



Qualitative Study on The Determinants of Teenage Pregnancy in Central Maluku Regency

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Abstrak

Di Indonesia kehamilan remaja merupakan permasalahan kesehatan yang dapat mengakibatkan komplikasi yang terjadi pada masa kehamilan dan persalinan yang dapat mengancam nyawa ibu dan bayi. Kehamilan pada usia remaja yang merupakan kehamilan yang terjadi relative mudah dibawah usia 20 tahun. sehingga organ reproduksi belum siap untuk hamil. Penelitian ini bertujuan untuk menganalisis determinan kehamilan pada remaja di Kabupaten Maluku Tengah. Penelitian ini menggunakan metode penelitian kualitatif dengan pendekatan fenomenologi, Teknik pengumpulan data dalam penelitian menggunakan *Indepth interview* (wawancara mendalam). Pemilihan informan dilakukan dengan *purposive sampling*. Subjek penelitian adalah remaja mengalami kehamilan usia 15-19 tahun sebanyak 4 orang, 2 orang petugas kesehatan dan 1 orang kepala desa. Berdasarkan hasil penelitian determinan kehamilan pada remaja menunjukkan bahwa 1) Masih kurangnya pengetahuan remaja tentang kehamilan, 2) Melakukan seks pranikah, 3) Kurangnya pelayanan kesehatan peduli remaja (PKPR) dan 4) Pengaruh faktor sosial budaya yang masih menikahkan anak di bawah umur. Hasil penelitian disimpulkan bahwa determinan kehamilan pada remaja dapat mempengaruhi tingginya angka kejadian kehamilan remaja di Kabupaten Maluku Tengah. Maka perlu adanya edukasi dan penyuluhan tentang kesehatan reproduksi yang dapat mencegah terjadinya kehamilan remaja

Kata Kunci: Determinan, Kehamilan, Remaja

Abstract

Teenage pregnancy in Indonesia is a significant health issue that can lead to complications during pregnancy and childbirth. It refers to pregnancies occurring in individuals under the age of 20, a period when the reproductive organs are not yet fully prepared for childbirth. Correspondingly, this study aimed to analyze the determinants of teenage pregnancy in Central Maluku Regency. A qualitative research method with a phenomenological approach was employed, and data were collected through in-depth interviews. The informants for this study were selected using a purposive sampling technique. The subjects consisted of four teenagers aged 15–19 who had experienced pregnancy, two healthcare workers, and one village head. The data were analyzed utilizing the interactive data analysis model proposed by Miles and Huberman, involving the stages of data collection, data condensation, data display, and conclusion drawing/verification. The findings identified four key determinants of teenage pregnancy: 1) Lack of knowledge among teenagers about pregnancy, 2) Premarital sex, 3) Insufficient adolescent health care program (PKPR), and 4) Socio-cultural factors, including the practice of marrying minors. It could be concluded that these determinants significantly contributed to the high incidence of teenage pregnancies in Central Maluku Regency. Therefore, it is essential to implement educational programs and counseling on reproductive health to prevent teenage pregnancies.

Keywords: Determinants, Pregnancy, Teenage

INTRODUCTION

Teenage pregnancy can pose risks to both the health of the mother and the child she carries. It typically occurs in developing countries with low to middle-income levels, where complications during pregnancy and childbirth among teenagers are the leading causes of maternal and infant mortality (Ajala, 2014; Kumar et al., 2018; Rahmawati & Murtaqib, 2024). Globally, in 2022, the birth rate for girls aged 10-14 was about 2 per 1,000 (UNICEF, 2024). In 2023, the birth rate for teenagers was 1.5 per 1,000 (WHO, 2024). According to demographic data, the adolescent population in Indonesia aged 10-19 years was 46 million (17%) of the total population (UNICEF, 2021). In 2021, Indonesia ranked 4th in the teenage birth rate for girls aged 15-19, with a ratio of 138 births per 1,000 girls, following the Central African Republic, Mozambique, and Mali, out of 208 countries with the highest birth rates (World Population Review, 2024). About 63.08% of teenage girls were pregnant before the age of 18, meaning nearly 2 out of 3 women aged 20-24 had experienced teenage pregnancy (BPS, 2020).

The teenage pregnancy rate in Indonesia is notably high, and teenage mothers are four times more at risk of maternal death compared to women over 20 years old (Bhandari & Joshi, 2017). Indonesia is still lagging in reducing maternal mortality rate (MMR), as evidenced by significant disparities in MMR across regions. In 2014, Maluku Province was categorized as having a high MMR (UNICEF, 2020). According to data

from the Central Maluku Regency Health Office, in 2018, the MMR reached 132 per 100,000 live births, achieving 111.40% of the target of 144 per 100,000. In 2019, this figure decreased to 114 per 100,000 live births (111% achievement) but increased in 2020 to 149 per 100,000 (83%) of the target of 125 per 100,000. Maternal deaths mostly occur during childbirth, the first 24 hours postpartum, and during the puerperium, between 8-24 days. Maluku Province has a young population of 680,000 (40%) of the total population. In 2015, 10% of girls under 18 were married or living together (Kementerian PPN/Bappenas, 2017). According to the Indonesian Nursing Diagnosis Standards (*SDKI*) data in 2017, 8.4% of girls aged 15-19 had given birth, while 1.20% were pregnant with their first child (BPS, 2023)

Central Maluku Regency is characterized by its archipelagic nature, which significantly influences the implementation of health sector development. According to data from the Central Maluku Regency Health Office, from January to April 2024, there were 54 teenagers involved in premarital sex and 19 teenage girls who experienced pregnancy and childbirth, with an average pregnancy age between 15 and 19 years. While in adolescence, the reproductive organs are not yet fully developed including the uterus and pelvis, which can lead to difficulties during childbirth. The high maternal mortality rate is closely related to pregnancy at a young age, both during pregnancy and childbirth. Teenage

pregnancy carries risks for premature birth, childbirth hemorrhage, and unsafe abortion.

The birth rate among girls under 20 years has decreased, but the decline is not uniform globally (WHO, 2024). Research in European countries indicates that knowledge, attitudes, and sexual behaviors can influence the occurrence of teenage pregnancy (Imamura et al., 2007). Another study in Nigeria demonstrated that the causes of teenage pregnancy included poverty, peer support, and lack of parental supervision (Esan et al., 2022). Teenage girls may be at risk of teenage pregnancy, premarital sex, and sexually transmitted infections (Hapisah et al., 2023; Raj et al., 2010). In developing countries, teenage pregnancy can lead to complications associated with pregnancy and childbirth, significantly contributing to maternal and infant mortality (Birungi & Izudi, 2023). Pregnancy and childbirth complications, including hemorrhage, hypertension, and sepsis, are the leading causes of maternal death (Febrianti & Astuti, 2022; Rohmah et al., 2020). Hence, teenage pregnancy remains a significant health issue in Central Maluku Regency. Based on this phenomenon, the present study aimed to analyze the factors influencing teenage pregnancy in the region.

METHOD

This research was conducted in Central Maluku Regency from June to August 2024. The study employed a qualitative method with a phenomenological approach. The phenomenon observed by the researchers was the determinants of teenage pregnancy.

The method employed in this study was in-depth interviews with open-ended questions, but it still adhered to the previously prepared question guide. The selection of informants was made through a purposive sampling technique with the following criteria: 1) The informant resided in Central Maluku Regency, 2) The informant was directly involved in the adolescent health care program (*PKPR*), 3) The informant experienced pregnancy at the age of 15-19 years, 4) The informant was willing and had enough time to be interviewed. The research respondents were 4 teenagers who experienced pregnancy at the age of 15-19 years, 2 health workers, and 1 village head. The data were analyzed using the interactive data analysis model proposed by Miles and Huberman through data collection adjusted to the interview results, followed by data display in texts or excerpts. The data were condensed to provide a concise and interesting overview. The researchers then verified the initial conclusions drawn to ensure the accuracy of the data.

RESULT AND DISCUSSION

Knowledge of Teenage Pregnancy

The data analysis results indicated that the subjects had limited knowledge about teenage pregnancy. This was evident from their inability to explain the definition of teenage pregnancy. In this study, three subjects lacked understanding or awareness about pregnancy. They could only mention general physical signs of pregnancy, such as an enlarged abdomen, fetal movement, and missed menstruation. This was reflected in the following statements:

"I didn't know what pregnancy was. I didn't know what to say about it. I could only remain silent when asked because I didn't understand it. And then I realized it when I was pregnant." (R1)

"At first, I didn't know about pregnancy. So, I didn't understand what pregnancy was. When my belly started to enlarge, and I felt movement in my belly, that's when I realized something was different about me." (R2)

"I know about pregnancy when I missed my period. I usually get my period every month, but when I was pregnant, the menstruation stopped." (R3)

Meanwhile, one subject understood teenage pregnancy as a pregnancy during adolescence. This lack of knowledge resulted in pregnancy during adolescence, which could negatively impact the health of both the mother and the baby. It was found that four subjects experienced pregnancy at a relatively young age, between 15-19 years old. This was further confirmed by their level of education, with two subjects having completed senior high school while the other two had only completed junior high.

"From my experience, maybe what is meant by pregnancy in adolescence is being pregnant while still being in school. Because, from my experience, I was pregnant while still in high school." (R4)

"I was pregnant while still in school, without finishing junior high. Because I felt embarrassed in front of my friends, I decided not to go back to school." (R1)

The research also revealed that there was no socialization or counseling regarding teenage pregnancy from the Central Maluku Regency Health Office and local *Puskesmas* (community health

centers), which contributed to the lack of understanding among adolescents about the risks of early pregnancy due to limited relevant knowledge during adolescence. This situation could lead to ignorance, resulting in negative behaviors that could affect teenage pregnancy.

"The Health Office has already tried to organize activities that could address the issues encountered by adolescents, such as conducting reproductive health counseling, but these activities had not been carried out in the past 5 years due to limited funding." (PK1)

"I've never received any counseling activities related to pregnancy, and there haven't been any such activities." (R3)

These findings were consistent with previous research conducted in South Asia, demonstrating that the majority of adolescent girls did not understand the process of pregnancy and the risks associated with teenage pregnancy (Raj et al., 2010). Besides, knowledge about pregnancy was still very limited, and many adolescent girls were unaware of the consequences of teenage pregnancy (Chalise & Bajracharya, 2017). However, these findings differed from a study conducted in Nigeria, which found that overall, adolescent girls were knowledgeable about the impact of teenage pregnancy. This finding was evident from the high level of awareness among adolescent girls regarding the consequences of teenage pregnancy, partly due to the introduction of sex education in schools (Ononju et al., 2023). The lack of knowledge about pregnancy among adolescents poses a health risk. During this period, they undergo a transition from

childhood to adulthood, while the female reproductive organs are not yet fully prepared for pregnancy. In addition, the lack of knowledge about pregnancy affects the attitudes and behaviors of adolescents.

Adolescent Health Care Program (PKPR)

The adolescent health care program (PKPR) is a government initiative implemented by the Central Maluku Regency Health Office since 2014. This program provides health services to adolescents aged 10-19, including promotive, preventive, curative, and rehabilitative services. These services include pregnancy checks, reproductive and sexual health issues, HIV/AIDS testing, sexually transmitted infections screening, and others. According to research findings, several community health centers (*Puskesmas*) in Central Maluku Regency had not yet implemented the adolescent health care program (PKPR) and had not provided services that met adolescents' needs. This finding was reflected in the following statement:

“The barriers faced in adolescent health care program (PKPR) are that not all Puskesmas in Central Maluku Regency have implemented the program. They have not provided services that meet the needs of adolescents.” (PK1)

The research also found that, in addition to health services, adolescents were unaware of the existence of the adolescent health care program (PKPR) at the *Puskesmas*. This was evident when they sought health care at the *Puskesmas* and were treated alongside other patients. Accordingly, there was no special service

for adolescents. This was clearly stated in the following excerpts:

“Many people think that Puskesmas is just a place for treatment. Moreover, the space for adolescent health care program (PKPR) is unavailable or not provided, so adolescent services are still mixed with general services.” (PK2)

“I don't know about health services specifically for adolescents at the Puskesmas. What I know is, when I'm sick, I go there for treatment.” (R2)

The physical space for the adolescent health care program (PKPR) was unavailable at the community health centers (*Puskesmas*), making adolescent health care feel uncomfortable and potentially lowering adolescents' motivation to visit the *Puskesmas* for health check-ups. The adolescents often felt embarrassed to share their health complaints because of the lack of privacy, making them feel uncomfortable when interacting with health personnel.

“Because of the limited space at the Puskesmas, during the semester evaluation with the chairperson of the Puskesmas and the person in charge of the PKPR services, we suggested providing a dedicated counseling room for adolescent services. The solution was that if we had to build a new room, it would take a long time for the construction process, so we suggested they design a room specifically tailored to the needs of adolescents.” (PK2)

This finding aligned with a study conducted in Bengkulu, which found that adolescents' knowledge of PKPR was still limited due to a lack of information, including health services (Sartika et al., 2021). This finding was also consistent with a study in Malang, which found that

adolescents lacked interest in visiting the adolescent health care program (PKPR) due to the lack of facilities provided (Kurniawati et al., 2020). The incomplete infrastructure and facilities made them uncomfortable when interacting, as there was no dedicated counseling room (Andela et al., 2022).

Premarital Sex

Premarital sexual relationships are sexual activities engaged in by adolescents without a valid marriage bond. Uncontrolled dating activities can encourage them to become involved in premarital sex due to the difficulty of controlling sexual desires. Teenagers who began engaging in premarital sex often did so by following sexual desires or impulses.

“I first did it with my girlfriend during dating. I just followed the instinct of sexual desire, where we often held hands, kissed, and eventually had sexual intercourse.” (R1)

“At first, our dating was normal. We started going out together, but over time, the desire to kiss and have sex began to arise.” (R3)

Based on the above excerpts, premarital sex among teenagers, driven by sexual urges, indicated that they were not fully aware of the consequences of such actions, which could be harmful and lead to negative impacts. Premarital sex relationships exhibit a lack of responsibility, and some major dangers resulting from premarital sexual behavior include an increase in teenage pregnancy cases. In the present study context, even the teenage girls expressed their love and affection for their partners through sexual

intercourse. This lack of understanding about the impact of sexual behavior posed a risk for teenage pregnancies. The finding was depicted in the following statements:

“I didn’t know that having sexual intercourse or engaging in sexual activities could cause pregnancy. I did it because we liked each other and followed sexual desires.” (R2)

“When you love someone, what else can you do? When my affection and love are shown through sex, pregnancy becomes a consequence of dating.” (R4)

Most premarital sexual behavior among teenagers took place at home or in rented rooms (boarding houses). Often, empty houses and the busyness of parents working created opportunities for them to engage in various dating activities, even leading to sexual intercourse. Teenagers who live in boarding houses usually stay temporarily to continue their education in another city, particularly at the senior high school level. This situation might affect their development, making them more vulnerable to sexual issues and pregnancy.

“I often have sex at home. My boyfriend is a neighbor. So, when my parents are at work and not at home, my boyfriend often comes over. That’s when we have sex.” (R3)

“I’m from the village, and I continued my senior high school education in the city, so I stayed in a boarding house. Since I was far from my parents’ supervision, it was very possible to have sex while dating in the boarding house.” (R4)

Premarital sexual behavior among teenagers has become a serious issue. This finding aligned with research conducted in Bali Province, which revealed that

teenagers viewed sex as one way to express love for their partner (Mayun et al., 2017). Another study conducted in Nigeria found that unhealthy dating behaviors caused the prevalence of premarital sexual activity. Various dating activities, such as kissing, hugging, caressing, and sexual intercourse, were commonly practiced (Okah et al., 2023). Boarding houses, hotels, or even empty houses with no parental supervision might become places for teenagers to engage in sexual activities (Cordero, 2018). This condition indicated that premarital sex became a harmful habit that led to teenage pregnancy (Shrestha, 2019).

Socioculture

The *Pinamo* tradition is a practice related to adolescent girls reaching puberty, specifically for the Nuaulu ethnic group in Central Maluku Regency, when a girl experiences her first menstruation. Generally, this tradition is observed in the Nuaulu community. Adolescent girls who begin menstruating are required to be isolated or placed in a special area called the *Posune*. It is a simple structure behind the house, about 5 meters away, made of a roof (woven sago leaves), wood, and bamboo. Inside the *Posune*, adolescent girls learn to cook their own food, indirectly learning how to cook as part of their preparation for adulthood and future domestic life. After their menstruation period, a traditional ceremony is held to introduce the young girl to the Nuaulu community as an adult.

“There is indeed a tradition related to the growth of adolescents into adulthood. Generally, this tradition applies to the Nuaulu people in Central Maluku Regency. It has existed since the time of our

ancestors, and we continue to follow it as taught by our ancestors.” (KD)

The research findings demonstrated that according to Nuaulu customary law, girls are married off at the age of 15 years. The marriage is often arranged between a boy and a girl who like each other. This suggests that, on average, Nuaulu girls are pregnant with their first child at the age of 15.

“Girls in the Nuaulu community are married according to customary law, at the latest by the age of 15. If there is a girl from the community who wants to marry at that age, we will arrange the marriage according to custom. The Nuaulu people still follow this ancestral religious belief.” (KD)

“My husband and I married because we liked each other. Then, we were married according to the customary rules. I married at the age of 15, and then I became pregnant.” (R1)

The above findings aligned with studies conducted in Iran, which found that early marriage was considered part of cultural heritage, where girls who married at a young age were considered normal and supported by local customs (Hosseini & Asadisarvestani, 2022). In certain cultures, early marriage is even possible when a girl has reached puberty (Anggreni et al., 2023).

CONCLUSION

Based on the findings of this study, it can be concluded that the identified determinants could influence the high rates of teenage pregnancies in Central Maluku Regency. The findings revealed that 1) There was a lack of knowledge among

teenagers about pregnancy, 2) Premarital sex was occurring, 3) There was a lack of adolescent health care program (*PKPR*), and 4) The influence of socio-cultural factors, including the continued practice of marrying children under the legal age.

The present study results are crucial for the development of reproductive health programs. Therefore, it is necessary to provide education and counseling on reproductive health that can prevent teenage pregnancies through a mobile application that is easily accessible, with educational material serving as a reference for learning. Further research could also explore the risk factors of teenage pregnancy in more depth.

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