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Postpartum Depression as Experienced by Adolescent Mothers

Rita E. Penaso[1], Gina B. Bautista[2] and Nelida L. Lamasan[2]
Faculty, College of Nursing, Central Philippine University

ABSTRACT

This study explores postpartum depression experiences among adolescent mothers. The research uses a qualitative approach, interviewing nine participants who became pregnant before 18, the youngest being 10 years old. Through in-depth interviews, the study uncovers five themes and fifteen subthemes: discomfort the baby's presence, feelings of inadequacy in caring for the baby, agitation/demoralization with caregiving and tasks, loss of interest in activities, and feelings of worthlessness and guilt. The study suggests that these feelings often stem from untimely pregnancy and early parenthood, highlighting the need for improved detection and support for adolescent mothers facing postpartum depression. While the findings are specific to the participants, they offer insights for further research and development frameworks to address this overlooked experience.

Keywords: Postpartum depression, Adolescent mothers, Ppsychotic depression, Parenthood

INTRODUCTION

The postnatal period is well established as an increased time of risk for the development of serious mood disorders. There are three common forms of postpartum affective illness: the blues (baby blues, maternity blues), postpartum (or postnatal) depression and puerperal (postpartum or postnatal) psychosis each of which differs in its prevalence, clinical presentation, and management. Postpartum non-psychotic depression is the most common complication of childbearing affecting approximately 10-15% of women and as such represents a considerable public health problem affecting women and their families (Warmer et al., 1996). The effects of postnatal depression on the

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mother, her marital relationship, and her children make it an important condition to diagnose, treat and prevent (Robinson & Stewart, 2001).

Untreated postpartum depression can have adverse long-term effects. For the mother, the episode can be the precursor of chronic recurrent depression. For her children, a mother's on-going depression can contribute to emotional, behavioural, cognitive and interpersonal problems in later life (Jacobsen, 1999)/ if postpartum depression is to be prevented by clinical or public health intervention, its risk factors need to be reliably identified. However, numerous studies have produced inconsistent results (Appleby et al., 1994; Cooper et al., 1988; Hannah et al., 1992; Warner et al., 1996). Adolescent mother face plenty of challenges (Reese, D. 2018) (https://www.seleni.org/advice-support/article/the-mental-health-of-teen-moms-matters) from dealing with the shame and stigma of an unplanned pregnancy to finishing school and finding employment (Comparison of Adolescent, Young Adult, and Adult Women's Maternity Experiences and Practices, Kingston et al.; Journal of Pediatrics, 2012) (129 (5) e1228-e1237; DOI: https://doi.org/10.1542/peds.2011-1447). But many must also deal with the challenges of mental illness. According to an article published in the journal, Pediatrics' in May 2012, researchers have found that twice as many adolescent mothers are at risk of developing postpartum depression as their older counterparts. Nearly three times as many (Venkatesh et al.; Maternal and Child Health Journal, August 2014) teens with mental illness get pregnant as adolescents without disorder.

Adolescent motherhood continues to be a common and complex phenomenon in the world. Adolescent mothers can be defined as young women between the ages 19 years or younger (Ex & Janssens, 1998). Research studies show that as many as 48% adolescent mothers internationally experience depressive symptoms (Deal & Holt, 1998), compared to 13% in adult mothers (O'Hara & Aswain, 1996). Worldwide, more than 10% of all births are to women 15 to 19 years of age (Leadbeater et al., 1996).

According to Leadbeater, Bishop and Raves (1996), these adolescent mothers identified as depressed are at increased risk of future psychopathology. These adolescent mothers are plunged into motherhood at a very young age. According to Walker (1995), "motherhood" firstly refers to the practice of motherhood and secondly, refers to the discourse of motherhood, i.e. the assumption of social norms, values and ideas about the "Good Mother". Elvin Nowak and Thomsson (2001), emphasized, the need for a good mother to take her mothering responsibilities seriously and act

maturely. The attempt to become a better mother is illustrated when mother sacrifice themselves and their needs in the perceived interest of their children. With regard to the practice of mothering, Walker argued that motherhood includes the act of childbirth, the emotional care of nurturing and the physical care of the baby. However, many young mothers are often unprepared for the task of parenting (Leadbeater et al., 1996) which may lead to the mother doubting her own abilities and competence in nurturing her infant (Tarrka, Paunonen, & Laippala, 1999). Unfortunately, the literature (Heneghann, Silver, Westbrook, Bauman & Stein, 1998) is filled with postpartum depression as a phenomenon experienced after birth by mothers in general and by adolescent mothers in particular. Postpartum Depression (PPD) is a mental illness that can begin during pregnancy or occurs 6 to 12 months after birth. It refers to morbid and persistent depressive episodes that begins in or extends into the postpartum period (Cox, Murray & Chapman, 1993). Fowles and Hubbs-Tait et al (1996), PPD can also be defined it as a condition that describes a range of physical and emotional changes that many others can have after having a baby. These psychotic or non-psychotic traumatic events may have lasting effects on a woman's confidence in the mothering role and interaction with their infant.

Depression, especially in mothers had been extensively studied during the last few decades (O'Hara, Zekoski, Phillips, & Wright, 1990). Having a child is a time of changes in a woman's life, both in the biological, psychological and in the social sense. These changes can contribute to personal growth, but can result into mental disorders.

Postpartum Disorders (PPD) occur in approximately 10 – 15 % of childbearing women studied worldwide (O'Hara, Zekoski, Phillips, & Wright, 1990), and may begin anywhere from 24 hours to several months after delivery. Depression often results in mothers distancing from their infants (Hubbs-Tait et al, 1996). Unfortunately, many women have relatively high rates of depression and experience anxiety and confusion during this period (Ex & Janssens, 2000).

Maternal depression during the postpartum period has an impact on the child's development as well as the mother's own health and ability to act as a mother (Najman, Andersen, Bor, Ocallaghan, & Williams, 2000). Garrett and Tidwell (1999) reported that many women with postpartum depression may suffer from delusions and/or hallucinations. They are often preoccupied with anxious, distressing and recurrent thoughts about harming their babies.

This present study will involve young mothers who gave birth as adolescents, because adolescent depression remains

under recognized. A large number of adolescents are undiagnosed because they do not met the DSM – IV (Diagnostic and Statistical Manual of Mental Disorders IV) criteria for depression.

Postpartum depression is moderate to severe depression in a woman after she has given birth. It may occur soon after delivery or up to a year later. Most of the time, it occurs within the first three (3) months after delivery. The exact causes of postpartum depression are unknown. Changes in the hormone levels during and after pregnancy may affect the woman's mood. Many non-hormonal factors may also affect mood during this period. These include: 1.) Changes in the woman's body from pregnancy and delivery; 2.) Changes in work and social relationships; 3.) Having less time and freedom in the woman's self; 4.) Lack of sleep; and, 5.) Worries about the woman's ability to be a good mother.

The woman may have a higher chance of postpartum depression if: 1.) Are under age 20; 2.) Currently use alcohol, take illegal substances, or smoke (these also cause serious health risks for the baby); 3.) Did not plan the pregnancy, or had mixed feelings about the pregnancy; 4.) Had depression, bipolar disorder, or an anxiety disorder before their pregnancy, or with a past pregnancy; 5.) Had a stressful event during the pregnancy or delivery, including personal illness, death or illness of a loved one, a difficult or emergency delivery, premature delivery, or illness or birth defect in the baby; 6.) Have a close family member who has had depression or anxiety; 7.) Have a poor relationship with their significant other or are single; 8.) Have money or housing problems; and, 9.) Have little support from family, friends, or from spouse or partner.

Symptoms

Feelings of anxiety, irritation, tearfulness and restlessness are common in the week or two after pregnancy. These feelings are often called the postpartum or "baby blues". They almost go away soon, without the need for treatment.

Postpartum depression may occur when the baby blues DO NOT fade away when signs of depression start 1 or more months after childbirth.

The symptoms of postpartum depression are the same as the symptoms of depression that occurs at other times in life. Along with a sad or depressed mood, the woman may have some of the following symptoms:

1. Agitation or irritability
2. Changes in appetite
3. Feelings of worthlessness or guilt
4. Lack of pleasure or interest in most all activities
5. Loss of concentration
6. Loss of energy
7. Problems doing tasks at home and work
8. Significant anxiety

9. Thoughts of death or suicide
10. Trouble sleeping

A mother with postpartum depression may also be unable to care for herself or her baby; be afraid to be alone with her baby, have negative feelings toward the baby or even think of harming the baby (although these feelings are scary, they are almost never acted on, still the woman should tell the doctor about them right away); worry intensely about the baby, or have little interest with the baby.

This study will attempt to understand the experiences of adolescent mothers. This study will also add focus on the experiences of adolescent that are diagnosed with postpartum depression. The findings will explain the experience of depression for adolescent mothers. It will also provide a source of insights and hypotheses for preventive intervention research. Phenomenology standpoint theory will be utilized to explore unrecognized powers that might be found in adolescent mothers 'lives that could lead to knowledge that is more useful for enabling them to improve the conditions of their lives.

The adolescent mothers' voices in this study are essential in terms of rebuilding the assumptions of social norms, values and ideas about the definition of a mother experiencing postpartum depression. Many adolescent mothers are suffering in silence, because they do not know the implication of postpartum depression on their lives and on the loved ones around them. Hopefully, phenomenological study will help adolescent mothers to regain control over their lives by sharing their stories with the researchers. The stories of these adolescent mothers in this study will lay a foundation of knowledge to practitioners or nurses working with first time adolescent mothers that are suffering from postpartum depression in order to help them to deal with their illness.

In view of the foregoing literature on postpartum depression and adolescent motherhood, it is apparent that postpartum depression is a reality that many of adolescent mothers are experiencing. The emotional distress associated with the adjustment to parenthood is amplified for these individuals, who may be are less prepared to meet the financial responsibilities and the interpersonal challenges of parenting.

Postpartum depression impacts an adolescent mothers' ability to care for her infant and has been associated with adverse effects on child development. This phenomenon has been widely reported in research literature. However, little has been on the nature and depth of this experience. Details of the experience, particularly focusing on the essences that comprise it, is still marginally discussed in the research

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literature. Hence, this study attempted to address these gaps.

Research Purpose and Questions

The purpose of this study was to examine and understand the experiences of adolescent mothers with postpartum depression. In particular, this study attempted to answer the following research questions:

a) What does it mean to experience postpartum depression among adolescent mothers?

b) What are the essences of postpartum depression among adolescent mothers?

METHODOLOGY

Phenomenological Approach to Researchers

Qualitative research, particularly phenomenology, is widely used in health sciences and is regarded as the most appropriate method when exploring people's life experiences or phenomena that are sensitive or socially complex.

Phenomenology is particularly suited for this study as it concerns with the study of human existence and how humans understand and perceived their own behaviours. Phenomenology allowed the researchers of this study to uncover hidden aspects of adolescent mothers' lives – those with postpartum depression – that would not emerge during normal conversations, or that people would not typically reveal to people outside their own social or cultural circles.

In – depth interview was chosen as the primary data collection method as their structural nature allowed the adolescent mothers with postpartum depression to tell their story in the deepest and richest way possible during the interview process. Participants were provided with a plain *Ilonggo* language statement about the research. It was only after the process that interviewees were set up with the participants. This allowed the participants opportunity to consent to participate, or opted out or cancelled the interview, if they did not want to proceed.

Research Participants and Setting

Research participants of this study involved adolescent mothers who became pregnant before the age of 18, (the youngest being was 10 years old) in one of the city in Western Visayas and those who have experienced postpartum depression within 6 – 12 months after delivery.

Those whose pregnancy was terminated, and those who miscarried and delivered "stillbirth" were not included in the study.

Participants were identified through purposive sampling and only those who

have experienced postpartum depression were taken. Number of participants were dependent until the saturation point was reached.

Procedure of the Study

Ethical consideration. Information about the research title, purpose and scope were explained to the targeted participants. Confidentiality and anonymity were assured thus pseudonyms and place were coded. It was emphasized that the participants have no risks and received no compensation/ benefits for their participation and that she may withdraw anytime they wished since their involvement was voluntary. Consent from the parents was obtained for the participant who was below 18 years old.

The participants were requested to sign the informed consent, and that the interview was private and in a quiet environment so the participants freely described their experiences of postpartum depression without hesitation.

As soon as the participants were identified through purposive sampling, the researchers set the first interview visit. It was during the first visit where the researchers went to the participants' place, introduced themselves and explained the whole research procedure, the research title, scope, purpose, confidentiality and anonymity. Signing of the informed consent then took place. The researchers reiterated their gratitude for the participants' involvement in the research. The researcher then requested the participants to say something about herself and encouraged casual conversation and established rapport which made the participants comfortable and at ease. The researcher later asked the participants to set a date and time for the next visit for interview at the convenience of the participants. The researcher suggested to the participants a quiet environment with privacy so that she could freely share her experiences without hesitation and for a clear recording in audio tape with the permission of the participants.

During the 2nd visit, the participants were initially asked with an open-ended question based on the statement of the purpose of the study. Follow-up questions related to answer and purpose of the study were asked as the need arose. It was helpful to have an interview plan as a guide that facilitated a natural flow of conversation and it included key questions.

Trustworthiness and authenticity. The issue of trustworthiness in qualitative research has been a concern for the researchers engaging in this method. The trustworthiness of the questions asked from the study participants depended on the extent to which the researchers tap the participants' experiences apart from the participants' theoretical knowledge of the topic (Strawbert & Carpenter, 2011)

The researcher did member checking where every now and then they returned to the adolescent mother to see if they recognized the finding (Cresswell, 2003). This is where the researchers take the final report back to the participants and /or copy of the transcription should also be given to the participants (Mcben, 2008). Once conformability is determined, the study will also become reliable and credible. When the findings will be recognized to be true by the adolescent mother, trustworthiness is then established but if the elements are noted to be unclear or misinterpreted, the researchers must return to the analysis and revise the description.

Data sources. The audio taped interview was labelled as the original copy and was then recopied and the original copy was kept in a locked cabinet in the researchers' place and will be kept there for at least 3 years. The recopied tape was labelled as working copy to avoid confusion and differentiated it from the copy of which the analysis was made.

Data analysis. Analyzing qualitative material can be an inspiring activity, although complex and time consuming. The initial stage involved listening to the audiotape a few times independently by the researchers, then each researcher used the 14 Hycner's steps of analyzing the data independently of each and meeting biweekly to reach a consensus and decided for differences and similarities in the experiences of the adolescent mother on postpartum depression.

Data analysis was done using the Hycner's 14 Steps Method:

The first step was to transcribe the answers in a field notes assigning numbers to each line as answered by the adolescent mother. After transcription, bracketing was done for phenomenological reduction. Again the researcher listened to the interview as a whole and tried to remember the environment and situation as well as nonverbal cues of the adolescent mother. The researcher read and re-read the transcription several times.

The fourth step was to delineate units of general meaning followed by delineation of units of meaning that is relevant to research question on postpartum depression. It was on the sixth step where the researchers met and discussed similarities and contrast and decided to reach a consensus or verified meanings related to adolescent postpartum depression experiences.

Redundancies were eliminated after which the remaining data were clustered or grouped together according to its meaning. From the clusters of meaning, themes were determined and sub-themes were grouped and summarized by individual researchers and again the researchers met and grouped together these meanings and reached a consensus. Further checking with the participants was done to determine the

trueness of the data as experienced by the adolescent mother on postpartum depression. If not true, revision of cluster and description would be done.

The 12th (twelfth) step involved modifying and summarizing themes related to postpartum depression. Finally, the researchers contextualized the themes identified in relation to postpartum depression and a final composite summary was done. At this point, the final results were returned to the participants to check for its trustworthiness and accuracy.

RESULTS AND DISCUSSION

Themes and Subthemes

After the collection and analysis of data, five major themes were identified that described the experiences of adolescents having postpartum depression. The five themes are: 1) Awkwardness with the Presence and Care of the Baby; 2) Incompetence in Caring for the Baby; 3) Feelings of Agitation/ Demoralization with the Care for the Baby and other Tasks; 4) Lack of Pleasure or Interest in Most All Activities; 5) Feelings of Worthlessness or Guilt. The findings relating to these themes and subthemes are presented in Table 1, including the significant statements from the interviews to support the findings and interpretations. These findings are discussed in light of the existing literature. Description of the adolescent mothers' experiences of postpartum depression summarizes the discussion

Table 1
Themes and Subthemes

SUBTHEMES	THEMES
A. Expression of Difficulty with Regards to having the Baby and with the Time Spent for the Baby B. The Mere Presence of the Baby Makes Them Uneasy C. Struggling Especially at First	I. Awkwardness with the Presence of the Baby
A. Lack of Experience in Caring for the Baby B. Need for Help or Assistance in Caring for the Baby C. Does Not Know How to Hold the Baby at First	II. Incompetence in Caring for the Baby
A. Being Upset with the Situation of Having the Baby B. Conflict with the Significant Others C. Irritability and Significant Anxiety	III. Feelings of Agitation/ Demoralization with the Care for the Baby and Other Tasks

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Table 1 Continued

A. Expression of Grief or Misery because of the Situation B. Feelings of Sadness/ Unhappiness because of the Change in Activities C. Having Less Time and Freedom for Herself	IV.	Lack of Pleasure or Interest in Most All Activities
A. Expression of Remorse/ Repentance because of Not having Finished School because of the Birth of the Baby B. Feelings of Regret/Shame for the Past Bad Action C. Blames Herself for the Early Pregnancy	V.	Feelings of Worthlessness or Guilt

Awkwardness with the Presence and Care of the Baby

Through the verbal statements recalled by the participants in the study, it is apparent that having the mere presence of the baby make them awkward. The participants stated difficulty and uneasiness with just having the baby even as early as the few hours after delivery and the time spent with the baby proves to make them uneasy. Three subthemes were identified, consisting of the following: expression of difficulty with regards to having the baby and with the time spent for the baby, the mere presence of the baby makes them uneasy, and struggling especially at first.

Taking care of a newborn baby is not always easy. Many mothers would find difficulties in caring for the newborn which will include the following: How to bathe a fussy baby, how to bathe your baby, how to bathe your baby safely. How to be a good mother to your baby, how to budget the baby's first year, how to calm a newborn baby, how to change a diaper, how to cloth diaper correctly, how to cut a newborn's nails, how to deal with a newborn baby cold, how to deal with diaper rash, how to entertain a newborn baby, how to gear up for a newborn baby, how to handle teething, how to find the best baby products, breastfeeding basics for Mom, hair loss; postpartum losing baby fat quickly.

Though taking care of your newborn can be one of the most special and rewarding experiences of your life, you may feel at a loss for what to do and need to give your child constant attention and care. To take care of a newborn, you need to know how to give your baby the rest, sustenance and care that s/he needs-as well as a healthy dose of love and affection. Once home, though, you frantically realize you have no idea what you're doing.

In this study, 3 participants out of six, expressed difficulty in dealing with the care of the newborn.

One expressed verbally that, "*Tam-an ka budlay; nagrebelde, budlay kay siyempre wala…budlay guid eh; gasakit man sa ulo kung diin*."

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With all of the responsibilities that fall upon her, she felt that it is so difficult for her to do all the tasks and chores to care for the newborn especially without the assistance of her significant others. She felt rebellious and eventually rebelled because of the situation. She has had an headache every time she will be forced to do the tasks.

The other participant expressed that, "*Una-una mabudlay*"; showing that in the first place she found it so difficult. She felt overwhelmed by the hectic activities that were involved in taking care of the newborn.

One of the participants also expressed difficulty in taking care of the newborn in terms of time and effort. She said that, "*Daw ano guid, tam-an ka budlay…Budlay…ang oras bala…*" She stated that the time spent for taking care of the baby was so difficult for her to adjust to since she also had other obligations aside from her obligations to her husband and the household chores.

One of the symptoms of PPD is difficulty concentrating or making decisions. In this study, the participants were having difficulty in concentrating in giving care for their babies. They feel that they are in adequate to function as caregiver of their newborns. This inadequacy was felt by the teenage mothers almost every day, for most of the day, for at least two consecutive weeks.

Incompetence in Caring for the Baby

Out of the six participants, 4 of them expressed inexperience or lack of experience in terms of caring for the baby. They expressed inadequacy and would need to have an assistance in order to care for the baby. Without the assistance from their significant others they felt that they are not capable of taking good care of their babies.

One of the significant symptoms of postpartum depression is that the woman is persistently doubting her ability to care for her baby.

Worrying or feeling overly anxious is also one of the symptoms of postpartum depression, as manifested by the participants.

Also having trouble bonding or forming an emotional attachment with their baby is a significant symptom of postpartum depression, and was also manifested by the participants.

One of the participants stated that, "*Hindi eksperinsiyado gid bala nga natawag. Daw wala man guid siya kaagi. Gina buligan ya man siya*."

The other one expressed that, "*Hindi nya mabal-an kon ano himo-on ya. Gapanumdom siya kung paano mag-ano sa bata, kung kabalo magkapot ka bata, kung kabalo mag pa titi, wala guid siya nagkapot ka bata*. She disclosed that she was taught by her older sister how to handle the baby. "*Gintudlo-an lang siya. Ang magulang ya nga babaye guid ang nagkapot, nagbantay kag nag patiti*."

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Another participant expressed that, "*wala pa siya sang nabal-an sa tawag nga pangabuhi. Ang mother ya, kay hindi pa siya kabalo kung paano paligo-on, himusan*.

The other participant related that, "*Gintudlo-an siya sang iya nga Nanay sang una-una guid nga. Wala siya kabalo kung ano obrahon ya*."

Definitely, the symptoms mentioned were manifested by the participants and could support the fact that they are experiencing PPD (Postpartum Depression).

Feelings of Agitation/Demoralization with the Care for the Baby and Other Tasks

Three (3) of the participants expressed being upset at having the baby and being in conflict with their significant others. As verbalized, one of the participants revealed that she was so upset that she was so confused where to buy milk for the baby. And that, if she has a problem, the tendency was to run to the family members but eventually could not really ask for help since they had a conflict at the time the baby was born. "*Galibog ang utok kung diin mabakal gatas. Kung may problema dalagan lang eh*", she said.

The other participant expressed that, "*Kontra man siya kag nga-problema man siya. Amon na ma lang na ang problema ya, ang mama…*". That's why she tends to avoid her husband's family specifically her mother-in-law.

The other participant felt that the problem started at the time the baby was delivered. Among the signs and symptoms of postpartum depression, two signs also corresponds to the behaviour of the participants which would definitely prove that these participants had experienced postpartum depression accordingly.

Having trouble concentrating, remembering details, and making decisions, is another signs of postpartum depression. Likewise, withdrawing from or avoiding friends and family was also manifested by the participants.

Lack of Pleasure or Interest in most all Activities

Feeling tired after delivery, broken sleep patterns, and not enough rest often keeps a new mother from regaining her full strength for weeks, that is why there would be lack of pleasure or interest in most all activities, especially, the body of an adolescent mother is still not mature enough to endure such condition.

Expression of Grief or Misery because of the Situation

Expression of grief and misery (also a synonym of being das) is expressed by the participants as there was nobody to talk to because of the new situation. Being in this situation made them isolated and out of reach by their former acquaintances.

Having less free time and less control over time, having to stay at home indoors for longer periods of time and

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having less time to spend with the partner and loved ones will or may contribute to postpartum depression.

Feelings of Sadness/ Unhappiness Because of the Change in Activities

Feeling stressed from changes in work and home routines, is one of the factors that could contribute to postpartum depression. Sometimes, women think they have to be "super mom" or perfect, which is not realistic and can add stress.

Sadness as one of the symptoms of postpartum depression was significantly manifested by one of the participants, although some of the participants also express some sadness with their situation. In the case of one of the participants, sadness was the most significant theme that emerge during the interview. Not only that she expressed sadness, but also it could be observed by the way she spoke and could be observed in her facial expression. She verbalized that "*nasubuan siya kay siya lang ang wala ka tapos, nasubuan siya kay bata lang nagbusong na siya. Nasubuan man siya kay indi na siya ka lagaw-lagaw. Nasubuan siya sila ya gapalngalipay, nasubuan siya kay bata pa siya may bata na,. daw nasubuan man siya. Ga kasubo man siya sa ila balay*.

She also expressed that what she is sad about is that there was nobody to talk to, (*Ang nasubuan ya kay wala siya istoryahon bala.) She verbalized that "Nasubuan siya, wala guid siya istoryahon kay duwa…nga kon kaisa lang sila bala ga kadto*.

One of the participant also stated that she also feels sad that she become pregnant early. ("*Siyempre nasubuan man eh, bata ka pa lang nabusong*.")

Feelings of Worthlessness or Guilt

Depression is often lurking in the shadows. When you are depressed, most often you think that you are worthless. The worse the depression, the more you feel this way. While guilt is often defined as our conscience telling us that we have done something wrong, it is usually a helpful tool to keep us accountable for what to do. People with bipolar disorder and other depressive disorders, however, often experience excessive guilt. Their conscience blows out of proportion, causing them to feel disproportionately guilty and remorseful. These emotions are usually accompanied by low self-esteem and feelings of worthlessness.

Feelings of worthlessness and guilt come hand-in-hand when someone is depressed. You might be so overwhelmed with feelings of guilt during a depressive episode. You might often replay things in your head constantly and question yourself and your decisions.

One of the participants expressed verbally that, "*may ara man time nga gahinulsol ako. Naghinulsol guid ako kay wala ako ka tapos pag eskwela*." She

expressed that she regretted that she has not finished school.

Another participant also stated that, "*nagahinulsol siya, grabe guid nga hinulsol*." She expressed regret, so much regret because of what happened to her and the wrong decision that she has done.

Yet, another participant express that she felt useless and verbalized that is only she stayed single and still unmarried, she could have been a big help to her mother at the present. "*...bala kamo... tani subong kung dalaga ko guro tani naka-ano pa eh... tani nakabulig pa ko day nanay...*"

In this regard, guilt in a depressed adolescent mother would always come through especially if the feeling of worthlessness will also aggravate the situation.

Also one of the participants blames herself for the early pregnancy.

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

This study used the qualitative research design that was guided by a descriptive phenomenological approach. This study aimed to uncover hidden aspects of adolescent mother's lives-those with postpartum depression-that would not emerge during normal conversations, or that people would not typically reveal to people outside their own social or cultural circles. Also, this study aimed to fully explore the postpartum depression of adolescent mothers. Participants were identified through purposive sampling and saturation principles were applied in the participants who are adolescent mothers. An inclusion and exclusion criteria were used to determine the attributes of a participant that were essential for the selection. The Hycner's 14 Stepls of Descriptive Phenomenological Strategy was utilized to describe the phenomenon under investigation. The data saturation point occurred when the ninth participant was interviewed. The researcher also used a computerized qualitative data management program namely: ATLAS.TI (Berlin, 2016) to qualify the analysis using the Hycner's 14 Steps.

Summary

Based on the experiences shared by the participants, subthemes and themes were drawn using the Hycner's 14 Steps of Descriptive Phenomenological Strategy and ATLAS. TI (Berlin, 2016). The participants pointed out that as an adolescent who becomes a mother at an early age, they have experienced both physical and psychological difficulties, especially with the absence of support from their family and significant others. Moreover, they conveyed and were

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observed by the researcher that the psychological aspect of these participants was the one that was really affected and was similarly felt and manifested by them. Their varied experiences depicted a similarity as they had undergone postpartum depression. The findings revealed five themes and fifteen subthemes. The themes were: awkwardness with the presence of the baby; incompetence in caring the baby; feelings of agitation/demoralization with the care for the baby and other tasks; lack of pleasure or interest in most all activities; and, feelings of worthlessness and guilt. The subthemes that emerged were: expression of difficulty with regards to having the baby and with the time spent for the baby; the mere presence of the baby makes them uneasy; struggling especially at first; lack of experience in caring for the baby; need for help or assistance in caring for the baby; does not know how to hold the baby at first; being upset with the situation of having the baby; conflict with the significant others; irritability and significant anxiety; expression of grief or misery because of the situation; feelings of sadness/unhappiness because of the change of activities; having less time and freedom for herself; expression of remorse/repentance because of not having finished school because of the birth of the baby; and, feelings of regret/shame for the past bad action.

Conclusions

From the experiences, it is apparent that most of their ill feelings were brought about by their untimely pregnancy and early parenthood. The identified themes formed the basis for the conclusion that most inadequacy that were felt by the adolescent mothers were caused by just the mere presence of the baby. Moreover, this was drawn from the similarities of the experiences that the participants shared. This was confirmed by the participants during the return interview after the findings of the study had been established.

Overall, these descriptions gave an insight as well as elucidated the experiences shared by the adolescent mothers themselves.

Childbirth represents for women a time of great vulnerability to become mentally unwell, with postpartum mood disorders representing the most frequent form of maternal morbidity following delivery.

While postpartum depression is a major health issue for many women from diverse cultures, this affective condition often remains undiagnosed resulting in limited management.

Overall, these descriptions gave awareness as well as elucidate the essence of experiencing postpartum depression among adolescent mothers. These findings cannot be generalized to all adolescent mother who have undergone postpartum depression, but it could serve as a basis for further studies

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and research on which the themes that emerged can be a basis in the formulation of a framework in recognizing and addressing such undermined experience of the adolescent mothers.

Recommendations

It is critical in today's healthcare settings to encourage the detection and recognition of postpartum depression in adolescent mothers. Many would think that these adolescents are still undergoing normal psychological response to the overwhelming responsibility that was dumped on them at a very early or young age.

Considering the significant findings derived from the study, the following recommendations and policy implementations need to be implemented.

In view of this, the researchers have come up with the following recommendation in line with the results of such investigation:

1. Extra effort should be done to increase the knowledge of the respondents' caretaker/significant others about the importance of postpartum depression, its risks and significance. The strategy could vary from the conduct of seminars, symposia, lectures, or group discussions, experiential learning, film showing or inviting resource person considered an authority in human reproductive health (specifically with regards to postpartum depression), so that the caretakers/significant others can be reminded of the need to maintain a healthy lifestyle.

Continuous education and information sharing for respondent's age group and service information providers: church, health staff, media and NGOs on adult health concerns and an intensified and responsive counselling services shall be done. Educational programmes need to tailor some of their messages to suit the needs of those who were already aware of the depression and to those who were not.

2. Establishing a base occurrence rate, recognizing that not all women with identified risk factors will develop postpartum depression.

3. Determining the predictive accuracy of screening procedures such that vulnerable women are specifically identified.

4. Being cognizant that screening procedures will exclude some women who will later develop postpartum depression.

5. Devising interventions that are brief enough to be acceptable, long enough to achieve lasting benefits, intensive enough to have an effect, user friendly, and not too expensive.

6. Assessing outcomes with regular monitoring and follow-up that includes a wide range of outcomes not just preventing the onset of postpartum depression.

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7. Recognizing that interventions non-compliance and participant attrition are major problems and that those who decline enrolment or withdraw from involvement may be those at greatest risk.

8. Also, a women's health care provider or nurse practitioners working with these families should screen adolescent mothers for depression using a specific tool aside from the depression assessment tool into the form of DSM IC and V.

9. Develop organizational partnership for further mission and goals of preventing postpartum depression (GABRIELA and other nationally recognized pro-women organizations.)

10. Further studies should be recommended as to further elucidate deeper meaning of postpartum depression among adolescent mothers and its essence, since this study covered only selected characteristics of the respondents.

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