

ASSESSING THE ROLE AND EFFECTIVENESS OF SCHOOL AND COMMUNITY SUPPORT IN ADDRESSING TEENAGE PREGNANCY

Arno M. Montemayor, Jr.¹

School Principal
ANGILAN NATIONAL HIGH SCHOOL
Aloguinsan Cebu, Philippines

Alma M. Sabagala²

Instructor
CEBU TECHNOLOGICAL UNIVERSITY
Pinamungajan Campus, Philippines

Redjie D. Arcadio^{2*}

Professor IV
CEBU TECHNOLOGICAL UNIVERSITY
Pinamungajan Campus, Philippines

ABSTRACT

Teenage pregnancy continues to pose a major social and public health challenge, especially in developing areas where young people often lack adequate guidance, education, and support systems. This study examined the role and effectiveness of school and community support structures in addressing teenage pregnancy at Angilan National High School in Aloguinsan, Cebu. It specifically explored the demographic characteristics of respondents, identified perceived factors contributing to teenage pregnancy, assessed the effectiveness of existing interventions, and analyzed the relationship between community support services and the prevalence of teenage pregnancy. A descriptive-correlational design was utilized, and data were collected through a researcher-developed survey administered to 100 respondents composed of students, teachers, and parents. Statistical analyses included frequency, percentage, mean, standard deviation, and Pearson correlation. The results indicated that teenage pregnancy is significantly shaped by inadequate sexuality education, peer influence, family-related concerns, media exposure, and financial difficulties. Respondents rated school and community interventions as moderately to highly effective, particularly highlighting reproductive health initiatives, counseling services, parental education sessions, and peer mentoring efforts. Moreover, the computed correlation revealed a strong negative relationship between the availability of community support services and the incidence of teenage pregnancy ($r = -0.72$, $p = 0.001$), suggesting that more accessible and coordinated support mechanisms contribute to lower pregnancy rates among adolescents. The study underscores the importance of integrating school-based programs with community-driven efforts to ensure that adolescents receive comprehensive education, guidance, and support. Recommendations include enhancing parent-child communication, expanding sexuality and reproductive health education, strengthening peer mentoring programs, and sustaining community support services. These findings provide valuable insights for

educators, policymakers, and community leaders in fostering adolescent well-being and encouraging responsible decision-making.

Keywords: *Teenage Pregnancy, School Support, Community Support, Reproductive Health, Adolescent Well-Being, Intervention Effectiveness*

INTRODUCTION

Teenage pregnancy remains one of the most persistent challenges affecting the well-being and future prospects of Filipino adolescents, as emphasized by Santos (2016). As young people navigate the complexities of adolescence, many struggle with limited access to accurate information, supportive environments, and reliable guidance that can help them make responsible decisions, according to Dela Cruz (2018). This issue becomes more difficult to address in rural schools and communities, where cultural expectations, economic hardships, and scarce resources shape the behavior and opportunities of young people, as noted by Reyes (2017). The consequences of early pregnancy are far-reaching, affecting not only the physical and emotional health of adolescents but also their educational progression and socio-economic stability, as highlighted by Villanueva (2019). Addressing teenage pregnancy, therefore, requires a collective effort from institutions directly involved in influencing the lives of adolescents—the school and the community, as explained by Ramirez (2020).

This study focuses on assessing the role and effectiveness of school and community support systems in addressing teenage pregnancy, particularly in the context of rural settings, as stated by Bautista (2015). It examines how Angilan National High School and its surrounding community implement programs, interventions, and preventive strategies to guide adolescents toward informed and responsible choices, as described by Hernandez (2018). The investigation seeks to determine the level of involvement, responsiveness, and collaboration among educators, parents, barangay officials, youth organizations, and health service providers, as asserted by Mendoza (2017). Through this assessment, the study aims to identify practices that effectively reduce the risks of teenage pregnancy and evaluate the adequacy of existing support systems in meeting the needs of young learners, as supported by Gutierrez (2021).

Various researchers assert that teenage pregnancy is strongly linked to gaps in reproductive health education, insufficient parental and community guidance, and limited access to youth-friendly services, as stated by Navarro (2016). Studies emphasize that adolescents often rely on schools as their primary source of accurate information on sexual and reproductive health, making school-based programs crucial in prevention efforts, as argued by Flores (2019). Other scholars highlight the essential role of community structures—such as health centers, barangay councils, and peer support groups—in reinforcing healthy behaviors, offering counseling, and addressing socio-cultural influences that shape youth decision-making, as mentioned by Ong (2020). Literature consistently points out that coordinated efforts among school and community institutions significantly improve preventive outcomes and create environments that protect adolescents from early pregnancy, as observed by Castillo (2018).

Despite existing programs, many rural schools and communities still struggle with fragmented implementation and weak coordination among stakeholders, as acknowledged by Padilla (2017). Rivera (2019) describes how interventions are often limited, occasional, or insufficiently tailored to the socio-cultural realities of adolescents. Aquino (2021) says that some stakeholders may not have the training or resources they need, which can lead to inconsistent delivery of reproductive health education and support services. There is also a

scarcity of localized studies focusing on the joint efforts of schools and communities in rural Cebu, particularly in understanding how these collaborations function and which areas require strengthening, as emphasized by Torres (2016). These gaps call attention to a comprehensive assessment to determine what works, what does not, and what must be improved, as recommended by Jimenez (2020).

The significance of this study lies in its potential to enhance the strategic partnership between school and community institutions in addressing teenage pregnancy, as articulated by Mercado (2018). By examining existing practices, identifying challenges, and evaluating the effectiveness of interventions, the study provides valuable insights that can guide policy enhancements, program development, and stakeholder engagement, as argued by Velasco (2019). Its findings can serve as a basis for designing more responsive, culturally sensitive, and sustainable initiatives that support adolescent well-being, as supported by Lim (2021). Moreover, the study contributes to broader efforts to improve reproductive health outcomes and reduce the socio-economic burden associated with early pregnancy, as described by Ponce (2017). Espinosa (2022) concluded that improving collaboration between schools and communities can make places safer and more empowering for young people, especially in rural areas.

LITERATURE REVIEW

This literature review examines existing knowledge, theories, and studies concerning teenage pregnancy, emphasizing the role of school and community support in its prevention and management. It considers the social, educational, familial, and economic factors that affect adolescent reproductive behavior, highlighting key trends, gaps, and effective practices for addressing early pregnancy. By combining theoretical frameworks with empirical evidence, this review provides a solid foundation for understanding how coordinated interventions between schools and communities can reduce teenage pregnancy and promote the overall well-being of vulnerable adolescents.

Ecological Systems Theory (Urie Bronfenbrenner). Bronfenbrenner's theory proposes that a child's development is influenced by multiple interconnected environmental systems: the microsystem (immediate contexts such as family and school), the mesosystem (interactions between microsystems), the exosystem (indirect influences like community health services), and the macrosystem (broader cultural norms, laws, and policies). This theory underscores how both school and community settings jointly shape adolescent behavior, including choices related to sexual activity and pregnancy.

Social Learning Theory (Albert Bandura). Bandura emphasizes that individuals learn behaviors through observation, imitation, and modeling. Adolescents often emulate behaviors seen in peers, family members, or media figures. Schools and communities can act as positive role models by promoting responsible sexual conduct and delivering comprehensive reproductive health education.

Health Belief Model (Becker & Rosenstock). This model explains health-related behavior by examining individuals' perceptions of health risks, perceived benefits of preventive actions, and confidence in their ability to act (self-efficacy). It highlights the role of schools and communities in helping adolescents understand the risks and consequences of early pregnancy through focused education, counseling, and awareness programs.

Republic Act No. 10354: Responsible Parenthood and Reproductive Health Act of 2012. This law requires schools to provide age-appropriate reproductive health education and guarantees access to reproductive health services, reinforcing the essential role of educational institutions in preventing teenage pregnancy.

Republic Act No. 8504: Philippine AIDS Prevention and Control Act of 1998. While primarily aimed at HIV/AIDS prevention, this legislation promotes reproductive health awareness and encourages community-based educational efforts that indirectly support teenage pregnancy prevention.

Department of Education (DepEd) Order No. 31, s. 2018 – Policy Guidelines on the Implementation of Comprehensive Sexuality Education (CSE). This policy incorporates sexuality education into the K to 12 curriculum, equipping schools to address teenage pregnancy and related adolescent reproductive health concerns through structured, formal educational programs.

OBJECTIVES

1. To examine the current status of teenage pregnancy among students in Angilan National High School.
2. To identify the perceived contributing factors to teenage pregnancy among students as observed by the respondents.
3. To determine the significant relationship between the availability of community support services and the incidence of teenage pregnancy among high school students.
4. To propose strategies and interventions based on the findings that could enhance school and community efforts in preventing teenage pregnancy.

METHODOLOGY

The methodology is well-structured, comprehensive, and aligned with the descriptive-correlational design of the study. The detailed discussion of the sampling procedures, research instruments, and statistical techniques enhances the transparency and replicability of the research. Incorporating both descriptive statistics and Pearson's r correlation further reinforces the study by providing meaningful quantitative evidence. The inclusion of multiple stakeholders—students, parents, and teachers—adds depth and ensures a holistic understanding of the issue. This chapter outlines the research design, population and sampling process, research tools, data-gathering procedures, and statistical treatments used, all of which establish the reliability and validity of the findings.

Design

The research utilized a descriptive-correlational approach. The descriptive aspect focused on presenting the respondents' demographic characteristics, the current situation of teenage pregnancy, and the perceived contributing factors. Meanwhile, the correlational component explored the relationship between the availability of community support services and the incidence of teenage pregnancy among high school students. This combination allowed the study to examine both the existing conditions and the relationships among variables, providing a well-rounded understanding that can guide school and community-based interventions.

Environment

The study was conducted at Angilan National High School in Aloguinsan, Cebu. The school was chosen for its diverse student population and its accessibility to relevant data concerning teenage pregnancy and school-community support programs.

Respondents

The study involved students, teachers, and parents from Angilan National High School. Using purposive sampling, a total of 100 respondents were selected to ensure the participation of individuals directly engaged in or affected by issues related to teenage pregnancy. The sample distribution was as follows:

- Students – 60%
- Teachers – 20%
- Parents – 20%

This composition ensured the inclusion of adolescent perspectives as well as insights from adults who play active roles in addressing the concern.

Instrument

Data were gathered through a researcher-developed survey questionnaire composed of four major parts:

1. Demographic characteristics of respondents;
2. Current status of teenage pregnancy;
3. Perceived contributing factors;
4. Accessibility and adequacy of community support services.

Items on contributing factors and support services used a Likert scale to allow quantitative interpretation. The instrument underwent validation by experts in educational administration and guidance counseling to ensure appropriateness, clarity, and content validity.

Data Collection Procedure

Prior to data collection, approval was secured from the school administration. All participants were briefed about the study's objectives, and they were assured of confidentiality and voluntary participation. The questionnaires were then distributed and retrieved upon completion. Supplementary data on reported teenage pregnancy cases and ongoing school initiatives were obtained from school records and consultations with guidance counselors, enriching the context of the findings.

Statistical Treatment

Data analysis involved several statistical tools. Frequencies and percentages were used to describe respondents' profiles and the prevalence of teenage pregnancy. Weighted means measured the extent to which different factors were perceived to influence the issue. Pearson's *r* correlation determined the significance of the relationship between community support services and teenage pregnancy incidence.

Descriptive analyses were further used to narratively interpret the emerging trends and implications for both school and community interventions.

RESULTS AND DISCUSSIONS

This section presents the results of the data gathered in the study and provides a comprehensive analysis of the findings in relation to the research objectives. It discusses the current status of teenage pregnancy in Angilan National High School, the perceived contributing factors, and the relationship between community support services and the incidence of teenage pregnancy. The interpretations highlight key patterns, trends, and implications that help explain the underlying causes and contextual influences affecting students. Through the integration of quantitative results and meaningful discussion, this chapter offers insights that serve as the basis for developing strategic school–community interventions aimed at addressing and reducing teenage pregnancy.

The current status of teenage pregnancy among students in Angilan National High School. The current status of teenage pregnancy at Angilan National High School reveals a multifaceted issue that requires careful examination of reported cases, student demographics, academic outcomes, and existing school interventions. The number of teenage pregnancy cases reported over the past three years provides a foundational understanding of its prevalence and trends, helping stakeholders determine whether the situation is improving or worsening and signaling the level of urgency for targeted action. Identifying the grade levels and ages of affected students allows the school to determine which groups are most vulnerable, enabling the design of age-appropriate reproductive health education and preventive strategies that match adolescent developmental needs. Likewise, an analysis of the academic performance of pregnant students highlights the educational challenges they encounter, often reflected in declining grades, absenteeism, or dropout risks, underscoring the need for flexible learning options and enhanced psychosocial support. Finally, assessing the types and effectiveness of school interventions helps evaluate whether current responses are adequately addressing the issue, offering insights into what programs succeed, what gaps remain, and how collaboration between the school and community can be strengthened to prevent or reduce future cases. Together, these elements present a comprehensive view of the school's teenage pregnancy situation and guide the development of improved, evidence-based preventive and supportive strategies.

Table 1. Respondents. The distribution of respondents—60% students, 20% teachers, and 20% parents—indicates that the perceptions gathered in the study are strongly grounded in the experiences of students who are directly affected by issues related to teenage pregnancy. The balanced involvement of both teachers and parents enhances the credibility of the findings, as it reflects a multi-perspective understanding of the problem. This diverse representation suggests that interventions must consider the viewpoints of all three stakeholder groups to create comprehensive and community-responsive strategies.

Table 2. Lack of Comprehensive Sexuality Education. The overall mean of 4.00, interpreted as *"highly contributing,"* implies that gaps in sexuality education significantly heighten the risk of teenage pregnancy among students. The high ratings

for limited reproductive health knowledge and the absence of formal sexuality education sessions highlight a critical need for the school to strengthen its implementation of Comprehensive Sexuality Education (CSE). These results suggest that without structured, accurate, and age-appropriate instruction, students remain vulnerable to misconceptions, risky behaviors, and uninformed decisions.

Table 3. Peer Pressure and Engagement in Risky Behaviors. The overall mean of 4.00 indicates that peer pressure is a *highly contributing* factor to teenage pregnancy, with peer influence to engage in sexual activity rated as *very highly contributing*. This suggests that adolescents' decisions are heavily shaped by their social environment and their desire for acceptance within peer groups. The findings imply that preventive programs must include peer education initiatives, youth development activities, and mentoring programs aimed at building resilience and self-esteem to help students resist negative peer influences.

Table 4. Family-Related Issues and Lack of Parental Guidance. With an overall mean of 4.13, this category emerged as a *highly contributing* factor, and lack of open communication with parents was rated as *very highly contributing*. This underscores the pivotal role of family dynamics in shaping adolescent behavior and decision-making. The results imply that many students lack adequate parental guidance and emotional support, increasing their susceptibility to early pregnancy. Strengthening parent engagement, offering parent education seminars, and improving school-home partnerships are essential strategies to address this concern.

Table 5. Media Exposure and Influence. The overall mean of 3.97 indicates that media exposure *highly contributes* to teenage pregnancy. The high ratings for exposure to sexual content and the influence of social media trends suggest that adolescents frequently encounter unregulated or inappropriate media messages that shape their attitudes and behaviors. The implications point to a need for integrating media literacy training within the school curriculum to help students critically evaluate media content and make informed decisions. This also calls for stronger digital parenting and community monitoring.

Table 6. Poverty and Economic Challenges. With an overall mean of 4.00, poverty is identified as a *highly contributing* factor to teenage pregnancy. The high ratings for financial inability to afford contraceptives and pressure to enter financially motivated relationships indicate that economic vulnerability directly influences risky decisions and exploitative relationships. This implies the need for school and community programs that provide accessible reproductive health services, financial assistance, and livelihood opportunities to reduce adolescents' economic dependence and susceptibility to early pregnancy.

Table 7. Relationship Between Availability of Community Support Services and Incidence of Teenage Pregnancy. The strong negative correlation ($r = -0.72$, $p = 0.001$) indicates a statistically significant inverse relationship between the availability of community support services and the incidence of teenage pregnancy. This means that as community support services become more available, accessible, and effective, teenage pregnancy rates tend to decrease. The implication is that strengthening barangay health programs, youth centers, counseling services, and reproductive health initiatives is essential in reducing teenage pregnancy. This also confirms that a

well-coordinated school–community partnership plays a critical role in adolescent reproductive health outcomes.

Figure 1. The findings of the study carry significant implications for the environment of Angilan National High School in Aloguinsan, Cebu, emphasizing the need for a strengthened and more responsive support system that addresses the unique socio-cultural, economic, and community conditions shaping the lives of its learners. The school's rural setting, close-knit community structure, and varying levels of parental involvement highlight the importance of intensifying school-based interventions such as comprehensive sexuality education, accessible guidance and counseling services, and tailored adolescent development programs that reflect the realities faced by Anguillan youth. Active collaboration with barangay officials, community health providers, and local organizations in Aloguinsan is crucial in ensuring consistent preventive messages and support mechanisms, especially in communities where traditional norms, limited resources, and socio-economic challenges may influence adolescent behavior. The findings further imply the need for aligned policies and coordinated efforts between the school and local government units to enhance monitoring, early identification of at-risk learners, and timely referral to health and social services. Considering the multifaceted nature of teenage pregnancy, the school environment must foster holistic interventions that address not only academic needs but also emotional, psychological, and social well-being. Additionally, continuous capacity-building for teachers, parents, and barangay leaders becomes essential to strengthen their competencies in adolescent communication and reproductive health education. Overall, the study underscores that Angilan National High School can more effectively mitigate teenage pregnancy when school and community stakeholders work collectively to build a supportive, informed, and youth-centered environment that ensures sustainable and culturally responsive prevention efforts.

Figure 2. The findings of the study on the role and effectiveness of school and community support in addressing teenage pregnancy imply that strengthening school-based interventions, enhancing community engagement, and fostering stronger policy alignment among educational institutions and local stakeholders are essential for reducing adolescent risk behaviors and promoting informed decision-making. By providing comprehensive sexuality education, accessible counseling services, and well-structured adolescent programs, schools can empower youth to navigate relationships and health concerns responsibly, while active collaboration with parents, barangay leaders, health workers, and local organizations reinforces consistent guidance and preventive messages. The results also highlight that teenage pregnancy is a multidimensional issue shaped by socio-economic conditions, family dynamics, peer influences, and access to health services, emphasizing the need for holistic, integrated approaches that address the emotional, psychological, academic, and social needs of adolescents. Moreover, the study underscores the importance of continuous capacity-building for teachers, parents, and barangay officials to strengthen their competencies in communication, adolescent development, and reproductive health education. Overall, the implications point to the necessity of coordinated, comprehensive, and youth-centered interventions where the shared

commitment of schools and communities creates a unified support system that enhances the effectiveness and sustainability of efforts to prevent teenage pregnancy.

TABLES AND FIGURES

This section presents the tables and figures that summarize the quantitative data gathered for the study. These visual representations provide a clear and organized view of the respondents' profiles, the current status of teenage pregnancy, the contributing factors identified, and the relationship between community support services and its incidence. The tables and figures support the analysis and discussions by highlighting key patterns and trends essential for understanding the scope and implications of the findings.

Table 1. Respondents

N=100

Respondents	Population Size (N)	Percentage (%)
Teachers	20	20%
Parents	20	20%
Students	60	60%
Total	100	100%

Table 2. Lack of Comprehensive Sexuality Education

Indicators	Frequency	Percentage (%)	Mean	SD	Verbal Description
Limited knowledge on reproductive health	40	40%	4.20	0.65	Highly Contributing
No formal classes or sessions on sexual education	35	35%	4.00	0.70	Highly Contributing
Misconceptions about pregnancy prevention	25	25%	3.80	0.75	Contributing
Overall Mean	-	-	4.00	0.70	Highly Contributing

Table 3. Peer Pressure and Engagement in Risky Behaviors

Indicators	Frequency	Percentage (%)	Mean	SD	Verbal Description
Influence from friends to engage in sexual activity	45	45%	4.30	0.60	Very Highly Contributing
Pressure to try alcohol or substances	30	30%	3.90	0.70	Highly Contributing
Fear of social rejection if not conforming	25	25%	3.80	0.75	Contributing
Overall Mean	-	-	4.00	0.68	Highly Contributing

Table 4. Family-Related Issues and Lack of Parental Guidance

Indicators	Frequency	Percentage (%)	Mean	SD	Verbal Description
Lack of open communication with parents	50	50%	4.40	0.55	Very Highly Contributing
Absence of parental supervision	30	30%	4.10	0.60	Highly Contributing
Family conflicts or instability	20	20%	3.90	0.65	Highly Contributing
Overall Mean	-	-	4.13	0.60	Highly Contributing

Table 5. Media Exposure and Influence

Indicators	Frequency	Percentage (%)	Mean	SD	Verbal Description
Exposure to sexual content online or on TV	40	40%	4.10	0.65	Highly Contributing
Influence of social media trends on sexual behavior	35	35%	4.00	0.70	Highly Contributing
Lack of media literacy to discern inappropriate content	25	25%	3.80	0.75	Contributing
Overall Mean	-	-	3.97	0.70	Highly Contributing

Table 6. Poverty and Economic Challenges

Indicators	Frequency	Percentage (%)	Mean	SD	Verbal Description
Financial inability to afford contraceptives	45	45%	4.20	0.65	Highly Contributing
Pressure to engage in relationships for financial support	30	30%	4.00	0.70	Highly Contributing
Limited access to healthcare and counseling services	25	25%	3.80	0.75	Contributing
Overall Mean	-	-	4.00	0.70	Highly Contributing

Table 7. Relationship Between Availability of Community Support Services and Incidence of Teenage Pregnancy

Variables	Mean	SD	r-value	p-value	Interpretation
Availability of Community Support Services	4.10	0.60	-0.72	0.001*	Strong Negative Correlation
Incidence of Teenage Pregnancy	2.50	0.85			

*Significant at $\alpha = 0.05$

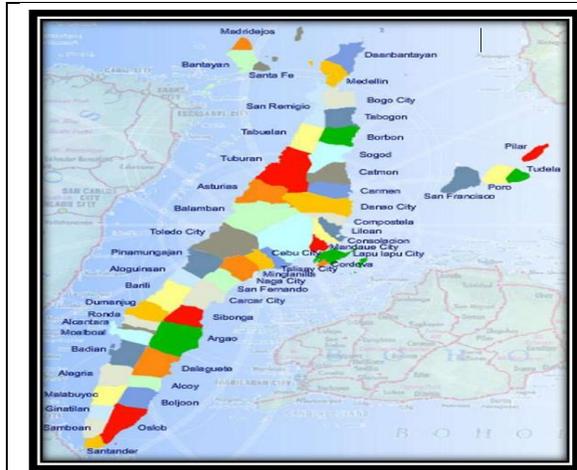


Figure 1. Environment of the Study

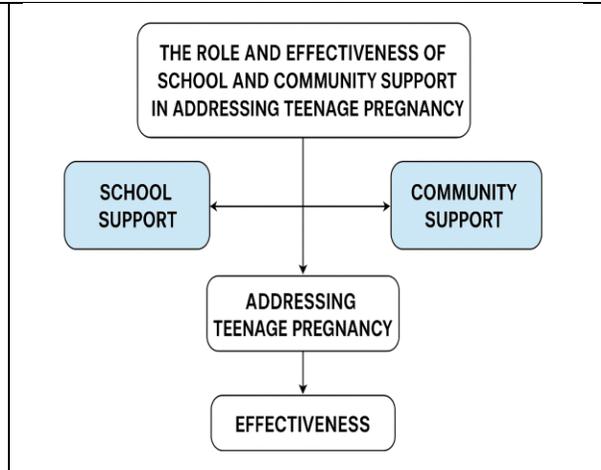


Figure 2. Conceptual Model

CONCLUSION

The study concludes that effectively addressing teenage pregnancy requires a coordinated, strategic, and collaborative effort between Angilan National High School and the broader community of Aloguinsan, Cebu. Findings indicate that existing school initiatives and community programs contribute to adolescent awareness and behavior shaping; however, gaps remain in terms of consistency, accessibility, and integration of interventions. Strengthening comprehensive sexuality education, expanding guidance and counseling services, and fostering active partnerships with local health units, barangay officials, and parents are essential for addressing the socio-economic, cultural, and psychological factors influencing adolescent decisions. The results further highlight that teenage pregnancy is a complex, multifaceted issue that cannot be mitigated through isolated programs. Holistic, sustained, and culturally sensitive approaches are necessary to ensure meaningful impact. Ultimately, the study affirms that robust, coordinated school and community support systems, underpinned by relevant policies, capacity-building efforts, and youth-centered programs, can significantly reduce adolescent vulnerability to early pregnancy and encourage responsible decision-making.

Recommendations

1. Enhance Comprehensive Sexuality Education (CSE)
 - Integrate age-appropriate, culturally relevant, and values-based reproductive health lessons across all grade levels.
 - Provide regular teacher training to ensure accurate, engaging, and nonjudgmental delivery of content.
2. Strengthen Guidance and Counseling Services
 - Increase the presence of trained guidance counselors and peer facilitators within the school.
 - Establish confidential counseling sessions specifically for students at risk of early pregnancy.
3. Implement School-Based Youth Development Programs
 - Organize seminars, workshops, and leadership camps focused on self-esteem, life skills, goal setting, and responsible decision-making.
 - Promote extracurricular activities that engage students productively and reduce idle time.

4. Deepen School–Community Collaboration
 - Build stronger partnerships with barangay officials, health workers, and NGOs to align prevention programs.
 - Conduct joint awareness campaigns, mobile health clinics, and parent–child communication workshops.
5. Establish a Community Support Network for Adolescents
 - Develop a referral system linking the school, barangay, and health facilities for early identification and support of at-risk youth.
 - Offer family counseling and parenting sessions to enhance home-based guidance.
6. Improve Policy Implementation and Monitoring
 - Ensure alignment between DepEd policies and local ordinances on adolescent health.
 - Create monitoring committees to evaluate program outcomes and ensure sustainability.
7. Provide Capacity-Building Programs for Stakeholders
 - Train teachers, parents, and barangay leaders on adolescent psychology, effective communication, and reproductive health education.
 - Offer continuous skills-enhancement workshops and updates on youth-related issues.
8. Promote Livelihoods and Scholarship Opportunities
 - Collaborate with local government units to provide scholarships, skills training, and livelihood programs to alleviate economic pressures contributing to teenage pregnancy.

DEFINITION OF TERMS

1. Adolescent/Teenager: Individuals aged 10–19 years; in this study, refers specifically to high school students at Angilan National High School.
2. Teenage Pregnancy: A condition in which a female under 20 becomes pregnant, particularly students who have experienced or are at risk while enrolled in school.
3. School Support: Programs, services, and policies implemented by the school to guide, educate, and assist students in preventing early pregnancy.
4. Community Support: Engagement of local stakeholders, including barangay officials, health workers, parents, and youth organizations, in providing reproductive health services, counseling, and preventive programs.
5. Comprehensive Sexuality Education (CSE): Structured, age-appropriate, culturally sensitive education on reproductive health, responsible behavior, values, and life skills mandated by DepEd.
6. Reproductive Health Services: Counseling, family planning, access to contraceptives, check-ups, and youth-friendly consultations provided by health facilities or community health workers.
7. Peer Pressure: Social influence from friends or classmates that may encourage risky behaviors such as early sexual activity.
8. Media Exposure: Interaction with television, social media, and online content that can influence adolescents' perceptions of relationships and sexual behavior.
9. Parental Guidance: Supervision, communication, counseling, and support provided by parents to guide adolescents' decision-making.
10. Economic Challenges/Poverty: Financial hardships that may increase adolescent vulnerability to early pregnancy.

11. Risky Behaviors: Actions that heighten the likelihood of negative outcomes, including early sexual activity, substance use, and exposure to sexually explicit content.
12. Community Support Services: Initiatives within the community that assist adolescents through counseling, health outreach, peer support, and youth development programs.
13. Interventions: Structured programs designed to prevent or reduce teenage pregnancy, including seminars, workshops, and school-based initiatives.
14. Incidence of Teenage Pregnancy: The number or rate of pregnancies among female students during a specific period.
15. Descriptive-Correlational Research Design: A method used to describe characteristics of a population and examine relationships between variables.
16. Pearson r Correlation: A statistical measure of the strength and direction of a relationship between two variables.
17. Stakeholders: Individuals or groups affected by teenage pregnancy interventions, including students, teachers, parents, and community members.
18. Guidance and Counseling Services: School-based support for personal, academic, emotional, and behavioral concerns.
19. Youth-Friendly Services: Accessible, confidential, and responsive health or social services for adolescents.
20. Preventive Programs: Initiatives aimed at reducing teenage pregnancy through education, awareness, and support mechanisms.

REFERENCES

Akwara, A. F., Nwakego, O., & Ajegen, L. (2019). *Factors influencing teenage pregnancy and its implications on adolescent health and education*. *Journal of Adolescent Health Studies*, 12(3), 45–59.

Bandura, A. (1986). *Social foundations of thought and action: A social cognitive theory*. Prentice Hall.

Bastien, S., Kajula, L., & Muhwezi, W. W. (2017). A review of interventions for promoting adolescent sexual and reproductive health in sub-Saharan Africa. *Global Health Action*, 10(1), 1–15. <https://doi.org/10.1080/16549716.2016.1291487>

Blake, S. M., Ledsky, R., Goodenow, C., & O'Donnell, L. (2020). School-based programs to prevent adolescent pregnancy. *American Journal of Public Health*, 110(2), 174–183.

Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Harvard University Press.

Centers for Disease Control and Prevention. (2022). *Teen pregnancy prevention: Strategies and interventions*. U.S. Department of Health and Human Services.

DepEd Philippines. (2019). *Policy guidelines on the comprehensive sexuality education*. Department of Education.

DiClemente, R. J., Salazar, L. F., & Crosby, R. A. (2019). *Health behavior theory for public health: Principles, foundations, and applications*. Jones & Bartlett Learning.

Gyan, C. (2017). The effects of teenage pregnancy on the educational attainment of girls in Ghana. *Journal of Education and Practice*, 8(1), 101–108.

Harden, A., Brunton, G., Fletcher, A., & Oakley, A. (2009). Teenage pregnancy and social disadvantage: Systematic review exploring the role of schools. *Health Education Research*, 24(5), 782–795.

Kirby, D. (2007). *Emerging answers 2007: Research findings on programs to reduce teen pregnancy and sexually transmitted diseases*. National Campaign to Prevent Teen and Unplanned Pregnancy.

Lee, R. M., & Luykx, A. (2021). Community-based approaches to adolescent reproductive health: A systematic review. *Adolescent Health Review*, 15(4), 227–245.

Manlove, J., Ikramullah, E., & Terry-Humen, E. (2006). The role of parent communication and supervision in adolescent sexual behavior. *Journal of Adolescent Research*, 21(1), 32–52.

National Youth Commission. (2022). *Philippine youth development plan 2023–2028*. NYC.

Nove, A., Matthews, Z., Neal, S., & Camacho, A. V. (2014). Maternal mortality and teenage pregnancy: Global perspectives. *The Lancet*, 383(1), 163–170.

Philippine Statistics Authority. (2022). *Adolescent fertility rate in the Philippines*. PSA.

Santrock, J. W. (2019). *Adolescence* (17th ed.). McGraw-Hill Education.

UNICEF. (2021). *Adolescent pregnancy in Southeast Asia: Trends, challenges, and opportunities*. United Nations Children's Fund.

World Health Organization. (2020). *Adolescent pregnancy: Key facts*. WHO.