

Qualitative Study: Pregnancy Experience of Premarital Teenage School Dropouts in Bekasi Regency Area

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ABSTRACT

Background: Premarital teenage pregnancy is a global phenomenon that has significant physical, psychological, and educational impacts. This study was conducted to explore the situation faced by teenagers who experienced pregnancy before marriage and consequently dropped out of school. **Purpose:** The purpose of this study is to identify the experiences, challenges, and impacts faced by premarital pregnant teenagers who drop out of school. **Methods:** This study employed an exploratory qualitative design using purposive and snowball sampling techniques. Participants included 20 pregnant teenagers, triangulated with 4 school teachers and 4 midwives. The study was conducted in Bekasi Regency from July to October 2024. Semi-structured interviews were carried out using a voice recorder, and the data were analyzed using Colaizzi's Method. **Results:** The findings revealed five main themes: (1) unwanted pregnancy, (2) the effect of pregnancy on education, (3) support and discrimination, (4) physical and emotional impact, and (5) self-acceptance. **Conclusion:** This study shows that premarital teenage pregnancy leading to school dropout results in stigma, social pressure, educational disruption, and mental health challenges. Addressing this issue requires collaboration between the government, educational institutions, and the community by improving access to healthcare services and psychological counseling to support pregnant teenagers in continuing their education. **Novelty:** This study provides new insights into the lived experiences of premarital pregnant teenagers who drop out of school in an Indonesian context an area rarely explored in existing literature. Unlike most previous studies focusing on health outcomes, this research highlights the intersection between pregnancy, educational discontinuation, and psychosocial adjustment, offering culturally grounded evidence for designing inclusive school re-entry and adolescent reproductive health policies.

Keywords: Experience, Premarital, School Dropout, Teenage Pregnancy, Bekasi Regency Area

1. INTRODUCTION

By 2019, adolescents aged 15-19 years in low- and middle-income countries (LMICs) are estimated to experience 21 million pregnancies annually, of which about 50% are unwanted [1]. Premarital pregnancy among adolescents is an increasingly alarming phenomenon in the Southeast Asian region [2], including Indonesia [3]. In Indonesia, most teenage pregnancies occur through marriage, but one in four teenage pregnancies occurs outside of marriage [4].

Adolescents who experience pregnancy outside of marriage have an impact on maternal and infant mortality, the risk of children born stunted, unpreparedness for parenting [5], and financial and psychological unpreparedness [6], and even a high risk of depression [7]. Teenage pregnancy can lead to school dropout, resulting in a lack of prospects and difficulties entering the world of work, careers, and social burdens, limiting opportunities for financial stability and perpetuating poverty across generations [8].

In addition, the social stigma of premarital pregnancy places adolescent girls in a vulnerable position due to sociocultural and economic factors [9]. Pregnant adolescents often experience stigma, which can lead to social isolation and reduced support [10]. Lack of access to reproductive health education, and cultural taboos about sexuality [11], minimal family religious education foundation and promiscuity can lead to misunderstandings and increased risk of premarital pregnancy which will contribute to the high rate of teenage pregnancy [12].

The psychosocial impact that occurs for unmarried pregnant adolescents, will experience negative stigma in the form of social isolation, and rejection from their families and society which has an impact on psychosocial well-being [13] and is not ready to undergo the role of motherhood [14]. Teenage pregnancy also hurts school education [15]. This poses a risk of ostracization from friends, teachers, and partners, which leads to decreased academic performance, and even dropping out of school [16].

In addition, many pregnant adolescents feel embarrassed and depressed and choose to quit school [17]. Social and economic factors in adolescent pregnant women play a role in their ability to continue school or not [18]. Adolescent pregnant women who drop out of school will be exposed to sexual advances from coercive adult men [17]. Thus, they will experience subsequent pregnancies [19]. Dropping out of school among premarital pregnant adolescents not only affects their educational future but also impacts poverty [20].

Some schools have policies in the form of discipline to expel children who experience pregnancy. This is contrary to government regulations, such as Permendikbud 82 of 2015 [21]. This results in limited career, employment and future options, which may lead to financial barriers and difficulty accessing health service [22].

This research is important to understand the lived experiences of adolescents who experience premarital pregnancy and drop out of school, especially in the local context of Bekasi District. This qualitative study will explore how they face daily challenges, and manage social stigma. By understanding these experiences, it is hoped that this research can provide deep insights to design more effective interventions, both in the aspect of preventing teenage pregnancy and mentoring for those who have already experienced it.

This behaviour of having sexual intercourse outside of marriage is caused by a lack of knowledge, so many pregnant teenagers have illegal abortions [22], by consuming traditional medicine, doing traditional abdominal massage, or seeking illegal abortion services [3].

2. METHODS

Qualitative research with an exploratory approach was conducted in Bekasi Regency, in July-October 2024. Inclusion criteria: adolescents aged 10-19 years, pregnant at 0-40 weeks, pregnant outside of marriage, adolescents dropping out of school, able to speak well, residing in Bekasi Regency. Exclusion criteria: adolescents with physical disabilities and intellectual disabilities. Sampling used purposive sampling and snowball sampling techniques [23].

A total of 20 pregnant adolescent participants, and data triangulation 4 School teachers using semi-structured interview guidelines about adolescents' experiences during pregnancy, with the assistance of cadre field assistants and Interviews were conducted for 45-90 minutes. The process of identifying participants began with searching for data on the Health Office, Schools, primary health care and the village with the help of school teachers, and village cadres. Research tools in the form of voice recorders and field notes. Data is taken until it reaches a saturation point / there are no more new issues (data saturation) that can be analyzed [24]. The analysis method in this study uses Colaizzi's Method with Web Taugette, namely transcribing, reading repeated transcripts, making categories, grouping categories, clarifying data, putting together new data, and making final descriptive [25].

This study has received approval from the ethics committee of STIKes Prima Indonesia with approval No. 376/EC/KEPK/STIKES-PI/VIII/2024.

3. RESULTS AND DISCUSSION

3.1 Participant Characteristics

Tabel 1. The participants in this study were premarital pregnant teenage school dropouts

No.	Participant Code	Age	Gestational Age
1	P1	17 years	7 months
2	P2	14 years	7 months
3	P3	15 years	5 months
4	P4	17 years	4 months
5	P5	14 years	6 months
6	P6	15 years	6 months
7	P7	17 years	5 months
8	P8	16 years	6 months
9	P9	15 years	7 months
10	P10	16 years	4 months
11	P11	15 years	6 months
12	P12	15 years	3 months
13	P13	15 years	2 months
14	P14	16 years	4 months
15	P15	16 years	5 months
16	P16	15 years	6 months
17	P17	16 years	6 months
18	P18	16 years	7 months
19	P19	16 years	4 months
20	P20	15 years	4 months

Table 2. Characteristics of Teacher Triangulation

No.	Participant Code	Age	Years of Service
1	TT1	42 years	24 years
2	TT2	30 years	7 years
3	TT3	37 years	7 years
4	TT4	47 years	20 years

Table 3. Characteristics of Midwife Triangulation

No.	Participant Code	Age	Years of Service
1	TM1	33 years	8 years
2	TM2	38 years	18 years
3	TM3	56 years	35 years
4	TM4	30 years	8 years

Table 1 provides information Overall, the age of participants ranged from 14-17 years old who met the criteria for adolescence [26] with junior and senior high school education, with gestational age ranging from 2 - 7 months. Triangulation is a method used in qualitative research to check and establish validity by analyzing from multiple perspectives. Researchers use a way to compare information or data in different ways. In qualitative research, researchers use interview methods and triangulation methods with teachers and midwives [27]. Table 2 and 3 as for the triangulation of teachers aged 30-47 years, Bachelor's Degree and master's Degree education with a tenure of 7 - 24 years. while for the triangulation of midwives aged 33 years to 56 years with Associate Degree, Bachelor's Degree and master's Degree education, with a tenure between 8-35 years.

3.2 Thematic Analysis Results

Based on the results of thematic analysis conducted by researchers, 5 themes were obtained, namely: unwanted pregnancy, the effect of pregnancy on education, support and discrimination, health checks, physical and emotional impacts, self-acceptance. The themes generated from this study are discussed separately to describe the various experiences of premarital pregnant teenage school dropouts. The following are the results of the thematic analysis of the 6 themes:

1. Unwanted pregnancy

a. Premarital sexual intercourse

The researcher got answers from all the participants, that they got pregnant because of dating for a certain period of time. This is one of the reasons why they had sexual intercourse before marriage.

"I was introduced on the street (busker) and then dated through Facebook. I slept together and then in my boyfriend's room (had sexual intercourse) five times..." (P5)

"...I knew my boyfriend from social media and then he invited me to his house where we did things (sexual intercourse). We did it (sexual intercourse) a year after getting to know each other, once a month every time he came home from work, five times (sexual intercourse) pregnancy occurred...." (P7)

Teenage pregnancies are often the result of a combination of social, psychological, and educational factors.

"... in terms of socialization, parental upbringing. At school, it's at most half the time so it's not full to monitor the child, the point is the parents." (TT1)

".... there are broken home families like that, rarely those who are well-off, mostly middle to lower class people who lack education." (TM2)

b. Feelings of knowing the pregnancy

Based on the information obtained by researchers in the process of data collection through interviews, all participants gave a uniform response regarding their pregnancy, namely a very deep feeling of surprise accompanied by great sadness.

"I told my boyfriend that I didn't have my period, then my boyfriend told me to testpack. The first testpack had two faint lines. The next month again, I was supposed to get my period and I tested again and finally got a thick red line 2. I was shocked and I was afraid of my parents because I was still in school, I was sad, it felt like the world was destroyed." (P8)

"I was late in menstruating, so my boyfriend told me to test the results of the two lines. Oh God, I wanted to cry sadly, and run away from home for fear of being scolded by my father and mother." (P12)

c. Terminating the pregnancy

As many as 60% of participants tried to terminate their pregnancy, but some participants wanted to maintain their pregnancy.

"Once I aborted it because it was only one month. At that time I ate pineapple and drank sprite all the time, but apparently I tested again and the result was still line 2." (P13)

"...the child (in the womb) is innocent so my partner and I still want to keep the child, there is no feeling to abort." (P16)

Midwives in carrying out their roles and responsibilities are often asked to perform abortions. However, midwives firmly reject these requests because abortion is against the applicable law and violates the professional code of ethics and religious norms.

"...the teenagers come in pregnant outside of marriage. They ask for the pregnancy to be aborted, most of them like that. So I have to fight for the teenager to understand. As a midwife, her job is to save the life of the mother and baby, not to kill them. Her actions have violated immorality, so she has sinned. I become a midwife and a preacher if there are cases like this..."(TM3)

d. Parental disappointment with their child

All participants expressed a deep concern about being judged by their parents. This was increasingly protracted and caused pressure on them, 1 participant said there was a desire to commit suicide.

"Parents were angry, I was cursed at because of their disappointment, even though I was still a schoolboy, I should be studying, not going out and doing bad things..."(P8)

"My parents were shocked and cried, I was kicked out of the house and I ended up staying at a friend's house, because my relatives and family did not accept me" (P11)

"I was stressed, to the point of suicidal thoughts, but my mom always told me that ending my life is not the end of the world, so I must not give up hope, and must continue to live all this. "(P20)

e. Readiness to become a parent

Most participants revealed that they felt unprepared for their role as parents. They felt confused about their responsibilities and how to care for the baby. This pregnancy made them not have time to think and prepare themselves. Only a few participants stated that they had started to prepare themselves for the role.

"I am not ready, because I am only 15 years old. I still get angry to take care of my younger siblings. This is taking care of children" (P12).

"...I am not ready, because I still need parents but I am already pregnant and have to educate my child later." (P19)

"I am ready to be a mother in the future. I like to search on Google and then I read that it is also exciting to be a mother, there is a desire to be responsible because this is my own doing, and gradually thank God my boyfriend wants to be responsible, plans to get married after the child is born." (P17)

Midwives also argued that teenage pregnancy is a case that involves them physically and mentally, because in general they are not ready to take on their new role.

".... she is not ready because of her thinking factor, especially to build her family, later, for example if she has born her child, she can't take care of the baby like that. Especially at the age of eleven, it's like if he has a diet from his own knowledge, I'm afraid he's not ready like that." (TM1)

2. Influence on Education

a. Experience at school

Most participants revealed that they shut down and distanced themselves from their social environment, especially from friends and teachers at school, to hide their pregnancy. Some participants felt more comfortable by reducing activities at school. These feelings of fear and shame forced them to hide the changes that occurred during

pregnancy, and prevented them from getting the support they might need from those closest to them.

"I stayed away from the teachers. If I moved, I was afraid, especially when I go to school wearing a span skirt, I am afraid that my stomach will be seen by teachers and friends." (P3)

"When I was 1 and 2 months pregnant, I still went to school. At that time I didn't know that I was pregnant, so when I was 3 months old I wore jackets and skirts more often to avoid looking pregnant, because I was afraid of being found out by teachers and friends." (P14)

This also often makes teachers pay attention to the pattern of attendance or absence of changes in the body shape of their students, fearing that they experience pregnancy during school time.

"...actually, I see it more in the process of learning activities. For example, she is a little less focused, or there is a change that is usually active and cheerful. We are more approaching why, is there a problem? At the beginning, he didn't admit it. But the more it goes on, it affects attendance..." (TT2)

b. Dropping out of school

Some participants stated that they chose to quit school because they felt embarrassed about their pregnancy. This feeling of embarrassment was triggered by a variety of factors, including visible physical changes, fear of ridicule or gossip from classmates and school teachers. In addition, some of the participants not only chose to quit, but were directly dropped out by the school.

"...I quit school because I was ashamed, because I felt that there was no one to accompany me when I was pregnant, I was afraid that my schoolmates would think that people who stay quiet can get pregnant because of their promiscuity..." (P20)

"I was expelled by the principal, because news about my pregnancy spread at school. I felt sad, because I was about to graduate in 5 months, I should have been able to get a diploma, but instead I didn't get one." (P14).

The school has a policy regarding expelling pregnant teenage students due to considerations of the good name of the school and being a bad example.

"... the school policy is that if there is a case of a pregnant student, it is automatically expelled, because this concerns the good name of the school, the school also follows up quickly, for example, a few days ago she was identified as pregnant, then the child was immediately called the next day and given a letter to expel the student." (TT4)

c. Future plans

Pregnancy in adolescence has an impact on their educational future. Many adolescents feel that there is no hope for them to continue their schooling, impairing their academic achievement and limiting their future opportunities. However, there were some participants who still had a strong desire to continue their education and obtain a diploma.

"I will not continue my schooling, I will only think about this child and focus on taking care of the child." (P5).

"...After the baby is born, I want to continue with the school package." (P8). "I hope to continue my education, I want to become a teacher." (P17)

3. Support and Discrimination

Pregnant teenagers need support from their families and partners. This support can be in the form of access to health and education services, so that they can continue their future.

"Families give advice to stop school, and focus on helping take care of the child in the womb, eating healthy food. While the partner will be responsible and advise to take care of the womb so that it gives birth safely." (P2)

"My family told me to get married and help me prepare for marriage and childbirth, and my partner will also take responsibility by marrying me." (P10)

The support provided by midwives is not only to pregnant adolescents, but also to their parents. Helping parents understand pregnant teenagers' feelings and needs for health.

"Usually we provide support to the family, provide information to the parents not only to the patient (teen), because this patient depends on the parents, if for example the parents forbid her to check it is wrong. So we provide (support) to the patient as well as the family. So that they (teenagers) want to be examined. So that the baby and the mother remain healthy...(TM1)

All participants experienced discrimination in the community, such as negative stigma, and social exclusion. This made adolescents feel depressed, and alienated from society during pregnancy.

"I heard from my friend who is still at school, he said I was the subject of conversation by teachers and friends, he said I was naughty so I got like this. I was also talked about by neighbors (teenage pregnancy)." (P12)

"...friends were very excited, I was bullied directly, it was really scary that all the friends were fake... I avoided everyone, because my family was known for not being able to teach children and look after children..." (P14)

4. Pregnancy check-ups

Pregnancy check-ups sometimes make pregnant teenagers feel embarrassed, due to the stigma attached to pregnancy at a young age. For pregnant adolescents who receive support from midwives or health workers, this is a relieving experience, as they receive the advice, support, and care they need to maintain their pregnancy.

Care they need to maintain their pregnancy.

"The midwife advised me not to stress, not to think too much, to eat more and take vitamins so that the baby is healthy, and told me to check once a month. " (P1)

"The midwife provided good service, I was given advice not to be too tired."(P4)

"I haven't checked with the midwife yet, because I'm ashamed of the midwife."(P12)

Midwives provide full support to teenage pregnant women, both physically and emotionally. They provide education about pregnancy and help teenagers to live their lives without discrimination.

"...provide support for her pregnancy and educate her like pregnant women in general. We don't discriminate against the teenager so that they don't feel shamed for what they are going through." (TT4)

5. Physical and emotional impact

Teenage pregnancy often brings deep psychological impacts, such as anxiety and stress in the face of pregnancy, responsibility as a prospective parent. In addition, they also receive negative stigma from the environment.

"Every night I cry, feeling sorry that I did this." (P14)

"Every day I feel weak and lose weight. I don't take any vitamins. I feel stressed because I see friends who are still playing. There was a plan to hurt myself to cut my hand with a knife..." (P15)

Midwives consider that adolescents are generally not physically and mentally ready to face their pregnancy. Therefore, psychological assistance and support are very important to help adolescents navigate pregnancy better.

"For the physical condition, it varies, what I have recently found is that on average there are those who are still for their own body posture, most of them are still small teenagers aged 13 years, 14 years old and have anemia. Then they don't seem ready to be pregnant, so mentally they are definitely not as excited as people who are pregnant who want to be. They become sad so they tend to stay quiet because they feel guilty. We also provide support, not to be left or scolded or even mentally suppressed, it's dangerous." (TM2)

6. Changes in self-view

Changes to the self that occur in pregnant adolescents involve emotions and thoughts about their future. They experience this because of the new role they will take on.

"I changed my thinking drastically after I tried to accept everything, I feel happier and more relaxed, more mature in my thinking." (P11)

"I who used to be down, now think to focus on taking care and sending my children to school later." (P6)

"Seeing life as it is, let's just do it. If I wasn't like this, maybe I could continue (school) like my friends. There is a desire in the future to buy land and build a house for my little family." (P5)

"I feel that my life is different from other people...it's just destroyed, I haven't achieved my goals, which were to make my parents happy, so I can't..." (P7)

Discussion

This study discusses the experiences of premarital pregnant teenage school dropouts in living their lives. The results of this study reveal that the lives of pregnant adolescents have an impact on emotional, social life, both in school, family, and society.

This study reveals that premarital sex by school adolescents can cause unwanted pregnancies, where access to contraception is still limited [28]. Contributing factors include pressure from partners or boyfriends on premarital sexual behavior among adolescents [29]. In addition, the absence of sexual education regarding reproductive health, contraception, and the risks of premarital sexual intercourse, this results in awareness of the consequences of sexual activity and how to prevent pregnancy [30]. Sexual issues are taboo in Indonesia and premarital sex is prohibited and considered immoral behavior by society [3].

This unwanted pregnancy by adolescents often makes them feel surprised, sad, and afraid because they have to face unexpected situations [31]. Feelings of sadness and fear due to pregnancy in adolescents often encourage them to have an abortion [32], because they are not ready to face the burden of responsibility of becoming a mother [31].

Previous research explains that disclosure of teenage pregnancy can upset family members and result in strained relationships [33]. It also elicits reactions of anger and disappointment from parents towards their children, which can lead to the expulsion of the teenager from home [34]. Revealed suicidal ideation, anger, guilt, and shame confirm that pregnant adolescents experience

psychological distress, the risk of suicide is three times greater in pregnant adolescents than in adult pregnant women [35].

Pregnant adolescents feel unable to face continuous social pressure and worry about being judged by friends or teachers if their pregnancy is revealed [36]. The increasingly stressful conditions make them feel uncomfortable and have difficulty in the school environment, causing many pregnant adolescents to drop out of school [37]. The inability to continue education in adolescents can reduce future economic opportunities, creating a cycle of poverty that is difficult to break [38].

Indonesia's 12-year compulsory education program is based on Law No. 20/2003 on the National Education System. The law states that compulsory education is a minimum education program that must be followed by Indonesian citizens, with the responsibility of the government and local governments. But in reality, there are still many children who drop out of school which shows that education in Indonesia is still uneven and the program has not been fully successful [39].

In addition to the poor academic performance that occurs in pregnant adolescents, they have no plans for their future due to school dropout [36]. Pregnant adolescents, who are not ready to enter adulthood, have reduced and limited opportunities for education, employment, and the freedom, future opportunities, and choices associated with them [13]. Pregnant adolescent dropouts share feelings of disappointment and despair at having to give up their dreams [33].

This negative stigma, and social exclusion makes adolescents feel depressed, and alienated from society during pregnancy which impacts on adolescent mental health [9]. So that adolescents have poor psychosocial [33]. Adolescents who experience unintended pregnancies often face severe social consequences, including expulsion from school and ostracization from their communities, this becomes a challenge for pregnant adolescents [40].

Self-acceptance varies among adolescents who will become mothers, good self-acceptance by interpreting her situation positively and taking responsibility for her decisions, which helps her adapt to her new role as a mother [41]. This process of acceptance of pregnant adolescents often involves deep emotional reflection, during which they begin to prepare themselves mentally and physically for the new role as the primary caregiver of their child [42]. Family and partner support and the environment play an important role in helping pregnant adolescents to become more confident mothers-to-be [38].

CONCLUSION

This study revealed that pregnancy among premarital adolescents who dropped out of school has significant multidimensional impacts, especially in educational, psychological and social aspects. The five main themes found include unintended pregnancy, the effect of pregnancy on education, support and discrimination, health check-ups, as well as physical, emotional, and self-acceptance impacts. Unintended pregnancies often force adolescents to face stigma, social pressure and challenges in continuing their education. Although some teens receive support from family and partners, discrimination from the neighborhood remains a major barrier. In addition, emotional experiences such as stress, anxiety and uncertainty about the future due to dropping out of school are major issues that affect their mental health.

To address this issue, it is important for the government, educational institutions and communities to work together to create an inclusive environment and support pregnant adolescents to continue their education. Comprehensive sexual education programs need to be improved to prevent teenage pregnancy and provide relevant information on reproductive health. In addition, health services and psychological counseling should be more accessible to help adolescents deal with emotional and social distress.

Further research could focus on community-based interventions that support pregnant adolescents in achieving education and careers, as well as strategies to reduce stigma in the community.

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REFERENCES

- [1] WHO, "Adolescent pregnancy," *World Health Organization*, 2024.
- [2] UNFPA and UNICEF, *Understanding Pathways To Adolescent Pregnancy In Southeast Asia*. Melbourne: UNFPA Asia Pacific Regional Office and UNICEF East Asia and Pacific Regional, 2023.
- [3] W. Astuti, Bharj, A. W. Astuti, J. Hirst, and K. K. Bharj, "Indonesian adolescents' experiences during pregnancy and early parenthood: a qualitative study," *J. Psychosom. Obstet. Gynecol.*, vol. 41, no. 4, pp. 317–326, 2020, doi: 10.1080/0167482X.2019.1693538.
- [4] C. M. Harvey *et al.*, "Premarital Conception as a Driver of Child Marriage and Early Union in Selected Countries in Southeast Asia and the Pacific," *J. Adolesc. Heal.*, vol. 70, no. 3, pp. S43–S46, 2022, doi: 10.1016/j.jadohealth.2021.11.003.
- [5] PUSKAPA, *Risalah Kebijakan Pencegahan Perkawinan Anak untuk Perlindungan Berkelanjutan bagi Anak*. Depok: Universitas Indonesia (PUSKAPA) dan Kementerian Pemberdayaan Perempuan dan Perlindungan Anak (KemenPPPA), 2023.
- [6] Y. Tafere, N. Chuta, A. Pankhurst, and G. Crivello, "Young Marriage, Parenthood and Divorce in Ethiopia," *Young Marriage and Parenthood Study (YMAPS)*, Canada, 2020.
- [7] N. Mukaromah, "Literature Review : Faktor Depresi Pada Kehamilan Remaja," *J. Teknol. Keilmuan Bengkulu-Multidisiplin*, vol. 2, no. 1, pp. 1–10, 2024.
- [8] A. M. Rodrigues *et al.*, "Consequences and risks of pregnancy in adolescence, an integrative review," *Int. J. Health Sci. (Qassim)*, vol. 4, no. 28, pp. 1–6, 2024, doi: 10.22533/at.ed.1594282419036.
- [9] J.-V. Wittenberg, L. T. Flaherty, D. F. Becker, G. Harper, J. M. Crookall, and N. Vianna, "Stigma as a Source of Stress for Adolescent Mothers and Their Babies," *J. Nerv. Ment. Dis.*, vol. 210, no. 9, pp. 650–654, 2022, doi: 10.1097/nmd.0000000000001545.
- [10] E. Coast *et al.*, "If she's pregnant, then that means that her dreams fade away: exploring experiences of adolescent pregnancy and motherhood in Rwanda," *Eur. J. Dev. Res.*, vol. 33, pp. 1274–1302, 2021, doi: 10.1057/s41287-021-00438-5.
- [11] A. H. Susanti, P. Azzahroh, and V. Silawati, "Effect of Reproductive Health Education on Teenagers Through Video Media on Knowledge and Attitudes Regarding Sexual Pre - Marriage in SMPN 1 Dente Teladas," *Int. J. Health Sci. (Qassim)*, vol. 2, no. 1, pp. 54–68, 2024.
- [12] Mirna, "Remaja Putus Sekolah Akibat Hamil Pranikah," *Phinisi Integr. Rev.*, vol. 2, no. 2, pp. 290–301, 2019, doi: 10.26858/pir.v2i2.10007.
- [13] R. Crooks, C. Bedwell, and T. Lavender, "Adolescent experiences of pregnancy in low - and middle - income countries : a meta - synthesis of qualitative studies," pp. 1–18, 2022, doi: 10.1186/s12884-022-05022-1.
- [14] N. F. A. Pertiwi and L. L. Abida, "Dampak Kehamilan Tidak Diinginkan Pada Remaja," *J. Fisioter. dan Kesehat. Indones.*, vol. 2, no. 48–57, 2022.
- [15] B. Schoumaker, "Expert group meeting on the evaluation of adolescent fertility data and estimates," New York, 2020.
- [16] P. N. Ntshayintshayi, L. A. Sehularo, I. O. Mokgaola, N. V. Sepeng, and F. Area, "Exploring the psychosocial challenges faced by pregnant teenagers in Ditsobotla subdistrict," pp. 1–8, 2021.
- [17] I. Yakubu and W. J. Salisu, "Determinants of adolescent pregnancy in sub-Saharan Africa: A systematic review," *Reprod. Health*, vol. 15, no. 1, pp. 2–11, 2018, doi: 10.1186/s12978-018-0460-4.
- [18] J. L. S. Tambekou, M. T. Agnoux, L. K. Fezeu, and F. Ndonko, "Teenage childbearing and school dropout in a sample of 18 , 791 single mothers in Cameroon Grossesses précoces et abandon scolaire dans un échantillon de 18 , 791 mères célibataires au Cameroun," *Reprod. Health*, vol. 19, no. 10, pp. 1–9, 2022, doi: 10.1186/s12978-021-01323-4.
- [19] R. Essop, "BREAKING THE CYCLE: TEENAGE PREGNANCY AND SCHOOL DROPOUT," 2019.
- [20] M. Kumar *et al.*, "Adolescent Pregnancy and Challenges in Kenyan Context: Perspectives from Multiple Community Stakeholders," *Glob Soc Welf*, vol. 5, no. 1, p. 11–27, 2018, doi: 10.1007/s40609-017-0102-8.
- [21] BPS and U. PUSKAPA, *Pencegahan Perkawinan Anak Percepatan yang Tidak Bisa Ditunda*. Jakarta, 2020.
- [22] E. Eboeime, A. Ezeokoli, K. Adams, and A. Banke-thomas, "Prioritizing the mental health needs of pregnant adolescents in sub- Saharan Africa The public health burden of adolescent pregnancy in sub-Saharan Africa Adolescent pregnancy is an African anathema," *J. Glob. Heal. Neurol. Psychiatry*, pp. 1–10, 2022, doi: 10.52872/001c.34646.
- [23] Moser and Korstjens, "Series : Practical guidance to qualitative research . Part 3 : Sampling , data collection and analysis," *Eur. J. Gen. Pract.*, pp. 9–18, 2018, doi: 10.1080/13814788.2017.1375091.
- [24] Lexy J Moleong, *Metode Penelitian Kualitatif*, Cetakan ke. Jakarta: PT. Remaja Rosdakarya Offset, 2017.
- [25] Polit and Beck, *Nursing research : Generating and assesing evidence for nursing practice (8th edition)*. Philadelphia: Lippincott Williams & Wilkins, 2010.
- [26] WHO, "Adolescent health," 2024.
- [27] M. Hasan *et al.*, *Metode Penelitian Kualitatif*. Makassar: Tahta Media Group, 2022.

- [28] J. O'Donnell, I. D. Utomo, and P. McDonald, "Premarital sex and pregnancy in Greater Jakarta," *Genus*, vol. 76, no. 13, pp. 1–22, 2020, doi: 10.1186/S41118-020-00081-8.
- [29] B. Biratu, S. Garoma, and M. G. M. Desalegn, "Drinking alcohol raises the chance of premarital sex by four folds among secondary school adolescent students in Jima Arjo, Southwestern Ethiopia, 2018: a school-based cross-sectional study," *Contracept. Reprod. Med.*, vol. 7, no. 4, pp. 1–9, 2022, doi: 10.1186/s40834-022-00171-2.
- [30] J. Beckwith, "Knowledge, attitudes, and practices in reproductive and sexual health: Valle de los Chillos, Rumiñahui County, Province of Pichincha, Ecuador," *J. Med.*, vol. 9, no. 2, pp. 119–125, 2020, doi: 10.26443/MJM.V9I2.660.
- [31] S. Liputo, L. Sondakh, and F. A. Tangke, "Overview of the Impact of Unwanted Pregnancy on Adolescent Psychological in the Working Area of Telaga Biru Community Health Center," *J. Asian Multicult. Res. Med. Heal. Sci. Study*, vol. 2, no. 1, pp. 27–34, 2021, doi: 10.47616/jamrmhss.v2i1.80.
- [32] Y. Zia *et al.*, "Psychosocial Experiences of Adolescent Girls and Young Women Subsequent to an Abortion in Sub-Saharan Africa and Globally: A Systematic Review," *Front. Reprod. Heal.*, vol. 3, no. May, 2021, doi: 10.3389/frph.2021.638013.
- [33] D. Govender, S. Naidoo, and M. Taylor, "'I have to provide for another life emotionally, physically and financially': understanding pregnancy, motherhood and the future aspirations of adolescent mothers in KwaZulu-Natal South, Africa," *BMC Pregnancy Childbirth*, vol. 20, no. 1, pp. 1–21, 2020, doi: 10.1186/s12884-020-03319-7.
- [34] A. J. Wuermli, H. Yoshikawa, and P. D. Hastings, "A bioecocultural approach to supporting adolescent mothers and their young children in conflict-affected contexts," *Dev. Psychopathol.*, vol. 33, no. 2, pp. 714–726, 2021, doi: 10.1017/S095457942000156X.
- [35] J. Li, S. Z. I. Z. Jing, Y. W. Zhou, and Chengchao, "Suicide attempt and its associated factors amongst women who were pregnant as adolescents in Bangladesh: a cross-sectional study," *Reprod. Health*, vol. 1–9, no. 18, p. 17, 2021, doi: 10.1186/S12978-021-01127-6.
- [36] L. Muthelo *et al.*, "Exploring mental health problems and support needs among pregnant and parenting teenagers in rural areas Of Limpopo, South Africa," *BMC Womens. Health*, vol. 24, no. 1, pp. 1–7, 2024, doi: 10.1186/s12905-024-03040-z.
- [37] H. Malatji, N. Dube, B. Nkala-Dlamini, and K. Shumba, "Coping Strategies and Support Provided by Educational Centres to Teenage Mothers Re-Engaging with Education Post-Pregnancy: A Case Study of A Township School in South Africa," *J. Soc. Sci. Humanit.*, vol. 20, no. 3, pp. 234–244, 2023, doi: 10.17576/ebangi.2023.2003.20.
- [38] M. de F. Moniz, A. W. Astuti, and M. Hakimi, "Psychological Impact of Adolescent Pregnancy in Developing Countries: A Scoping Review," *Women, Midwives and Midwifery*, vol. 4, no. 2, pp. 1–13, 2024, doi: 10.36749/wmm.4.2.1-13.2024.
- [39] Iis Margiyanti and Siti Tiara Maulia, "Kebijakan Pendidikan Implementasi Program Wajib Belajar 12 Tahun," *J. Pendidik. dan Sastra Ingg.*, vol. 3, no. 1, pp. 199–208, 2023, doi: 10.55606/jupensi.v3i1.1509.
- [40] D. Sumarno, H. Yulindrasari, and R. Ginintasasi, "Preliminary Study of Hope in Adolescents Who Experience Unwanted Pregnancies," in *International Conference on Educational Psychology and Pedagogy - "Diversity in Education" (ICEPP 2019)*, 2020, doi: 10.2991/assehr.k.200130.077.
- [41] Putri Anisatu Balqis and Sugiariyanti, "Becoming a Mother as a Teenager: Self-Acceptance of Adolescent Girls Who Choose to Get Married," *Dev. Clin. Psychol.*, vol. 5, no. 1, pp. 15–28, 2024, doi: 10.15294/dcp.v5i1.6199.
- [42] H. Otley, *A Psychodynamic Approach to Working with Pregnant Teenagers and Young Parents*. London: Routledge, 2022.