

HOW ARE THE HEALTH LIFE SKILLS OF PREGNANT ADOLESCENTS RELATED TO THE PREVENTION OF ADOLESCENT PREGNANCY IN RURAL AREAS

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ABSTRACT:

Background: Adolescents are particularly susceptible to reproductive health issues, including premarital adolescent pregnancy. Premarital teenage pregnancy results from hazardous sexual conduct among adolescents. Adolescents possess sufficient life skills to make appropriate decisions.

Objective: Investigating life skills among pregnant teenagers in Indonesia

Methods: A qualitative research employing a phenomenological study design in Banyumas Regency, Central Java Province, Indonesia. Data were gathered through comprehensive interviews with 8 pregnant adolescents as primary informants, with in-depth interviews with 6 parents of teenagers and 6 peers of teenagers. The data were examined by content analysis.

Results: Informants exhibit inadequate life skills, as seen by their acceptance of dangerous sexual behaviours and premarital sexual intercourse with their partners. The cause of premarital adolescent pregnancy is that informants cohabit with their spouses. The predominant cause of premarital teenage pregnancies is excessive dating behaviours stemming from an inflated sense of affection and trust in one's partner. Informants did not proactively pursue information sources regarding reproductive health; the silence of the household and the tradition of cantel among contribute to an increased risk of premarital teenage pregnancy.

Conclusion: Our research indicates that pregnant teenagers possess inadequate life skills, which contribute to premarital teenage pregnancy.

Introduction

Adolescents are the largest demographic globally, comprising 1.2 billion individuals or 18% of the total population (Kemenkes RI, 2017). In 2021, Indonesia's adolescent population amounted to 64.92 million individuals, constituting 23.90% of the nation's overall population (BPS, 2022b). Adolescence is a transitional phase from infancy to adulthood characterised by physical, psychological, cognitive, and emotional growth. During this process, teenagers transition from asexuality to sexuality, developing sexual desire in the opposite sex and acquiring the capacity for reproduction (Vergara & Tajonera, 2023).

Adolescents are more susceptible to reproductive health issues, including pregnancy in girls aged 10 to 19 years (Papri et al., 2016). The adolescent birth rate is 44.1 per 1000 girls aged 15-19 years (World Health Organization, 2020a). In Indonesia, the birth rate among women aged 15-19 years is 26-27 per 1000 women in that demographic (BPS, 2022a). The birth rate is 0.179 per 1000 women aged 10-14 years (Bappenas, 2024). In 2021, Central Java Province documented that pregnancies among adolescents aged ≤16 years constituted 4.83% of the total number of pregnant women, those aged 17-18 years represented 17.06%, and pregnancies among individuals aged 19-20 years accounted for 24.97% of the total (BPS, 2022a). In 2023, there were 683 pregnancies among individuals under 20

years old, constituting 3.3% of all pregnant women, and 580 births to teenagers, or 2.6% of total births (Banyumas, 2023).

Adolescent pregnancy is associated with a 50% elevated risk of stillbirth, neonatal mortality, preterm birth, low birth weight infants, and asphyxia, surpassing the risks observed in adult births (Kawakita et al., 2016; Papri et al., 2016). Adolescent pregnancy is the primary cause of mortality among adolescent girls (World Health Organization, 2020b). This results from the underdeveloped state of the genital tract and musculoskeletal system (BKKBN, 2018). Besides health consequences, unmarried teenage pregnancy can lead to social repercussions, including psychological and emotional distress in adolescents, economic obligations, lifestyle modifications, and potential school dropouts (Papri et al., 2016).

Premarital teenage pregnancy is attributed to heightened premarital sexual activity among teenagers (Lee et al., 2016; Summers et al., 2017). The impetus for adolescents engaging in unsafe sexual behaviour is elevated curiosity (Rahyani et al., 2012). Premarital teenage pregnancy is influenced by knowledge, attitudes, and premarital sexual conduct (Gamelia & Kurniawan, 2017). Adolescents exhibit risky sexual activity due to a lack of life skills necessary to reject and manage such conduct (Brinkman et al., 2016).

Adolescents require sufficient life skills to navigate the challenges of adolescence, particularly premarital teenage pregnancy (Brinkman et al., 2016). The World Health Organisation (WHO) characterises life skills as the capacity to adapt and exhibit constructive behaviours that empower individuals to successfully confront the challenges and demands of daily life. Life skills encompass psychosocial competencies and interpersonal abilities that enable individuals to make decisions, resolve problems, engage in creative and critical thinking, communicate effectively, cultivate healthy relationships, empathise with others, and manage their lives in a healthy and productive manner (WHO, 2002).

Premarital teenage pregnancy among adolescents is a troubling phenomenon due to their insufficient information, attitudes, and life skills necessary for making healthy decisions. Competent teenagers can postpone sexual behaviour as they possess the ability to think critically and make sound decisions in the face of peer pressure (Indraswari et al., 2024).

The cultivation of adolescent life skills necessitates the integration of information, skills, and attitudes to enhance and sustain a superior quality of life (Nair & Fahimirad, 2019). Understanding the living skills of pregnant teenagers is crucial for the formulation of adolescent reproductive health education programs (Mediawati et al., 2022). Numerous studies have examined the living skills of adolescents; however, research specifically addressing the life skills of pregnant adolescents is absent. This qualitative study seeks to investigate life skills among pregnant teens.

Method

Research Methodology

This qualitative research is a phenomenological study that examines the life skills of adolescents who have undergone premarital teenage pregnancy.

Context

The study was carried out in Banyumas Regency, Central Java Province, Indonesia, focussing on two sub-districts: Sumbang and South Purwokerto. These two sub-districts exhibit the highest incidence of premarital teenage pregnancy. The study was performed between March and July 2021.

Participants

The research subjects were selected by purposive sampling. This study seeks to provide an overview of the living skills of pregnant adolescents in Indonesia. The primary subjects of this study are adolescents under the age of 20 who experience premarital teenage pregnancy. Supporting informants, specifically parents of pregnant teenagers and their friends, were chosen to enhance the information. This aims to enhance comprehension and triangulate to augment data validity.

Data Collection

Data collection was performed via in-depth interviews with adolescents who encountered premarital teenage pregnancy, with a total of 8 participants (4 pregnant adolescents and 4 adolescents who had given birth). Interviews were conducted with the parents or guardians of six pregnant teenagers, as well as with six peers of these youngsters. The language employed was Indonesian, supplemented with the local dialect. Each interview lasted 60 to 90 minutes and was conducted in the home environment. The interviews were structured, utilising an interview guide with open-ended questions aligned with the research problem, while unstructured interviews were conducted when responses extended beyond the structured questions yet remained relevant to the research problem. The interview questions encompassed informant traits, sexual conduct, premarital teenage pregnancy, and information accessibility. Interviews were performed interactively and continued until data saturation was achieved. Data saturation was attained after engaging 8 primary informants and 12 supplementary informants, comprising 6 parents or guardians and 6 peers.

Data Analysis

Data analysis was performed interactively from the onset of data collection, and transcripts were generated for all interviews. This study employs content analysis to determine the experiences, realities, and significances of adolescent life skills, encompassing social, cognitive, and emotional skills.

Trustworthiness

The validity of the data was enhanced through triangulation of information gathered from pregnant adolescents, their parents, and their classmates. To mitigate the danger of subjectivity, regular talks were held among all researchers to review the codes, subcategories, and categories of the data throughout the research process.

Ethical Consideration

This study has received ethical approval from the ethics committee of the Faculty of Health Sciences, Universitas Jenderal Soedirman, as indicated by Ethics Review Certificate Number: 268/EC/KEPK/I/2021. All informants were apprised of the study's purpose prior to the interview. Informants consented to participate in the interview and authorised the recording of the session.

RESULTS

Characteristics of Informants

Characterisite of the primary informants There are eight primary informants regarding adolescents who encounter premarital pregnancy. The primary informants reside in two sub-districts: Sumbang and South Purwokerto. The youngest main informant is 14 years old, while the oldest is 17 years old. The primary informants have produced 4 offspring, while 4 individuals remain pregnant. The characteristics of the informants are presented in Table 1.

Tabel 1. Characteristics of Premarital Teenagers

Number	Code	Sub-district area	Age (year)	Status
1.	I Smb1	Sumbang	16	Has given birth
2.	RM Smb2	Sumbang	16	pregnant
3.	G Pwts	Purwokerto Selatan	14	pregnant
4.	D smb1	Sumbang	16	Has given birth
5.	I smb2	Sumbang	18	pregnant
6.	L smb2	Sumbang	16	Has given birth
7.	N smb1	Sumbang	17	pregnant
8.	R smb2	Sumbang	17	Has given birth

Characteristics of Supporting Informants

Tabel 2. Characteristics of Supporting Informants

Number	Code	Sub-district area	Gender	Age (year)
peers of pregnant teenagers				
1.	TN TM	Sumbang	Female	14
2.	AV TM	Sumbang	Female	14
3.	Ha TM	Sumbang	Female	15
4	Nu TM	Sumbang	Female	15
5	F TM	Sumbang	Female	14
6	Ek TM	Sumbang	Female	13
parents of pregnant teenagers				
1.	R OTsmb	Sumbang	Female	60
2.	M OTsmb	Sumbang	Female	49
3.	D OTsmb	Sumbang	Female	48
4.	S OTsmb	Sumbang	Male	46
5.	W OTpwts	Purwokerto Selatan	Female	43
6.	N OTsmb	Sumbang	Female	47

Table 2 indicates that the supporting informants of six peers are female and aged between 13 and 15 years. Six informants, comprising parents of pregnant teenagers, were sourced from the Sumbang and South Purwokerto regions. The parents of pregnant adolescents consist of five women and one male. Age spans from 43 to 60 years.

Communication and Interpersonal Skills (Social Skills)

1. Articulating the intention to abstain from premarital sexual relations
The informant consented to engage in sexual intercourse, having first declined; nevertheless, this position shifted upon the informant's belief that marriage would ultimately ensue, compounded by the perceived seriousness of the partner. This is seen in the subsequent data:

'Yes, at first I refused, but (laughs) so ... because he would get angry if I refused' (D)

'Yes, just accept it, I see that he is serious about me, loyal, takes care of me, if there are girls who approach him, he always refuses because he already has me, his love for me, promised marriage' (G)

This is in accordance with information from peers of adolescent pregnant women, stating that:

'Yes, often the first time I refused, but I was afraid that my boyfriend would get angry, so I finally agreed (NuTM).'

2. Negotiation skills to decline sexual intercourse or avert premarital adolescent pregnancy.
The informants were unable to bargain voluntarily and explained their acceptance of sexual intercourse as a consequence of cohabitation resulting from the proposal. This is expressed in the subsequent interview excerpt:

'forced (laughs), yes often like that' (L)

'Yes, at first I was afraid, but because we were already living in the same house, because we had already proposed, if we broke up, what would the neighbours think, so it was okay, because he wanted to be my husband too' (N).

Based on supporting informants, parents of pregnant teenagers said that

'yes, they have been proposed to, so they live in the same house, it's okay like that, they have agreed to get married' (D OT).

3. Interpersonal interactions with contemporaries

The informant indicated that he was indifferent to his friend's romantic connection, as it pertained to his friend's private. Moreover, informants indicated that they were at ease and unrestricted in discussing matters pertaining to girlfriend issues.

"It's normal... I just stay quiet. I don't really care' (RM)

'Yes, it's his right to do whatever he wants...I never talk about him at all' (N)

'I'm in a relationship, so I often talk about problems with my girlfriends, chat freely' (G).

Based on peer support informants stated that:

'Yes, I often talk about it, if there is a problem with my girlfriend, if I'm complaining about something, I talk about it' (Ek TM).

4. Compassion for friends or siblings facing challenges related to premarital adolescent pregnancy

Informants express regret since it would inevitably lead to school dropout. The subsequent statement illustrates this point:

'Yes, I know that I'm not going to school anymore, it's the ones who are still at school that are worried, if they get pregnant, they will be expelled from school' (I).

Based on peer support informants stated:

'Yes, it's a lot like that, dropping out of school and then not going back to school, but the kids are too lazy to go to school' (F TM).

Cognitive Skills: Decision-Making and Critical Thinking

1. Seeking assistance for reproductive health concerns, including premarital adolescent pregnancy.

Informants are passive in pursuing reproductive health services due to a lack of awareness regarding their availability. This was communicated by the informant in the subsequent interview excerpt:

'Never, I don't know where the counselling service is' (G)

'Difficulties too, don't know how to find access to counselling, don't know at all' (I)

A pregnant adolescent's peer stated that her friend had never accessed counselling services

'As far as I know, there is no such service, so I never went there' (HaTM).

2. Identifying and locating credible sources of information regarding puberty, sexuality, and adolescent pregnancy.

Informants do not proactively seek information sources concerning puberty and sexuality; they solely obtain content from educational institutions.

'Never, rarely use the internet..taught at school by biology teachers discussing puberty, sexuality, I think that's enough siy' (L)

'Never, only know from lessons' (I)

Peers also stated that access to information was limited to school.

'Yes, most of the language is from biology school lessons' (AV TM)

3. Access to pornographic material

Informants have directly viewed pornographic material out of curiosity, while others have inadvertently encountered such materials provided by their spouses. This is articulated in the subsequent interview excerpt:

'Once, I saw it on the internet, yes that can make you pregnant (pornographic content)' (Main informant, D)

'Yes, not intentionally (pornographic content) from him (husband), everything (how to have sex)' (Main informant, D)

'Yes, there is something about having sex, but I didn't intentionally see it' (Main Informant, G)

Supporting informants, namely friends of teenagers, stated that their friends often watch pornographic content according to their statements

'He once told me that he had watched porn with his girlfriend.' (TN TM)

4. Self-awareness in risky sexual behaviour

The informants reported challenges in mitigating risky sexual behavior, as articulated by the following individuals:

'I know, it's really hard to do it, it's already love, what else can I do (laughs)' (RM)

5. Analysing potential situations for sexual interaction

The informant indicated that a possible scenario occurs when the partner's residence is tranquil due to the parents' absence at work, and another probable scenario involves the partner's boarding house. According to the informant in the subsequent interview excerpt:

'Yes, at Rias's house I guess...During the day the mother works, the father goes' (I)

"Mmmm... used to play at the boarding house... No. I used to play at the boarding house...I can't count how many times' (G).

Based on information from the parents of pregnant teenagers, they stated that their children live in boarding houses, not living together.

'She lives in a boarding house, so her boyfriend doesn't monitor her' (W OT).

6. Analyzing socio-cultural influences related to premarital teenage pregnancy.

In the informant's community, there exists a custom known as 'Cantel Omong,' which serves as an agreement between both families concerning marriage plans, permitting the couple to cohabit with the informant prior to marriage. This practice heightens the likelihood of premarital teenage pregnancy. The community's reaction to instances of premarital teenage pregnancy is largely indifferent, as they are familiar with the Cantel Omong custom, which has been prevalent in the informant's neighborhood. This is corroborated by the informant in the following interview excerpt:

'What is it, that's what village people say, cantel omong that's what mba, so it's like the family from there comes to the house, then they accept it, then they can sleep together, it's okay mba' (I)

'Yes... it's normal, there are many people here who are like that, there are many people in the neighbourhood who get pregnant first' D)

Based on information from parents, it is stated that there is indeed a culture of 'cantel omong'

'There is such a culture here, if a girl has been proposed to, she can live in the same house' (R OT).

Coping and Self-Management Skills(Emotional Skills)

1. Self-regulation and emotional principles in response to partner influence
The informant was unable to either reject or reaffirm values when confronted with the pressure of

risky sexual behavior from their partner. The informant is highly susceptible to the allure of their lover. As demonstrated in the subsequent interview excerpt:

I love him so much, so anything to show his affection, just obey. I'd rather stay quiet, be alone and cry than make a fuss, I'm still the one who is blamed' (Main Informant, I).

'In the end, I just wanted to (have premarital sex), I was afraid, she said she would be broken up' (G)

'I can't control my desire to do it, especially if I'm seduced' (R)

Based on peer informants stated

'obey their partner, they don't want to make a fuss so they do' (Ha TM).

DISCUSSIONS

The informant's responses indicate that he engaged in risky sexual behavior and had sexual intercourse due to a strong affection for his partner, coupled with a concern that refusal would provoke anger from her. The informant lacks the internal agency to decline due to their emotional attachment. The intensity of love and seduction rendered the young women powerless, ultimately leading them to be persuaded to engage in premarital sex. Sexual arousal from a beloved boyfriend, coupled with the assurance of enduring affection, compels young women to surrender to their partners. The continuous meetings and the stimuli present during these interactions often lead many young women to yield to seduction (Umaroh et al., 2021)

Informants did not proactively pursue sources of knowledge regarding puberty. This results in informants lacking a thorough understanding of the indicators of physical, psychological, and emotional changes during the onset of puberty. The informant felt astonished and bewildered upon her initial experience of menstruation. Moreover, informants exhibit reduced proactivity in pursuing sources of information regarding sexuality. This diminishes the informant's awareness of sexual behaviors and their prevention. This leaves the informant uncertain about the permissible boundaries while interacting with the opposite sex, particularly couples. Ultimately, the informant concludes that holding hands, kissing, hugging, and sleeping together are inherent behaviors in a romantic relationship. Insufficient information regarding reproductive health, encompassing puberty and sexuality, may predispose adolescents to engage in promiscuous sexual encounters (Umaroh et al., 2021).

Intense adolescent curiosity prompts individuals to deliberately seek pornographic material, resulting in premarital sexual activity and subsequent teenage pregnancy. The adolescent transitional phase involves identity exploration, leading to experimentation with various activities that may deviate from societal norms in Indonesia, such as narcotics use, premarital sexual relations, alcohol consumption, and violence (Sumara et al., 2017). Consequently, life skills are crucial in mitigating the impulse of sexual arousal, such as viewing pornographic content, thereby preventing early sexual initiation that may result in sexual intercourse and elevate the risk of teenage pregnancy, which adolescents can manage independently (Deswinda et al., 2020).

Informants engage in premarital sexual intercourse when the household is calm, as their parents are employed till the afternoon. This presents an opportunity for informants and partners to engage in premarital sexual intercourse. Adolescent premarital sexual intercourse typically occurs at home, namely at the residence of either gender, during periods of parental absence due to employment, hence facilitating the chance for such encounters (Kosvianti, 2021).

Furthermore, a potential circumstance for informants to engage in premarital sexual intercourse is when they are with their partners in boarding homes. This facilitates increased opportunity for informants and partners to engage in premarital sexual intercourse due to the absence of parental oversight. Male teenagers residing in boarding homes have higher levels of premarital sexual behavior

compared to their counterparts living at home, indicating an increased risk for those in boarding facilities (Kursani & Nuraudah, 2022). This results from insufficient oversight by parents and boarding home proprietors, allowing individuals to behave uncontrollably due to the freedom afforded to them (Maelissa et al., 2018). Effective open communication between adolescents and parents is essential to encourage children to discuss sexuality without hesitation (Rohmah et al., 2022).

The practice of 'candel omong' permits couples to cohabit in the same residence with informants. Moreover, the neighbors' reaction to instances of unmarried teenage pregnancy is customary, as they are familiar with the candel omong tradition, which has frequently occurred in the informant's community. This influences the thinking and character of adolescents who perceive premarital pregnancy as a normative occurrence. The environment will indirectly influence an individual's character and personality, particularly throughout adolescence. Adolescence is a period during which individuals assimilate information and emulate their surroundings. Values and norms are applicable within the community. This imparts a persona and distinctive traits to an individual (Rohmah et al., 2022). Consequently, adolescents require a supportive environment to mitigate dangerous sexual behavior and prevent premarital teenage pregnancy. This aligns with research indicating that individuals are more likely to adopt positive behaviors when encouraged by their social environment, including family and peers (Shaluhayah et al., 2020).

Informants express sympathy for victims of premarital teenage pregnancy, as it leads to educational repercussions, specifically expulsion from school. Premarital teenage pregnancy results in school dropout (Hs et al., 2019). The inadequate educational attainment of teenagers resulting from school dropout impedes their access to gainful employment, as all positions include specific qualifications, particularly educational prerequisites (Saleh & Awaru, 2021). The school's significant role in fostering students' life skills enables adolescents to evaluate and resolve problems autonomously. The rejection of premarital sexual behavior might elevate the chance of teenage pregnancy, resulting in instances of school dropout among adolescents. Life skills education aims to enhance adolescents' comprehension of their roles as beneficiaries of impacts and dangers, so fostering their capacity to assume responsibility for their safety and health (Shaluhayah et al., 2021). Education in life skills and student reproductive health in Malawi can diminish school dropout rates attributable to premarital teenage pregnancy, as well as mitigate adolescent engagement in drug and alcohol consumption. Nonetheless, life skills education faces problems, specifically the scarcity of literature on teenage life skills and the insufficient number of educators knowledgeable about the notion of adolescent life skills (Kalanda, 2010).

Reproductive health services are also necessary. A transparent and candid society on sex correlates with reduced teenage pregnancy rates. Comprehensive sex education, enhanced communication with parents, and improved accessibility to contraceptive options for teenagers are anticipated to reduce unwanted births and promote sexual health (Hadley, 2020).

CONCLUSION

Premarital adolescent pregnancy is attributed to an excessive dating culture. Adolescents often engage in unsafe sexual behavior and premarital intercourse due to a strong sense of affection and trust in their partners. Informants do not proactively pursue knowledge regarding puberty and sexuality, whereas they actively engage with pornographic material. The potential scenario for informants to engage in premarital sexual intercourse arises when the household is quiet due to parental work commitments from morning until evening. Additionally, the informants cohabit as they are engaged, adhering to the custom of 'candel omong,' despite not being married yet.

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