LEVEL OF KNOWLEDGE ON REPRODUCTIVE HEALTH AND ITS IMPLICATION ON PREGNANCY PREVENTION STRATEGIES AMONG ADOLESCENT MOTHERS

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LEVEL OF KNOWLEDGE ON REPRODUCTIVE HEALTH AND ITS IMPLICATION ON PREGNANCY PREVENTION STRATEGIES AMONG ADOLESCENT MOTHERS

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of the Requirements for the Degree

Bachelor of Science in Nursing

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CERTIFICATE OF PANEL APPROVAL

In partial fulfillment of the requirements for the degree of Bachelor of Science in Nursing, this research output entitled, **"Level of Knowledge on Reproductive Health and its Implication on Pregnancy Prevention Strategies among Adolescent Mothers"** is hereby recommended for acceptance and approval.

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ABSTRACT

Adolescent pregnancy remains a pressing global concern, with a significant proportion of these pregnancies being unintended and often resulting in abortion. Adolescent motherhood not only reflects gaps in reproductive health education and access but also leads to profound social, economic, and health consequences. This study aimed to assess the level of knowledge on reproductive health among adolescent mothers in selected barangays in Ozamiz City in terms of contraceptive methods and sexual health education, and its implication on their pregnancy prevention strategies in terms of use of contraceptive methods and behavioral practices. Anchored on the Health Belief Model and the Theory of Planned Behavior, the study employed a quantitative, descriptive-correlational design. Respondents included were 70 adolescent mothers aged 13 to 19 years, selected through complete enumeration sampling. Data were collected using a validated researcher-made questionnaire. Mean, Standard Deviation, and Pearson Product Moment Correlation Coefficient were used for data analysis. The results showed that adolescent mothers have high levels of knowledge on reproductive health and good pregnancy prevention strategies. Moreover, the adolescent mothers' level of knowledge on contraceptive methods and sexual health education influenced their pregnancy prevention strategies in terms of behavioral practices but not on the use of contraceptive methods. These findings seek to inform health workers and policymakers in the development of specific reproductive health programs that enable young people to make informed decisions, thereby decreasing the rate of teenage pregnancies.

Keywords: *adolescent mothers, behavioral practices, contraceptive methods, reproductive health, pregnancy prevention strategies*

DEDICATION

This study is sincerely and respectfully dedicated to the following individuals and groups who have played significant roles in the completion of this academic endeavor:

To all mothers, especially those who give everything they can for their children. Your love, care, and sacrifices are what make families strong. No matter how hard life gets, you continue to put your children first. This study is for you, and the quiet strength you show every day.

To the adolescent mothers of selected Barangay in Ozamiz City thank you so much for trusting us with your responses.Your honesty, strength, and willingness to share your time helped make this study meaningful. We admire your courage as young mothers working hard to give your children a better life.

To our families, thank you for always being there for us. Your support, understanding, and encouragement helped us keep going, especially during the hard times. This achievement is also yours.

To our research adviser, Dr. Sammy B. Taghoy, your mentorship, insight, and constant support have guided us throughout the process of this study. Thank you for helping us grow not only as researchers but also as individuals. Your dedication and patience are deeply appreciated. Thank you for believing in us.

The Researchers

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The researchers wish to express their heartfelt appreciation to all who made this study possible.

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To their respondents, the adolescent mothers, thank you for sharing your experiences and insights. Your participation is the heart of this study, and the researchers hope it brings better understanding and support for young mothers.

The Researchers

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INTRODUCTION

Rationale/Background of the Study

Adolescent pregnancy remains one of the major public health and social problems globally. Many of the pregnancies among adolescents are unplanned, and some end in unsafe abortions or early motherhood, bringing a set of psychological, financial, and physical challenges. The bodies of adolescents are often not prepared for reproduction, as their age is a period of growth physically and psychologically (Arpita et al., 2023). According to many studies, several factors have been associated with teen pregnancy, including peer pressure, poverty, unstable families, early marriage, and either ignorance or abuse of contraceptive methods (Ahinkorah et al., 2019). These factors, combined with a lack of reproductive health education, make girls more vulnerable to unintended pregnancies, which may disrupt their education, reduce their employment opportunities, and compromise their health (Jana et al., 2023).

The complications of accessing contraceptive and reproductive health services make young women highly susceptible to early pregnancy. Without proper protection and unmet needs, many teenagers cannot defend themselves properly, and it has very serious implications in terms of physical, social, and mental health (Verstraeten et al., 2020). Early pregnancy may lead to long-term psychological distress, social stigma, and trauma associated with early childbearing (Nkurunziza et al., 2024). Teen pregnancies are usually accompanied by such challenges as gender-based violence, unavailability of youth-friendly health facilities, and lack of knowledge about safe pregnancy and delivery (Apolot et al., 2020, and Lastinger et al., 2023). Beyond the physical, the effects may impact one's

identity, mental health, and ability to care for both the mother and the child (Munakampe et al., 2021, and Sezgin et al., 2023).

Among other things, a lack of reproductive health information is one of the biggest pointers to early and unwanted pregnancy. In fact, most adolescent mothers in many communities have very poor knowledge about sexual and reproductive health, leading to misconceptions and poor practices of health-seeking behavior (Nguyen et al., 2024). Lack of appropriate information may make young mothers miss out on some essential preventive measures or fail to seek timely prenatal care services. The outcome will be complications, unsafe abortion, and infection susceptibility. Besides this, adolescents are exposed to risky behaviors and infections such as HIV/AIDS because of cultural taboos on sexual education that still keep them away from knowledge (Parida et al., 2021).

Open lines of communication between both parents and children are imperative in promoting responsible sexual behavior. However, due to fear, cultural norms, or embarrassment, many families cannot talk about these subjects (Michaela et al., 2021). Teenagers often avoid such discussions because of anticipated unease and criticism from adults (Usonwo et al., 2021). Nevertheless, this is considered vital for the proper education of youth on reproductive health and the avoidance of risky sexual behavior by parental guidance (Daniel et al., 2022). With reinforcement from formal education, accurate knowledge will spread within communities and have positive effects on peer decision-making (Chamberlin et al., 2025). Despite that, there is a high degree of low awareness and inconsistent safe sex practiced among a majority of teenagers today (Fubam et al., 2022), and developing responsible decision-making and healthy behaviors requires continued education (Zakaria et al., 2020).

Many initiatives have been implemented around the globe to foster sexual health and prevention in response to adolescent pregnancy as a growing concern. For example, the distribution of condoms, school-based education on sex, youth-friendly clinics, and free access to contraceptives are supporting Sustainable Development Goals (Nombulelo et al., 2023). Such interventions enable young people to make informed reproductive choices. Nevertheless, the success of such interventions depends on cultural acceptance and community involvement. Sexual health programs are comprehensive initiatives that foster responsible relationships and prevent diseases such as STDs and unintended pregnancies (Thelma et al., 2024). The government and organizations have been strengthening such initiatives through the development of policies and collaboration at both the local and national levels (Brindis et al., 2020). However, there is still a threat because of a lack of understanding about family planning, reproduction, and body functioning (Nyirarukundo et al., 2025). Adolescents are still exposed to a potential risk for sexual intercourse without protection in case of a lack of a clear understanding of the mentioned fields of knowledge, which could lead to severe consequences such as unwanted pregnancy and STDs (Rahman et al., 2024).

Thus, culturally sensitive education, accessible healthcare services, and the ability of family and community members to communicate about such issues are all essential components in supporting reproductive health literacy. Teens from disadvantaged or displaced groups frequently encounter more obstacles when trying to obtain sexual health services, which raises their risk of having unsuccessful reproductive outcomes (Tseng et al., 2025). Insufficient information and guidance lead to adverse reproductive outcomes, especially among young women who attempt to make independent decisions about their

sexual health (Rahman et al., 2024). These inequalities can be mitigated through a strong system of education and by ensuring active community participation (Chamberlin et al., 2025).

Several prevention strategies should be implemented to curb the challenges that surround teenage pregnancy. Early education programs that promote academic preparedness and social consciousness may reduce risk behaviors (Arnold et al., 2020). Other vital strategies to prevent teenage pregnancy include promoting delayed sexual intercourse, discouraging early marriage, and increasing the use of contraceptives (Mohamed et al., 2023). In addition, evidence-based interventions implemented into practice can enhance the general well-being of adolescents and ensure a smooth transition into adulthood (Feyissa et al., 2023, and Barbee et al., 2021).

Apart from this, recent studies have also focused on preventing pregnancy among teen mothers. According to studies, the chances of getting pregnant again are significantly reduced if long-term contraceptive methods are available and there is better educational support for pregnant or parenting teens (Wado et al., 2021). It has also been shown that more comprehensive sex education and better healthcare access result in lower rates of pregnancy among teenagers (Manlove et al., 2021). However, barriers to effective contraception, such as poverty, low levels of education, early initiation of sex, and limited access to family planning methods, persist (Pinta et al., 2025). Repeat pregnancies continue to pose severe health and social problems that may affect the future of both the adolescent and her child (Luttges et al., 2021, and Ahinkorah et al., 2023).

This study will bridge the existing gap in current research by evaluating adolescent mothers' knowledge of reproductive health and implications for pregnancy prevention

techniques. While various studies have been conducted worldwide, few studies have been performed locally. It is very important to bridge this gap in order to develop culturally appropriate reproductive health programs and inform policies that facilitate informed decisions by Filipino adolescents (Donkoh et al., 2023).

Theoretical Framework

This study is anchored on two behavioral theories, namely, the Health Belief Model by Irwin M. Rosenstock (1952) and the Theory of Planned Behavior by Icek Ajzen (1985. Both frameworks give valuable insights into how individuals form intentions and make decisions that influence their health-related actions. One of the earliest behavioral theories used to understand and treat health conditions is the Health Belief Model. It emphasizes that one's perception about the severity of a health problem, their level of susceptibility, and the benefits one is likely to achieve by taking precautionary measures determine whether one will take precautionary measures or not (Daniati et al., 2021). The model, therefore, helps explain why individuals choose to engage in certain health behaviors or not by analyzing what they believe and perceive. Critics of the model, however, argue that it lacks emotional, social, and cultural variables that equally influence behavior and overemphasizes individual reasoning (Anees et al., 2024).

In the context of this study, the HBM describes how adolescents' motivation to adopt healthy behaviors is influenced by their views regarding reproductive health. When adolescents are aware of their vulnerability to reproductive health issues and the possible repercussions, they are more likely to participate in preventive behaviors such as using contraceptives or engaging in safe sex (Wahyu et al., 2022). A lack of education or the

presence of stigma may prevent adolescents from getting informed and confident about their health, therefore discouraging talks about reproductive issues (Sedighe et al., 2023). Biologically, socially, and culturally, women are most commonly susceptible to health complications arising during pregnancy, such as infections, anemia, or problems giving birth (Ghorbani-Dehbalaei et al., 2021). Understanding how beliefs influence these behaviors can thus inform the development of more effective health education programs aimed at reducing unwanted adolescent pregnancies.

The Theory of Planned Behavior, on the other hand, explains that the best way to understand whether a person will perform a certain behavior can be determined by determining their intention to do so. The four major components of TPB are perceived behavioral control, intention, attitude toward the behavior, and subjective norms (Samila et al., 2024). In this theory, individuals will only execute an intended behavior if they view their attitudes concerning the behavior as positive and if they feel competent in implementing it and believe that people who are important to them think they should manage the behavior. This study uses the TPB to explore how adolescents develop an intention to behave in ways that ensure a safe sexual life. It considers the elements that may influence their attitudes and behavioral control, such as parent-child communication about sexuality, peer pressure, and exposure to media or explicit content (Tseng et al., 2019). Indeed, adolescents are more likely to adhere to successful pregnancy prevention strategies, including consistent contraceptive use or abstinence, if they have high levels of knowledge, positive attitudes, and perceived control (Samila & Mboineki, 2024). The expectations and approval of their social circle, friends, family, and partners also affect their choices. Thus, reproductive health behavior is influenced by social norms, environmental support, and

personal beliefs (Setegn et al., 2021). This study aims to comprehend the social and cognitive aspects of teenage reproductive behavior by integrating the HBM and TPB. The combination of these theories offers a thorough framework for evaluating how adolescent mothers' pregnancy prevention tactics are influenced by knowledge, perception, and intention.

Conceptual Framework

This study investigated how reproductive health knowledge influences the pregnancy prevention strategies that teenage mothers adopt. The need to reduce unwanted pregnancies associated with a lack of education and limited reproductive health information and service access demands an understanding of these factors.

Knowledge on Reproductive Health. The knowledge on reproductive health is operationally defined as the knowledge that adolescent mothers possess regarding reproductive health that significantly influences their decision- making capabilities concerning pregnancy prevention. Global efforts have centered on sexual and reproductive health rights as core features of human rights since the 1994 International Conference on Population and Development in Cairo. These rights also stress that people need to be provided with valid information and quality medical care for responsible reproduction decisions. Adolescents continue to remain particularly vulnerable due to a lack of adequate exposure to SRH education and limited access to supportive services.

Understanding the knowledge of adolescents on reproductive health is necessary to help them form correct thoughts, lifestyles, and perspectives (Ha et al., 2024). Lack of SRH knowledge has been linked to negative sexual and reproductive experiences and poor

health outcomes (Alomair et al., 2020). To reduce the risks to life, it is crucial to evaluate adolescents' reproductive knowledge since they are in a stage of life where they are experimenting and discovering their sexuality. Adolescents worry and are unclear about their sexuality, and this leads to nervousness and confusion (Shonisani et al., 2024).

Contraceptive Methods. In this study, knowledge of contraceptive methods refers to adolescents' understanding of different birth control methods, how to use them correctly, and how well they work to prevent unwanted pregnancies and sexually transmitted diseases (STDs), such as HIV/AIDS. This information lowers the risk of pregnancy and encourages informed decision-making (Donkoh et al., 2023).

Contraceptives in the modern world have taken on a new mantle from ancient practices that included the use of honey or acacia leaves. Examples of such modern methods include hormonal pills, intrauterine system (IUS), and implants (Sait et al., 2021, and Wook Yi et al., 2022). However, despite these changes, adolescents still prefer shorter-acting methods to long-acting reversible contraception methods like condoms or oral contraceptive pills. (Jahanfar et al., 2024). According to Tiruneh et al. (2023), effective contraceptive use among adolescents is a key prevention strategy for both unintended pregnancy and sexually transmitted infections.

Sexual Health Education. In this study, sexual health education is operationally defined as the extent to which adolescents are well-informed and aware of issues related to sexual health. The term "sexual education" refers to any set of educational activities aimed at encouraging voluntary behaviors that promote sexual health. Programs focusing on either the comprehensive or abstinence- based approach can take place in homes, communities, or schools (Lameiras- Fernández et al., 2021). Adolescence is considered an

important period in terms of acquiring sexual and reproductive health information and self-awareness (Askari et al., 2020). The guidance and counseling services have also been recommended in order to enhance the level of understanding regarding sexual health and decision-making among young women (Gheysari et al., 2023).

Pregnancy Prevention Strategies. Pregnancy prevention strategies are operationally defined as the specific methods, behaviors, and techniques that adolescents know about and employ to lower the risk of unwanted pregnancies. Delaying sexual activity, opposing early marriage, consistently using contraceptives, and raising awareness of the negative effects of unsafe sexual practices among both men and women are some of these strategies (Mohamed et al., 2023).

To effectively address the challenges posed by teenage pregnancies, it is vital to conduct research that uncovers the root causes of unintended pregnancies. This knowledge can help design tailored interventions, such as comprehensive sexual education and accessible reproductive health services, ensuring they meet the needs of young people and are effective in reducing teen pregnancies (Uhawenimana et al., 2024).

Use of Contraceptive Methods. In this study, use of contraceptive methods is defined as the consistent or occasional utilization of any method or device intended to prevent pregnancy among adolescents. Contraceptive methods encompass a wide variety, including barrier methods (such as condoms).

Condoms are a popular, affordable, and accessible barrier contraception method, but their use among adolescents remains inconsistent and influenced by emotional and social factors. Research shows many adolescents initiate sexual activity before 14, often viewing it as an expression of love or commitment, leading them to engage in unprotected sex,

especially during their first sexual encounter (Le Guen et al., 2021). With the development of numerous contraceptive methods in recent years, women now have greater flexibility to choose options that best align with their needs, preferences, and individual circumstances (Both et al., 2019). Contemporary contraceptive methods include both hormonal approaches (such as oral contraceptive pills and intravaginal rings) and non-hormonal options (such as sterilization and natural family planning). Only about 4% of women of reproductive age use natural or traditional methods, such as the calendar method, which do not require surgery or medication. However, compared to "modern" methods of contraception, these approaches are less popular (United Nations, Department of Economic and Social Affairs, Population Division, 2019). The use of effective contraceptive methods remains one of the primary strategies for preventing teenage pregnancies. Despite a global decline in adolescent pregnancy rates, adolescent mothers still account for approximately 11% of all births (WHO, 2020). Each method operates on a distinct principle and varies in effectiveness (Le Guen et al., 2021).

Behavioral Practices. Behavioral practices in preventing pregnancy, as operationally defined in this study, refer to actions and strategies employed by individuals or couples to avoid conception through non-invasive, natural methods. Behavioral contraceptive methods involve modifying behavior around the time or context of sexual activity to reduce the risk of pregnancy (Shuwarger et al., 2021). These approaches are often adopted by couples who, at least temporarily, lack access to modern contraceptive methods. However, they are associated with the largest discrepancies between typical-use and perfect-use failure rates when compared to other contraceptives (Nelson et al., 2020) and are generally considered the least effective methods of contraception (Wakem et al.).

Sexual abstinence among adolescents is defined as the voluntary decision to avoid all forms of sexual activity, including oral, anal, and penile-vaginal intercourse (Centers for Disease Control and Prevention, 2020). Abstinence is often promoted as a primary method for preventing unintended pregnancies and sexually transmitted infections among youth. Research suggests that early sexual involvement can lead to emotional dependency and may increase the likelihood of aggressive behavior within relationships, particularly among males (Arbinaga et al., 2021).

Coitus interruptus, otherwise known as the withdrawal method, is the complete withdrawal of the penis from the vagina and far from the external genitalia before the occurrence of the flow of semen, so as not to let the sperm reach the ovum. (Centers for Disease Control and Prevention, 2024). Due to its simplicity and low cost, this traditional method of contraception remains one of the most commonly practiced (Woodhams et al., 2019). However, coitus interruptus is associated with a high failure rate, which poses significant risks, particularly

for women with high-risk pregnancies. Therefore, it is essential to increase awareness about this method, including its benefits, limitations, and the importance of complementing it with other strategies such as fertility awareness (Salih et al., 2024).

Merriam-Webster defines monogamy as the state or practice of having a single sexual partner and/or being married to a single person at a time. Sexual monogamy is often viewed as the standard or ideal relationship structure in many cultures, especially in Western societies, where it is associated with values like commitment, loyalty, and moral responsibility (Mogilski et al., 2021)

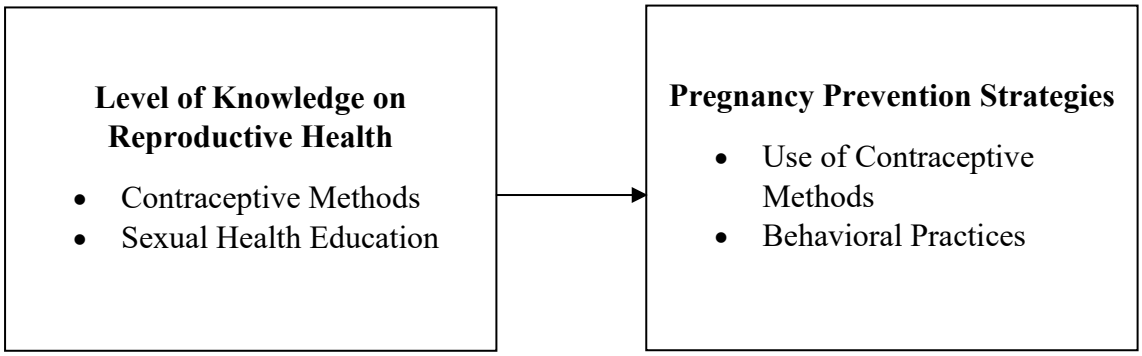

Figure 1. Schematic Diagram of the Study

Objectives of the Study

The study aimed to assess the level of knowledge on reproductive health among adolescent mothers and its implications on pregnancy prevention strategies they employed. The following were the specific objectives: (1) Evaluate the respondents' level of knowledge on reproductive health in terms of contraceptive methods and sexual health education; (2) Identify the respondents' pregnancy prevention strategies in terms of use of contraceptive methods and behavioral practices; and (3) Examine the significant relationship between the respondents' level of knowledge on reproductive health and their pregnancy prevention strategies.

It was hypothesized that there is no significant relationship between the respondents' level of knowledge on reproductive health and their pregnancy prevention strategies.

Significance of the Study

The results of the study will give an advantage to the following:

Adolescent Mothers. The results of this study would provide adolescent mothers with insightful knowledge of reproductive health and successful pregnancy prevention tactics. This can enable them to make knowledgeable choices regarding their future family planning and health.

Youth in the community. This study would contribute to the youth in the community as it explores how much adolescent mothers know about reproductive health and how this knowledge influences their efforts to avoid unplanned pregnancies. It also emphasizes the

importance of providing accessible and youth-centered reproductive health education and services to support their overall well-being and future.

Health Educators and Counselors. The study would serve as a resource for health educators and counselors in designing and implementing targeted programs that address gaps in reproductive health knowledge among adolescents. This can improve the delivery of age-appropriate and culturally sensitive reproductive health education.

Basic Education. Institutions offering basic education can benefit from this study by integrating reproductive health topics into their curricula, ensuring that adolescents are well-informed before they encounter challenges related to early pregnancy.

Policy Makers. The results can guide policymakers in developing evidence-based policies and interventions that focus on reproductive health education for adolescents. Such policies may include improved access to contraceptive methods, healthcare services, and community outreach programs.

Future Researchers. This study would add to the knowledge base in adolescent reproductive health and can be used as a starting point for further research into finding novel ways to prevent adolescent pregnancies and improve overall well-being.

RESEARCH METHODOLOGY

Design

This research design used a quantitative, descriptive-correlational design. In a descriptive research design, data is collected to describe a phenomenon, circumstance, or population. In contexts when the researchers have no control over the independent variables, the factors that are thought to produce or impact the dependent or outcome variable, descriptive-correlational studies can help articulate how one occurrence is connected to another. This study examined the relationship between the level of knowledge on reproductive health and its implications on pregnancy prevention strategies among adolescent mothers; thus, the design was appropriate for the current study.

Environment

The study was conducted in selected barangays of Ozamiz City. These barangays provided distinct settings where adolescent pregnancy remained a significant concern. Both communities reflected broader public health challenges, including limited access to sexual education and a lack of youth-friendly health services. By focusing on these areas, the study aimed to gather insights from adolescent mothers on how their knowledge of reproductive health influenced their decisions regarding pregnancy prevention. These barangays offered a relevant and meaningful context for exploring the social, cultural, and systemic barriers that affect adolescent reproductive health outcomes.

Respondents of the Study and Sampling Procedure

The respondents in this study were seventy (70) adolescent mothers aged 13

A complete enumeration technique where the researchers choose to examine the entire

population that has a particular set of characteristics. Their marital or living status, whether single, married, or cohabiting, did not affect their eligibility, provided they met the specified criteria. The inclusion criteria for respondent selection were as follows: (1) must be an adolescent mother who has either experienced pregnancy or is currently pregnant; (2) must be a resident of the selected barangays included in the study; and (3) must be willing to participate in the study.

Data Gathering Instruments

The researchers created their own questionnaires to evaluate how much adolescent mothers know about reproductive health and how they practice pregnancy prevention.

A. ***Level of Knowledge on Reproductive Health Questionnaire***. This tool was designed to assess the level of knowledge among adolescent mothers in terms of contraception methods and sexual health education.

B. ***Pregnancy Prevention Strategies Questionnaire***. This tool aimed to evaluate the pregnancy prevention strategies of adolescent mothers, in terms of the use of contraception methods and behavioral practices.

Data Gathering Procedure

Prior to the commencement of the study, the researchers sought and obtained approval from the Dean of the College of Nursing, Midwifery, and Radiologic Technology. Following this, official approval was granted through the City Mayor's Office via a Memorandum of Agreement (MOA) submitted by the University. Upon securing this approval, they requested permits from the Barangay Captains of the two selected

barangays. After the letters of request were approved, the researchers contacted the identified respondents to schedule a time and place for further discussion of the study. Each respondent was asked to sign an informed assent (for minors) or informed consent (for non-minors) and was given time to complete the research instrument.

The researchers distributed the questionnaires individually on a house-to-house basis. When assistance was required, any member of the research team was available to guide respondents through the process. Once all questionnaires had been collected, the data were tabulated and coded for subsequent analysis and interpretation.

Validity and Reliability of the Instrument

The instrument was subjected to validation through a panel of experts in reproductive health and adolescent education for relevance and clarity of each statement. It was also subjected to a pilot test involving 20 adolescent mothers who did not form part of the sample population. This was meant to assess its validity and reliability, with a threshold Cronbach's Alpha of a minimum value of 0.7 for each variable. The following are results of a Level of Knowledge on Reproductive Health and Pregnancy Prevention Strategies Questionnaire that are above 0.7. This process ensured that the questionnaires used in the study were both meaningful and dependable for collecting reliable data *(please see the results on Appendix G page 73)*.

Scoring Guidelines

A. ***Level of Knowledge on Reproductive Health Questionnaire***. This tool used 4-point Likert scale. Below was the continuum utilized to interpret and analyze the data gathered.

Weight	Responses	Continuum	Interpretation
4	Strongly Agree (SA)	3.26 - 4.00	Very High (VH)
3	Agree (A)	2.51 - 3.25	High (H)
2	Disagree (D)	1.76 - 2.50	Low (L)
1	Strongly Disagree (SD)	1.00 - 1.75	Very Low (VL)

B. Pregnancy Prevention Strategies Questionnaire. This tool used 4-point Likert scale. Below was the continuum utilized to interpret and analyze the data gathered.

Weight	Responses	Continuum	Interpretation
4	Always (A)	3.26 - 4.00	Very Good (VG)
3	Often (O)	2.51 - 3.25	Good (G)
2	Rarely (R)	1.76 - 2.50	Poor (P)
1	Never (N)	1.00 - 1.75	Very Poor (VP)

Mode of Analysis and Statistical Instruments

The data were tabulated, evaluated, analyzed, and interpreted with the use of appropriate statistical tools through the questionnaire.

Mean was used to summarize the average level of knowledge about reproductive health among the adolescent mothers.

Standard Deviation the average number of pregnancy prevention strategies used by the adolescent mothers.

Pearson Product-Moment Correlation Coefficient or Pearson's r was used to determine the main objectives were to establish whether there was a statistically significant

relationship between adolescent mothers' level of knowledge on reproductive health and their usage of pregnancy prevention strategies.

Ethical Considerations

The letter of request was submitted personally to the College Dean and Barangay Captains to seek permission prior to conducting the study in the community. The letter outlined the objectives and purpose of the study. After approval, informed assent and informed consent were obtained from the respondents. They were given enough time to decide whether to participate or not. The researchers made sure that each of them was informed that they were free to withdraw from the research at any time, without any penalty, and that the submission of their questionnaire indicated that their participation was entirely of their free will.

Assurance of privacy of respondents, confidentiality of data, and anonymity of participants were guaranteed in conducting this study. The researchers also supported that the findings would not be used for purposes other than the present research study, and that all data collected would be kept in password-protected files or in locked storage until such time as the research was completed or published.

RESULTS AND DISCUSSION

This part of the study presents the findings and discussion related to the three specific research objectives stated in the introduction. The respondents' level of knowledge on reproductive health, the pregnancy prevention strategies they utilized, and the implications of their knowledge on the use of these strategies were determined. The presentation findings were organized and presented under the following topics:

Respondents' Level of Knowledge on Reproductive Health

Respondents' Pregnancy Prevention Strategies

Significant Relationship Between the Respondents' Level of Knowledge on Reproductive Health and Pregnancy Preventive Strategies

Respondents' Level of Knowledge on Reproductive Health

Table 1 shows that the respondents possess a high level of knowledge regarding reproductive health, with an overall weighted mean score of 3.23 and a standard deviation of 0.33, interpreted as "High". This suggests that the respondents are generally well-informed about reproductive health topics, particularly in relation to contraceptive methods and sexual health education. Specifically, the domain on contraceptive methods garnered the highest mean score of 3.32, categorized as "Very High", indicating that respondents are highly aware of various methods of contraception, such as pills, condoms, injectables, IUDs, emergency contraceptive pills, implants, and sterilization. This was evident from strong agreement with statements like "The use of contraceptive methods can help prevent unplanned pregnancies" and "Emergency contraceptive pills are most effective when taken

within 72 hours after unprotected intercourse." Such findings highlight a solid understanding of the effectiveness and proper usage of contraceptives, which may be attributed to reproductive health education provided by schools, barangay health workers, and media platforms.

Meanwhile, the sexual health education domain scored a mean of 3.14, which also falls under the "High" category. This component assessed the respondents' awareness and understanding of broader topics such as consent, emotional and physical effects of sexual activity, sexual orientation, healthy relationships, and available support services. Statements such as "I understand the importance of consent in sexual relationships" and "I am familiar with how to seek help or advice for sexual health concerns" received generally positive responses, reflecting that the respondents are not only aware of contraception but also understand important aspects of sexual well-being. However, the slightly lower score compared to contraceptive knowledge may suggest some gaps in communication, access to resources, or comfort in discussing sensitive issues.

These findings are supported by Wahyu et al. (2022), who emphasized that adolescents must possess both the understanding and motivation to adopt healthy reproductive behaviors. Furthermore, Arpita et al. (2023) noted that adolescent pregnancy is a high-risk event due to the physiological and psychological immaturity of young mothers, thereby underscoring the need for accurate knowledge to guide safe decision-making. From a theoretical perspective, the results align with the Health Belief Model (HBM), which posits that individuals are more likely to engage in preventive behaviors when they perceive themselves at risk, recognize the benefits of action, and feel empowered to make informed choices. Adolescents with a high level of reproductive health

knowledge are more likely to understand their vulnerability to unintended pregnancy, recognize the consequences on their health and future, and take action to prevent it.

Despite the overall high level of knowledge, the presence of misconceptions such as the belief that the withdrawal method is highly reliable indicates the need to address specific knowledge gaps. The findings also suggest a continued need to enhance comfort in discussing sexual health topics, improve access to reliable and youth-friendly reproductive health services, and reinforce accurate information through formal and informal education. Strengthening these areas will not only sustain but also improve adolescents' ability to make responsible reproductive health choices that contribute to their overall well-being.

Table 1.
Respondents' Level of Knowledge on Reproductive Health
n = 70

Knowledge on Reproductive Health	**Mean**	**Standard Deviation**	**I**
Contraceptive Methods	3.32	0.27	VH
Sexual Health Education	3.14	0.39	H
Overall Mean	**3.23**	**0.33**	**H**

Legend: 3.26 - 4.00 - Very High (VH) *1.76 - 2.50 - Low (L)*
2.51 - 3.25 - High (H) *1.00 - 1.75 - Very Low (VL)*

Respondents' Pregnancy Prevention Strategies

Table 2 shows that the respondents, composed of adolescent mothers, demonstrate a generally good level of pregnancy prevention strategies, as indicated by an overall mean score of 3.20 and a standard deviation of 0.40. This suggests that they are actively engaging in both contraceptive use and behavioral practices to avoid unplanned pregnancies. The domain of behavioral practices slightly outperformed contraceptive use, with a mean of 3.22 (SD = 0.37) compared to 3.17 (SD = 0.43). Based on the rating scale, both fall under the "Good" category, indicating that while respondents are not at the highest level of practice, they are effectively applying various pregnancy prevention strategies in their lives.

In the domain of contraceptive use, respondents agreed with statements such as "I use contraceptive methods consistently to prevent unplanned pregnancies", "I use contraceptives like condoms or oral pills correctly and effectively", and "I consult healthcare professionals about the most suitable contraceptive method for me." These responses demonstrate not only awareness but also practical application of modern contraceptive methods. Other statements, such as "I use emergency contraceptives as a backup plan after unprotected intercourse" and "I use contraceptive methods despite facing challenges, such as stigma or judgment," further reveal that many respondents are proactive and resilient in their approach to family planning. The consistent use of these methods implies access to reliable information and services, which may be the result of school-based health education, barangay health efforts, or access to youth-friendly clinics.

In the behavioral practices' domain, many respondents reported behaviors aligned with responsible sexual activity. Statements like "I have practiced abstinence as a method

to prevent pregnancy", "I monitor my menstrual cycle to identify fertile and non-fertile days", and "I have discussed pregnancy prevention with my partner and agreed on behavioral methods" were positively received. This suggests that respondents are not only relying on modern contraceptive methods but are also practicing natural family planning, open communication with partners, and methods like withdrawal or fertility awareness. However, items such as "I feel that behavioral methods for pregnancy prevention require a lot of effort and discipline" reflect a realistic perspective on the challenges of relying solely on these methods, showing that while they are used, they are not without difficulties.

The relatively low standard deviations in both domains indicate consistent responses among the sample, which means there is a shared understanding and practice of pregnancy prevention among the participants. These findings are consistent with Nombulelo et al. (2023), who concluded that adolescents tend to adopt effective pregnancy prevention behaviors when they have access to free and accessible contraceptives, sexual education programs in schools, and youth-friendly reproductive health services.

The findings can also be interpreted through the lens of the Health Belief Model (HBM). According to this framework, adolescents are more likely to engage in preventive health behaviors when they perceive themselves to be at risk of an unwanted pregnancy (perceived susceptibility), understand the serious implications it can have on their health and future (perceived severity), believe in the effectiveness of the strategies they are using (perceived benefits), and are willing to overcome barriers such as stigma or lack of access (perceived barriers). The respondents' practices suggest that they understand the risks and consequences of unplanned pregnancies and are taking conscious steps to avoid them.

In conclusion, the findings indicate that adolescent mothers are applying both modern contraceptive methods and behavioral strategies responsibly to prevent pregnancy. While there is room for improvement, particularly in the consistency and discipline required for behavioral methods, the overall practices of the respondents reflect a positive level of reproductive responsibility and an encouraging foundation for targeted educational and health interventions.

Table 2.

Respondents' Pregnancy Prevention Strategies

n = 70

Pregnancy Prevention Strategies	Mean	Standard Deviation	I
Use of Contraceptive Methods	3.17	0.43	G
Behavioral Practices	3.22	0.37	G
Overall Mean	**3.20**	**0.40**	**G**

Legend: 3.26 - 4.00 - Very Good (VG) *1.76 - 2.50 - Poor (P)*
2.51 - 3.25 - Good (G) *1.00 - 1.75 - Very Poor (VP)*

Significant Relationship Between the Respondents' Level of Knowledge on Reproductive Health and Pregnancy Preventive Strategies

Table 3 presents the significant relationship between the respondents' level of knowledge on reproductive health and their pregnancy preventive strategies. The results show that knowledge of contraceptive methods has no significant relationship with the actual use of contraceptive methods ($r = 0.156$, $p = 0.20$), indicating that knowing about

contraceptives alone does not ensure their use. In contrast, a significant positive relationship was found between knowledge of contraceptive methods and behavioral practices ($r = 0.399$, $p = 0.00$), suggesting that awareness can influence preventive actions such as condoms and abstinence to prevent pregnancy. Sexual health education demonstrated a highly significant relationship with both contraceptive use ($r = 0.488$, $p = 0.00$) and behavioral practices ($r = 0.349$, $p = 0.00$). This means that comprehensive sexual health education can strongly encourage both the use of contraceptives and the practice of healthy reproductive behaviors. The findings suggest that providing factual contraceptive knowledge alone may not be sufficient to promote effective prevention. Instead, programs should integrate holistic sexual health education that addresses skills, attitudes, and informed decision-making.

Chandra-Mouli et al. (2021) emphasized that effective adolescent reproductive health interventions address both knowledge gaps and contextual barriers such as stigma, cultural norms, and lack of service access. Their findings show that providing factual knowledge alone is insufficient unless paired with opportunities to build decision-making skills, challenge misconceptions, and access supportive health services. In addition, Keogh et al. (2020) highlighted that while knowledge of contraceptive methods is essential, it does not automatically lead to use without positive attitudes and enabling environments. These perspectives explain why the present study found no significant relationship between contraceptive knowledge and actual use, yet observed a strong link between sexual health education and preventive behaviors.

These results further support the HBM, which postulates that even though knowledge of contraceptive methods can increase perceived benefits, severity, and

susceptibility, perceived barriers, self-efficacy, and cues to action have more influence on actual use of contraceptives. The study's weak, non-significant correlation between knowledge and contraceptive usage also reveals that adolescent mothers may experience practical or psychosocial barriers to using knowledge, such as partner disagreement, lack of access, or stigma. The utility of HBM can reduce hazardous sexual behavior as a manual for adolescents in growing information, providing information to develop knowledge of healthy sexual behavior. In addition, adolescents must be persuaded that the obstacles in health-seeking behavior can be overcome, and these obstacles do not outweigh the benefits of accessing reproductive health information and services. (Wahyuet al., 2022). Given the successes of the HBM in enhancing the health behavior of adolescent mothers, it is suggested that health policymakers should plan and implement educational interventions in this field among adolescent girls (Eghbal et al. 2023). These findings confirm that higher levels of knowledge in sexual health education translate to better preventive behaviors among adolescent mothers. This agrees with the theoretical assumption of the TPB, which states that persons who are informed will be more likely to practice responsible reproductive health if they have the necessary knowledge.

These findings are supported by a study, indicating that adolescent mothers' intentions to use pregnancy prevention methods may be influenced by their level of knowledge regarding reproductive health and contraception (Setegn et al., 2021). Although knowledge alone may not fully explain behavior, it is still considered one of the important factors in shaping informed and intentional reproductive health decisions.

Table 3.

Significant Relationship Between the Respondents' Level of Knowledge on Reproductive Health and Pregnancy Preventive Strategies

Variables	Test Statistics		Remarks
	r-value	p-value	
Contraceptive Methods and:			
Use of Contraceptive Methods	0.156	0.20	Accept Null Hypothesis
Behavioral Practices	0.399	0.00**	Reject Null Hypothesis
Sexual Health Education and:			
Use of Contraceptive Methods	0.488	0.00**	Reject Null Hypothesis
Behavioral Practices	0.349	0.00**	Reject Null Hypothesis

Ho: There is no significant relationship between the respondents' level of knowledge on reproductive health and pregnancy preventive strategies.

*Legend: 0.00-0.01** Highly Significant, 0.02-0.05* Significant, above 0.05 Not Significant*

CONCLUSION AND RECOMMENDATIONS

Conclusion

Based on the findings of the study, the following conclusions were made:

1. Adolescent mothers possess a high level of knowledge on reproductive health. This suggests a strong foundation for promoting informed decision-making and responsible reproductive behaviors. Continued education and support are essential to ensure that this knowledge is effectively translated into consistent and appropriate pregnancy prevention practices.
2. Adolescent mothers are practicing good pregnancy prevention strategies. This indicates a positive level of awareness and responsibility in managing their reproductive health. Their ability to apply these strategies reflects informed decision-making and proactive behavior.
3. Adolescent mothers' knowledge of reproductive health has a significant positive influence on behavioral practices for pregnancy prevention, while its relationship with the actual use of contraceptive methods is weak and not statistically significant. In the context of sexual health education, both the use of contraceptive methods and behavioral practices show moderate positive and statistically significant relationships. These results highlight the impact of sexual health education in shaping responsible reproductive behaviors among adolescent mothers.

Recommendations

Based on the findings and conclusions, the following recommendations were made:

1. Adolescent mothers should be encouraged to strengthen their health literacy by integrating reproductive health knowledge with practical application, particularly in the consistent and correct use of contraceptive methods to effectively prevent unintended pregnancies

2. Community-based organizations, such as local health centers, youth groups, and barangay health initiatives, should enhance sexual health education by not only providing accurate information but also promoting practical skills, especially in the consistent and correct use of contraceptive methods.

3. Community health workers may provide continuous values-based counseling and skills training on sexual and reproductive health to reinforce positive attitudes and decision-making skills.

4. Given the significant influence of knowledge on behavioral practices, targeted interventions such as peer education programs, school-based life skills workshops, and community-based youth camps or seminars should be implemented to promote safe sexual behaviors, including abstinence, fertility awareness, and responsible decision-making. To support these efforts, local government units must also ensure that adolescent mothers have accessible reproductive health services, including counseling and a range of contraceptive options, to bridge the gap between knowledge and actual practice.

5. Future studies may explore the barriers that prevent adolescent mothers from using contraceptive methods despite having adequate knowledge, including cultural beliefs, stigma, accessibility issues, and partner dynamics. Future studies may explore the barriers

that prevent adolescent mothers from using contraceptive methods despite having adequate knowledge, including cultural beliefs, stigma, accessibility issues, and partner dynamics.

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APPENDIX A: Research Questionnaire

Part I. Level of Knowledge on Reproductive Health

Direction: Read each statement carefully. Place a check mark (✓) on the 4-point Likert scale provided to indicate your level of agreement or disagreement with each statement. Be guided by the following scale:

Panudlo: Basaha pag-ayo ang matag pamahayag. Butangi og tsek (✓) ang hustong kahon sa 4-point Likert scale aron ipakita ang imong lebel sa pagsugot o pagsupak sa matag pamahayag. Giyahi sa mosunod nga sukdanan:

4 – Strongly Agree *(Uyon Kaayo)* 2 – Disagree *(Dili Uyon)*

3 – Agree *(Uyon)* 1 – Strongly Disagree *(Dili Gyud Uyon)*

STATEMENTS	**Responses**			
	4	**3**	**2**	**1**
A. Contraceptive Methods				
1. The use of contraceptive methods can help prevent unplanned pregnancies. *Ang paggamit ug contraceptibo nga pamaagi aron malikayan ang pagmabdos.*				
2. Oral contraceptive pills must be taken daily at the same time to be effective. *Ang pag-inom ug pills nga contraceptibo kada adlaw mahimong epektibo.*				
3. Condoms provide protection against both pregnancy and sexually transmitted infections (STIs). *Ang condom makahatag ug proteksyon aron dili mamabdos ug proteksyon usab sa impeksyon nga dala sa pagpakighilawas.*				
4. The withdrawal method is one of the most reliable forms of contraception. *Ang pag-atras o withdrawal method maoy pinakasaligan nga pamaagi sa contraceptibo.*				
5. Injectable contraceptives provide protection against pregnancy for up to three months. *Ang pagturok sa injection nga contraceptibo makahatag ug proteksyon arun dili mamabdos ubos sa tulo ka bulan.*				
6. An intrauterine device (IUD) can prevent pregnancy for several years. *Ang IUD (intrauterine device) makalikay sa pagmabdos sulod sa pipila ka tuig.*				
7. Emergency contraceptive pills are most effective when taken within 72 hours after unprotected intercourse.				

Ang pills nga emergency contraceptive mas epektibo nga gamiton sulod sa 72 ka oras paghuman ug talik.				
8. Contraceptive implants are inserted under the skin and can prevent pregnancy for up to three years or more. *Ang contraceptive implant o 'implanon' nga isulod sa imong lawas, makapakgang sa pagmabdos sulod sa tulo ka tuig o labaw pa.*				
9. Natural family planning methods, such as the calendar method, require tracking menstrual cycles to determine fertile days. *Ang natural na pamaagi sa pagplano sa pamilya sa kalendaryo makinahanglan ug pagsubay sa pagdugo aron mahibaloan ang panahon sa pertilisado nga adlaw sa babaye.*				
10. Sterilization is a permanent method of contraception for individuals who no longer wish to have children. *Ang pagkabaog maoy permanente nga pamaagi nga contraceptibo sa magtiayon nga dili gusto magkaanak.*				
B. Sexual Health Education				
1. I am knowledgeable about the basic principles of sexual health. *Nagamit ako ug contraceptibong pamaagi kanunay aron malikayan ang dili planadong pagmabdos.*				
2. I understand the importance of consent in sexual relationships. *Maghisgot kami sa mga contraceptibong pamaagi sa akoang pares sa dili pa kami magsiping or maghilawas.*				
3. I know the potential physical and emotional effects of sexual activity. *Mas mopabor ako sa natural na pamaagi nga contraceptibo kaysa modernong pamaagi.*				
4. I understand the concept of sexual orientation and its spectrum. *Naggamit ako ug contraceptibong pamaagi sama sa condom ug pills sa insaktong ug epektibong pamaagi.*				
5. I am familiar with the resources available for sexual health education and support. *Nagkonsulta ako ug propesyonal sa pangkalusogan kon unsay angay nga contraceptibo alang kanako.*				
6. I am aware of different contraception methods and their effectiveness. *Adunay akoy makuhang barato ug epektibo nga contraceptibong pamaagi sa amoang lugar o kumunidad.*				
7. I understand the concept of healthy sexual relationships and communication.				

Nigamit ko ug emerhensyang contraceptibo isip back-up kon ugaling nakighilawas ko nga dili protektado.				
8. I am familiar with how to seek help or advice for sexual health concerns. *Nigamit ko ug contraceptibong pamaagi isip epektibo aron malikayan ang pagmabdos.*				
9. I know the age-related guidelines for sexual health education. *Nagamit ako ug contraceptibong pamaagi likod sa mga pagsulay sama sa pagpanghusgo sa dih ang ako siya nga gikuha.*				
10. I am comfortable discussing sexual health topics with others. *Nakasbaot ko nga ang contraceptibong pamaagi kinahanglan piluon base sa kaugalingong panginahanglan ug kinabuhi.*				

Part II. Pregnancy Prevention Strategies

Direction: Read each statement carefully. Place a check mark (✓) on the 4-point Likert scale provided to indicate your level of agreement or disagreement with each statement. Be guided by the following scale:

Panudlo: Basaha pag-ayo ang matag pamahayag. Butangi og tsek (✓) ang hustong kahon sa 4-point Likert scale aron ipakita ang imong lebel sa pagsugot o pagsupak sa matag pamahayag. Giyahi sa mosunod nga sukdanan:

4 – Always *(Kanunay)* 2 – Rarely *(Panagsa)*

3 – Often *(Usahay)* 1 – Never *(Wala Gayud)*

STATEMENTS	**Responses**			
	4	**3**	**2**	**1**
A. Use of Contraceptive Methods				
1. I use contraceptive methods consistently to prevent unplanned pregnancies. *Gigamit nako ang mga pamaagi sa pagpugong sa pagmabdos sa kanunay aron malikayan ang dili tuyo nga pagmabdos.*				
2. I discuss contraceptive options with my partner before engaging in sexual activity. *Nagahisgot kami sa akong kapikas bahin sa mga kapilian sa pagpugong sa pagmabdos sa wala pa mi makighilawas.*				
3. I prefer using natural family planning methods over modern contraceptive methods. *Mas ganahan ko mogamit og natural nga pamaagi sa*				

pagpamilya kaysa moderno nga pamaagi sa pagpugong sa pagmabdos.				
4. I use contraceptives like condoms or oral pills correctly and effectively. *Husto ug epektibo nako nga gigamit ang mga kontraseptibo sama sa condom o oral nga pills.*				
5. I consult healthcare professionals about the most suitable contraceptive method for me. *Nagpakonsulta ko sa mga propesyonal sa kahimsog kabahin sa pinaka-angay nga pamaagi sa pagpugong sa pagmabdos para nako.*				
6. I have access to affordable and reliable contraceptive methods in my community. *Adunay akoy akses sa barato ug kasaligan nga mga pamaagi sa pagpugong sa pagmabdos sa among komunidad.*				
7. I use emergency contraceptives as a backup plan after unprotected intercourse. *Gigamit nako ang emergency contraceptives isip backup human sa walay proteksyon nga pakighilawas*.				
8. I use contraceptive methods in an effective way to prevent unintended pregnancies. *Epektibo nako nga gigamit ang mga pamaagi sa pagpugong sa pagmabdos aron malikayan ang dili tuyo nga pagmabdos.*				
9. I use contraceptive methods despite facing challenges, such as stigma or judgment, when trying to access them. *Nagapadayon ko sa paggamit sa mga pamaagi sa pagpugong sa pagmabdos bisan pa sa mga hagit sama sa stigma o paghusga.*				
10. I understand that contraceptive methods should be chosen based on individual health needs and lifestyle. *Nasabtan nako nga ang pagpili sa mga pamaagi sa pagpugong sa pagmabdos angay ibase sa indibidwal nga kahimsog ug estilo sa kinabuhi.*				
B. Behavioral Practices				
1. I ensure that I have open communication with my partner about our intentions regarding pregnancy. *Akoang gisiguro nga aduna kami panagsabot sa akong pares kabahin sa akong tinguha nga pagmabdos nako.*				
2. I have practiced abstinence as a method to prevent pregnancy. *Akoag gibansay ang dili pakighilawas aron malikayan ang pagmabdos.*				
3. I use fertility awareness methods (e.g., tracking my menstrual cycle) to avoid pregnancy. *Akoang gigamit ang pag-ila sa pagkamayabong nga pamaagi (pagsubay sa regla) arun malikayan ang pagmabdos.*				

4. I practice withdrawal (coitus interruptus) during sexual intercourse to prevent pregnancy. *Akoang gigamit ang withdrawal nga pamaagi arun dili mamabdos.*				
5. I am comfortable with natural family planning methods as a way to prevent pregnancy. *Komportable ako sa natural nga pamaagi aron dili mamabdos.*				
6. I monitor my menstrual cycle to identify fertile and non-fertile days for natural family planning. *Akoang gimonitor ang akong pag-regla aron akong masuta ang adlaw sa akong pagkamabungahon alang sa natural nga pamaagi sa planong pampamilya.*				
7. I feel confident in using behavioral method to prevent pregnancy without relying on medications or barrier methods. *Mas mosalig ako sa pamatasang gawi nga pamaagi arun malikay ang pagmabdos nga dili magsalig sa tambal o pagsagang nga pamaagi.*				
8. I have discussed pregnancy prevention with my partner and agreed on behavioral methods to avoid pregnancy. *Akong gisabot ang akong pares sa pamatasang gawi nga pamaagi aron malikayan ang pagmabdos.*				
9. I feel that behavioral methods are reliable way to prevent pregnancy. *Akong nabati nga ang batasang pamaagi kasali gan aron malikayan ang pagmabdos.*				
10. I feel that behavioral methods for pregnancy prevention require a lot of effort and discipline. *Akong nabati nga ang batasang gawi, nga pamaagi aron malikayan ang pagmabdos nagkinahnaglan ug ubay-ubay nga paningkamot ug disiplina.*				

APPENDIX B: Sample of Filled-Out Questionnaire

Level of Knowledge on Reproductive Health and Its Implication on Pregnancy Prevention Strategies Among Adolescent Mothers

Part I. Level of Knowledge on Reproductive Health

Direction: Read each statement carefully. Place a check mark (✓) on the 4-point Likert scale provided to indicate your level of agreement or disagreement with each statement. Be guided by the following scale

Panudlo: *Basaha pag-ayo ang matag pamahayag. Butangi og tsek (✓) ang hustong kahon sa 4-point Likert scale aron ipakita ang imong lebel sa pagsugot o pagsupak sa matag pamahayag. Giyahi sa mosunod nga sukdanan:*

4 - Strongly Agree *(Uyon Kaayo)* 2 – Disagree *(Dili Uyon)*

3 – Agree *(Uyon)* 1 - Strongly Disagree *(Dili Gyud Uyon)*

STATEMENTS	Responses			
	4	3	2	1
A. Contraceptive Methods				
1. The use of contraceptive methods can help prevent unplanned pregnancies. *Ang paggamit ug contraceptibo nga pamaagi aron malikayan ang pagmabdos.*	✓			
2. Oral contraceptive pills must be taken daily at the same time to be effective. *Ang pag-inom ug pills nga contraceptibo kada adlaw mahimong epektibo.*		✓		
3. Condoms provide protection against both pregnancy and sexually transmitted infections (STIs). *Ang condom makahatag ug proteksyon aron dili mamabdos ug proteksyon usab sa impeksyon nga dala sa pagpakighilawas.*		✓		
4. The withdrawal method is one of the most reliable forms of contraception. *Ang pag-atras o withdrawal method maoy pinakaslaigan nga pamaagi sa contraceptibo.*	✓			
5. Injectable contraceptives provide protection against pregnancy for up to three months. *Ang pagturok sa injection nga contraceptibo makahatag ug proteksyon arun dili mamabdos ubos sa tulo ka bulan.*	✓			

APPENDIX B Cont'd

6. An intrauterine device (IUD) can prevent pregnancy for several years. *Ang IUD (intrauterine device) makalikay sa pagmabdos sulod sa pipila ka tuig.*		✓		
7. Emergency contraceptive pills are most effective when taken within 72 hours after unprotected intercourse. *Ang pills nga emergency contraceptive mas epektibo nga gamiton sulod sa 72 ka oras paghuman ug talik.*			✓	
8. Contraceptive implants are inserted under the skin and can prevent pregnancy for up to three years or more. *Ang contraceptive implant o 'implanon' nga isulod sa imong lawas, makapakgang sa pagmabdos sulod sa tulo ka tuig o labaw pa.*		✓		
9. Natural family planning methods, such as the calendar method, require tracking menstrual cycles to determine fertile days. *Ang natural na paamgi sa pagplano sa pamilya sa kalendaryo makinahanglan ug pagsubay sa pagdugo aron mahibaloan ang panahon sa pertilisado nga adlaw sa babaye.*		✓		
10. Sterilization is a permanent method of contraception for individuals who no longer wish to have children. *Ang pagkabaog maoy permanente nga pamaagi nga contraceptibo sa magtiayon nga dili gusto magkaanak.*		✓		

APPENDIX B Cont'd

STATEMENTS	Responses 4	3	2	1
B. Sexual Health Education				
1. I am knowledgeable about the basic principles of sexual health. *Nagamit ako ug contraceptibong pamaagi kanunay aron malikayan ang dili planadong pagmabdos.*			✓	
2. I understand the importance of consent in sexual relationships. *Maghisgot kami sa mga contraceptibong pamaagi sa akoang pares sa dili pa kami magsiping or maghilawas.*				✓
3. I know the potential physical and emotional effects of sexual activity. *Mas mopabor ako sa natural na pamaagi nga contraceptibo kaysa modernong pamaagi.*		✓		
4. I understand the concept of sexual orientation and its spectrum. Naggamit ako ug contraceptibong pamaagi sama sa condom ug pills sa insaktong ug epektibong pamaagi.			✓	
5. I am familiar with the resources available for sexual health education and support. *Nagkonsulta ako ug propesyonal sa pangkalusogan kon unsay angay nga contraceptibo alang kanako.*		✓		
6. I am aware of different contraception methods and their effectiveness. *Adunay akoy makuhang barato ug epektibo nga contraceptibong pamaagi sa amoang lugar o kumunidad.*			✓	
7. I understand the concept of healthy sexual relationships and communication. *Nigamit ko ug emerhensyang contraceptibo isip back-up kon ugaling nakighilawas ko nga dili protektado.*		✓		
8. I am familiar with how to seek help or advice for sexual health concerns. *Nigamit ko ug contraceptibong pamaagi isip epektibo aron malikayan ang pagmabdos,*			✓	
9. I know the age-related guidelines for sexual health education. *Nagamit ako ug contraceptibong paamgi likod sa mga pagsulay sama sa pagpanghusgo sa dih ang ako siya nga gikuha.*		✓		
10. I am comfortable discussing sexual health topics with others. *Nakasbaot ko nga ang contraceptibong paamgi*		✓		

APPENDIX B Cont'd

kinahanglan piluon base sa kaugalingong panginahanglan ug kinabuhi.				

Part II. Pregnancy Prevention Strategies

Direction: Read each statement carefully. Place a check mark (✓) on the 4-point Likert scale provided to indicate your level of agreement or disagreement with each statement. Be guided by the following scale:

4 - Always 2 - Rarely

3 - Often 1 - Never

STATEMENTS	Responses			
	4	3	2	1
A. Use of Contraceptive Methods				
1. I use contraceptive methods consistently to prevent unplanned pregnancies. *Gigamit nako ang mga pamaagi sa pagpugong sa pagmabdos sa kanunay aron malikayan ang dili tuyo nga pagmabdos.*		✓		
2. I discuss contraceptive options with my partner before engaging in sexual activity. *Nagahisgot kami sa akong kapikas bahin sa mga kapilian sa pagpugong sa pagmabdos sa wala pa mi makighilawas.*	✓			
3. I prefer using natural family planning methods over modern contraceptive methods. *Mas ganahan ko mogamit og natural nga pamaagi sa pagpamilya kaysa moderno nga pamaagi sa pagpugong sa pagmabdos.*	✓			
4. I use contraceptives like condoms or oral pills correctly and effectively. *Husto ug epektibo nako nga gigamit ang mga kontraseptibo sama sa condom o oral nga pills..*		✓		
5. I consult healthcare professionals about the most suitable contraceptive method for me. *Nagpakonsulta ko sa mga propesyonal sa kahimsog kabahin sa pinaka-angay nga pamaagi sa pagpugong sa pagmabdos para nako.*		✓		
6. I have access to affordable and reliable contraceptive methods in my community. *Adunay akoy akses sa barato ug kasaligan nga mga pamaagi sa pagpugong sa pagmabdos sa among komunidad.*		✓		
7. I use emergency contraceptives as a backup plan after unprotected intercourse.	✓			

APPENDIX B Cont'd

Gigamit nako ang emergency contraceptives isip backup human sa walay proteksyon nga pakighilawas.				
8. I use contraceptive methods in an effective way to prevent unintended pregnancies. *Epektibo nako nga gigamit ang mga pamaagi sa pagpugong sa pagmabdos aron malikayan ang dili tuyo nga pagmabdos.*	✓			
9. I use contraceptive methods despite facing challenges, such as stigma or judgment, when trying to access them. *Nagapadayon ko sa paggamit sa mga pamaagi sa pagpugong sa pagmabdos bisan pa sa mga hagit sama sa stigma o paghusga.*	✓			
10. I understand that contraceptive methods should be chosen based on individual health needs and lifestyle. *Nasabtan nako nga ang pagpili sa mga pamaagi sa pagpugong sa pagmabdos angay ibase sa indibidwal nga kahimsog ug estilo sa kinabuhi.*		✓		
B. Behavioral Practices				
1. I ensure that I have open communication with my partner about our intentions regarding pregnancy. *Akoang gisiguro nga aduna kami panagsabot sa akong pares kabahin sa akong tinguha nga pagmabdos nako.*		✓		
2. I have practiced abstinence as a method to prevent pregnancy. *Akoag gibansay ang dili pakighilawas aron malikayan ang pagmabdos.*	✓			
3. I use fertility awareness methods (e.g., tracking my menstrual cycle) to avoid pregnancy. *Akoang gigamit ang pag-ila sa pagkamayabong nga pamaagi (pagsubay sa regla) arun malikayan ang pagmabdos.*	✓			
4. I practice withdrawal (coitus interruptus) during sexual intercourse to prevent pregnancy. *Akoang gigamit ang withdrawal nga pamaagi arun dili mamabdos.*	✓			
5. I am comfortable with natural family planning methods as a way to prevent pregnancy. *Komportable ako sa natural nga pamaagi aron dili mamabdos.*		✓		
6. I monitor my menstrual cycle to identify fertile and non-fertile days for natural family planning. *Akoang gimonitor ang akong pag-regla aron akong masuta*			✓	

APPENDIX B Cont'd

ang adlaw sa akong pagkamabungahon alang sa natural nga pamaagi sa planong pampamilya.				
7. I feel confident in using behavioral method to prevent pregnancy without relying on medications or barrier methods. *Mas mosalig ako sa pamatasang gawi nga pamaagi arun malikay ang pagmabdos nga dili magsalig sa tambal o pagsagang nga pamaagi.*			✓	
8. I have discussed pregnancy prevention with my partner and agreed on behavioral methods to avoid pregnancy. *Akong gisabot ang akong pares sa pamatasang gawi nga pamaagi aron malikayan ang pagmabdos.*		✓		
9. I feel that behavioral methods are reliable way to prevent pregnancy. *Akong nabati nga ang batasang pamaagi kasali gan aron malikayan ang pagmabdos.*		✓		
10. I feel that behavioral methods for pregnancy prevention require a lot of effort and discipline. *Akong nabati nga ang batasang gawi, nga pamaagi aron malikayan ang pagmabdos nagkinahnaglan ug ubay-ubay nga paningkamot ug disiplina.*			✓	

APPENDIX C: Sampling Computation

Municipality/ City	Barangay	Population Size	Total Sample Size
Ozamiz City	Barangay 1	29	29
Ozamiz City	Barangay 2	41	41

APPENDIX D: Informed Consent Form

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INFORMED CONSENT FORM

Researcher/Investigator (Nagtuon): Christian Jay F. Baluarte, Kursha Chayanne B. Berenguel, Crystal Kim R. Biton, Edzel P. Bucod & Louren S. Buenbrazo
Course: Bachelor of Science Major in Nursing
College: College of Nursing, Midwifery and Radiologic Technology
Email / Contact Number: christianbaluarte00@gmail.com/09309872562

Thesis Title: **LEVEL OF KNOWLEDGE ON REPRODUCTIVE HEALTH AND ITS IMPLICATION ON PREGNANCY PREVENTION STRATEGIES AMONG ADOLESCENT MOTHERS**

PART I. INFORMATION SHEET	
Introduction *(Pasiuna)*	Good day! We are Christian Jay F. Baluarte, Kursha Chayanne B. Berenguel, Crystal Kim R. Biton, Edzel P. Bucod & Louren S. Buenbrazo, the principal researchers/investigators of the study entitled "Level of Knowledge on Reproductive Health and Its Implication on Pregnancy Prevention Strategies Among Adolescent Mothers." We are students under the program, Bachelor of Science Major in Nursing at Misamis University in Ozamiz City. We are to conduct the research with the Senior High School students as respondents. In this vein, we are respectfully seeking your **voluntary participation,** being qualified to give your informed consent to take part of this study. Before you decide whether to participate or not in this study, please read the succeeding information about the study and feel free to ask questions anytime should there be anything you do not understand or want to clarify. If you agree to answer the survey, you will be asked to affix your name and signature on this form for which you will be given a copy. *(Maayong adlaw! Kami si Christian Jay F. Baluarte, Kursha Chayanne B. Berenguel, Crystal Kim R. Biton, Edzel P. Bucod & Louren S. Buenbrazo, ang nagpahigayon sa pagtuon kabahin sa "Level of Knowledge on Reproductive Health and Its Implication on Pregnancy Prevention Strategies Among Adolescent Mothers" Kami usa ka estudyante sa Misamis University sa Ozamis City. Ako nagapili kanimo isip partisipante nga maoy mutubag sa gikinahagnglang impormasyon niining gihimong pagtuon. Ako matinahurong naghangyo sa inyong bulontaryo nga pag-apil niini nga pagtuon. Gikinahanglan nga ikaw naa sa saktong edad ug naay kakayahan nga mohatag sa pagtugot aron makaapil niini nga pagtuon. Sa dili pa ka mohukom sa pag-apil niini nga interview, paiihug sa pagbasa sa mga impormasyon sa ubos ug gawasnon ka nga makapangutana kon adunay wala nimo nasabtan o gusto nimong iklaro. Kung motugot ka sa pagahimoon nga interview, papirmahon ka niini nga porma ug tagaan usab ka ug imong kaugalingong kopya).*
Purpose *(Katuyoan)*	

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	The purpose of this study is to assess the level of knowledge on reproductive health among adolescent mothers and its implication on pregnancy prevention strategies they employ. This research will fill the gap about the knowledge on reproductive health and its implication on pregnancy prevention strategies among adolescents particularly in Ozamiz City. By identifying gaps in knowledge specifically in the use of contraceptives among adolescents is a concern for health Organization. *(Ang katuyuan niining pagtuon mao ang pagtuki sa lebel sa kahibalo bahin sa reproductive health sa mga tin-edyer nga inahan ug ang epekto niini sa mga pamaagi nga ilang gigamit aron malikayan ang pagburos. Kining panukiduki mopuno sa kakulang sa kahibalo bahin sa reproductive health ug ang epekto niini sa mga pamaagi sa pagpugong sa pagburos sa mga tin-edyer, labi na sa Dakbayan sa Ozamiz. Ang pag-ila sa kakulang sa kahibalo, ilabi na sa paggamit og contraceptives sa mga tin-edyer, usa ka kabalak-an alang sa mga organisasyon sa panglawas.)*
Type of Research Intervention *(Matang sa Interbensyon sa Pagtuon)*	This study will be conducted through the use of researcher-made survey questionnaire. The gathering of data will be conducted in person. *(Kining pagtuon pagabuhaton pinaagi sa* researcher-made survey questionnaire. *Personal ang pagkuha sa datos.)*
Selection of Participants *(Pagpili sa mga Partisipante)*	The selection of the respondents is based on the following inclusion criteria: The respondents will be selected through purposive sampling. The participants will be selected with the following criteria: *(Ang mga partisipante niini nga pagtuon mao ang indibidwal nga naga-angkon sa mosunod:)*
Voluntary Participation *(Boluntaryo nga Partisipasyon)*	Your participation has to be voluntary and will not affect your situation or status in any way, including your relationship with the researcher. Thus, you are free to decide if you will take part or not. If you decide to participate, you are free not to answer any question(s) if you choose not to, and you are free to withdraw or terminate participation at any stage of the study, without the need to give any reason. You will not be penalized in case of termination of participation. *(Boluntaryo ang imong pag-apil ug kini dili makaapekto sa imong sitwasyon o estado apil na imong relasyon sa nagtuon. Gawasnon ka nga modesisyon kung kung moapil ka niini nga pagtoon o dili. Kung mo-desisyon ka nga moapil, gawasnon ka nga dili motubag sa bisan asa nga pangutana nga dili nimo gusto nga tubagon.)*
Procedure *(Pamaagi)*	The respondents will be given sample time to read the items in the questionnaires. The retrieval of the answered questionnaire will be according to the schedule agreed upon. The researcher will personally retrieve the questionnaires. Tallying of the research data will follow.

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	Aside from answering the questionnaires, you may be asked to provide demographic profile as deemed necessary for the study. The personal information which includes name, age, civil status, (etc.) will be utilized in the discussion of the findings of the study. The information and data provided by you as a respondent will be utilized for this study alone and will be treated with utmost confidentiality. *(Ang mga partisipante pagahatagan og igong panahon sa pag-apil sa interview. Ang interview pwedeng himoon kausa nga higayon o sa makadaghan depende sa panginanghalanon. Isulat sa nagtuon ang interviews para sa pag-analisa sa datos. Ang mga impormasyon ug datos nga nakuha gikan kanimo isip ka partisipante gamiton lamang niining research og hatagan og tumang pag-amping nga dili mabutyag.)*
Duration *(Gidugayon)*	The gathering of data through the interview will last for 45 minutes to 1 hour. *(Ang pagkuha sa datos pinaagi sa interview mokabat ngadto sa 45 minutos hangtod isa ka oras.)*
Risks and Discomforts *(Risgo ug Kahasol)*	The respondents will be protected from physical, social, or economic risks. In case the items in the survey instrument are too personal and make you feel uncomfortable, you may decline to answer any or all questions and may terminate your involvement at any time you choose. *(Ang mga partispnate ginaprotektahan sa pisikal, sosyal o ekonomikanhong risgo. Kung pananglitan adunay mga pangutana nga personal ra kaayo o kung dili ka komportable, mamahimong dili ka motubag o mobalibad sa pagtubag sa bisan asa o sa tanang mga pangutana ug moatras sa pag-apil sa bisan unsang panahon nga imong gusto.)*
Benefits *(Kaayohan)*	This study will enable you to shed light or provide understanding about the factors that can influence adolescent mothers on pregnancy prevention strategies. Thus, your responses shall be highly valued being deemed important in the field of nursing. *(Kini nga pagtuon makapahimo kanimo paghatag og katin-awan o pagpasabot kabahin sa nagkalahi lahi nga mga factors nga makaimpluwensya sa mga inahan nga tin-edyer bahin sa mga estratehiya sa pagpugong sa pagmabdos. Ang imong mga tubag hatagan og dakong bili nga giisip nga importante sa linya sa narsing.)*
Reimbursements	There will be no monetary expenses or costs on your part as a respondent, nor any monetary compensation for your participation in this study.

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(Hulip nga bayad)	*(Wala kay magasto sa imong pag-apil niini nga pagtuon ug dili usab ka bayaran ug kwarta sa imong pag-apil niini nga pagtuon.)*
Confidentiality of Data *(Pag-amping sa Datos)*	Only the researcher will have access to the information and responses of the respondents. The personal identifying information of the respondents will only be used for research analysis and will be treated with the utmost confidentiality. During the study, all data will be kept in a locked, secure filing cabinet, of which will be discarded 6 months after the publication of the results. *(Ang nagtuon lamang ang makakita sa mga impormasyon ug tubag sa respondents. Ang mga datos nga makuha i-analisa ug hatagan og tumang pag-amping aron dili ibutyag. Sa panahon sa pagtuon, ipahimutang sa usa ka selyadong filing cabinet ang tanang datos nga pagagub-on human sa 6 kabulan gikan sa pag-publish sa resulta.)*
Sharing of Findings *(Pagpaambit sa Nakaplagan)*	*The results of this study will be presented during the thesis/dissertation final defense of the researcher. Also, the research findings may be shared through publications and conferences with the assurance that the identities of the respondents will remain confidential. A printed copy of the completed study will be provided to the participants.* *(Ang mga resulta niini nga pagtuon ipresenta sa panahon sa final defense sa thesis/ dissertation sa nagtuon. Ang mga nakaplagan sa pagtuon posible nga ipaambit pinaagi sa mga publications ug conferences nga adunay kapanigurohan nga dili mabutyag ang pagkatawo sa mga partisipante. Pagahatagan og isa ka giimprinta nga kopya sa kumpleto nga pagtuon ang mga partisipante.)*
Rights to Refuse or Withdraw *(Katungod sa Pagpalihahad o Pag-undang)*	You are free to withdraw or terminate participation at any stage of the study, without the need to give any reason. You will not be penalized in case of termination of participation. *(Gawasnon ka nga moatras or moundang sa pag-apil sa bisan asa nga punto sa pagtuon nga dili na magkinahanglan pa ug rason. Dili ka ipamulta sa pag-atras o pag-undang.)*
Who to Contact *(Kinsa ang Kontakon)*	Should there be any queries as a parent, you can contact the researcher through the following details: Name of the Researchers: Christian Jay F. Baluarte, Kursha Chayanne B. Berenguel, Crystal Kim R. Biton, Edzel P. Bucod & Louren S. Buenbrazo

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e-mail ad: christianbaluarte00@gmail.com

STATEMENT BY THE RESEARCHER
(PAGPADAYAG SA NAGTUON)

We will read the Information sheet to the potential participant. With the best of our ability, we will make sure that the participant will understand the interview questions and that possible follow-up interviews may be undertaken.

(Among pagabasahon ang mga nasulat niining Information Sheet ngadto sa potensyal nga partisipante. Kutob sa akong mahimo siguroon nako nga masabtan sa partisipante ang mga pangutana sa interview ug ang possible nga follow-up nga interviews.)

We can assure that the participant will be given an opportunity to ask questions about the study, and all the questions raised will be answered fully. We can likewise assure that the participant will not be coerced into giving consent that must be free and voluntary.

(Gisiguro ko nga ang partisipante mahatagan og panahon sa pagpangutana kabahin niiining pagtuon og ang tanang pangutana nga iyang gihatag matubag sa hingpit. Siguroon ko usab ang maong partisipante dili mapugos sa paghatag sa pagtugot nga kinahanglan nga gawasnon og boluntaryo.)

A copy of this Informed Consent Form will be provided to the respondent. (Ang kopya sa niining Informed Consent Form ihatag ngadto sa respondent.)

Print Name of Researchers (Ngalan sa Nagtuon): Christian Jay F. Baluarte, Kursha Chayanne B. Berenguel, Crystal Kim R. Biton, Edzel P. Bucod & Louren S. Buenbrazo

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PART II. CERTIFICATE OF CONSENT

This research entitled "Level of Knowledge on Reproductive Health and Its Implication on Pregnancy Prevention Strategies Among Adolescent Mothers." by Christian Jay F. Baluarte, Kursha Chayanne B. Berenguel, Crystal Kim R. Biton, Edzel P. Bucod & Louren S. Buenbrazo, with the aim of gathering information and data pertaining to level of knowledge on reproductive health and its implication on pregnancy prevention strategies among adolescent mothers, has been presented and explained to me clearly. Since the study involves assessing each adolescent mothers' level of knowledge on reproductive health, and its implication on pregnancy prevention strategies, I am chosen as one of the participants.

(Kini nga pagtuon gititulohan, " Level of Knowledge on Reproductive Health and Its Implication on Pregnancy Prevention Strategies Among Adolescent Mothers."ni Christian Jay F. Baluarte, Kursha Chayanne B. Berenguel, Crystal Kim R. Biton, Edzel P. Bucod & Louren S. Buenbrazo, nga adunay tumong sa pagkuha og impormasyon ug datos kabahin salebel sa kahibalo sa reproductive health ug ang epekto niini sa mga estratehiya sa pagpugong sa pagmabdos sa mga inahan nga tin-edyer gipresenta ug gipasabot og klaro kanako. Tungod kay ang pagtuon kay kabahin sa pagsusi sa lebel sa kahibalo sa reproductive health sa matag inahan nga tin-edyer ug ang epekto niini sa ilang mga estratehiya sa pagpugong sa pagmabdos.)

I have read the foregoing Informed Consent Form, or it has been read to me. I had the opportunity to ask questions, which were subsequently answered fully. I consent voluntarily to be a participant of this study.

(Akong nabasa ang nauna nga Informed Consent Form, o gibasa kini kanako. Natagaan ako ug higayon nga makapangutana nga natubag sa hingpit. Ako mosugot nga boluntaryo nga mahimong participant sa niining pagtuon.)

Print Name of Respondent (Ngalan sa Partisipante):] Rose Marie M. Arasan ✓
Signature of Respondent (Pirma sa Partisipante):] Arasan ✓
Date: [MM/DD/YYYY] 5/9/25 ✓

If Illiterate (Kung dili makasulat ug makabasa)

If the respondent is illiterate, a witness who is literate will sign. The respondent will choose him/her and who is without connection with the researcher or the research group to attest this undertaking. The respondent will affix his thumb print.

(Kung ang participant kay dili makabasa o makasulat, mopirma ang usa ka makabasa ug makasulat nga testigo. Ang respondent ang mopili kaniya nga walay koneksyon sa nagtuon o sa iyang grupo para mopamatuod sa gimbuhaton. Ang respondent mobutang sa iyang tamla (thumb print).

APPENDIX E: Informed Assent Form

Informed Assent Form Template for Children/Minors
(Adapted from WHO ERC)

An Informed Assent Form does **not** replace a consent form signed by parents or guardians. The assent is in addition to the consent and signals the child's willing cooperation in the study.

MISAMIS UNIVERSITY
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College of Nursing, Midwifery and Radiologic Technology
Tel No. +63 88 521-0367 / Telefax No. +63 88 521-2917
E-mail Address: mu@mu.edu.ph

CERTIFIED: ISO 21001:2018 Educational Organizations Management System by DNV
ACCREDITED: Philippine Association of Colleges and Universities Commission on Accreditation (PACUCOA)
GRANTED: AUTONOMOUS STATUS by the Commission on Higher Education (CHED)

[Informed Assent Form for adolescent mother between the ages of 13-19 who is particularly living in Ozamiz City and who we are inviting to participate in our research]

[Name of Principle Investigators] Baluarte, Christian Jay F., Berenguel, Kursha Chayanne B., Biton, Crystal Kim R., Bucod, Edzel P., Buenbrazo, Louren F.
[Name of Organization] Misamis University
[Name of Sponsor] None
[Name of Project and Version] None

Part I: Information Sheet

Introduction
Good day! We, Christian Jay F. Baluarte, Kursha Chayanne B. Berenguel, Crystal Kim R. Biton, Edzel P. Bucod, Louren S. Buenbrazo the researchers from the College of Nursing, Midwifery, and Radiologic Technology are conducting a research study entitled "Level of Knowledge on Reproductive Health and It's Implication on Pregnancy Prevention Strategies." This study aims to assess the knowledge level of adolescents regarding reproductive health education and evaluate its implications on their understanding and adoption of pregnancy prevention strategies.

(Maayong adlaw! Kami, si Christian Jay F. Baluarte, Kursha Chayanne B. Berenguel, Crystal Kim R. Biton, Edzel P. Bucod, ug Louren S. Buenbrazo nga mga researcher gikan sa College of Nursing, Midwifery, and Radiologic Technology, nagahimo ug usa ka pagtuon nga nga "Level of Knowledge on Reproductive Health and It's Implication on Pregnancy Prevention Strategies." Ang tumong sa pagtuon mao ang pagsusi sa lebel sa kahibalo sa mga kabatan-onan bahin sa reproductive health education ug ang pagtimbang-timbang sa mga implikasyon niini sa ilang pagsabot ug paggamit sa mga estratehiya sa paglikay sa pagbuntis.)

Your participation in this study is completely voluntary, and all information you provide will be kept strictly confidential. Parental consent is given to your parents because it is deemed necessary. They are informed about the conduct of this study and if you happen to not give consent, you are free to do so even when your parents agreed. Before we proceed, we want to ensure you fully understand the purpose of this research and what your participation would involve.

(Ang imong pag-apil sa kini nga pagtuon boluntaryo ra, ug ang tanang impormasyon nga imong ihatag pagatipigan nga sekretu. Ang pagsugot sa ginikanan gihatag sa imong mga ginikanan tungod kay kini gikinahanglan. Naay impormasyon nga nahisgutan bahin sa pagdumala sa kini nga pagtuon ug kung dili ka maghatag og pagsugot, ikaw libre nga magbuot niini bisan pa og ang imong mga ginikanan mikonsentir. Sa dili pa ta magpadayon, gusto namo masiguro nga imong nasabtan ang katuyuan sa kini nga panukiduki ug unsa ang apil sa imong pag-apil.)

This informed assent form will explain everything in detail. Please read it carefully, and if you have any questions, please do not hesitate to ask us. Your honest and open responses will be invaluable in helping us gain a better understanding of this important topic and ultimately contribute to developing more effective sexual health education programs.

(Ang porma sa pagpangaya og pagsugot (informed assent form) maghatag og detalyadong kasayuran. Palihug basaha kini og tarong, ug kung adunay mga pangutana, ayaw pagpanuko sa paghangyo sa mga klarifikasyon gikan sa amo. Ang imong tapat ug

bukas nga mga tubag magahatag og dakong tabang aron makasabot kami og maayo niini nga hinungdanon nga isyu ug sa katapusan magamit sa pag-develop og mas epektibong mga programa sa edukasyon sa sekswal nga kahimsog.)

Purpose

The purpose of this study is to assess the level of knowledge on reproductive health among adolescent mothers and its implication on pregnancy prevention strategies they employ. This research will fill the gap about the knowledge on reproductive health and its implication on pregnancy prevention strategies among adolescents particularly in Ozamiz City. By identifying gaps in knowledge specifically in the use of contraceptives among adolescents is a concern for health Organization.

(Ang katuyuan sa kini nga pagtuon mao ang pagsusi sa lebel sa kahibalo bahin sa reproductive health sa mga inahan nga batan-on ug ang epekto niini sa mga estratehiya sa pagpugong sa pagburos nga ilang gigamit. Kini nga research magpuno sa kakulangan sa kahibalo bahin sa reproductive health ug ang epekto niini sa mga estratehiya sa pagpugong sa pagburos sa mga batan-ong babaye, labi na sa Ozamiz City. Pinaagi sa pag-ila sa mga kakulangan sa kahibalo, labi na sa paggamit sa mga kontraseptibo sa mga batan-ong babaye, kini usa ka kabalaka alang sa mga organisasyon sa kahimsog.)

Choice of participants

You have been chosen to participate in this study because you are an adolescent mother particularly living in Ozamiz City. Your insights are valuable in understanding the current state of reproductive health knowledge and its role in your decision-making process regarding pregnancy prevention. Your input will help paint a clearer picture of adolescents' needs in reproductive health education.

(Napili ka nga mag-apil sa kini nga pagtuon tungod kay ikaw usa ka batan-ong inahan nga nagpuyo sa Ozamiz City. Ang imong mga panan-aw bililhon sa pagsabot sa kahimtang sa kahibalo sa reproductive health ug ang papel niini sa imong mga desisyon bahin sa pagpugong sa pagburos. Ang imong kontribusyon makatabang sa paghatag ug klarong hulagway sa mga panginahanglan sa mga batan-ong nagkinahanglan ug edukasyon sa reproductive health.)

Participation is voluntary

Your participation in this study is completely up to you. No one can force you to join. It's your choice, and your choice only. If you decide not to participate, that's perfectly okay, and it won't affect you in any way. However, because you are a minor, we also need to get permission from your parent or guardian for you to take part in this study. Even if you say you want to be in the study, we still need their permission. If your parent or guardian says no, then you won't be able to participate, even if you want to. We want to be clear about this process. We respect your decision, and we also need to respect your parent or guardian's decision.

(Ang imong pag-apil sa kini nga pagtuon hingpit nga boluntaryo. Wala'y tawo nga makapugos nimo nga mag-apil. Ikaw ra ang magbuot, ug ikaw ra ang makapili. Kung magdesisyon ka nga dili mag-apil, wala'y problema, ug wala kini'y epekto nimo. Apan, tungod kay ikaw usa ka menor de edad, kinahanglan usab kami magkuha ug permiso gikan sa imong ginikanan o guardian aron ikaw makapil sa kini nga pagtuon. Bisan pa ug gusto ka mag-apil, kinahanglan gihapon ang ilang permiso. Kung ang imong ginikanan o guardian dili motugot, dili ka makapil bisan pa ug gusto ka. Gusto namo nga klaro ang proseso niini. Girespeto namo ang imong desisyon, ug girespeto usab namo ang desisyon sa imong ginikanan o guardian.)

I have checked with the child and they understand that participation is voluntary __(initial)

Risks

We want to make sure you feel safe and comfortable while participating in our study. There are no physical risks involved, but some questions might feel sensitive or personal. If you feel uncomfortable or upset at any point, you can skip any question or stop participating at any time. No questions asked. Your answers will be kept private, and no one will know they came from you. If you have any questions or worries, you can contact us anytime. We're here to help and make sure you feel safe throughout the study. If you need support or someone to talk to, we can help connect you with the right people.

(Gusto namo nga siguradohon nga magpabilin ka nga luwas ug komportable samtang nag-apil sa among pagtuon. Wala'y pisikal nga risgo nga kauban, apan ang uban nga mga pangutana mahimong magpahimo sa imong gibati nga sensitibo o personal. Kung ikaw magbati nga dili komportable o malipay, mahimo nimong likayan ang bisan unsang pangutana o ihunong ang imong pag-apil sa bisan unsang oras. Wala'y pangutana nga ipangutana. Ang imong mga tubag pagatipigan nga pribado ug walay makahibalo nga gikan kini nimo. Kung aduna kay mga pangutana o kabalaka, mahimo ka magkontak kanamo bisan unsang orasa. Ania kami aron motabang ug

siguruhon nga magpabilin kang luwas sa tibuok pagtuon. Kung nanginahanglan ka ug suporta o gusto nimo makig-istorya, matabangan ka namo nga makigkonekta sa mga tawo nga makatabang nimo.)

Discomforts
We want you to feel as comfortable as possible during the study. You will be asked questions about reproductive health and pregnancy prevention strategies, which might feel sensitive or personal. If any question makes you feel uncomfortable, you can skip it or stop at any time. Your participation is entirely up to you.

(Gusto namo nga magpabilin kang komportable sa pag-apil sa pagtuon. Pangutan-on ka bahin sa reproductive health ug mga pamaagi sa pagpugong sa pagburos, nga mahimong magsangput sa sensitibo o personal nga mga isyu. Kung ang bisan unsang pangutana magpahimo nimo nga dili komportable, mahimo nimo kini likayan o itigil ang imong pag-apil sa bisan unsang oras. Ang imong pag-apil hingpit nga nakabase sa imong gusto.)

If talking about these topics makes you feel upset or worried, please let us know, or you can talk to a trusted adult like your parents. We're here to listen and support you.

(Kung ang pag-istorya bahin sa mga topiko magpahimo nimo nga magkabalaka o magapanuko, palihug ipahibalo kanamo, o mahimo ka mag-istorya sa usa ka tawo nga imong saligan sama sa imong ginikanan. Ania kami aron maminaw ug magsuporta nimo.)

Participating in this study shouldn't interfere with your daily activities. We will do our best to schedule the survey at a convenient time. If you have any concerns or questions at any point, feel free to reach out to us.

(Ang pag-apil sa kini nga pagtuon dili makababag sa imong adlaw-adlaw nga mga kalihokan. Amog paningkamotan nga itakda ang oras sa survey sa usa ka oras nga magaan ug komportable nimo. Kung aduna kay mga kabalaka o pangutana, ayaw kalimot sa pagdapit kanamo.)

I have checked with the child and they understand the risks and discomforts ✓ **(initial)**

Benefits
This study will enable you to shed light or provide understanding about the factors that can influence adolescent mothers on pregnancy prevention strategies. Thus, your responses shall be highly valued being deemed important in the field of nursing.

(Ang pagtuon nga kini magahatag ug kahayag o magahatag ug pagsabot sa mga hinungdan nga makaapekto sa mga inahan nga kabatan-onan sa mga estratehiya sa pagpugong sa pagburos. Busa, ang inyong mga tubag mao'y taas ug bili nga gikinahanglan ug mahinungdanon sa larangan sa nursing.)

I have checked with the child and they understand the benefits ✓ **(initial)**

Reimbursements
There will be no monetary expenses or costs on your part as a respondent, nor any monetary compensation for your participation in this study.

(Walay mga gasto o bayad nga kinahanglan nimo isip usa ka respondente, ni wala usab bayad nga kwarta alang sa imong pag-apil sa kini nga pagtuon.)

Confidentiality
Your privacy is very important to us. Any information you provide during this study will be kept strictly confidential. Your name and personal details will not appear in any reports or publications. Instead, a special code will be used to protect your identity. All data will be securely stored and only the researchers will have access to it. The results will be presented in a way that ensures no one can identify you. If you have any questions or concerns about your privacy, please let us know.

(Importante kaayo ang imong privacy para namo. Ang tanan nga impormasyon nga imong ihatag sa pagtuon kini pagatipigan nga sekreto. Ang imong ngalan ug personal nga impormasyon dili ipakita sa bisan unsang mga report o publikasyon. Maggamit kami og espesyal nga code aron maprotektahan ang imong identidad. Ang tanang datos pagatipigan sa segurado nga pamaagi ug ang mga

mananaliksik ra ang adunay access niini. Ang mga resulta ipakita sa pamaagi nga dili matino kung kinsa ang naghatag niini. Kung aduna kay mga pangutana o kabalaka bahin sa imong privacy, palihug ipahibalo kami.)

Compensation

If you get hurt while taking part in this research, it's important to know that there are plans in place to help you. Your parents have been given detailed information about what to do if something goes wrong. They will understand how you can get help and what support is available to you. It's essential that you feel safe and know that help is there if you need it. Remember, this research is meant to be a safe experience for you. If you have any concerns or questions about this, please ask any of us researchers.

(Kung magkinaunsa ka sa dihang nag-apil ka sa kini nga pagtuon, importante nga masayud ka nga aduna'y plano nga andam para sa imong tabang. Ang imong mga ginikanan nadawat na ang detalye kung unsaon sila pagtabang kung adunay mga problema. Sila nakasabot unsaon pagtabang ug unsang suporta ang magamit. Importante nga magpabilin ka nga luwas ug kabalo nga adunay tabang kung kinahanglan. Hinaot nga ang pag-apil sa kini nga pagtuon magahatag og luwas nga kasinatian alang kanimo. Kung aduna kay mga kabalaka o pangutana bahin niini, palihug pangutana lang sa bisan kinsa sa among mga researcher.)

Sharing the Findings

When the study completed, we will disclose our findings in a way that protects the privacy of your information. To let you know what we discovered during the study, you will be kept updated of the results. Your personal information, however, will be kept private and not disclosed to other parties. In order for more individuals to benefit from our research, we intend to disseminate our findings more widely through books, journals, and conferences. We need to make sure that we preserve your privacy even when we share knowledge. Please message us if you'd like more information about when and how we'll share these findings.

(Inig human sa pagtuon, ipahibalo namo ang among mga nadiskobrehan sa pamaagi nga magapanalipod sa privacy sa imong impormasyon. Aron ipahibalo kanimo ang mga resulta nga among nakaplagan sa pagtuon, magpahibalo kami kanimo sa mga updates. Apan, ang imong personal nga impormasyon ipabilin nga pribado ug dili ipahayag sa uban nga mga tawo. Aron nga mas daghang mga tawo ang makapahimulos sa among pagtuon, plano namo nga ipaabot ang among mga nadiskobrehan pinaagi sa mga libro, journals, ug mga komperensya. Kinahanglan nga siguradohon namo nga mapadayon ang imong privacy bisan pa sa pagbahin sa among nahibal-an. Palihug kontaka kami kung gusto nimo og dugang impormasyon kung kanus-a ug giunsa namo ipahibalo ang mga nadiskobrehan.)

Right to Refuse or Withdraw

You have the right to choose whether or not to participate in this study. Your participation is completely voluntary. If you decide to join but later change your mind, you can stop at any time, no questions asked and no consequences. Even if your parent or guardian gives permission, the final decision is yours. We respect your right to withdraw, and your choice will not affect any support or care you receive.

(Aduna kay katungod nga magbuot kung moapil ba ka sa kini nga pagtuon o dili. Ang imong pag-apil kay boluntaryo ug tibuok nga buot nimo. Kung magdesisyon ka nga moapil apan mag-usab ang imong hunahuna, pwede ka mag-undang sa bisan unsang orasa, walay pangutana o epekto. Bisan pa man og tugutan ka sa imong ginikanan o guardian, ang katapusang desisyon mao ang imo. Girespeto namo ang imong katungod nga mag-undang, ug ang imong desisyon dili makaapekto sa bisan unsang suporta o pag-atiman nga imong madawat.)

Who to Contact?

If you have any questions or want more information about the study, there are people you can talk to easily. You can reach out to us directly or contact, Crystal Kim Biton- 09816206046 or Kursha Chayanne Berenguel- 09672317784. It's important for you to have support and answers whenever you need them. If you'd like, I can also provide a copy of this paper for you to keep so that you can review it later with your parents. If you're unsure about anything we've talked about today, remember that it's okay to ask questions. Do you understand that participation is completely up to you? You can say no if that's what you choose? And do you know who you can contact if you'd like more information? Please let us know if there's anything else you'd like to discuss.

(Kung aduna kay mga pangutana o gusto pa nga dugang impormasyon bahin sa pagtuon, aduna kay mga tawo nga pwede nimo kontakon. Pwede nimo kami direkta kontakon o magtawag kang Crystal Kim Biton - 09816206046 o Kursha Chayanne Berenguel - 09672317784. *Importante nga magpabilin kang adunay suporta ug tubag sa mga pangutana kung kinahanglan nimo. Kung gusto nimo, pwede usab nako ihatag ang kopya sa kini nga papel aron ma-review nimo kini uban sa imong mga ginikanan. Kung adunay ka pa'y mga kalibog sa mga gisgutan namo karon, hinumdumi nga okay ra magpangutana. Nasabtan ba nimo nga ang imong pag-apil kay boluntaryo ra? Pwede ka mag-ingon og dili kung gusto nimo? Ug nasayud ba ka kinsa ang imong kontakon kung gusto ka og dugang impormasyon? Palihug ipahibalo kami kung aduna kay gusto pa nga hisgutan.)*

If you choose to be part of this research, I will also give you a copy of this paper to keep for yourself. You can ask your parents to look after it if you want.

(Kung magdesisyon ka nga mag-apil sa kini nga pagtuon, ihatag usab namo sa imo ang kopya sa kini nga papel aron imo kining itago. Pwede nimo ipangayo sa imong ginikanan nga sila mag-amuma niini kung gusto nimo.)

You can ask us more questions about any part of the research study, if you wish to. Do you have any questions?
(Pwede ka mangutana pa og dugang bahin sa bisan unsang bahin sa pagtuon kung gusto nimo. Aduna ba kay mga pangutana?)

PART 2: Certificate of Assent

I understand that this research is called "Level of Knowledge on Reproductive Health and Its Implication on Pregnancy Prevention Strategies." The purpose of this study is to assess the level of knowledge on reproductive health among adolescent mothers and its implication on pregnancy prevention strategies they employ. The researchers want to find out how knowledge about reproductive health relate to the use of contraceptives and the prevention of unintended pregnancies. They are also interested in how cultural, social, and religious factors shape adolescent mothers' views on reproductive health topics. By identifying areas where adolescent mothers might lack knowledge or have misunderstandings, this research aims to provide valuable insights for creating better educational programs and policies focused on improving reproductive health outcomes.

(Nakasabot ko nga kini nga research gitawag nga "Level of Knowledge on Reproductive Health and Its Implication on Pregnancy Prevention Strategies." Ang katuyoan sa kini nga pagtuon mao ang pag-assess sa lebel sa kahibalo sa reproductive health sa mga inahan nga tin-edyer ug ang iyang epekto sa ilang mga estratehiya sa pagpugong sa dili gitinguhang pagpanamkon.Gusto sa mga researcher nga mahibal-an kung giunsa ang kahibalo bahin sa reproductive health makaapekto sa paggamit sa mga kontraseptibo ug sa paglikay sa dili gitinguhang pagpanamkon. Sila usab interesado kung giunsa ang mga kultura, sosyal, ug relihiyosong aspeto nakaimpluwensya sa panglantaw sa mga tin-edyer nga inahan bahin sa mga hilisgutan sa reproductive health. Pinaagi sa pag-ila sa mga aspeto diin kulang ang ilang kahibalo o adunay mga sayop nga pagsabot, kini nga research nagtumong sa paghatag ug bililhon nga kasayuran aron makamugna ug mas maayong mga edukasyonal nga programa ug polisiya nga magpasiugda sa pagpauswag sa kahimtang sa reproductive health.)

Print name of researcher KURSHA CHAYANNE B. BERENGUEL

Signature of researcher

Date 05/09/25
Day/month/year

Print name of researcher EDZEL P. BUCOD

Signature of researcher

Date 05/09/25
Day/month/year

Print name of researcher LOUREN S. BUENDRAZO

Signature of researcher

Date 05/04/25
Day/month/year

Statement by the researcher/person taking consent

I have accurately read out the information sheet to the potential respondent, and to the best of my ability made sure that the child understands that the following will be done:

1. *The respondent will be asked to complete a questionnaire related to their knowledge, attitudes, and behaviours regarding sexual health.*

2. *Participation is voluntary, and responses will remain anonymous and confidential.*

3. *The information gathered will be used solely for research purposes to help understand sexual health knowledge and risk-taking behaviours among senior high school students.*

I confirm that the child was given an opportunity to ask questions about the study, and all the questions asked by him/her have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

A copy of this assent form has been provided to the participant.

Print Name of Researcher/person taking the assent CRYSTAL KIM R. KITON

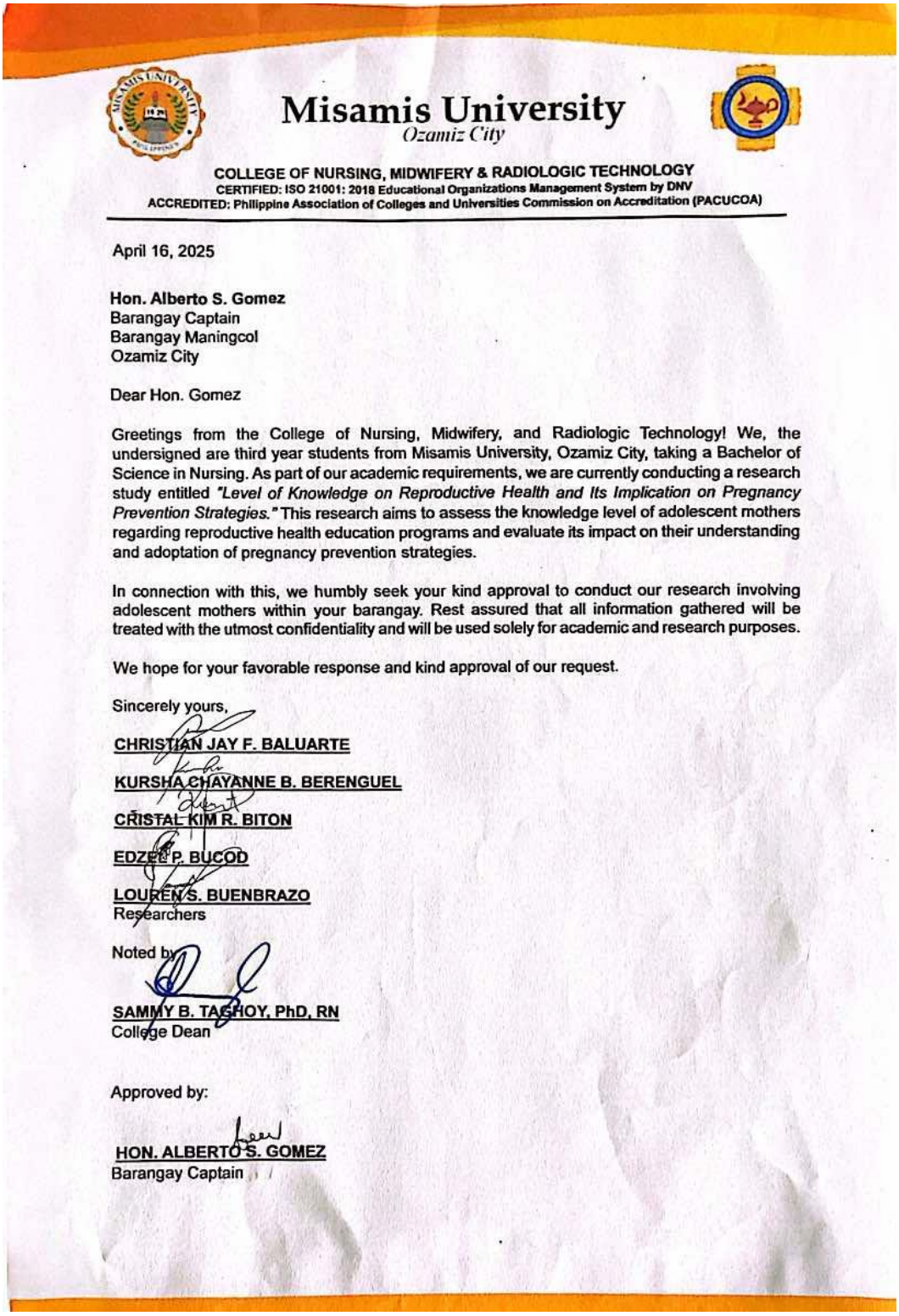
Signature of Researcher /person taking the assent

Date 05/04/25
Day/month/year

Copy provided to the respondent ✓ (initialled by researcher/assistant)

Parent/Guardian has signed an informed consent ✓ Yes ___No ✓ (initialled by researcher/assistant)

APPENDIX F: Approved Letters of Consent



Misamis University
Ozamiz City

COLLEGE OF NURSING, MIDWIFERY & RADIOLOGIC TECHNOLOGY
CERTIFIED: ISO 21001: 2018 Educational Organizations Management System by DNV
ACCREDITED: Philippine Association of Colleges and Universities Commission on Accreditation (PACUCOA)

April 16, 2025

Hon. Alberto S. Gomez
Barangay Captain
Barangay Maningcol
Ozamiz City

Dear Hon. Gomez

Greetings from the College of Nursing, Midwifery, and Radiologic Technology! We, the undersigned are third year students from Misamis University, Ozamiz City, taking a Bachelor of Science in Nursing. As part of our academic requirements, we are currently conducting a research study entitled *"Level of Knowledge on Reproductive Health and Its Implication on Pregnancy Prevention Strategies."* This research aims to assess the knowledge level of adolescent mothers regarding reproductive health education programs and evaluate its impact on their understanding and adoptation of pregnancy prevention strategies.

In connection with this, we humbly seek your kind approval to conduct our research involving adolescent mothers within your barangay. Rest assured that all information gathered will be treated with the utmost confidentiality and will be used solely for academic and research purposes.

We hope for your favorable response and kind approval of our request.

Sincerely yours,

CHRISTIAN JAY F. BALUARTE

KURSHA CHAYANNE B. BERENGUEL

CRISTAL KIM R. BITON

EDZEL P. BUCOD

LOUREN S. BUENBRAZO
Researchers

Noted by:

SAMMY B. TAGHOY, PhD, RN
College Dean

Approved by:

HON. ALBERTO S. GOMEZ
Barangay Captain

Misamis University
Ozamiz City

COLLEGE OF NURSING, MIDWIFERY & RADIOLOGIC TECHNOLOGY

CERTIFIED: ISO 21001: 2018 Educational Organizations Management System by DNV
ACCREDITED: Philippine Association of Colleges and Universities Commission on Accreditation (PACUCOA)

April 16, 2025

Hon. Rodel M. Camiguing
Barangay Captain
Barangay San Antonio
Ozamiz City

Dear Hon. Camiguing,

Greetings from the College of Nursing, Midwifery, and Radiologic Technology! We, the undersigned are third year students from Misamis University, Ozamiz City, taking a Bachelor of Science in Nursing. As part of our academic requirements, we are currently conducting a research study entitled *"Level of Knowledge on Reproductive Health and Its Implication on Pregnancy Prevention Strategies."* This research aims to assess the knowledge level of adolescent mothers regarding reproductive health education programs and evaluate its impact on their understanding and adaptation of pregnancy prevention strategies.

In connection with this, we humbly seek your kind approval to conduct our research involving adolescent mothers within your barangay. Rest assured that all information gathered will be treated with the utmost confidentiality and will be used solely for academic and research purposes.

We are hoping that tis request may merit a favorable response. Keep safe and more power!

Sincerely yours,

CHRISTIAN JAY F. BALUARTE

KURSHA CHAYANNE B. BERENGUEL

CRISTAL KIM R. BITON

EDZEL P. BUCOD

LOUREN S. BUENBRAZO
Researchers

Noted by:

SAMMY B. TAGHOY, PhD, RN
College Dean

Approved by:

HON. RODEL M. CAMIGUING
Barangay Captain

APPENDIX G: Statistical Computations

Descriptive Statistics

	N	Mean	Standard Deviation
Knowledge on Reproductive Health	**70**	**3.23**	**0.33**
Pregnancy Prevention Strategies	**70**	**3.20**	**0.40**

Descriptive Statistics for each Variable

KNOWLEDGE ON REPRODUCTIVE HEALTH	N	Mean	StDev
1. The use of contraceptive methods can help prevent unplanned pregnancies. *Ang paggamit ug contraceptibo nga pamaagi aron malikayan ang pagmabdos.*	**70**	3.514285714	0.499795877
2. Oral contraceptive pills must be taken daily at the same time to be effective. *Ang pag-inom ug pills nga contraceptibo kada adlaw mahimong epektibo.*	**70**	3.542857143	0.498159879
3. Condoms provide protection against both pregnancy and sexually transmitted infections (STIs). *Ang condom makahatag ug proteksyon aron dili mamabdos ug proteksyon usab sa impeksyon nga dala sa pagpakighilawas.*	**70**	3.5	0.5
4. The withdrawal method is one of the most reliable forms of contraception. *Ang pag-atras o withdrawal method maoy pinakaslaigan nga pamaagi sa contraceptibo.*	**70**	3.314285714	0.802546966

5. Injectable contraceptives provide protection against pregnancy for up to three months. *Ang pagturok sa injection nga contraceptibo makahatag ug proteksyon arun dili mamabdos ubos sa tulo ka bulan.*	**70**	3.314285714	0.666394502
6. An intrauterine device (IUD) can prevent pregnancy for several years. *Ang IUD (intrauterine device) makalikay sa pagmabdos sulod sa pipila ka tuig*.	**70**	3.328571429	0.578703689
7. Emergency contraceptive pills are most effective when taken within 72 hours after unprotected intercourse. *Ang pills nga emergency contraceptive mas epektibo nga gamiton sulod sa 72 ka oras paghuman ug talik.*	**70**	3.028571429	0.774069553
8. Contraceptive implants are inserted under the skin and can prevent pregnancy for up to three years or more. *Ang contraceptive implant o 'implanon' nga isulod sa imong lawas, makapakgang sa pagmabdos sulod sa tulo ka tuig o labaw pa.*	**70**	3.228571429	0.564963427
9. Natural family planning methods, such as the calendar method, require tracking menstrual cycles to determine fertile days. *Ang natural na paamgi sa pagplano sa pamilya sa kalendaryo makinahanglan ug pagsubay sa pagdugo aron mahibaloan ang panahon sa pertilisado nga adlaw sa babaye*.	**70**	3.2	0.667618368
10. Sterilization is a permanent method of contraception for individuals who no longer wish to have children. *Ang pagkabaog maoy permanente nga pamaagi nga contraceptibo sa magtiayon nga dili gusto magkaanak.*	**70**	3.271428571	0.583619949
SEXUAL HEALTH EDUCATION			
1. I am knowledgeable about the basic principles of sexual health. *Nagamit ako ug contraceptibong pamaagi kanunay aron malikayan ang dili planadong pagmabdos.*	**70**	3.242857143	0.664093674

2. I understand the importance of consent in sexual relationships. *Maghisgot kami sa mga contraceptibong pamaagi sa akoang pares sa dili pa kami magsiping or maghilawas.*	**70**	3.228571429	0.831030833
3. I know the potential physical and emotional effects of sexual activity. *Mas mopabor ako sa natural na pamaagi nga contraceptibo kaysa modernong pamaagi*.	**70**	3.057142857	0.73456915
4. I understand the concept of sexual orientation and its spectrum. *Naggamit ako ug contraceptibong pamaagi sama sa condom ug pills sa insaktong ug epektibong pamaagi.*	**70**	3.1	0.739691055
5. I am familiar with the resources available for sexual health education and support. *Nagkonsulta ako ug propesyonal sa pangkalusogan kon unsay angay nga contraceptibo alang kanako.*	**70**	3.085714286	0.626620349
6. I am aware of different contraception methods and their effectiveness. *Adunay akoy makuhang barato ug epektibo nga contraceptibong pamaagi sa amoang lugar o kumunidad.*	**70**	3.271428571	0.607604866
7. I understand the concept of healthy sexual relationships and communication. *Nigamit ko ug emerhensyang contraceptibo isip back-up kon ugaling nakighilawas ko nga dili protektado.*	**70**	3.157142857	0.668382147
8. I am familiar with how to seek help or advice for sexual health concerns. *Nigamit ko ug contraceptibong pamaagi isip epektibo aron malikayan ang pagmabdos,*	**70**	3.085714286	0.691641054
9. I know the age-related guidelines for sexual health education. *Nagamit ako ug contraceptibong paamgi likod sa mga pagsulay sama sa pagpanghusgo sa dih ang ako siya nga gikuha.*	**70**	3.028571429	0.810139822
1 0 . I am comfortable discussing sexual health topics with others. *Nakasbaot ko nga ang contraceptibong paamgi*	**70**	3.114285714	0.687497681

kinahanglan piluon base sa kaugalingong panginahanglan ug kinabuhi.			
PREGNANCY PREVENTION STRATEGIES	**N**	**Mean**	**StDev**
1. I use contraceptive methods consistently to prevent unplanned pregnancies. *Gigamit nako ang mga pamaagi sa pagpugong sa pagmabdos sa kanunay aron malikayan ang dili tuyo nga pagmabdos.*	**70**	3.2	0.645865975
2. I discuss contraceptive options with my partner before engaging in sexual activity. *Nagahisgot kami sa akong kapikas bahin sa mga kapilian sa pagpugong sa pagmabdos sa wala pa mi makighilawas.*	**70**	3.271428571	0.607604866
3. I prefer using natural family planning methods over modern contraceptive methods. *Mas ganahan ko mogamit og natural nga pamaagi sa pagpamilya kaysa moderno nga pamaagi sa pagpugong sa pagmabdos.*	**70**	3.114285714	0.727870812
4. I use contraceptives like condoms or oral pills correctly and effectively. *Husto ug epektibo nako nga gigamit ang mga kontraseptibo sama sa condom o oral nga pills..*	**70**	3.242857143	0.705806819
5. I consult healthcare professionals about the most suitable contraceptive method for me. *Nagpakonsulta ko sa mga propesyonal sa kahimsog kabahin sa pinaka-angay nga pamaagi sa pagpugong sa pagmabdos para nako.*	**70**	2.842857143	0.838974106
6. I have access to affordable and reliable contraceptive methods in my community. *Adunay akoy akses sa barato ug kasaligan nga mga pamaagi sa pagpugong sa pagmabdos sa among komunidad..*	**70**	3.114285714	0.820154291
7. I use emergency contraceptives as a backup plan after unprotected intercourse. *Gigamit nako ang emergency contraceptives isip backup human sa walay proteksyon nga pakighilawas*.	**70**	2.957142857	0.852487357
8. I use contraceptive methods in an effective way to prevent unintended pregnancies. *Epektibo nako nga gigamit ang mga pamaagi*	**70**	3.385714286	0.639036264

sa pagpugong sa pagmabdos aron malikayan ang dili tuyo nga pagmabdos..			
9. I use contraceptive methods despite facing challenges, such as stigma or judgment, when trying to access them. *Nagapadayon ko sa paggamit sa mga pamaagi sa pagpugong sa pagmabdos bisan pa sa mga hagit sama sa stigma o paghusga.*	**70**	3.257142857	0.647759089
10. I understand that contraceptive methods should be chosen based on individual health needs and lifestyle. *Nasabtan nako nga ang pagpili sa mga pamaagi sa pagpugong sa pagmabdos angay ibase sa indibidwal nga kahimsog ug estilo sa kinabuhi.*	**70**	3.271428571	0.630678287
BEHAVIORAL PRACTICES			
1. I ensure that I have open communication with my partner about our intentions regarding pregnancy. *Akoang gisiguro nga aduna kami panagsabot sa akong pares kabahin sa akong tinguha nga pagmabdos nako.*	**70**	3.371428571	0.613454587
2. I have practiced abstinence as a method to prevent pregnancy. *Akoag gibansay ang dili pakighilawas aron malikayan ang pagmabdos.*	**70**	3.1	0.739691055
3. I use fertility awareness methods (e.g., tracking my menstrual cycle) to avoid pregnancy. *Akoang gigamit ang pag-ila sa pagkamayabong nga pamaagi (pagsubay sa regla) arun malikayan ang pagmabdos.*	**70**	3.157142857	0.786233595
4. I practice withdrawal (coitus interruptus) during sexual intercourse to prevent pregnancy. *Akoang gigamit ang withdrawal nga pamaagi arun dili mamabdos*	**70**	3.1	0.63583466
5. I am comfortable with natural family planning methods as a way to prevent pregnancy.	**70**	3.214285714	0.652311432

Komportable ako sa natural nga pamaagi aron dili mamabdos.			
6. I monitor my menstrual cycle to identify fertile and non-fertile days for natural family planning. *Akoang gimonitor ang akong pag-regla aron akong masuta ang adlaw sa akong pagkamabungahon alang sa natural nga pamaagi sa planong pampamilya.*	**70**	3.128571429	0.69531963
7. I feel confident in using behavioral method to prevent pregnancy without relying on medications or barrier methods. *Mas mosalig ako sa pamatasang gawi nga pamaagi arun malikay ang pagmabdos nga dili magsalig sa tambal o pagsagang nga pamaagi.*	**70**	3.271428571	0.65293685
8. I have discussed pregnancy prevention with my partner and agreed on behavioral methods to avoid pregnancy. *Akong gisabot ang akong pares sa pamatasang gawi nga pamaagi aron malikayan ang pagmabdos.*	**70**	3.3	0.617599038
9. I feel that behavioral methods are reliable way to prevent pregnancy. *Akong nabati nga ang batasang pamaagi kasali gan aron malikayan ang pagmabdos.*	**70**	3.271428571	0.674461236
10 . I feel that behavioral methods for pregnancy prevention require a lot of effort and discipline. *Akong nabati nga ang batasang gawi, nga pamaagi aron malikayan ang pagmabdos nagkinahnaglan ug ubay-ubay nga paningkamot ug disiplina.*	**70**	3.271428571	0.69531963

Reliability Statistics

Knowledge in terms of Contraceptive Methods

Cronbach's Alpha	No. of Items
0.7919	10

Knowledge in terms of Sexual Health Education

Cronbach's Alpha	No. of Items
0.9021	10

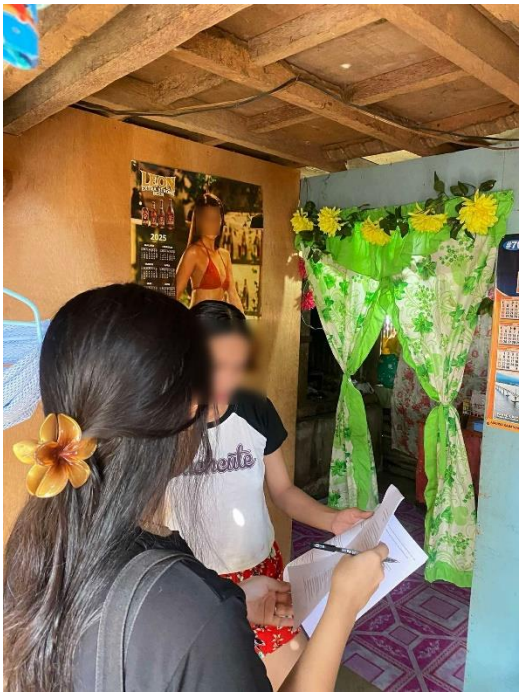
Pregnancy Prevention Strategies in terms of the Use of Contraceptive Methods

Cronbach's Alpha	No. of Items
0.9215	10

Pregnancy Prevention Strategies in terms of Behavioral Practices

Cronbach's Alpha	No. of Items
0.8742	10

APPENDIX H: Documentation



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Measures average sentence length

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words per sentence

LEVEL OF KNOWLEDGE ON REPRODUCTIVE HEALTH AND ITS IMPLICATION ON PREGNANCY PREVENTION STRATEGIES AMONG ADOLESCENT MOTHERS

by ESSENTIALS SHOPPE - Follow Rules Or Else VOID WARRANTY

General metrics

50,421	6,993	372	27 min 58 sec	53 min 47 sec
characters	words	sentences	reading time	speaking time

Writing Issues

✓ No issues found

Plagiarism

This text hasn't been checked for plagiarism

CURRICULUM VITAE

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Sex: Male

Civil Status: Single

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Year: 2020-2022

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Address: Maquilao, Tangub City

Year: 2010-2016