



Adolescent Mothers' Nurturing Practices

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Author's contribution

The sole author designed, analysed, interpreted and prepared the manuscript.

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ABSTRACT

Adolescent mothers are less likely to stimulate their child through affectionate behavior such as verbal communication or to be sensitive and accepting toward his or her need. Birth is not the beginning of life. Instead, it is merely an interruption in the developmental pattern that began at the time of conception. It is the time when the individual must make a transition from the internal environment of the mother's uterus to the world outside the mother's body, Erfina, 2019.

The study employed the descriptive-correlational method of research. The respondents were the 115 adolescent mothers aged 15-23 from the selected barangays of Bantay, poblacion, farmland and mountainous. Total enumeration was considered in the study. Findings show that, there are more respondents who are 18 years old, unwed with a live-in partner but with parents consent and finished elementary. The majority of the respondents are housewives, catholic and belong to an extended type of family and with monthly income of P 1000-4,999.00. On the other hand, the majority of them have given birth to a full term, no pre term, no abortion, with one living child and delivered via normal spontaneous delivery. There is a greater percentage of the respondents who had their first pregnancy at the age of 17, had one pregnancy (gravidity) and delivered in the hospital.

In general, there is a "Good" extent of nurturing practice among the respondents. Likewise, the respondents from the Poblacion and those from the Farmland and Mountainous areas have "Good" nurturing practices. Moreover, there is a significant relationship between the overall extent of nurturing practices and the respondents' and educational attainment as well as on the manner of

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delivery. It was recommended in the study that adolescent mothers should find time to be with their adolescent children so that they will not seek the company of others which may lead to early marriage.

Moreover, health workers should intensify their health education on the nurturing practices especially along feeding and health seeking behavior. However, not to neglect the other aspects of nurturing practices like hygiene, immunizations and safety and protection. They should be more vigilant in their health teachings among the residents of the different barangays situated along the highways. Lastly, similar study should be conducted with more respondents and the inclusion of other variables under nurturing practices to make the study more conclusive.

Keywords: Adolescent mothers; newborn; nurturing; health-seeking behavior.

1. INTRODUCTION

Adolescence is the phase of life between childhood and adulthood, from ages 10 to 19. It is a unique stage of human development and an important time for laying the foundations of good health. Adolescents experience rapid physical, cognitive and psychosocial growth. This affects how they feel, think, make decisions, and interact with the world around them, by the WHO, 2022.

As stated in the study of Erfina [1], about 16 million girls aged 15–19 years and two million girls under the age of 15 years give birth every year. Adolescent mothers are less likely to stimulate their child through affectionate behavior such as verbal communication or to be sensitive and accepting toward his or her need. Birth is not the beginning of life. Instead, it is merely an interruption in the developmental pattern that began at the time of conception. It is the time when the individual must make a transition from the internal environment of the mother's uterus to the world outside the mother's body.

As Baccay, [2], also find out that, Having babies during adolescence can have serious consequences for the health of the girl and her infant. Teen pregnancy in the Philippines is a public health concern. Contraception is viewed as key in controlling the cases brought about early sexual initiation. Unfortunately, among sexually active teenage girls, 68.7% are not using any form of contraception. Apart from the risk to themselves, babies born to adolescent mothers are also at risk of mortality and morbidity. The vulnerabilities of neonatal hood are compounded by the young maternal age thus increasing the risks for both maternal and child mortality. Among babies born to adolescents, higher risks of preterm births, low birth weight, stillbirths, and newborn deaths compared to babies born to older mothers have been previously reported in the study of Kabwijamu [3], 2016.

Additionally, in the study of Kabwijamu [3], First-time adolescent mothers deal with challenges that place extra demands not only on their stage of adolescent development but also on their ability to adapt to their new role as a parent. The failure of adolescents to obtain adequate knowledge on contraceptive measures is an issue that can be addressed by the healthcare profession. Unfortunately, providing information does not always resolve the problem entirely because adolescents often lack money to purchase protection such as birth control pills or diaphragms.

This study emphasizes the developmental process of maternal competence and the vast array of potentially influential factors. Nursing interventions directed at strengthening women's maternal competence are vital in supporting the health and well-being of women and their families.

As a researcher, this would help him to assess and analyze adolescent mothers' nurturing practices and determine how appropriate those mothers' roles are for the welfare of their children. This study would also serve as a way to evaluate how the adolescent mothers are equipped with the necessary knowledge and skills in carrying their children at an early age. Furthermore, the result of this study is important to healthcare providers and health institutions for them to implement programs to enhance the nurturing practices of adolescent mothers.

2. METHODOLOGY

A descriptive correlational method of research. The population of this study were the 115 adolescent mothers aged 15-23 years. Total enumeration of the respondents was observed in the study. The names of the respondents were then extracted from the file data of the Midwives in the Rural Health Unit and also through the help of the Barangay Health Workers (BHWs) of

each barangay, Ramos, [4]. A questionnaire-checklist adopted from the study of Alquiza [5] and modified by the researcher then subjected to content validation by a pool of experts was used to gather the necessary data. The questionnaire consists of 2 parts as follows: Part I gathered data on the socio-demographic and obstetrical related profile of the respondents. Part II elicited information on the nurturing practices of adolescent mothers. The researcher sought permission from the Municipal Mayor and Barangay Captains of each barangay where the study was conducted. The researcher personally floated the questionnaire with the help of the barangay health workers. The data gathered was recorded, tabulated, analyzed and interpreted using the following statistical tools: Frequencies and Percentages, it was utilized to describe the distribution of the socio-demographic and obstetrical related profiles of the respondents. Mean, it was used to determine the extent of nurturing practices of the adolescent mothers of Bantay. Analysis of Variance or ANOVA and Scheffe's test, this was used to ascertain the significant difference in the nurturing practices between and among the adolescent mothers in different barangays. Lastly, Bivariate Correlation Analysis, these were used to determine the significant correlation between the extent of nurturing practices and socio-demographic and obstetrical related profile of the adolescent mothers.

3. RESULTS AND DISCUSSION

Problem 1. What is the profile of the respondents in terms of the following: Socio-demographic factors Age, Civil status, Highest educational attainment, Occupation, Family monthly income, Religion, and Type of family. Socio-Demographic Profile of the Respondents. On the Age. The greatest proportions of the respondents (39 or 33.8%) are 18 years old; there is an equal number of respondents (2 or 1.5%) who were 15 and 22 years of age. On Civil Status. Majority of the respondents (76 or 66.2%) were unwed with live-in partners but with parents consent; 14 (11.8%) of them are married. On Highest educational Attainment. There are 54 (47.1%) respondents who finished elementary; two (1.5%) were able to attain a vocational course. On Occupation. Almost all of them (105 or 91.2%) are plain housewives and ten (8.8%) are still students. On Monthly Family Income. One half of the respondents (58 or 50%) earned a monthly income ranging from P 1,000 - 4,999.00; ten (8.88%) with monthly family income of P999

and below. On Religion. Majority of the respondents (98 or 85.3%) are Roman Catholics while 17 (14.7%) are Non-Catholics. On Type of Family. The greatest percentage of the respondents (10.1 or 882%) belonged to an extended type of family; the remaining 14 (11.8%) belonged to a nuclear family.

A. Obstetrical-Related Factors age at first pregnancy, gravidity, parity, manner of delivery, and place of delivery? The distribution of the respondents in terms of their obstetrical-related profile is presented in Table 1.

Table 1. Distribution of the respondents in terms of their obstetrical-related profile

Obstetrical history	f	%
Age at first pregnancy		
18 yrs	4	5.9
17 yrs	25	36.8
16 yrs	24	35.3
15 yrs	15	22.1
Total	68	100.0
Gravidity		
3	3	4.4
2	22	32.4
1	43	63.2
Total	68	100.0
Parity		
Term		
3	1	1.5
2	20	29.4
1	44	64.7
1	3	4.4
Total	68	100.0
Pre-Term		
2	1	1.5
1	2	2.9
0	65	6
Total	68	100.0
Abortion		
0	68	100.0
Total	68	100.0
Livin children		
3	3	4.4
2	22	32.4
1	43	63.2
Total	68	100.0
Manner of Delivery		
Caesarean Section		7.4
Normal Spontaneous Delivery	63	92.6
Total	68	100.0
Place of Delivery		
Hospital	35	51.5
Home	4	5.9
RHU	29	42.6
Total	68	100.0

An overall mean of 3.37% indicates a "Fair" extent of nurturing practices among the respondents along hygiene practices.

The respondents "often" prepare a safe and clean changing area (X=3.78) and begin the diaper change with good hand washing (x=3.68). Further scrutiny of table entries, it can be observed that the mothers "sometimes" bathe their babies twice a day (x=2.90) and let their mother bathe the baby (x =2.85), bathing must be done at a regular time, uninterrupted and unhurried. The bath begins with the face and head, then upper torso, arms, abdomen, back, legs and finally buttocks. Water must be warm, but not hot. Water alone is enough in cleaning the genital area of the baby; soap is not required for a newborn. However, if soap is used, it must be specifically designed for a baby's sensitive skin, [6].

The table further reveals that brushing the gums and teeth of the child everyday (x=3.31) are "sometimes" performed by the mothers. Tooth brushing should begin in infants as soon as the first tooth erupts. All surfaces of the teeth should be brushed with a soft brush and water once a day to prevent plaque from forming [6]. Additionally, baby bottle decay is caused by recurring exposure over time to sugary liquids. These include milk, formula or fruit juices. These liquids pool for prolonged periods of time as the child sleeps. This exposure can lead to cavities forming, especially in the upper and lower front teeth. For this reason, children should not be allowed to fall asleep with a bottle of juice or milk in their mouth. They should have their gums and teeth wiped with a clean, damp washcloth or gauze pad following each feeding.

3.1 On Feeding Practices

The table reflects that there is "Fair" extent of nurturing practices of the respondents along feeding practices as manifested by the overall mean of 3.37.

When taken singly, the above table shows that the respondents "often" give multi- vitamins to their babies (x =3.91) when the baby is first born, the baby is healthy and doesn't need vitamins. The American Academy of Pediatrics (2003) had issued a recommendation that all infants (including those exclusively breast-fed) receive a daily supplement of 200 iu of vitamin D beginning in the first 2 months of life to prevent rickets and Vitamin D deficiency. If the infant is being exclusively breastfed after 4-6 months, iron supplementation is recommended to offset the decrease in iron available in human milk at this time to enhance erythropoiesis.

Moreover, the respondents "often" wash their hands thoroughly with soap and water before touching the breast (3.84) and wash their nipples with lukewarm water before and after feeding the baby (3.81). As stated by Pilitteri [6], the woman should wash her hands to be sure they are free from pathogens picked up not only in handling perineal pads or other sources of germs before breastfeeding. Hand washing is a universal method in eliminating microorganisms always present in our hands with the use of soap and water with appropriate technique and also friction. Thorough hand washing is needed before touching the breast prevents the transmission of microorganisms to the baby while breastfeeding. It's not needed not to wash the

Table 2. Mean ratings showing the extent of nurturing practices of the respondents along hygiene practices

Hygiene practices	Mean	DR
1. Prepare a safe and clean changing area.	3.78	O
2. Begin the diaper change with good hand washing.	3.63	O
3. Bath the baby everyday in the morning only.	3.46	O
4. Bath the baby twice a day (morning and afternoon).	2.90	S
5. Change diapers/underwear when wet.	3.34	O
6. Use diapers instead of cloth underwear (lampin).	3.22	S
7. Use soap and water in cleaning the genitalia.	3.60	O
8. Apply powder after bathing at the chest, back and genitalia.	3.41	O
9. Trim the baby's nails both hand and feet as needed.	3.46	O
10. Clean the ears with cotton balls after bathing.	3.56	O
11. Brush the child's gums and teeth everyday.	3.31	S
12. Ask the assistance of the mother in bathing the baby	3.26	S
13. Let the mother bath the baby.	2.85	S
OVERALL	3.37	F

breasts unless she notices caked colostrums on the nipples. They "often" burp the baby by tapping the back after feeding ($x=3.44$). Some infants seem to swallow little air when they breastfeed, others swallow a great deal. As a rule, it is helpful to bubble the baby after he or she has emptied the first breast and again after the total feeding. A parent may place the baby over one shoulder and gently pat or stroke the back. This position is not always satisfactory for a small infant, who has poor head control and the parent may not be able to support the baby's head and pat the back at the same time (Vee, 2009). Holding the baby in a sitting position on the lap, then leaning the child forward against one hand, with the index finger and thumb supporting the head is the best position because it provides head support and yet leaves the other hand free to pat the baby's back. Parents usually need to be shown this method. It does not seem as natural as putting the baby against the shoulder.

However, the respondents "Sometimes" practice, placing the baby in an upright position while breastfeeding ($x=3.29$), in the study of Abdullah and Kumar [7], 2020, upright position was effective in decreasing the frequency of regurgitation on birth and another study conducted by Steinberg [8], stated that the effect of giving upright position is to reduce the frequency of gums because this position allows the baby to swallow breast milk easily when breastfeeding, can be used by a mother who has a large breast size because it will get a more breathing, and can be used by mother who has premature baby. While, letting the baby suck the whole areola while breastfeeding ($x=3.37$). Using artificial teats or pacifiers after feeding ($x=2.85$) and using pacifiers before sleeping are "Sometimes" done by the respondents. According to Pilitterri [6], using pacifiers after feeding helps the infants fall asleep. This may mean an infant who completes a feeding and still seems restless and discontent, who actively searches for something to put into mouth, and who sucks on hands and clothes. A baby who has colic craves sucking and enjoys pacifiers because her abdomen hurts and she interprets this as a hunger sensation. If the nipples are satisfactory, parents could offer a pacifier after feeding for more sucking.

The major drawback of pacifiers is the problem of cleanliness. They tend to fall on the floor or the side-walk and are then put back into the infant's mouth. If not well constructed, they may come apart and be aspirated. Caution parents not to

make pacifiers from a nipple stuffed with cotton. If these come apart, the infant can aspirate the cotton [9].

Pacifiers should not be sweetened because this encourages development of dental cavities. Pacifier should be of hard rubber and should have a sufficiently large "skirt" to protect the infant from suffocating on the pacifier; several deaths have been reported from a pacifier with small skirt lodging inside the infant's mouth. Some liquid pacifiers have been found to be contaminated with bacteria. Pacifiers with strings removed because strangulation occurs. Letting the baby suck pacifier while sleeping can cause harm such as suffocation and aspiration that may lead to death [10].

The extent of nurturing practices of the respondents along immunizations is "Good" as reflected by an overall mean of 3.83. The respondents "often" bring their children to the RHU/Clinic for vaccinations and BCG, Hepa B, OPV, DPT and Anti-measles ($x=4.07$). In the study of Kumar, 2015, states that Immunization program is one of the key interventions for protection of children from life threatening conditions, which are preventable. and is a tradition in India that pregnant female stays in her mother's residence and prefers to stay for some time after delivery and elder women and relatives are the main source of information regarding breastfeeding practices and newborn care. Although it is better to have an experienced lady to advise the new mother, sometimes there are practices which are unhealthy.

It can also be observed from the table that the respondents "often" make sure that their babies are fully immunized before their first birthday ($x=4.00$). One of the most dramatic advances in pediatrics was the decline of infectious diseases during the twentieth century because of the widespread use of immunization for preventable disease. The Target age frame of the Expanded Program on Immunization (EPI) of the Department of Health, are babies at birth till 9 months. At the said month the baby should receive the last vaccine for them to be fully immunized. The recommended age for beginning primary immunization of infants is within 2 weeks of birth or in special circumstances at birth, (American Academy of Pediatrics, 2002).

3.2 On Safety and Protection

The extent of nurturing practices of the respondents along with safety and protection is presented in Table 5.

The Table 5 findings suggest that the respondent possesses a "Good" extent of nurturing practices along with safety and protection as backed up by an overall mean of 3.54. Almost all the items to describe the extent of nurturing practices of the respondents along with safety and protection are

all "often" done by them. They "Often" see to it that the sleeping area is free from objects that may cause harm and placed mosquito nets while sleeping both with a mean rating of 3.65 which got the highest ratings.

Table 3. Mean ratings showing the extent of nurturing practices of the respondents along feeding practices

Feeding practices	Mean	DR
1. Wash hands thoroughly with soap and water before touching the breasts.	3.84	O
2. Wash the nipple with lukewarm water before and after feeding the baby.	3.81	O
3. Feed the baby while sitting or lying down, using pillows for support.	3.62	O
4. Feed the baby in supine position.	3.28	S
5. Place the baby in upright positions during breastfeeding.	3.29	S
6. Feed the baby per demand or every 2-3hours interval.	3.41	O
7. Feed the baby on an alternating breast with an interval of 15-20 minutes.	3.24	S
8. Burp the baby by tapping his back after feeding.	3.44	O
9. Let the baby suck the whole areola and nipple.	3.37	S
10. Give commercialized milk formula.	3.44	O
11. Sterilize the bottle before and after using it	3.40	S
12. Use artificial teats or pacifiers after feeding.	2.85	S
13. Use a pacifier before sleeping.	2.68	S
14. Let the baby in upright positions after feeding for a couple of minutes.	2.99	S
15. Give Multi-vitamins.	3.91	O
16. Give supplemental feeding such as mashed potato or lugaw and etc.	3.63	O
17. Give commercialized prepared food such as cereals.	3.47	O
18. Give other foods like junk foods, carbonated beverages like soft drinks.	3.00	S
19. Ask the assistance of the mother to feed the baby while on work.	3.43	O
Overall	3.37	F

Table 4. On immunization practices. the extent of nurturing practices of the adolescent mothers along immunization practices

Immunization practices	Mean	DR
1. Be sure that the baby is fully immunized before his/her first birthday.	4.00	O
2. Bring the baby at the RHU/Clinic or hospitals for vaccinations such as: BCG, Hepa B., OPV, DPT and Measles.	4.07	O
3. Bring the baby at the RHU/Clinic with my mother.	3.65	O
4. Ask the mother to cuddle the baby during vaccinations.	3.54	O
5. Bring the baby on the scheduled day of immunization.	3.90	O
Overall	3.83	G

Table 5. Extent of nurturing practices of the respondents along with safety and protection

Safety and protection	Mean	DR
1. Place the baby on the crib while sleeping.	3.47	O
2. Place the baby in between me and my husband while sleeping.	3.54	O
3. Place pillows on both sides of the baby while on bed.	3.57	O
4. Sleeping area should be free from objects that may cause hazards.	3.65	O
5. Place bonnet and mittens during cold seasons	3.62	O
6. Place mosquito nets while sleeping.	3.65	O
7. Apply mosquito repellent before sleeping and going outside the house.	3.25	S
8. Place the baby in between me and a pile of pillows.	3.53	O
Overall	3.54	G

Table 6. Extent of nurturing practices of the respondents along health seeking

Health seeking practices	Mean	DR
1. Ignore the illness and wait to recover such as for cough and colds	3.34	S
2. Give over-the-counter drugs for fever, cough and colds.	3.54	O
3. Consult an "albularyo" for any illness.	3.29	S
4. Consult doctor/nurses/midwives if conditions worsen.	3.57	O
5. Use herbal medicine (decoctions) for minor ailments.	3.16	S
Overall	3.38	F

Table 7. Summary of the extent of nurturing practices of the respondents

Nurturing practices	Mean	DR
Hygiene Practices	3.37	F
Feeding Practices	3.37	F
Immunization Practices	3.83	G
Safety and Protection Practices	3.54	G
Health Seeking Practices	3.38	F
Overall	100	G

According to Pilitteri [6], newborn infants sleep about 20-22 hours per day. The baby's bed should have a firm mattress, be easily cleaned, and have sides high enough to keep the baby from falling out. Caution parents not to place pillows in any kind of infant bed to avoid the possibility of suffocation as well as to pacifiers.

Typically, the infant's sleep is broken by short waking periods caused by- pain, hunger and internal sources of discomfort. The infant sleeps lightly, can be woken up easily, and they fall asleep easily. Using protections like mosquito nets while the child is sleeping and applying repellent provide comfort to the baby's skin [6].

3.3 On Health Seeking Practices

The Extent of Nurturing Practices of the Respondents along Health Seeking is presented. Table 6.

It is observed in the table that the extent of nurturing practices of the respondents along health-seeking practices is just "Fair" as indicated by an overall mean of 3.38. The respondents "Often" give over-the-counter drugs for fever, cough and colds (x=3.54); and consult doctor/nurses/midwives if conditions worsen (x=3.57) but "sometimes" ignore the illness and wait to recover (x =3.34). Consult an 'albularyo' for any illness (i=329) and use herbal medicine (decoction) for minor ailments (x=3.16). As poverty is related with the incidence of teenage pregnancies this could be one of the factors which contribute to the poor health seeking behavior of adolescent mothers. When the child

suffers common childhood illnesses secondary to climate change such as fever, cough and colds, the adolescent mothers usually ignore it. Instead they give over-the-counter drugs but if the conditions worsen, they consult their child to the doctor, nurses or midwives [11].

In general, there is a "Good" {X:=3.50} nurturing practice among the respondents. The extent of nurturing practices of the respondents along immunization practices {X:=3.83} and safety and protection (X:=3.54) is "Good". However, hygiene practices {X:=3.37}; feeding practices {X:=3.33} and health seeking practices {X:=3.38} are just "Fair". The finding shows that the adolescents are as responsible as older individuals in terms of nurturing their children, of course with the guidance of their parents. As shown in the previous findings of this study, the majority of the respondents are still living with their parents [12].

4. SUMMARY OF THE EXTENT OF NURTURING PRACTICES OF THE RESPONDENTS BY BARANGAYS

It is reflected on the study that the respondents from the Poblacion (x=3.65), from the farmland (i=3.47) and mountainous areas (x=3.55) have "Good" extent of nurturing practices, However, the respondents from the barangays along the highway (x=3.31) possess just a "Fair" (x=3.31) extent of nurturing practices.

Most likely, the extent of nurturing practices of respondents in Farmland, Poblacion and Mountainous is "Good" as compared to those in the Highway which is only "Fair". The results

imply that the respondents from the selected barangays found in the Highway have poor nurturing practices specifically on hygiene, feeding and health seeking practices. When it comes to immunization practices, the respondents from the mountainous, farmland and poblacion areas claimed that they find time and means to have their children immunized compared to the respondents from Highway and this maybe their attitude of being lazy or no time to bring their child to the RHU for the scheduled immunization [1].

The same table also confirms that there is a significant difference in the nurturing practices in terms of hygiene practices as backed up by the F-ratio of 4.922 with a probability level of 0.0038. Hence, the null hypothesis which states that there is no significant difference on nurturing practices of the adolescent mothers across the barangays of Bantay is rejected.

These are the barangays in the Poblacion which includes Mira, Zone I, II, III, IV, V, VI and barangays located at the highways such as Boquig, Cabaroan, Aggay, Puspup and Balaleng (mean difference =0.6578). This result is maybe due to the location of the Municipal Health Facilities and wherein different seminars and health teaching dissemination are closer to the healthcare unit so the respondents may attend to their needs.

The Table 8 reveals that there is *only one pair* of barangays that differed significantly in their nurturing practices. These are the barangays in the poblacion(Mira,Zone I, II, III, IV, V, VI) and those at the highways. This is supported by the mean difference of 0.3364. Mothers in the Poblacion area have better nurturing practices than those living along the highway. This could be attributed to the fact that poblacion is the center. As such, Health Care Institutions are readily accessible, Hamilton, [10].

4.1 Difference on the Extent of Nurturing Practices between and Among Adolescent Mothers

There is a significant difference in the nurturing practices between and among the adolescent mothers as a whole from the selected barangays in Bantay. This is evident by an F-ratio of 3.450. There is one pair of barangays that differentiated significantly. These are the barangays in the Poblacion which includes Mira, Zone I, II, III, IV,

V, VI and barangays located at the highways such as Boquig, Cabaroan, Aggay, Puspup and Balaleng (mean difference =0.66). There is only one pair of barangays that differed significantly in their nurturing practices. These are the barangays in the Poblacion (Mira, Zone I, II, III, IV, V, VI) and those at the Highways. This is supported by the mean difference of 0.34.

4.2 Relationship between the Extent of Nurturing Practices of the Respondents and the Socio-demographic Variables and Obstetrical - Related Profile. (A) Socio-demographic Variables

The computed correlation coefficient of 0.279 shows a significant relationship between the overall extent of nurturing practices of the adolescent mothers and their age ($r=0.279$). On Civil Status. The table exhibited that as a whole, no significant relationship between the nurturing practices and the mothers' civil status. However, when taken singly, a significant relationship existed between the nurturing practices of the mothers along hygiene and civil status. The computed r surpassed the correlation coefficient required at 0.05 probability levels. On Highest Educational Attainment. A significant relationship between the overall extent of nurturing practices of the adolescent mothers and educational attainment existed. This is supported by the computed r of 0.476 which is higher than the required r .

There is no significant relationship between the overall extent of nurturing practices of the mothers and occupation and on the five aspects; namely: *feeding* ($r= -0.150$), *hygiene* ($r=0.158$), *immunization* ($r= -0.129$), *health seeking* ($r=-0.120$) and *along safety and protection* ($r=0.230$). On Monthly Family Income. The overall computed r of 0.112 and the five indicators of nurturing practices did not reach the correlation coefficient required at 0.05 probability. On Religion. The overall computed r of 0.044 failed to reach the r required at 0.05 probability level. This suggests that *there is no significant relationship between the religion and overall extent of nurturing practices*. However, the computed r of 0.266 revealed that only safety and protection significantly correlated with religion. Same results show insignificant relationship between type of family and the overall extent of nurturing practices [13,14].

Table 8. Scheffe' multiple comparisons on the difference on the extent of nurturing practices between and among the adolescent mothers from the different barangays of bantay, Ilocos Sur

Barangays	Poblacion	Highway	Farmland	Mountainous
Poblacion		3364*	.1816	.0990
Highway			-0.1547	-0.2373
Farmland				-0.0826
Mountainous				

Legend:*Correlation is significant at the 0.05 prob. level (2-tailed)

4.3 Obstetrical-Related Variables

There is no significant relationship between the overall extent of nurturing practices and the obstetrical related profile of the mothers such as age at first pregnancy ($r=0.135$), gravidity ($r=0.169$) and parity which includes full term ($r=-0.013$) preterm ($r=0.248$) and number of living children ($r=0.146$) and on place of delivery ($r=-0.157$). Looking over the study, only the manner of delivery showed a significant correlation with the overall extent of nurturing practices. Considering the dimensions of nurturing practices, feeding ($r=0.252$), hygiene ($r=0.448$) and safety & protection, ($r=0.343$) exhibits a significant relationship with the manner of delivery.

5. CONCLUSION

Based on the findings, the following conclusions were drawn: (1) The greatest proportion of the respondents is 18 years old, unwed with a live-in partner but with parents consent and finished elementary. The majority of the respondents are housewives, catholic and belong to a extended type of family and with monthly income of P 1000-4,999.00. (2) On the other hand, majority of them have given birth to a full term, no pre term, no abortion, with one living children and delivered via normal spontaneous delivery. However, a greater percentage of the respondents had their first pregnancy at the age of 17, had one pregnancy (gravidity) and delivered at the hospital. (3) In general, there is a "Good" extent of nurturing practices among the respondents. Likewise, the respondents from the Poblacion and those from the Farmland and Mountainous areas have "Good" extent of nurturing practices. (4) As a whole, there is a significant difference in the nurturing practices between and among the adolescent mothers in the selected barangays of Bantay, Ilocos Sur. (5) Generally, there is a significant relationship between the overall extent of nurturing practices and the mothers' age and

educational attainment as well as on the manner of delivery.

6. RECOMMENDATION

Based on the conclusions drawn, the following recommendations are forwarded: (1) Mothers should find time to be with their adolescent children so that they will not seek the company of others which may lead to early marriage. (2) Since most of the respondents were elementary graduates, there should be inclusion of some topics on nurturing practices in the curriculum. (3) Health workers should intensify their health education on the nurturing practices especially along feeding and health seeking behavior. However, not to neglect the other aspects of nurturing practices like hygiene, immunizations and safety and protection. (4) Health workers should be more vigilant in their health teachings among the residents of the different barangays situated along the highways. (5) Similar study should be conducted with more respondents and the inclusion of other variables under nurturing practices to make the study more conclusive.

CONSENT

As per international standard or university standard, Participants' written consent has been collected and preserved by the author(s).

ETHICAL APPROVAL

As per international standard or university standard written ethical approval has been collected and preserved by the author(s).

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COMPETING INTERESTS

Author has declared that no competing interests exist.

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