternal role. P3 said “I feared for how I would attend the needs of my baby and how I would raise my child because I didn’t have any idea on parenting”. After partaking in the parenting workshops, the young mothers described that they had learned how to care for a child, how to be good mothers and how to parent their children. They expressed that they had become more secure in their parenting roles. They also described how the organization had helped them in preparing cheap and nutritious meals for their children. When asked if they would recommend the organization to other young mothers, P5 answered that she would. She is quoted saying: “We are not expecting money or financial help, but it is important for us to learn how to go about our lives. Especially as a single parent, the learnings are very important for me”. They all described how they wanted to recommend other young mothers to visit the organization in order to bring hope to other women in the same situation and to create a network. By creating a network, they meant that they were able to share their experiences and feelings with each other while their children could play with other children in the
same age. They wanted other women to be able do the same because they know how it feels to be hopeless and isolated.

When asked if the NGO work has been meaningful, the young mothers from organization one expressed that they felt a sense of belonging. They said that the organization functions as a safe zone for them where they can speak freely about their experiences and emotions without fear of being judged. By meeting other women in the same situation, they meant that they get friends. P1 said: “It is good because here in the center we can express our feelings. Even with my mother I cannot express my feelings. It’s very calming because my problems feel less significant when I express my feelings”.

The participants from organization two instead highlighted the knowledge they had gained around contraceptives. All participants had received some kind of contraceptive from organization two like condoms, IUD or a contraceptive patch. They all expressed that they felt more empowered to control their lives because they could control if they wanted to get pregnant or not. They meant that they could have boyfriends without worrying about getting pregnant. P8 is quoted saying “When I started realizing that life is hard and having another baby will make it harder. I heard they were offering family planning services, so I started going here. If I didn’t come here, I might have four kids”.

The participants from organization two also highlighted being able to educate the people in their community. Two of the young mothers were trained youth advocates and highlighted that the learnings from the NGO has led to them being able to teach their communities about contraceptives. They expressed that they were able to debunk myths that they hear regarding women’s bodies, pregnancy and fertility because the organization had corrected them during their youth advocacy training. P8 said “The importance of me being an advocate in my community is that I can provide them with contraceptives and that I can correct the myths that they come to believe about pregnancy and contraceptives.” The participants from organization two didn’t express the same feelings about feeling a sense of belonging and relieving their feelings. Instead they expressed that it felt good to be a youth advocate because they are able to debunk myths and spread knowledge. When asked if she would recommend other young mothers to come to the organization P6 said that she already had referred friends because by working together in educating their community in contraceptives and pregnancies, they can create a network so that they can work towards reducing the teenage pregnancies.

6.4 Challenges and future dreams

The young mothers expressed their hopes for the future. After being in contact with the NGOs they described how they felt hopeful again. Many of them had a goal of enrolling in school again in order to find a good job and being able to support their families. Their occupation when we interviewed them was as following:

P1: Lacks permanent employment, works odd jobs
P2: Unemployed
P3: Unemployed, looking for new job
P4: Office job
P5: Unemployed
P6: Going to enroll in school
P7: Housekeeper
P8: Cleaner

All the participants had dropped out of school at some point during their pregnancy. Two participants had dropped out just when they became pregnant and the one who continued school the longest dropped out at seven months. The main problem that all the participants had experienced was that there was no one to take care of their child if they were to attend school. P8 is quoted saying “I want to study because my son is grown up. I want to have a better job and to have a decent life.” Out of the eight participants only one had enrolled in school and was going to start her term in June. When asked if they were forced to quit school, all participants answered no and meant that they quit for other reasons such as having to care for their child or being ashamed. P4 said “When I reached six months of pregnancy, I stopped school because I felt ashamed of what happened. I was thinking of some of the people in the community and in school who were gossiping.”

Majority of the participants lacked a permanent employment and such they all expressed a worry for their income. P7 expressed that she had a difficult time finding a job because of the age limit of working which is 18 years in the Philippines. The young mothers expressed that their biggest worry was being unemployed because they needed to support their children. Even though they wanted to finish their studies they felt that they had to work instead in order to earn an income. As the young mothers described their anxiety regarding their struggle to find a decent job without an education, they all mentioned that their children as a driving force for them. They further expressed that because of their children they had found the strength and will to continue with their education or to find a job, in order to create a decent life for them. Even though they meant that it was difficult they were all willing to try their best to provide for their children.

7. Analysis

In this section we analyze the result based on the two theoretical concepts presented earlier as well as the earlier research and the described background to understand how the work of the NGOs has been beneficial for the young mothers. By analyzing our result together with the theoretical concepts and background we can deepen our understanding of the processes.
7.1 Seeking support

In order to examine how the work of the NGOs has been beneficial for the young mothers we have explored their life situations before they made contact with the NGOs to be able to understand the benefits it has had for their lives. There are many factors that come into play before the young mothers feel the need to seek contact with an NGO.

Our interpretation of the result is that it starts with the lack of guidance that the young mothers have in their lives. It starts with their families where their emotional needs are not met. When the emotional needs of an individual are not met, they cannot express their thoughts and feelings which results in a lack of guidance (Salvador et al., 2016; Shroff, 2010). When adolescents transition into being teenagers their interest in sexual activity increases. Without knowledge or guidance, the teenagers risk engaging in impulsive and unsafe sexual activities (Salvador et al., 2016). We can understand that the young mothers were not guided, nor did they have any knowledge of the consequences of unsafe sexual activities as they all believed common myths. We can also understand that they were lacking guidance as they explained that they seldom talked to their parents about personal issues. We can conclude that all of these factors have contributed to the young mothers becoming pregnant in their teenage years.

Goffman (2014) means that stigmatizing labels differ between different societies. Each society builds its own framework for the norms of being through language, culture and religion. The local framework allows people to have certain expectations of other people within the same context and we can identify the expectations when someone violates these (Goffman, 2014). The results show that teenage pregnancies are viewed as a norm breaking phenomenon in the Philippines. The local culture places a high value on marriage as an important institution and thus premarital sex becomes wrong (Dolan, 1991; Sandoval, 1993). There is also a cultural understanding that children are supposed to help their parents (Dolan, 1991). Our interpretation is that the young mothers have gone against the normative framework and because of this they become stigmatized. Goffman (2014) further describes that stigmatized individual are often viewed as irresponsible and less competent. Their friends and community members are shaming them for these exact reasons. Because of the importance of family, the community believes that these girls have disrespected their parents by acting irresponsibly. Like the interviewees in Alldreds (2011) study the young mothers expressed that they were viewed as “responsible” only after proving to their community that they were handling their situation. Our understanding of the rumors surrounding them is that their friends and community considered that the young mothers’ parents have invested in them by sending them to school, but they have disrespected them by becoming pregnant. Because of this they have hindered their family’s livelihood plans.

Goffman (2014) continues to describe how the environment’s low expectations of stigmatized individuals often leads to low self-esteem and a loss of confidence. Together with being labeled
irresponsible, the young mothers felt ashamed and guilty. Because of this the young mothers withdrew from the public environments that they used to be in such as school and socializing in their community. Goffman (2014) means that stigmatized individuals often withdraw from public environments and thus miss out on accessing opportunities that others can enjoy. We conclude that it is highly isolating to have a child at a young age because they cannot join in when their peers are taking part in other activities. This result corroborates with the study conducted by SmithBattle (2013).

To cope with being stigmatized, affected individuals often create different strategies. One of them is that they try to find contexts in which they can be themselves without fear of being judged (Goffman, 2014). In order to cope we believe that the young mothers were in need of a new context where they could feel included. Because of this they sought to contact an NGO. Goffman (2014) describes two contexts as “the wise” and “the own”. The organizations seem to function as “the wise”, they are not in the same situation, but they can support these young mothers and provide comfort without judging them. In turn they provide another context which is “the own”. The organizations provide these young women in the same situations to meet and support each other. Together with “their own” they feel less alone and thus are able to create a network.

7.2 Impact of NGO work
To become energetic and to be able to take initiative you first have to increase your emotional energy. Emotional processes are what promotes or inhibits empowerment (Tengqvist, 2007). Tengqvist (2007) describes the contexts that drain people of emotional energy instead of increasing it. The young mothers seem to have been at a very low level of energy because they came from social contexts that were draining them of emotional energy. Through the meetings with other mothers in the same situation the young mothers seem to have increased their emotional energy. The organizations work with the peer support method by offering these young mothers’ guidance in order to feel solidarity with others in the same situation (Jones et al., 2019). By meeting with peers, the young mothers start to feel valued, solidarity and energetic (Tengqvist, 2007; Jones et al., 2019). The young mothers expressed that they got relief just by meeting people in the same situation and being able to talk about their feelings and experiences. Many of them expressed that they would recommend the organization just because they get to meet other mothers in the same situation which made them feel less alone.

To be empowered you have to gain knowledge in order to be liberated and gain power to control one owns life (Starrin, 2007). The NGOs worked with empowerment by offering the young mothers education sponsorship, youth advocacy training, parenting workshops, family planning services and family planning education and job training. Shroff (2010) describes the process of achieving empowerment and breaks it down in five stages. Our analysis is that the young mothers are in stage three or four. After partaking in the educational efforts offered by the NGOs, they are now more independent and more confident than they were when they first made contact with the organizations.
They have been able to practice their learned knowledge by implementing it in their everyday lives. Some have reached stage four of the empowerment process as the knowledge they have learned is benefiting their children and communities (Shroff, 2010). This is the stage where their feeling of freedom starts to arise and many become more supportive of women in their midst. We can understand that this is the stages where the young mothers are because they want to create a network and work towards minimizing the teenage pregnancies. This proves that the peer support method is important while spreading sexual health information (Jones et al., 2019). Our interpretation is that they feel important and needed by being able to provide their community and children with guidance. Through education and providing safe communities for the mothers the organizations has inspired and helped the women towards achieving empowerment.

Another factor that is important in empowerment is the perception of the individual as an essential active being who knows for themselves what they need and value to change their life for the better. In accordance with the empowerment concept, the individuals’ confidence in their own abilities should increase when they realize that they can do things on their own (Starrin, 2007). Going forwards the young mothers are no longer uncertain of themselves or their abilities. They have started to dare to dream. Many of them have formulated plans for their future which can be interpreted as increased self-confidence and initiative taking which in turn is a result of increased emotional energy (Tengqvist, 2007). Our interpretation is that the young mothers have not yet achieved full empowerment as they are not yet fully autonomous, but they have started to make active changes in their lives (Starrin, 2007: Shroff, 2010). Shroff (2010) means that the path to achieving full empowerment depends on the surrounding circumstances and thus the process can vary in time for each individual. The benefits of the work of NGOs is that they create a path for these women to autonomy.

8. Conclusions & Discussion

In this section we will return to the purpose of the study, the research questions and summarize the result, discuss potential implications and suggest further research.
8.1 Conclusions

The purpose of this study was to examine how the work of NGOs can be beneficial for teenage mothers in the Philippines. Which we investigated with the help of our research questions “What experiences made the young mothers contact the NGO?” and What impact has the NGOs work had for the teenage mothers’ lives? We found that the mothers have had similar experiences which is why they seek to come in contact with an NGO. There are various factors affect them negatively. The Philippines is a conservative country where marriage is an important cultural and religious institution (Sandoval, 1993; Dolan, 1991). This context comes to affect the young mothers as they get stigmatized for breaking the norms (Goffman, 2014). Because of the stigmatization all the young mothers isolated themselves and missed out on opportunities which are enjoyed by others in their age. Because of these factors they further suffered a loss of confidence in their abilities.

This is where the NGOs become important. Because of the factors that affect them negatively they seek the help of NGOs. The NGOs offers them safe contexts to be themselves without fear of judgement which they lack in their lives. They get offered various programs, workshops and scholarships in order to help them progress in their lives. By learning useful information on childcare, contraceptives and pregnancies they can slowly start to raise their emotional energy (Tengqvist, 2007). By raising their emotional energy, they also raise their confidence. They also expressed more confidence in their ability to control their lives as they were now able to control their own body and future pregnancies. All the young mothers described that the NGO has been very important in inspiring new hope.

The results of this study corroborate with the presented background, the earlier research material and the chosen theories and theoretical concepts. We can draw the conclusion that the work of NGOs is important for this stigmatized group. Everything in this study points to the importance of NGOs. The work that they do is highly beneficial for this stigmatized group in order for them to start anew where they left off.

8.2 Discussion

To summarize this study, we have used semi-structured interviews to collet our data. We do not think that this purpose could have been explored through any other method. If we had conducted a quantitative study, we would need to change our purpose to make it more quantifiable. Our study is not globally generalizable as our sample group is limited to the Philippines. It does however provide a local pattern that can occur as it correlates with previous research.

One difficulty was that we didn’t have time to arrange for an interpreter and thus we had to get help from one of the employees at the NGO. This can have both positive and negative outcomes as it could have affected the participants’ answers to be more biased but at the same time it could’ve made them more comfortable sharing their experiences. Another difficulty is that we realized potential follow-up
question while analyzing their answers that might have been useful in order to understand the young mothers’.

We believe that we have answered the purpose and research questions of our study. Both Smithbattle (2013) and Goffman (2014) mean that the stigmatizing experiences contribute to social isolation, loss of confidence and lack of resources because of fear of help seeking. Stigmatized individuals also show patterns of withdrawing from environments that are judgmental and disrespected which can lead to missing appointments or dropping out of school which in turn increases the isolation and vulnerability (Goffman, 2014; SmithBattle, 2013). Parents play a crucial part in influencing their children’s decisions (Salvador et al., 2016; Shroff, 2010). The young mothers’ lack their parents support and guidance and thus need to seek it elsewhere. All these are the exact reasons that the teenage mothers sought to contact the NGO.

Their answers linked to our last research question “what impact has the NGO work had for the teenage mother’s lives” varied a bit more because the organizations work was different. Organization one was focused on attending immediate needs and organization two was focused on preventative work. Overall the participants highlighted that they received financial and material support from their families and very little emotional support, which they instead got from the organizations. The NGOs mean a lot for these women, both emotionally and materialistically as they have no one to turn to. We speculate that the reason that they cannot express their feelings at home is due to feeling guilty. We think that they feel indebted towards their parents which makes them afraid of opening up about their struggles. They already know that their parents are financially struggling and that they are trying their best to provide for them. Because of this we got the sense that they would be disrespecting their parents if they expressed that they were sad or struggling as they have received much help from them.

Smithbattle (2013) means that being a parent is difficult for parents of any age but combined with the stigmatization teenage mothers often experience a loss of confidence. All of the young mothers expressed feelings of uncertainty and lack of confidence in their abilities to be a mother which they received support in from the organizations. The NGOs become an important arena for the young mothers to create their own contexts. Together they can break their social isolation and feel less stigmatized. The organizations seem to be using the peer support method as described by Jones et al. (2019). Through the education and guidance that the NGOs provide they can build their confidence because they are able to educate others in their community which correlates with the empowerment concept. Thus, the work of NGOs becomes beneficial in providing them with emotional support and empowerment.

Salvador et al. (2016) and Natividad (2013) mean that teenagers during puberty tend to become more curious and take more interest in sexual actions which result in unsafe sexual behavior. Natividad (2013) continues that the solution would be proper sexual education in the schools in order to provide the students’ knowledge about safe sexual behaviors. The problem as we see it isn’t the fact that teenagers want to explore and try new things, because that is normal behavior for teenagers
globally. The main problem is the lack of knowledge regarding sex and the consequences it might have. In this case when it happens to young girls, they are left to take care of themselves. With the result of this study we conclude that there isn’t enough knowledge around sexual education for youths, neither from home nor from school. The participants also shared with us the misconceptions that they believed such as condom usage causing tumors or that withdrawal is an effective method. If they had been able to talk about their feelings and their desire to explore their sexuality with their parents maybe they could have been guided to do so safely. Thus, these organizations play a big role in providing these mothers with the support and guidance that they need. Most of the social work in the Philippines is conducted by organizations and NGOs (Regeringskansliet, 2016). The Philippine government also mean that the participation of NGOs is crucial to ensure that policies, plans and programs will address the priority needs of women, the poor and the marginalized (Philippine Commission on Women, 2012).

Although the Philippine government have implemented the RH bill it has not had much of an affect. We believe that to reduce the teenage pregnancies in the Philippines, they have to invest in educational efforts. There seems to be an education gap despite the efforts in the Philippines related to the RH bill. This could be an area for further research, as they need to identify the factors that are not working. By investing in school clinics, it becomes much easier for adolescents to access sexual health interventions and information (Wohler et al., 2019). If there were more platforms for guidance it would be easier for adolescents to seek help and not to rely solely on NGOs. Creating more platforms for guidance would further help to reduce teenage pregnancies.

Schulkind and Sandler (2019) highlight the difficulty for teenage mothers who have dropped out of high school before giving birth to continue their education. In our study the majority of the young mothers expressed their dream of continuing school but as Salvador et al. (2016) also describe, they find it difficult because they have to work instead to provide for their child and in many cases their families as well. Even though the fear of not being able to continue school is there, they have never given up on their dreams. Salvador et al. (2016) further describes the young mothers desire to start anew since they became pregnant. All of our participants mentioned that they had received support from the NGOs when it came to enrolling in school again. The organizations’ worked to encourage the young mothers to enroll in school again by offering different types of programs and because of this the young mothers described that they had new hopes for their future. Our assumption is that it is difficult for young mothers to enroll in school again due to their financial issues. Thus, the organizations’ play a crucial part in ending the vicious circle of continued vulnerability as they work on motivating them to pursue their dreams. They also contribute to the young mothers’ improved self-esteem and achieved empowerment. Because of their achieved empowerment they can also influence the coming generations to do better. Some of the mothers expressed that their children were a motivation in life. This created a will to work harder in order to build a better life for them and they had become stronger from the process they had been trough.
8.3 Further research

After conducting this study, we have found many areas for further research. Even though the phenomenon of teenage pregnancies is well explored we have found many gaps which need to be filled in order to provide a comprehensive understanding of this subject. The local context can vary tremendously between different communities and even more between different countries. Thus, further research in different contexts around this phenomenon is needed in order to develop the social work to be better suited for this group.

One example is to investigate the educational efforts around the RH bill. In order to investigate if it has led to a decreased number in teenage pregnancies they have to evaluate if the RH bill has had an impact on teenagers. Another area for further research is to continue on Smithbattle’s (2013) suggested study on comparing mothers living situation across ages and across social class, to identify the common factors on coping. By understanding the coping process of teenage mothers’ social workers all over the world can better precise their working methods to help them. According to our interpretation of the result many of the participants highlighted that the knowledge around parenting and contraception was more important to them than financial support. This tells us that it is crucial to understand their needs in order to improve their lives long term and not just offer temporary solutions.

One of the further research suggestions that is most applicable in the Philippines is to investigate what methods to use when working on educating teenagers of safe sexual behavior because it is a widespread issue. Because teenage pregnancies are viewed as a social problem linked to poverty and social welfare dependence (Smithbattle, 2013), it would be interesting to investigate the positive factors e.g. as the young mothers expressed that their children had become a motivation for them.

References


Attachments

Interview guide for the mothers

**Basic information:**
- Age
- Number of children
- Age when having first child
- Family situation (living with)
- Education
- Occupation

**A. Getting pregnant**
1. Tell us what happened when you found out you were pregnant?
   - Thoughts
   - Feelings
   - Events
   - Reactions

2. What hopes, expectations and fears did you have of becoming a mother?

3. Did you get any support during your pregnancy and the following time?
   - Who
   - How
   - Change during the time

4. How was your life affected by pregnancy, how did it change?
   - School/work
   - Living situation changes
   - Relationships
   - Challenges

5. What maternity care did you get while pregnant?
   - Experience

B. Life as a mother

1. Tell us how are you living today?
   - Changes (Compared to before)
   - Relationships

2. What challenges and joys have you experienced so far being a teenage mother?
   - Challenges?
   - Support? Treatment from society?

3. Have you gotten support from anyone?
   - Organizations/school/doctor/community, etc.

C. About the NGO

1. How did you get in contact with this organization and why did you feel it was necessary?

2. First visit here. What happened?
   - Expectations?

3. What has it meant for you to come here?
- Help, support
- Recommend other young mothers to come here, why?

4. How do you think your life would’ve been if you didn’t have come here?
5. If you think back on your life before you got pregnant. How has your life changed? Tell us
6. Want to add anything?
Who comes here and what do they want to achieve?
How many come here on average during a month?
How many people work here?
Are the employees non-profit or paid employees?
Can you describe an ordinary day at work?
What are the biggest challenges the organization faces according to your experience?
What is the most important thing that you do according to your experience?
What are the biggest challenges for teenage mothers?
What is the best thing the organization can do for this group?

Information letter
We are two social work students from Ersta Sköndal Bräcke University in Stockholm, Sweden. Our names are Amanda Nielsen and Riddi Mischa Durrani. We are conducting a study in the form of a Bachelor thesis work and this will be published for public access after being approved by an examiner. The purpose of this study is to examine the subjective experiences of being a teenage mother in the
Philippines with focus on social work and support to the group by local NGO’s. We would like to study this subject because teenage pregnancy rates are rising globally.

We would like to visit your organization to find out how your organization works, what the goals and target groups are. We would also like to interview young mothers who have been in contact with your NGO.

Thank you for your help and if you want to contact us regarding any matter, you can send us an email at:

Riddi.durrani@esbhstudent.se
Amanda.nielsen@esbhstudent.se

School Address: Herbert Widmansväg. 12, Stockholm, Sweden
128 64 Sköndal, No: +46 08/555 050 00

Letter of consent
I hereby give my consent to participate in the study conducted by students Amanda Nielsen and Riddi Mischa Durrani, social work students at Ersta Sköndal Bräcke University.

The study is in the form of a Bachelor thesis work and will be published for public access after being approved by an examiner. The purpose of this study is to examine the subjective experiences of being
a teenage mother in the Philippines with focus on social work and support to the group by local NGO's.

I am aware that my participation will be in the form of an audio recorded interview. The recorded interviews will be transcribed, and this will be deleted after the thesis work is approved. I can cancel my participation at any time without further explanation and I can choose to not answer any question. All information will only be handled by the responsible. My name will not appear in the study and no information can be traced back to me. I remain anonymous.

If you want to contact us regarding any matter, you can send us an email at:

Riddi.durrani@esbhstudent.se
Amanda.nielsen@esbhstudent.se

I hereby give my consent to participate in the above study:

..............................................................

Name .................................................................. Date

School Address: Herbert Widmansväg. 12, Stockholm, Sweden

128 64 Sköndal, No: +46 08/555 050 00

Letter to interpreter
As an interpreter I have a duty of secrecy and what is said during the interviews must not be passed on. Everything that is said during the interview is confidential.

My task as an interpreter is to translate what is said during the interview. I will not correct, filter or leave out any information from the respondent. As an interpreter I cannot summarize what the respondent says and I have to be objective and not comment on anything that the respondent is saying.

Name:

City:

Date:

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