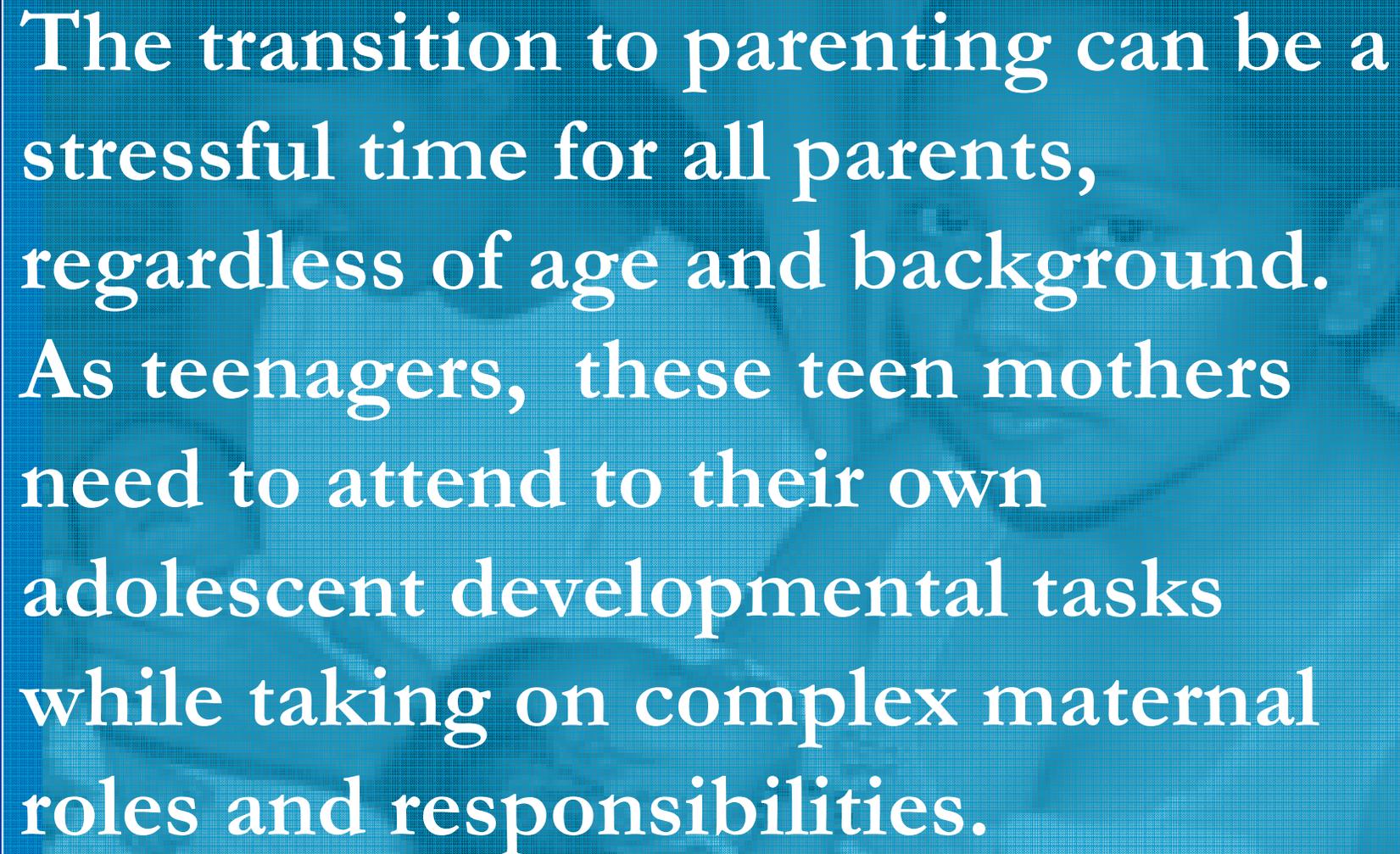


MATERNAL and CHILD DEVELOPMENT OUTCOMES OF TEENAGE MOTHERS ENROLLED IN THE TEENAGE PREGNANCY PROGRAM in a Tertiary Hospital

Ma. Jesusa Dela Vega, MD; Erlinda Susana Cuisia-Cruz, MD;
Rosa Ma. Nancho, MD

Philippine Children's Medical Center
Manila, Philippines



The transition to parenting can be a stressful time for all parents, regardless of age and background. As teenagers, these teen mothers need to attend to their own adolescent developmental tasks while taking on complex maternal roles and responsibilities.

INTRODUCTION

- Only a handful of studies have been conducted where intervention programs are used to assess its effects on child development or on maternal parenting practices.

INTRODUCTION

- This paper identifies the **effect** of the **Teenage Pregnancy Prevention Program** on pregnant teenagers regarding self esteem, parental competence, child rearing practices and child development outcomes.

General Objective

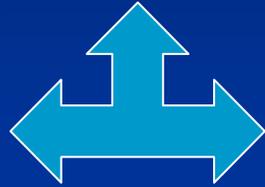
- To assess the effect of the Teen Pregnancy program on parental competence and child physical development.

Specific Objectives

1. To identify growth/ development outcomes of infants up to 3 months of age born of adolescent mothers enrolled in the program from those who were not enrolled.
2. To compare the effect on self-esteem, parental competence, knowledge of child development of teenage mothers enrolled in the program versus those who were not enrolled.

TEEN MOTHERS/ PREGNANTS – 15- 19 years old
infants – 0-3 months old

control group n=45
teen mother (A)/ infant



study group n=47
teen pregnant (B)



HEADSS, self esteem, MSRI, Parental knowledge



intervention

self esteem, MSRI, Parental knowledge
infant check up

study group n=40

■ Rosenberg self esteem scale

- Subjects rate their responses to each item on a 4- point Likert – type scale ranging from strongly agree to strongly disagree

- scale ranges from 0-30.

15 and 25 - normal range;
scores below 15- low self-esteem

■ Maternal Self report Inventory (MSRI)

- Subjects respond to items such as “I think that I am a good mother” on a 4 point scale (really false to really true).

- The score ranges from 0-100.

A higher score indicate increased self-esteem.

- 0-19 (Very low);
- 20-39 (Low);
- 40-59 (Average);
- 60-79 (high)
- 80-100 (Very high).

- **INFANT DATA**

- Anthropometric measurement
- Immunization status
- number of sick baby consults

- Parental knowledge

- A 10 item quiz to determine the participant's knowledge about parenting.
- Scores 0-4 (poor); 5-7 (average); 8-10 (high).

Table 2. Comparison of infants of the teenage mothers from both groups

	Study Group N=40	Control Group N=45	P value
NBS			0.000000
Yes	31 (78%)	5 (11%)	
No	9 (22%)	40 (89%)	
Sick Baby Consult			0.167
Yes	8 (20%)	15 (33%)	
No	32 (80%)	30 (67%)	
Immunization status			0.00065
Up to date	31 (78%)	22 (49%)	
Not up to date	9 (22%)	23 (51%)	

Table 3. Analysis of scores of tests administered before and after intervention in the **study group** of Teenage mothers

	Pre- Intervention	Post-Intervention	P Value (Mcnemar's test)**
Rosenberg* (self esteem)			0.0000
Low	3 (7.5%)	0	
Ave	35 (87.5%)	18 (47%)	
High	2 (5%)	21 (53%)	
MSRI* (parental competence)			0.0015
Low	2 (5%)	0	
Ave	16 (40%)	6 (15%)	
High	16 (40%)	18 (45%)	
Very High	6 (15%)	16 (40%)	

Table 4. Comparison of Scores of tests administered to the study group post intervention and to the control group.

	Study Group N=40	Control Group N=45	P value
Rosenberg (self-esteem)			0.0000034
low	0	6 (13%)	
ave	19 (47.5%)	36 (80%)	
high	21 (52.5%)	3 (7%)	
MSRI (parental competence)			0.000066
Ave	6 (15%)	26 (58%)	
High	18 (45%)	13 (29%)	
Very high	16 (40%)	6 (13%)	
Parental knowledge test			0.0000003
Poor	2(5%)	11 (24%)	
Ave	13 (32.5%)	30 (67%)	
High	25 (62.5%)	4 (9%)	

- Demonstrated good rates of improvement in self esteem, parenting competence and the infants showed positive indicators of child health and development.

CONCLUSION

Our study had showed that our parenting program produced **results favoring the intervention group** on a range of maternal and infant measures of outcome including infant health development, parental attitudes, parental knowledge, maternal self-confidence and maternal identity.

Limitation

The control group was not given a pretest during the time of their pregnancy, which could also be a basis of comparison for both groups.

RECOMMENDATION

- It is recommended that future studies be made comparing the self esteem, parenting competencies of adolescents on all stages of pregnancy in order to provide developmentally appropriate programs to these groups.
- A longer time of observation in child development outcomes should be done
- We recommend further studies where there is long follow up of teenage mothers and their infants in order to anticipate areas that need further assessment.



Thank you

