

PHENOMENOLOGICAL STUDY ON INFANT CARE AMONG TEENAGE MOTHERS

JULIETA H. BOTEROS, M.A.N.

NOVIE JOY C. SOLEDAD, M.N.

Central Philippine University

ABSTRACT

This study, using the descriptive phenomenological approach, explored the infant care experience of teenage mothers using a descriptive. Seven teenage mothers, ages 15-19 years old, were interviewed. These participants came from diverse educational, socio- economic, and geopolitical backgrounds, who were primary caregivers of their children 0-12 months old at the time of the interview and delivered termed babies without any congenital disorders regardless of the method of delivery. The interview with teenage mothers was recorded using a digital recorder and was transcribed using Hycner's (1985) method. Findings of the study showed that essence of the infant care experience of teenage mothers is characterized by four major themes: adapting to infant care routines, facing challenges in infant care, adjusting to become a teenage mother, and feeling of fulfillment of motherhood experience. These teen mothers cared for their babies with support from their families, partners and significant others. Some of them regretted becoming mothers at an early age and deprived of social life, sleep, and time for self. They desired for self-improvement and tried to manage time. They may be young, but they feel happy and fulfilled seeing their babies grow.

Keywords: *phenomenological research, infant care, teenage mothers, caregivers motherhood*

INTRODUCTION

Adolescence is often a turbulent time. Being in a period between childhood and adulthood, adolescents face some unique problems (Coon, 2002). Those who fail to develop sense of identity suffer role confusion as described by Ericson (1968). At this time, they must have identified themselves as one unique individual.

Data from the Philippine Statistical Authority (PSA, 2014) reveal that every hour, 24 babies are delivered by teenage mothers. According to the 2014 Young Adult Fertility and Sexuality (YAFS) study, around 14 percent of Filipino girls aged 15 to 19 are either pregnant for the first time or are already mothers-more than twice the rate recorded in 2002. These teenage mothers live with their mothers, parents, or relatives. In most cases, the father is usually a teenage boy. Reasons for becoming pregnant among teenagers include: unplanned sexual encounters (“getting caught up in the moment”) and peer pressure; lack of information on safe sex; breakdown of family life and lack of good female role models in the family; and absence of accessible, adolescent-friendly clinics.

Unfortunately, these teenagers are not ready to become mothers. In view of this, large numbers of teenagers who plunged into unexpected pregnancies, according to Pungbangkadee (2007) face difficulties by devoting themselves to serve the needs of their infant before serving their own. As a consequence, teenage mothers face difficult conditions that can cause stress and conflict between their roles of being a teenager and being a mother.

Parents are the main caregivers of young children, the extent and quality of their parenting knowledge is often considered vital to improving children's development and health.

The purpose of the study is to examine and understand the infant-care experiences of teenage mothers who are taking care of their baby from birth up to one year. This investigation focuses on answering the central question "What is it like to care for infants as a teenage mother?"

The result of the study is expected to be beneficial to teenagers and their families, educators and health providers, policy makers and program implementers, counselors, and future researchers.

Philosophical Underpinning

The philosophy and science of caring has four major concepts: human being, health, environment/ society, and nursing, according to Jean Watson (2008).

Watson refers to the human being as "a valued person in and of him or herself to be cared for, respected, nurtured, understood and assisted; in general a philosophical view of a person as a fully functional integrated self. The human person is viewed as greater than and different from the sum of his or her parts."

Health is defined by Watson as a high level of overall physical, mental and social functioning; a general adaptive-maintenance level of daily functioning and absence of illness or the presence of efforts leading to the absence of illness.

One of the assumptions of Watson's model is that caring can be effectively demonstrated and practiced only interpersonally. Relationship management is important to teenagers and their families. Relational caring of self and others can change self, others, as well as family. According to Namit Sharma in Quora.com (2019), "the most caring person I've known till now is one and only my Mom".

METHODOLOGY

This study explored the infant care experience of teenage mothers using the descriptive phenomenological approach. The researchers of the study would like to know what it means to live as a teenage mother, most especially on how they take care of their infants. This study attempted to break from inherited understanding about infant care (e.g., from the literature, cultural conceptions, among others) and delve on the "lived experience" (Wolff, 2007 p. 97) by looking at the essential structures of the infant-care experiences among teenage mothers. This phenomenological study approached the research questions on infant-care experience of teenage mothers using Hychner (1985) notions of phenomenological research. The researchers explored infant-care experience as it presents itself in the consciousness of teenage mothers, extracted the essence of the experience, described the experience as lived experience, and attended to the nature and composition of the experience by setting aside previous understandings, preconceived judgments, and inherited theoretical ideas.

Since the researchers of this study are nurse educators who have rich theoretical ideas on infant care, these preconceived ideas, judgments, and knowledge were bracketed and consciously examined in order not to cloud the researchers' interpretation of the research participants.

This study was conducted in one of cities in the Philippines. Participants generally live in a highly urbanized and industrialized city in the Philippines. It is the capital city of the province and center of the only officially recognized Metropolitan Area in the region. Interview location and time were dependent on the participants' privacy and preference, as well as on agreement between the participants and the researchers (Holloway & Wheeler, 2010).

Eight teenage mothers served as research participants; however, seven (7) were only included in the analysis because the researchers felt that this was the saturation point. This study only included mothers who were 15-19 years old and primary caregivers of their children who were 0-12 months old at the time of the interview. This study only included teenage mothers who delivered termed babies without any congenital disorders. All of them were currently enrolled in school during interview. They are living with parents and come from middle class families.

The researchers, upon initial contact, established rapport with the respondents to gain their sense of trust and to determine if they were ready for the interview. Verbal consents were sought from the participants prior to the actual interview. Written informed consents were secured prior to the commencement of the interview. They were informed of the purpose, style and procedure of the research as well as their

rights as research participants. Participants were assigned initials to ensure anonymity (Holloway & Wheeler, 2010). Hence during the interview session, the participants were encouraged to describe and express their stories freely. Each interview lasted for 30-45 minutes.

Units of general meaning of the participant's responses were identified. Four themes, nine categories and 33 subcategories were identified describing the teenage mother's infant care experiences of their infants aging three months to 12 months old. Data processing and analysis was done using Hycner's Method (1985).

RESULTS AND DISCUSSION

Findings of the study showed that essence of the infant care experience of teenage mothers is characterized by four major themes, namely, adapting to infant care routines, facing challenges in infant care, adjusting to become a teenage mother; and feeling of fulfillment of motherhood experience.

Adapting to infant care can be described as confidence in doing infant care. Most of these teenage mothers verbalized that they are not so confident in doing infant care; however, they were supported by their partner, mother, father and siblings. Some of them have previous experiences in child rearing from their younger sibling or neighbor's infant such gave them the idea on how to do infant care.

Being young poses difficulty in doing infant care. Some had regrets on becoming a mother at an early age. Teen parents often find that caring for a child makes it difficult for

them to continue their schooling (Slocum 2015). They cannot go out anytime they want. They feel that they have lost their freedom and when asked what they want to tell other teenagers, they usually say, not to do what they have done. All of these young mothers want to finish their studies, find a good job in order to give their children a good future.

For those who are schooling, their children are their motivation. They experience sleepless nights, lack of sleep, they need balance things between household chores and caring for their babies. However, despite these difficulties, they still continue their studies.

Most of these teenage mothers are supported financially by their family. They are not prepared for employment, being young and schooling and with an infant to take care of. One of the mothers is not getting financial support from her family but instead her partner is solely supporting their financial needs.

Most often, they are dependent on their parents or significant others. Having a baby placed them in a situation where they are forced to learn to manage time between their baby, household chores and schooling. So far, these teen mothers try hard to balance their time.

Preparing for parenthood is important. Teenagers, too, may want to become good mothers; however, they do not actively look for information about infant care and development. (McKinney et al., 2013). They even delay their prenatal check-up, they may not know they are pregnant. Some deny that they are pregnant; they do not realize how important prenatal care is to themselves and to their baby and

to the care of their babies later on. They have little information about the physiologic needs of the body such as increase for nutrients, which pregnancy and breastfeeding impose on their bodies.

Most of the teenage mothers verbalized they became more responsible after having a baby. Most of them attended their baby's needs and also attend school at the same time.

To be a mother at this time means a more crucial time for them. They may stop schooling; they lack sleep because they take care of the baby even at night. Their social life is also deprived. Some teenagers lack time for themselves. They need extra attention and assistance to care for the baby. Health providers and parents need to provide enough guidance and health teaching.

Most teenage mothers claimed their baby made them become a better person. They were able to adjust to the routine imposed to a young mother. They are caring and loving just like any other mothers only much younger and still learning.

Motherhood has brought happiness for many of the young women. There is an associated sense of maturity and responsibility. Many young mothers have developed a personal sense of stability, identity, purpose, and responsibility following early motherhood, a finding similar to other studies of teenage pregnancy and parenthood (Ngum Chi Watts et al., 2015).

Conclusion

Based on the analysis of this study, the teenage mothers need a lot of help from parents, significant others and their partners. They also needs psychological and social help on top of the financial and material need of both the teenager and the child. Most of these teenage mothers had positive attitude of being a mother, but they face a lot of changes and challenges that have affected their lives. These girls verbalized they do not recommend early pregnancy and motherhood after the difficulties and hindrances they have encountered starting from pregnancy, delivery of their babies, and in the taking care of the baby.

Parents and significant others should advise their teenager to go back to school if possible and support them on caring for the babies.

The health provider should include family planning in their mothers' class to prevent further unplanned pregnancies, since most of them have live-in partners.

Recommendations and Implications

Parents and significant others have a great role in preventing pregnancy. An open communication between them and their children will bridge the gap between them. The teenagers listen to their parents when their parents understand and listen to them.

The health provider should include family planning in their mothers' class to prevent further unplanned pregnancies, since some of them have live-in partners. A non-judgmental

counseling program, should be provided, including all options of family planning and safe sex.

Adolescents should be taught sexuality at school and the responsibility that goes with it. The value of education should be reinforced.

Advocacy for evidence-based programs to support teenage mothers should be encouraged. They need financial support for their laboratories, medicines, and ultrasound.

Young mothers should be encouraged to return to school and continue a healthy lifestyle. Nutritional adequacy, particularly of breastfeeding mothers, should be assessed.

Young pregnant woman should likewise be encouraged to get appropriate healthcare intervention, including non-judgmental medical and psychosocial support. It will provide a good outcome for both the young parent and the child. Teenage fathers can also participate in the care of their partner and the baby.

This study may also encourage future researchers to conduct further related studies. This may also serve as their source of ideas, concepts, and reference for further studies.

REFERENCES

- Bornstein, M. H., Cote, L. R., Haynes, O. M., Hahn, C., & Park, Y. (2010). *Parenting knowledge: Experiential and socio-demographic factors in European American mothers of too young children*. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3412549/>.
- Coon, D., (2002). *Psychology a journey*. (1st ed). Wadsworth Goup, CA. Retrieved from <https://www.amazon.com/Psychology-Journey-Dennis-Coon/dp/0534568726>.
- Handa, V. (2016). *Phenomenology as a theoretical research perspective and as a research methodology: Seminar workshop on demystifying qualitative research: Connecting theory and practice*. Unpublished research report to Central Philippine University, Jaro, Iloilo City, Philippines.
- Hycner (1985). *Phenomenological analysis of interview data*. Retrieved form <https://philpapers.org/rec/HYCSGF>.
- Liefer, G., (2007). *Introduction to maternity and pediatric nursing*. (5th ed). Saunders, Elsevier. Retrieved from <https://www.amazon.com/Introduction-Maternity-Pediatric-Nursing-5TH/dp/B0042NJZN4>.
- Littleton, L. Y. & Engebretson, J.C. (2002). *Maternal, neonatal, and women's health nursing*. Retrieved from <https://trove.nla.gov.au/work/12890417?q&versionId=46498691>.
- Marino, J.L., Lewis, L.N., Bateson, D., Hickey, M., & Skinner, S. (2016). *Teenage mothers*. Retrieved <https://search.informit.com.au/documentSummary;dn=376943452778983;res=IELIAC>.

McKinney, E.S., James, S.R., Murray, S.S., Nelson, K. & Ashwill, J. (2013). *Maternal- child nursing*. (4th ed). Retrieved from [https://www.amazon.com/ Maternal-Child-Nursing-Emily-Slone-McKinney/dp/1437727751](https://www.amazon.com/Maternal-Child-Nursing-Emily-Slone-McKinney/dp/1437727751).

Nall, R. (2016). *What are the effects of teenage pregnancy?* Retrieved from <https://www.healthline.com/health/pregnancy/teenage-pregnancy-effects>.

Ngum Chi Watts, M.C., Liamputtong, P. & Mcmichael C. (2015). *Early Motherhood: a qualitative study exploring the experiences of African Australian teenage mothers in greater Melbourne, Australia*. Retrieved from <https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-015-2215-2>

One in ten young Filipino women age 15 to 19 is already a mother or pregnant with first child (Final Results from the 2013 National Demographic and Health Survey) (Ref. No. 2014-057, August 2014). Retrieved from <https://psa.gov.ph/content/one-ten-young-filipino-women-age-15-19-already-mother-or-pregnant-first-child-final-results>.

Pillitteri, A. (2014). *Maternal & child health nursing: Care of the childbearing family*. (7th ed.). Wolters Kluwer Health/Lippincott Williams & Wilkins, 2014. Retrieved from https://books.google.com.ph/books/about/Maternal_Child_Health_Nursing.html?id=rw7clAEACAAJ&redir_esc=y.

Slocum, M. (2015). *The problems faced by teen parents*. Retrieved from <http://www.livestrong.com/article/146370-the-problems-faced-by-teen-parents/>.

Stages of adolescence. Retrieved from
<https://www.psychologytoday.com/blog/decisions-teens-make/201704/it-s-time-talk>.

Teenage pregnancy among today's Filipino youth
INQUIRER.net. (n.d.). Retrieved
from <http://opinion.inquirer.net/74517/teenage-pregnancy-among-todays-filipino-youth>.

Tomereli, K.R. & Horizonte, R.B. (2008). *General practice of teenage mothers caring for their children*. Retrieved
from http://www.scielo.br/scielo.php?pid=S0103-1002009000300006&script=sci_arttext&lng=en.

Wallace, S. (2017). *The power of parenting*. Retrieved
from <https://www.psychologytoday.com/blog/decisions-teens-make/201704/it-s-time-talk>.

Watson's philosophy and science of caring. Retrieved from
<https://nursing-theory.org/theories-and-models/watson-philosophy-and-science-of-caring.php>.

When your teen is having a baby. Retrieved from
<http://kidshealth.org/en/parents/teen-pregnancy.html#>.

ACKNOWLEDGMENT

This study will not be possible without the combined effort of the researchers, participants and those who provided their time and expertise in various aspects of the research.

The Researchers would like to extend their deepest gratitude to the following:

The Almighty Father, for the wisdom, guidance, provision, and support.

Dr. Vicente Handa, our adviser, for demystifying qualitative research to the Faculty of the College of Nursing. His patience and guidance is deeply appreciated;

Prof. Lily Lynn V. Somo and Atty. Salex E. Alibogha, our Deans, for the encouragement to conduct and finish this study;

Dr. Carielle V. Rio, Dr. Irene Malaga, and Dr. Perry Paul Espinosa, for their deep knowledge, editing, feedback and advice;

The Participants, who trusted the Researchers with their experiences and time. For their parents and guardians who consented for them to participate in this study;

Prof. Melba Sale, for the constant reminder and encouragement to finish this study;

Central Philippine University – University Research Center, for the support, approval, and funding of this study;

Our colleagues and those who are not mentioned but in many ways helped in making this study a success; and,

Our families, the Boteros Family-Sunshine, Wewe, Gel, Ena Sugar and Auntie Peggy and the Soledads- Jons, Nico and Nathan, who were our main support, for the love and encouragement.

To God be the Glory!