

# The level of negative effects of essay



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BUSTER**

THE LEVEL OF NEGATIVE EFFECTS OF EARLY PARENTHOOD AMONG  
TEENAGERS IN SELECTED COMMUNITIES IN BACOR, CAVITE An

Undergraduate Thesis Presented to The Faculty of College of Nursing  
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CHAPTER 1 THE PROBLEM AND REVIEW OF RELATED LITERATURE AND STUDIES

Introduction “ Lift up your radiant brow, this day, Youth of my native strand! Your abounding talents show resplendently and grand, Fair hope of my Motherland! -Jose P. Rizal

Teenage years are absolutely a crucial stage in life. They are a perfect picture of someone who could possibly be a potentially explosive societal success or the otherwise, a definite problem. Our national hero believed that youth is a fair hope of our motherland in spite of side by side delinquency, addiction to illegal drugs, joining violent and criminal gangs, or give in to smoking, drinking, gambling, and other vices and sad to say many end up suffering from unwanted pregnancies and if not resorted to abortion, here comes unprepared early parenthood.

Could he still be right when evidence, such as that provided by UNICEF, suggests that teenage parents will be much more likely to drop out of school, have low or no qualifications, be unemployed or badly paid, become a victim of neglect or abuse, and become involved in drugs, crime and alcohol? How far could it really be true that children born to teenage mothers are born into disadvantage? Being a teenage parent imposes abrupt life-modifying outcomes and commitments.

The physical alterations that women experience in the course of the pregnancy will certainly be difficult for a teenager. Also, young girls are often not emotionally and economically ready to face the consequences as well as the needs associated with being a mother. They are facing numerous risks which of course they have not come to think of. Teenage mothers tend to have poor eating habits and are less likely to take recommended daily multivitamins to maintain adequate nutrition during pregnancy.

They are also more likely to smoke, drink or take drugs during pregnancy, which can cause health problems for the baby. These make them at high risk for malnutrition. Teenage mothers are less likely to seek regular prenatal care which is essential for monitoring the growth of the fetus; keeping the mother's weight in check; and advising the mother on nutrition and how she should take care of herself to ensure a healthy pregnancy. Really going through pregnancy at an early age could cause the teenage parents and their baby to experience many long-term negative consequences.

According to the American Medical Association, babies born to women who do not have regular prenatal care are 4 times more likely to die before the age of 1 year. Unplanned pregnancies lead to a higher rate of abortions.

Philippine Daily inquirer posted on July 14, 2008 that in our country, although abortion is illegal, it is shocking to know that we even have a higher abortion rate, 25/1, 000 women compared to the United States where abortion is legal 23/1, 000 women. For sure, there are more abortions that happen in our country that are not even reported.

Backdoor abortions are resorted to with untrained “hilots” with questionable sterility procedures, increasing the possibility for tetanus poisoning and other complications. Statistics of the Department of Health show that fetal deaths are more likely to happen to young mothers, and that babies born by them are likely to have low birth weight. Single parents of all ages face prejudice and stigma. While many teenage parents manage very well, they and their children are more likely to suffer health, emotional and economic problems.

As the vast majority of teenage pregnancies are unplanned, low social status in this case are very evident. The researchers, from the University of London’s Institute of Education found that parents’ social class had a bigger influence on a child’s progress. A study of 11, 000 seven-year-old children found that those with parents in professional and managerial jobs were at least eight months ahead of pupils from the most socially disadvantaged homes, where parents were often unemployed.

The researchers tested the children on skills including reading, maths and listening and analyzed their teachers’ assessments. In this picture it shows that not only teenage parenthood ruins young people’s lives and those of their children, but as well as threatening wider social and moral breakdown. Considerable factors among others as seen around the world which can lead to adolescent pregnancy, are low self-esteem, hostile family environment, underprivileged socioeconomic status, and a family history of teen pregnancy.

In the Philippines, according to the 2002 Young Adult Fertility and Sexuality Study by the University of the Philippines Population Institute and the



Demographic Research and Development Foundation, 26 percent of the Filipino youth nationwide as early as ages 15 admitted to having a premarital sex experience leading them more vulnerable to early parenthood and what's worse is that 38 percent of our youth are already in a live-in arrangement. According to the World Bank, the Philippines is among the top ten countries where there is an increasing number of teenage mothers giving a statistic of 3. million and these often translates to a higher incidence of poverty in the country. Summing up all of these, it just means that teenage parents have a high probability of raising their children in poverty and would rely on public assistance. Moreover, they are likely to experience numerous stressful life events, adverse family functioning, and low levels of life satisfaction. Much of their stress involves vocational/educational issues, interpersonal relationships, health, and concern over future parenting competence. They have remarkable lower total medical expenses because more often their expenses are paid by others.

The researchers would like to conduct a study that will bring forth baseline data in determining the level of negative effects of early parenthood among teenagers so as to help them and other concern individual to make informed decisions in addressing their present condition. Also, as an effective tool in improving the system of health care being in frontline responsible in providing an impetus for teenage mothers and fathers to strive best to have a better quality life for them and for their children. Review of Related Literature and Studies Foreign Studies

This part discusses the relevance of various reviewed research literature. Included were excerpt from different nursing books, articles from the <https://assignbuster.com/the-level-of-negative-effects-of-essay/>

internet and thesis in order to enrich the background of the study. The level of negative effects of early parenthood among teenagers are the subject of the study, it might be expected that they will have been the focus of a great deal of the research. Yet, the researchers know relatively little about the lives and perspectives of young parents. Very early parenthood is likely to disrupt the development of a mature sense of identity.

It has been assumed that the immaturity of teenaged parents that they are less able to nurture their children (Bornstein, 2006; Gowen & Nebrig, 2002). However although young mothers may offer less cognitive stimulation for their infants, in reasonably supportive families they are as nurturing as older mothers (Bornstein, 2006; McGroder, 2000). At any age, mothers will be less responsive in their parenting when enduring poverty, family disruption, unemployment or partner abuse, and when they have a history of abuse or neglect in their own childhood (Ellis, 2003; Fergusson & Woodward, 2000; Jenkins, Shapka & Sorenson, 2006).

These adverse circumstances increase their children's propensity for childhood illness and injury, behavioral problems including adolescent delinquency, teen parenthood and poor academic achievement (Moffitt, 2002; Turkey, 2003). There is good evidence that intensive intervention early in life for high-risk children and their parents can have significant long-term effects on children's outcomes (National Research Council and institute of Medicine, 2009).

These interventions target those at risk because of multiple factors, including in some cases parental depression is found to be highly prevalent in some

studies of early childhood interventions, such as early Head Start (Administration for Children and Families, 2002). Teenage fathers appear to be no more ready to assume the responsibilities of parenthood than are adolescent mothers. This risk is related to the social, emotional, educational and physical disadvantages frequently found in the girls' backgrounds (Herbert and Harper-Dorton, 2002).

Young fathers, too, can be portrayed as problems, unconcerned with the mother of their baby – or even the baby itself (Pollock, 2001). However, like young mothers to be, potential young fathers can experience shock at discovering a pregnancy, can find the realities of parenthood difficult to manage, may be uncertain from where to obtain help and receive little or no encouragement or support to adjust to their role as fathers (Davis, 2001; Pollock, Quinton and Golding, 2002).

Teenage fathers suffer many of the same adverse physical, psychological, educational, and occupational circumstances as teen mothers do. Teenage fathers are more likely than their peers to drop out school, have an unstable work record, become depressed, and engage in criminal behavior, used drugs and alcohol. Many young fathers are cognitively and emotionally immature, have inaccurate expectations for their children, are ambivalent about being a father, and fail to become involved with their children (Bunting and McAuley, 2004).

However, many young fathers are psychologically unprepared for fatherhood (Fagan, Barnett, Bernd, and Whiteman, 2003), and their continued involvement with the mother often results in additional pregnancies. Both

circumstances decrease the long-term stability and economic prospects of these families. Teenage parents are either feckless or sexually irresponsible young mothers who hold a desire to secure, unfairly, social housing or benefits, while teenage fathers are more than likely to be absent from their children's care (Sawtell, 2005).

An alternative point of view is that the major disadvantages experienced by teenage mothers and fathers and their children-inadequate health care, poor nutrition, limited educational and career opportunities, troubled neighborhoods, and high family instability-result from poverty (Ross-Leadbetter and Way, 2001). Adolescents living in poverty are more likely to become parents during their teenage years and to develop long-term dependency on public assistance.

Often under-reported are the more positive aspects of becoming a parent – particularly where young people find themselves challenged in contexts of family poverty, homelessness and social deprivation where educational and employment opportunities are limited (Barn and Mantovani, 2007; Hanna, 2001). For those young women experiencing disruption and distress in their lives, becoming a mother can ground them in a relationship with someone they care for and love (Chase and Aggleton, 2006). Local Studies Forum for Family Planning and Development Inc. (FFPDI), states that there is a steady increase in the incidence of teen pregnancies in the country in the past few years and has reached an alarming stage. While most girls at age 16 are worrying about the gowns they will wear to their junior-senior prom, some of them have more pressing things to take care of because they were pregnant and is searching for a way to get a 19-year-old live-in partner out of prison

because was arrested for stealing manhole cover just to buy for food. The group said the the problem lies in the governments sincerity in addressing issues about population growth and reproductive health.

According to Benjamin de Leon, FFPDI president, the latest data from the National Statistics Office showed that of 1. 7 million babies born in 2004, almost 8 percent were born to mothers aged 15-19. Almost 30 percent of Filipino women become mothers before reaching their 21st birthday. In 2000 alone, young mothers gave birth to 818, 000 babies and this means that almost one of every 10 babies is born to a teenage mothers and this number could be bigger as births after March 5, 2005. There is a need to help these children for they are the next generation of parents, workers and leaders.

In order for them to fulfill these roles it is a must to improve their access to education and information about sexuality and reproduction. (Ramos, 2008) Although premarital sex has become prevalent among the youth, Filipino families have maintained its conservative view about sexuality and do not discuss the topic with their teenage children. It is very unlikely for typical parents to talk about issues regarding sex with their children. Although our society has become more liberated, its almost taboo for a family to talk openly about sex.

But teenage parenthood due to premarital sex are the realities that the Filipino youth are facing now. Kiko dela Tonga, of Likhaan Foundation, said a recent study done by the Population Institute of the University of the Philippines showed that more than four million Filipinos aged 15-19 had already had sexual intercourse and more than half of these are from poor

families who do not have knowledge about contraceptives and reproductive health. Two of every five teenage pregnancies are unwanted ones; more than 46 percent of young pregnant women resort to induced abortion.

One of every four teenage mothers quit school to focus on child rearing or to find a job to help their families. Since teen parents suffer from fear of the unknown and rejections, the scenario of their life become more worst than they have imagined. The actual consequences of their experiments that lead to their early parenting did not really reach their minds. Whatever social level the teenage parent belong has its own challenge requiring maturity. The role of parents is crucial in every aspect of a child's life. Guidance and support is important in rearing them to become responsible individuals.

According to Broadcast journalist Bernadette Sembrano when a child commits an irreversible mistake, in this case getting pregnant at a very young age, it is important for parents to guide rather than renounce their pregnant child. Dr. Gloria Itchon of the Family Planning Organization of the Philippines states that a Medical studies shows 10 percent of babies born to young mothers are malnourished. One of every five babies of teenage mothers dies of various causes. These happen simply because young mothers are not ready emotionally, mentally and physically to rear a child of their own.

Now we are forced with a glaring truth that at a very young age, a lot of young people today have children of their own. Becoming a parent at a very young age is a story that may not be too pleasant, but one that is repeated all too often. Statistics show that every year at least 64, 000 teenagers have

abortions, and those are statistics from a country where abortion is illegal, yet we claim we are Catholics, who are preserving and valuing life. Fear. Fear of being unaccepted, fear of the unknown, and lots and lots of fear force teenage parent to become confused . As a whole, the situation is grim for pregnant teenage girls and their babies.

Forced with few options with nowhere to turn to, many girls together with their partner find various ways to get rid of the fetus. Women's groups said it is time to introduce sex education in government schools Dr. Junice Melgar, executive director, Likhaan, said: " We need to stress that delaying the age of pregnancies are important for them, not just physically to save their lives because of the risks of early pregnancy, but also economically, because we know that young people who are able to have opportunities are the people who are able to delay sexual engagements, especially having pregnancies.

These are the ones that are able to finish school and have a better job. " With the technology available to us today, the youth is constantly bombarded with inaccurate information about sex from mass media. As a result, more and more of the youth engage in early sexual initiations and other risky sexual behaviors. This leads to the rise of teenage parents. There is a serious and urgent need to address this issue and we can only start doing so if we learn to accept that depriving the youth of correct information on reproductive health will not stop them from being promiscuous.

The Ateneo Professors made a position paper regarding RH Bill as now the country is on serious move in addressing the reproductive health problems including the rise of teenage parents. The reasons mentioned by the youth in

2002 for not using contraceptives, in declining order of importance, are: lack of knowledge on contraception; the belief that contraception is either wrong or against one's religion or dangerous to one's health; objection of the partner; and the view that sex is not fun with contraception. And yet when female respondents who had already engaged in sex were asked in the 1994 YAFS survey if they were willing and prepared to become parents, an overwhelming 94 percent of them said that they were not (POPCOM 2002, citing the 1994 YAFSS 2). The country is now facing this question, from whom should our young people learn about reproductive health, sexuality, and responsible sexual behavior?

Socialization agents such as the family, peer group, church, religion and the media are crucial to the youth's development, as they impart the values and norms of behavior acceptable to one's society. However, officials of the Catholic Church have strongly opposed the inclusion of sex education in the curriculum of public schools, arguing that doing so would arouse young people's curiosity about sex, encourage them to try premarital sex, and promote their promiscuity and much further aggravate the rising population of teenage parents.

Ateneo professors believe that by upholding our youth's right to information and education on reproductive health, we are contributing to their development into adults who will exercise their reproductive health and sexual rights, and plan their future families, with great responsibility.

Standing close with the reassuring quote from the United Nations Population Fund saying ; " It has been repeatedly shown that sex education leads to



responsible behaviour, higher levels of abstinence, later initiation of sexuality, higher use of contraception, and fewer sexual partners.

These good effects are even greater when the parents can talk honestly with their children as well” (UNFPA 2008). The current president of the Philippines Benigno Aquino III made a formal declaration that his administration will fully support the crafting of a firm policy that will address the serious problem on population. It will be based on the idea of responsible parenthood: imposing on parents that they should play a key role in ensuring that each and every child they bring into this world has the opportunity to live a good life, and educating them about the means with which to plan their families so they can create families based on their ability to sustain their needs. If this declaration would come into manifestation promptly as the situation is requiring since there is an increase in population of teenage parents, hopefully we could anticipate programs that would allay their various suffering from being not so prepared to the next step of life they took. Also Richard Gordon who runs for presidency stated that sex education must be learned in schools, rather than children learn it on the street. Sex is a good thing and it should be taught properly.

This is important because of the explosion of mass media and the Internet. It should rather have children learn it from their parents or from the school. The alarming data of increasing teenage parents made the country takes action to salvage the possible effect of population explosion and its economic effects. Since becoming a parent at much younger age without proper education could lead to uncontrollable number of children more than a

couple could raise and much difficult with little opportunity because of the standard requirements for better employment.

United Nations states that 47 percent of the population in the Philippines are below 19, suggests a critical element to helping young people out of poverty by providing them with the information to enable them to grow up healthy and enable them to make the right choices for themselves and their families. Synthesis Teenage parenthood presents challenges to their new role in caring for their infants.

Parenting stress is one of negative effects and has been associated with negative outcomes in the parent, including poor parental health and problematic parenting approaches and its affects child functioning, child disruptive behaviors, and child maltreatment. Early parenthood among teenagers, as a social issue in the country includes lower educational levels, higher rates of poverty, and other poorer life outcomes in children of teenage mothers. It affects employment and social class.

The correlation between early childbearing and failure to complete high school reduces career opportunities for many young women. Teenage fatherhood can also be a challenge. Many feel obliged to support their child, but due to the low levels of state benefits awarded to such couples, in addition to the low quantity of money that they often earn due to their age, are unable to do so fully. Early parenthood can affect the psychosocial development of the infant and occurrence of developmental disabilities and behavioral issues is increased in children.

Teenage parents are less likely to stimulate their infant through affectionate behaviors such as touch, smiling, and verbal communication, or to be sensitive and accepting toward his or her needs. Theoretical Framework The study was conducted within the framework that the level of negative effects of early parenthood among teenagers and the researchers based this study with General Theory of Nursing by Dorothea Orem (1971), Adaptation theory of Roy Callista (1979) and Human Becoming Theory by Rosemarie Parse (1999). Orem's General Theory of Nursing

Dorothea Orem in her general theory of nursing defines that nursing is needed when the self care demands are greater than self-care abilities. It includes three related concepts: self care, self-care deficit and nursing systems. Self-care refers to those activities an individual performs independently throughout life to promote and maintain personal well being. Self-care deficit results when an individual's ability to perform self-activities is not adequate to meet known self-care demand. Being an early parent in teenage life can be so difficult.

It is the most life-changing event as day-to-day stress can make more likely to experience depression at this time. Having a child is the most significant physical, social and emotional upheaval experience. In spite of that, because parenthood is a constant and demanding job they should still be aware of their needs, especially to their child. And because some of them are not aware due to lack of knowledge, they can't meet things related for promotion of their health. It results to problematic parenting approaches and affects child functioning and their behavior.

Teenage parents are unable to perform some of self-care activities. They need to learn how to perform self-care measures, needs and assistance to do the responsibility for their own care and for their family. These happens when parents are assisted by the nurses through methods of helping, acting or doing for, guiding, teaching, supporting and providing an environment that promotes an individual's ability to meet current and future demand. Roy's Adaptation Model " The model provides a way of thinking about people and their environment that is useful in any setting.

It helps one prioritize care and challenges the nurse to move the patient from survival to transformation. " -Sr. Calista Roy Sister Callista Roy's Adaptation Theory defines as the process and outcome whereby the thinking and feeling person uses conscious awareness and choice to create human and environmental integration. Adaptation responses contribute to health, which she defines as the process of being and becoming integrated; ineffective or maladaptive responses do not contribute to health. Adaptation theory views the client as an adaptive system.

According to Roy's model, the goal of nursing is to help the person to cope indifferent negative effects of being an early parent and the changes in physiological needs, self concept, role function, and independent relations during health and illness. (Alligood and MarrinesTomey, 2002). As teenager, they don't have enough knowledge about proper and safe parenthood. They have to adapt the internal and external demands like meeting the basic physiological needs of themselves and of their child and developing a positive self-concept that they need to be a good and responsible parent.

Teen parents are often perceived as having inadequate coping skills and social supports. There is no doubt that teen parents are caught between separating from their families and the need for help in child rearing. In performing social roles, teenage parents must balance their relationship between friends and family. Being a parent is a challenging responsibility that they need to be assisted by adapting to the associated stress. Parse's Human Becoming Theory "In true presence the nurse's whole being is immersed with the client as the other illuminates the meanings of his or her situation and moves beyond the moment". – Rosemarie Parse Rosemarie Parse (1999) proposes three assumptions about human becoming. Human becoming is freely choosing personal meaning (arises from a person's interrelationship with the world and refers to the happenings to which the person attaches varying degrees of significance) in situations in the intersubjective process of relating value priorities.

It is a co-creating rhythmic pattern (the movement toward greater diversity) or relating in mutual process with the universe and aco-transcending (the process of reaching out beyond the self) multi-dimensionally with the emerging possibilities. Teens who become parents know the least about parenting. They are less nurturing and more negative in their interactions with their children. The goal of nursing from a human becoming perspective is quality of life (Parse, 2006) and it emphasizes how individuals choose and bear responsibility for patterns of personal health.

The nurse's role involves helping both parents in promoting the health. Guide and encourage the parents to share his/her thoughts and feelings about the negative effects of being an early parent. Research Paradigm

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Figure 1 The Variables and Its Relationship The figure above shows the relationship between the teenagers in selected communities in Bacoor, Cavite as independent variable and the level of negative effects of early parenthood as the dependent variable and the intervening variables are the age, civil status, educational attainment, employment status, gender, number of children, support network and religion.

Statement of the Problem This study sought to determine the level of negative effects of early parenthood among teenagers in selected communities in Bacoor, Cavite. Specifically, the following questions were answered: 1. What is the profile of teenagers in selected communities in Bacoor, Cavite if they are grouped according to age, civil status, educational attainment, employment status, gender, number of children, support network, and religion? 2. What is the level of negative effects of early parenthood among the teenagers in selected communities in Bacoor, Cavite? 3.

Is there any significant difference in the level of negative effects of early parenthood among teenagers in selected communities in Bacoor, Cavite if they are grouped according to age, civil status, educational attainment, employment status, gender, number of children, and support network?

Hypothesis A null hypothesis was tested in the study. There is no significant difference on the level of negative effects of early parenthood among teenagers in selected communities in Bacoor, Cavite in terms of age, civil status, educational attainment, employment status, gender, number of children, and support network.

**Scope and Delimitation of the Study** This study sought to determine the level of negative effects of early parenthood among teenagers in selected communities in Bacoor, Cavite. This study focused on teenage parents from the age of 14 to 19 years old specifically on the area of Bayanan, Green Valley, Molino 3, Queens Row and Talaba 7. It was to assess and determine the level of negative effects of early parenthood among teenagers. From the allotted time frame of data gathering, the researchers conducted their data gathering during the summer classes which started on the first week of May 2011.

Only a teenager who currently has a child, ages 14 to 19 years old, either male or female, single or married, resident of Bacoor, Cavite and were willing to participate are the qualifications to be the respondents of this study.

**Significance of the Study** This study attempted to uplift the nursing profession by trying to identify the level of negative effects of early parenthood among teenagers in rearing their child or children and create effective nursing care and interventions for this particular group of clients.

The researchers believed that the results of this study will further benefit the following: Respondents. This study will impart to them information about the extent of negative effects of being an early parent and gain insight from it to be used for betterment of their livelihood. Nurses. This study will provide them information about the disadvantages of early parenthood for them to plan for an individualized nursing care for teenage parents. Through this, goals for this particular group of clients will be met and promote health and wellness of the person as a whole. Community Leaders.

The community leaders will be updated on information of the present living conditions of teenage parents in their respective areas for them to reinvent strategies in making a significant difference in the status of the community. Nursing Students. This study will aid them to know about the negative effects of early parenthood among teenagers and will put into their minds that every individual has different needs and perceptions. To be able to achieve better nursing practice, one must understand the situation of their clients promoting health care both for the teenage parents and their children holistically.

Future Researchers. This study will help to guide other researchers with the utilized information regarding to teenage parenthood and provide them reference in conducting a follow-up study. It will also provide diverse information that could be enhanced to be more effective and applicable to the respondents. Definition of Terms The following terms was used according to the usage of the study Age. The number of years that an individual has lived; It is categorized as 14-16 years old and 17-19 years old. Civil Status.

This refers to the social status of an individual whether married or single parent. Educational Attainment. It refers to the highest education attained by the respondents and are categorized as elementary level/graduate, high school level/graduate, college level/graduate and vocational course.

Employment Status. This refers to the occupation or work done by the teenage parents for livelihood. In this study, it is categorized as employed and unemployed. Gender. Biological determination of either male or female.

Level of Negative Effects of Early Parenthood.



This refers to the degree of undesirable consequences of being a parent at an early age. Number of Children. This term refers to the number of children of teenage parents and categorized as 1-2 and 3 and above. Support Network. This refers to the teenager's parent, relatives, friends, or any significant others who help them in nurture their children. In this study, it is categorized into supported by family, supported by friends or others and not supported at all. Religion. This refers to the spiritual belief of individual categorized as Catholic and Non – Catholic.

CHAPTER 2 METHODOLOGY This chapter deals with the research design and procedure that were used in the study. These are presented in the following questions a) research design; b) respondents of the study; c) research instrument; d) validation of instrument; e) data gathering procedure.

Research Design This study made use of a descriptive – quantitative design. Descriptive studies are done to determine or describe the variables in a situation (Nieswiadomy, 2004). Quantitative design is concerned with measuring the magnitude, size or extent of a phenomenon.

It also aims to determine the relationships between independent variables and dependent variable in a population (Barrietos-Tan, 2006). This study concerns with objectivity, tight controls over the research situation and general findings. The level of negative effects of early parenthood among teenagers is a problem that needs to be described because of the growing incidence of a teenager who becoming an early parent. Descriptive quantitative design is appropriate to determine the level of negative effects of early parenthood among teenagers in selected communities in Bacoor, Cavite.

Population Sampling The researchers used quota or purposive sampling technique, which is a non-probability sampling method in which the researchers selected the participants based on the need of the study that will be most representative or informative (Polit, 2004). It is stated that the elements are selected by design or by choice, not by chance (Ybanez, 2004). The researchers deliberately selected teenage parents residing to the four selected communities in Bacoor, Cavite. The study will include four selected communities in Bacoor, Cavite.

From this, the researchers will include at least 300 respondents from the selected communities in Bacoor, Cavite. Respondents of the Study  
Researchers utilized the purposive sampling method, purposive sampling also known as judgmental sampling based on the belief that researchers may decide purposely the subjects to be included those who are judge by researchers (Polit and Beck, 2002). This method targets a particular group of people. When the desired population for the study is rare or difficult to locate and recruit for a study, purposive sampling may be the only option.

In this sampling method the researchers selects participants for the study on the basis of personal judgment on the respondents who represents the population qualified to participate in the study (Macnee, 2004). In this study, the researchers personally distributed 300 questionnaires to teenage parents in selected communities in Bacoor, Cavite, who are qualified to be the respondents of the study through a house-to-house visit. The respondents of the study were composed of three hundred teenage parents in selected communities of Bacoor, Cavite.

The respondents were qualified under the criteria established by the researchers. The parents should have at least one child, ages 14 to 19 years old, must be at least 1-year residents of Bacoor, Cavite and should be willing to participate in the study. Research Instrument Questionnaires served as the main tool of the study, which is developed by the researchers themselves. It is comprised of a 16-item declarative sentences wherein the respondents were limited to select from the options given as to whether they agree to a certain item or not.

The first part deals with the respondents' baseline information such as name, age, civil status, educational attainment, employment status, gender, number of children, support network and religion. The second part contains the assessment proper on the level of negative effects of early parenthood, it contains a 20 item questions divided into five modes (a) physiologic mode, (b) role function mode, (c) self concept mode and (d) interdependence mode, each modes contains five questions. The respondents were asked to simply check the box corresponding to their degree conformity or agreement to a certain item.

The items are positively stated and are scored as (a) 3, (b) 2, and (c) 1 or (a) strongly agree, (b) agree, and (c) disagree respectively. The research instrument underwent content validation to further enhance its content. Comments and suggestions were considered in order to get more valid and reliable results from the respondents. Validation of Instrument The researchers undertook various activities in order to collect the data needed for the study. In order to test the validity and reliability of the questionnaire, the researchers presented it to trusted professionals namely: Ms.

Evangeline E. Francisco, RN, MSN, Level 2 Clinical Instructor, Ms. Jennifer O. Ledesma, RN, MAN, Level 4 Instructor and CNSC Adviser and Ms. Mary Rose A. Tagle, RN, MSN. Their corrections are considered and additional data given added for the betterment of the research instrument. Data Gathering Procedure The process of data gathering procedure was divided into two phases: Phase I. Asking Permission. Letter of permission was made and address to Hon. Rogelio T. Saur, Barangay Captain of Bayanan, Bacoor, Cavite, Hon. Apolonio I. Advincula Jr. Barangay Captain of Molino 3, Bacoor, Cavite, Hon. Theodore S. Montes, Barangay Captain of Queensrow East Bacoor, Cavite, Hon. Renato Carlo Dizon, Barangay Captain Talaba-7, Bacoor, Cavite and Hon. Roberto S. Francisco, Barangay Captain of San Nicolas I, Bacoor, Cavite. which will be signed by thesis adviser and will note by the Dean of College of Nursing. Phase II. Data Gathering. During summer class, researchers started the data gathering. The questionnaires were distributed personally to the qualified respondent within 4 weeks time of May 2, 2011 to May 28, 2011 through house-to-house basis.

The purpose and significance of the study were explained and assured them the confidentiality of the responses of the teenage parents. Then, after the permission granted, the researchers proceeded to data gathering. Letter of permission showed to health officers of each community of Bacoor, Cavite and asked to have the census of all teenage parents in each area through their record of homeowners list. They disclosed that the research was primarily intended to identify their level of negative effects of early parenthood among teenagers. Assurance of confidentiality of their response was also discussed.

The respondents could freely analyze every statement that might appear confusing to them. The questionnaires were collected immediately after the respondents finished answering. Data collected were tabulated and were analyzed by the statistician. Statistical Analysis of Data To answer the specific problems and to test the hypothesis of the study, the frequency distribution, percentage, mean, T-test, and F-test or one way ANOVA were utilized. Frequency Distribution . It is a systematic arrangement of values from lowest to highest, together with a count number of times each value will be obtained.

It consists of two parts: observed values or measurements (the X's) and the frequency of the respondent at each value (the F's). Values are listed in numeric order in one column, and corresponding frequencies are listed on another (Polit, F. & Beck, C. , 2004). This answered the profiles of teenage parents according to age, civil status, educational attainment, employment status, gender, number of children, and support network. The frequency formula used is:  $F = N \text{ Percentage}$  Distribution. A percentage is a statistic that represents the proportion of a subgroup to a total group, expressed as a percentage ranging from 0 to 100.

It is the number of parts per hundred that a certain portion of the whole represents. (Nieswiadomy, Foundations of Nursing Research, 2004). This is particularly useful in comparing the present data with findings from other studies that have a varying sample size. This was used to standardized size by calculating the number of individuals who should be given category according to age, civil status, educational attainment, employment status, gender, number of children, and support network. The percentage formula to <https://assignbuster.com/the-level-of-negative-effects-of-essay/>

be used is:  $\% = \frac{F}{N} \times 100$  Where: F= The number of each cases N= Total Population %= Percentage Mean.

The mean is the average sum of set of values found by adding all values and dividing by the total number of values (Nieswiadomy, 2004). This was used to determine the level of negative effects of early parenthood among teenagers. The mean is appropriate for interval and ratio data. It is considered the most stable measure of central tendency of these levels of data if the distribution is normal. The computational formula for a mean is:  $X = \frac{\sum f}{N}$  Where: X = The mean ( = The sum of f = Each individual raw score N = Total number of scores T-test. This is a parametric procedure for testing differences between the means of two groups of values.

This is appropriate for samples of nearly and a sizes (Nieswiadomy, 2004). This answered the difference between the levels of negative effects of early parenthood among teenagers when they are grouped in terms of age, civil status, gender, employment status, number of children and religion.

FORMULA:  $t = \frac{X_1 - X_2}{\sqrt{\frac{S_1^2}{N_1} + \frac{S_2^2}{N_2}}}$  Where: t = t value X1 = mean for controlled group X2 = mean for experimental group S12 = variance for controlled group S22 = variance for experimental group N1 = total population for controlled group N2 = total population for experimental group Analysis of Variance (ANOVA) or F-Test.

It is another commonly used parametric procedure for testing differences between means where there are three or more groups. The statistic computed in an ANOVA is the F-ratio statistic. This examines the variance in data that will be obtained. Two types of variation will be examined-variation

between the means of the groups and the variation of individual scores within each of the groups (Nieswiadomy, 2004). This answered the difference between the level of negative effects of early parenthood among teenagers when they are grouped according to educational attainment and support network. The formula used for F-test:

$F = \frac{MSB}{MSw}$  Where: MSB = Between group variance MSW = Within group variance

CHAPTER 3 Presentation, Analysis and Interpretation of Data This chapter deals with the presentation, analysis and interpretation of the gathered data that answer the questions stated in this study. Problem 1.

What is the profile of the teenagers in selected communities in Bacoor, Cavite when they are grouped according to age, civil status, educational attainment, employment status, gender, number of children, support network and religion? Profile of the Teenagers in Selected Communities in Bacoor, Cavite according to Age

Figure showed the profile of the teenagers in selected communities in Bacoor, Cavite when they are grouped according to age. They were divided into two (2) groups, namely; (a) 14 - 16 year old and (b) 17 - 19 year old.

Figure 2 Profile of the Teenagers in Selected Communities in Bacoor, Cavite according to Age Figure showed the percentage distribution of the profile of the teenagers in selected communities in Bacoor, Cavite when they are grouped according to age. It showed that out of 300 respondents, majority of them were from the age group 17 - 19 year old having a total percentage share of 83%.

On the other hand, there were 17% who were from the age group 14 – 16 year old. Moreover, according to Erik Erikson's Psychosocial theory of development explains that individuals who belong to this age group would either create or start intimate relationships with the opposite sex, form a family and rear children or fail to establish and maintain such relationships if a particular task was not developed during previous stages of his/her development. If young persons have not achieved a sense of personal identity, they may experience feelings of isolation from others and inability to form meaningful attachments (Potter Perry, 2005).

During the adolescence, young people strengthen their gender identities and begin clarifying their sexual orientation and identities as they experience more adult like erotic feelings and experiments further with sexual behaviors (Haffner, 1995a). Profile of the Teenagers in Selected Communities in Bacoor, Cavite according to Civil Status Figure showed the profile of the teenagers in selected communities in Bacoor, Cavite when they are grouped according to civil status. They were classified into two (2) groups, namely; (a) single and (b) married.

Figure 3 Profile of the Teenagers in Selected Communities in Bacoor, Cavite according to Civil Status Figure showed the percentage distribution of the profile of the teenagers in selected communities in Bacoor, Cavite when they are grouped according to civil status. It showed that out of 300 respondents, most of them were single with a total distribution share of 71%. While married respondents got a total share of 29%. Most teenagers who become parents are not married and have no means of economic support or have limited earning capacity.



The teenagers have also been found to start engaging in sexual activity by the time they are seven but get married in middle 20s or late twenties out of their choice. Young girls are supposed to control the pace of a relationship prior to marriage. Lot of premarital sex is close upon or in anticipation of marriage, at least for girls. A girl learns to play the game and juggle the risks. She knows that if she goes all the way and the man doesn't marry her, her reputation is destroyed or ruined. After marriage, the role of the female changes.

Now, she has to give in to her husband's sexual preferences whenever he wants them. So in both situations she is disempowered. The declining age of intercourse, the increasing rate of non – marital births, and the disappearance of teenage marriage means that the young parent finds herself in different situation today than previously (Moore and Brooks-Gunn, 2002). Profile of the Teenagers in Selected Communities in Bacoor, Cavite according to Educational Attainment Figure showed the profile of the teenagers in selected communities in Bacoor, Cavite when they are grouped according to educational attainment.

They were categorized into seven (7) groups, namely; (a) elementary undergraduate, (b) elementary graduate, (c) high school undergraduate, (d) high school graduate, (e) college undergraduate, (f) college graduate and (g) vocational course. Figure 4 Profile of the Teenagers in Selected Communities in Bacoor, Cavite according to Educational Attainment Figure showed the percentage distribution of the profile of the teenagers in selected communities in Bacoor, Cavite when they are grouped according to

educational attainment. It showed that out of 300 respondents, majority of them were high school undergraduate with a total of 38%.

Furthermore, there were 31% who were high school graduate. Also, it showed that respondents who were elementary graduate and college undergraduate got an equal share in the distribution with 13% each group. In addition, there were 5% who were elementary undergraduate. However, there was no respondent who were college graduate as well as with vocational course. Education is a particularly strong factor for successful results among teen parents. This study shows that the majority of the respondents were high school undergraduate. The respondents may have difficult to continue their studies because they have to rear their children.

Teenage parenthood and childbearing have demonstrated social consequences. Teen parents who live their families for several years after the birth are more likely to complete high school than who do not. These outcomes affect ultimate economic self-sufficiency throughout the life course (Unger, Molina, and Teran, 2000). Adolescent girls who give birth to a child are much less likely than other girls to complete or go on to higher educational attainment (Ahn, 1994; Astone & Upchurch 1994; et. al. ). Profile of the Teenagers in Selected Communities in Bacoor, Cavite according to Employment Status

Figure showed the profile of the teenagers in selected communities in Bacoor, Cavite when they are grouped according to employment status. They were classified into two (2) groups, namely; (a) employed and (b) unemployed. Figure 5 Profile of the Teenagers in Selected Communities in

Bacoor, Cavite according to Employment Status Figure showed the percentage distribution of the profile of the teenagers in selected communities in Bacoor, Cavite when they are grouped according to employment status. It showed that out of 300 respondents, Majority of them were unemployed with a total percentage share of 75%.

On the other hand, there were 25% who were employed. This study illustrates that the most of teenage parents are unemployed. This result is no longer surprisingly since most of them are high school undergraduate. This finding is confirmed by the study of Ward and Turner (2006). They reported that the most important predictor of employment is education. A close relationship also exists between the father's involvement and his employment status; those who are employed are more likely to maintain involvement with their children (Wakschlag and Hans, 2000). Profile of the Teenagers in Selected Communities in Bacoor, Cavite according to Gender

Figure showed the profile of the teenagers in selected communities in Bacoor, Cavite when they are grouped according to gender. They were classified into two (2) groups, namely; (a) male and (b) female. Figure 6 Profile of the Teenagers in Selected Communities in Bacoor, Cavite according to Gender Figure showed the percentage distribution of the profile of the teenagers in selected communities in Bacoor, Cavite when they are grouped according to gender. It showed that out of 300 respondents, majority of them were female with 76% share in the population distribution. On the other hand, there were 24% who were male respondents.

This study is the first to present estimates for both men and women obtained from a comparable statistical model, enabling us to investigate potential gender differences in the average education penalty associated with early parenthood. Gender differences are also most pronounced during the early teenage years. Ongoing work that explicitly accounts for additional unobserved individual characteristics will examine the heterogeneous educational effects of early-lifecycle fertility in greater detail (William John Thrasher, 2009) Profile of the Teenagers in Selected Communities in Bacoor, Cavite according to Number of Children

Figure showed the profile of the teenagers in selected communities in Bacoor, Cavite when they are grouped according to number of children. They were divided into two (2) groups, namely; (a) 1 – 2 children and (b) 3 children and above. Figure 7 Profile of the Teenagers in Selected Communities in Bacoor, Cavite according to Number of Children Figure showed the percentage distribution of the profile of the teenagers in selected communities in Bacoor, Cavite when they are grouped according to number of children.

It showed that out of 300 respondents, majority of them have 1 – 2 children with a total percentage share of 85%. Also, there were 15% who have 3 children and above. Profile of the Teenagers in Selected Communities in Bacoor, Cavite according to Support Network Figure showed the profile of the teenagers in selected communities in Bacoor, Cavite when they are grouped according to support network. They were categorized into three (3) groups, namely; (a) supported by family, (b) supported by friends and (c) not supported at all. Figure 8

Profile of the Teenagers in Selected Communities in Bacoor, Cavite according to Support Network Figure showed the percentage distribution of the profile of the teenagers in selected communities in Bacoor, Cavite when they are grouped according to support network. It showed that out of 300 respondents, majority of them were supported by their family with a total of 87%. Also, there were 8% who were not supported at all. Finally, there were 5% who were supported by their friends. As the figure shows that most of the teenage parents are supported by their family especially in financial matters since most of them are unemployed and are not able to get a good paying job due to their level of educational attainment. Filipinos are socialized into adulthood leads to an extended period of emotional and economic dependence on parents and elder family members, as evidenced by adult children cohabiting with parents at all levels of society. Teen parents often rely on the support of their own parents. Having a child at a young age makes it difficult for the teen parent to attain academic credentials, compete in the job market, and break out of what for many is a cycle of poverty that includes their children.

Bio-ecological theory emphasizes the need for parents to have a system of social support in order to do their best at nurturing children. Social support appears to be strong contributor to parents' ability to care for their children. In some instances, the grandmother may be important source of support; in others, she may increase the young mother's emotional as well as parenting conflicts (Woods and Hollis, 1990) Teen parents turn to family for help, shelter and childcare. This is true whether or not a girl receives welfare supplements (Harris, 1997; East and Felice, 1996).

Teen parents who live their families for several years after the birth are more likely to complete high school than who do not. These outcomes affect ultimate economic self-sufficiency throughout the life course (Unger, Molina, and Teran, 2000) Profile of the Teenagers in Selected Communities in Bacoor, Cavite according to Religion Figure showed the profile of the teenagers in selected communities in Bacoor, Cavite when they are grouped according to religion. They were categorized into two (2) groups, namely; (a) catholic and (b) non - catholic. Figure 9 Profile of the Teenagers in Selected Communities in Bacoor, Cavite according to Religion

Figure showed the percentage distribution of the profile of the teenagers in selected communities in Bacoor, Cavite when they are grouped according to religion. It showed that out of 300 respondents, dominant majority of them were Catholic in religion for having a total distribution share of 89%. On the other hand, there were 11% who were non - Catholic. Catholic has a general prohibition against modern contraceptive devices. The government's apprehension concerning the position of the church is an acknowledgment of the influence that the church has on limiting the flow of information on birth control and human sexuality.

Low level of education could be a consequence rather than a cause of premarital sexual activity, considering that early unprotected sexual activity often results in pregnancy and in dropping out of school. Nonetheless, unmarried teenagers had higher rates of pregnancies. Problem 2. What is the level of negative effects of early parenthood among the teenagers in selected communities in Bacoor, Cavite? Level of Negative Effects of Early Parenthood among Teenagers in Selected Communities in Bacoor, Cavite

Table 1 Level of Negative Effects of Early Parenthood among Teenagers in Selected Communities in Bacoor, Cavite Statement | Mean | SD |

Statement	Mean	SD	Level
Physiological Mode   I cannot eat enough food.	2.34	0.2309	High
I seldom eat on the right time.	2.01	0.1690	Average
I seldom eat on the right time.	2.19	0.1880	Average
It's hard for me to have 6-8 hours sleep every night.	2.43	0.180	High
I do not exercise every day.	2.52	0.2273	High
I cannot consult a doctor every time I feel sick because I have a lot of things to buy and to pay for.	2.55	0.2363	High
Parental - Role Mode   I cannot do my responsibilities well being a mother/father, I find it very hard to do.	2.22	0.3616	Average
I cannot do my responsibilities well being a mother/father, I find it very hard to do.	2.16	0.1870	Average
It's hard for me to find ways to earn money.	2.58	0.2396	High
I always find my budget not enough.	2.57	0.2399	High
I don't have much time for my child/children.	1.74	0.1441	Average
I do not regularly consult our health center or hospital for my child health.	2.03	0.1790	Average
Self - Concept Mode   I do not have much t	2.0	0.2096	High