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The Decision-Making Experiences of Early Married Couples during Pregnancy and Childbirth

Siti Fatimah[1]✉, Andari Wuri Astuti[2], Wantonoro[2]

[1]Faculty of Nursing and Health Sciences, Universitas Muhammadiyah Banjarmasin
[2]Faculty of Health Sciences, Universitas Aisyiyah Yogyakarta, Indonesia

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Abstract

Marriage and adolescent pregnancy have an effect on decision-making ability and an increased risk of complications during pregnancy and childbirth. The incidence of teenage pregnancy in 2019 was approximately 16.93% and increased to 17.03% in 2020 in South Kalimantan. This study aims to determine the decision-making experiences of underage marriage during pregnancy and childbirth in 2023. Methods: This qualitative study used a generic exploratory methodology. This study's sample was selected using homogeneous purposive sampling to include five pairs of adolescents in Banjarmasin City. The research analysis used thematic analysis and was analyzed using NVivo. There are four major themes that emerge from the research findings: prior knowledge, skills, and preparedness to become parents, decision making, obstacles, and expectations. Teenagers who marry at a young age and have children younger than one year old lack the knowledge, skills, and maturity to become parents and are therefore incapable of making decisions. Parents and spouses have a significant impact on decision-making. During pregnancy and childbirth, decision-making autonomy is influenced by a lack of parental knowledge, skills, and preparation. It is expected that training and education that involve family decision-makers will increase the knowledge, skills, and readiness of couples to become parents

Introduction

Adolescence is the transitional stage between childhood and adulthood, which typically ranges from ages 10 to 19. During this period, physical, cognitive, and psychosocial development undergoes rapid changes (WHO, 2022). Adolescence is a critical phase for cognitive, psychological, and psychosocial development. Grootens-Wiegers conducted research indicating that 12-year-old adolescents possess the readiness for decision-making participation (Grootens-Wiegers *et al.*, 2017). On the other hand, adolescent girls' decision-making is significantly affected by their surroundings (Villanueva-Moya & Expósito, 2021). They tend to make decisions with an unreliable foundation, while boys base their decision-making on specific and accurate information, resulting in decisions that align with their objectives (Byrne & Worthy, 2016).

Adolescent pregnancy rates are influenced by various factors, one of which is the culture related to early marriage (Kistiana *et al.*, 2025; Vincent & Alemu, 2016). According to the survey in 2020, the provinces with the highest rates of early marriage in Indonesia in 2019 include South Kalimantan (12.52%), West Java (11.48%), East Java (10.85%), West Sulawesi (10.05%), and Central Kalimantan (9.85%) (Central Bureau of Statistics, 2020). In the South Kalimantan community known as Urang Banjar, the culture of early marriage is seen as a way to help the family economy, avoid promiscuity, and prevent teenage pregnancy (Kumari & Kurdi, 2020).

The incidence of teenage pregnancy

✉ Correspondence Address:
Faculty of Nursing and Health Sciences, Universitas Muhammadiyah Banjarmasin
Email: fattimaharifin80@umbjm.ac.id

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based on the Indonesian Demographic and Health Survey (SDKI) in 2017 was found to be 36 out of 1,000 pregnancies experienced by adolescents aged 15-19 years (Central Bureau of Statistics, 2018). The incidence of teenage pregnancy in 2019 in South Kalimantan province tends to increase in recent years, with an average of women aged 15-19 years experiencing a first pregnancy of 16.93% and increasing to 17.03% in 2020 (Indonesian Central Statistics Agency, 2020)

Adolescent pregnancy is one of the conditions during adolescence that affects the developmental tasks of adolescence, including the ability to make decisions related to marriage and reproductive health (Ani *et al*., 2025; Sirikhun & Virasiri, 2022), which has negative health, social, and economic consequences (WHO, 2022; Wulandari *et al*., 2025). Each year, in developing countries, 21 million adolescents between the ages of 15 and 19 experience pregnancy, and about 12 million adolescents experience childbirth (Elizabeth A. Sully *et al*., 2020). Women, including adolescents, have the right to make decisions about their health (Alemayehu & Meskele, 2017; Badan Pusat Statistik *et al*., 2013; WHO, 2022). Inappropriate decision-making often leads to delays in receiving health care (Juwita, 2015; Qureshi *et al*., 2016). This study aims to determine the experiences of adolescent couples who married at an early age related to decision making during pregnancy and childbirth, specifically related to the decision-making process, support, barriers, and expectations of adolescent couples who married at an early age connected to decision making during pregnancy and childbirth.

Method

This research is a qualitative study and was conducted from November 2022 to May 2023. The informants in this study were taken using non-probability sampling with a homogeneous purposive sampling technique. The research sample was taken through pregnancy and birth registry data at the community health center and independent midwife practices. The inclusion criteria for this study sample were adolescent couples who were married under the age of 19 and had their first child <1 year of age, regardless of the cause of pregnancy. Exclusion criteria for this study were adolescent couples who married early and had a child <1 year old who died, and underage couples who had communication difficulties.

Researchers conducted interviews using an interview guide that had passed the expert judgment and pilot interview stages on two research informants. The research data is collected using an interview guide with in-depth interview techniques. Researchers used field notes as researchers' field notes containing descriptions or narratives of the informants' attitudes, responses, movements, body language, and expressions during the interviews. Researchers used an audio recorder to record the process during the interview, which lasted approximately 30-90 minutes.

This research used data saturation to assess the adequacy of the data and interviews that have been conducted. Researchers obtained 10 research informants to achieve data saturation. In addition, researchers conducted discussions with other research members in determining data saturation, and no new information, findings, and/or themes emerged, so the research data has been declared to have reached saturation. The data analysis employed in this research uses thematic analysis, drawing on Colaizzi's framework and using NVivo software. The researcher transcribed the interview results from the audio recorder verbatim, read, and reread the transcription results in order to feel the experience and/or crucial information conveyed by the informant. Third, the researchers conducted discussions to determine thematic findings and data saturation.

The evaluation of data validity in this study is assessed through trustworthiness, which includes transferability, confirmability, dependability, and credibility(Morse, 2015). Transcriptions were translated from the Banjar language to Indonesian, and discussions were held with other researchers to assess the validity of the data. In addition, researchers triangulated techniques by examining supporting documents related to the information provided by informants, such as triangulation using the Maternal and Child Health (MCH) book on pregnancy checks and research observation documents. This study has received ethical

approval from the Research Ethics Committee (KEP) of 'Aisyiyah University Yogyakarta with number: 2624/KRP-UNISA/III/2023 on March 6, 2023. This study used written informed consent given to adolescent couples who married early, and also verbal informed consent given to parents/guardians.

Result and Discussion

Table 1 shows that most of the informants in this study were 13-19 years old, and the majority had junior high school education (60%).

Emerging themes from the results of in-depth interviews with all informants explain that four themes, as illustrated, preexisting knowledge, decision-making process, forms of support, barriers, and expectations, are the experiences of adolescent couples who married early in relation to decision making during pregnancy and childbirth.

Preexisting knowledge, skills, and parenting readiness describe the limited knowledge and skills of adolescent couples during pregnancy, childbirth, and parenting, as well as financial, emotional, and social unpreparedness. *Adolescent couples have limited knowledge and skills related to maternal health and parenting:* "Usually, the first time (antenatal check), I didn't understand, so my mother accompanied me." (INF_1a), "My mother delivered me, just a massage on the abdomen, she said so that the head would enter quickly. If I'm not mistaken, at 7 months the massage was on the abdomen." (INF_4a), "Once I was sick, I thought I was going to give birth, so I was taken to the hospital, but it turned out that I wasn't." (INF_3a), "When my child takes a bath, my aunt bathes him, I didn't dare because (there is still) the umbilical cord, until the cord is tight, then he is bathed, just wiped, the umbilical cord is also smeared with betadine." (INF_3a).

Financial, Emotional, and Social Unpreparedness. Financial, emotional, and social unpreparedness describes the financial, emotional, and social unpreparedness experienced by adolescent couples related to health and parenting, as described by research informants as follows: "I was at home alone. If he (husband) had gone back to work for a short time, half a day back, he could have helped." ... "He (husband) didn't participate in taking care of the baby. He didn't dare to hold her, so my mother and I took care of her (baby)." (Inf_3a), "At the Community Health Center, the staff asked where to give birth, I wanted to give birth there if it's possible, but what if it's at night? My mother said it's okay, we'll go to the midwife, it will take a long time, take care of the files again later if it takes a long time (at the hospital)." (Inf_4a).

The role of individuals in decision-making is explained by the experience of limited knowledge and skills of adolescent

Table 1. Characteristics of participants

Characteristics	**n (%)**
By Gender	
Female	5 (50)
Male	5 (50)
Educational level	
Primary School	3 (30)
Middle School	6 (60)
High School	2 (20)
By Age	
13	1 (10)
14	-
15	-
16	3 (30)
17	3 (30)
18	2 (20)
19	1 (10)

Source: Primary Data Research, 2023

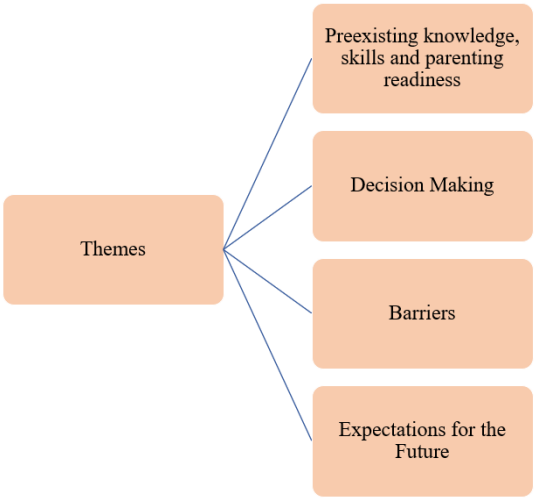

Figure 1. Emerging Themes

couples related to health and parenting, such as ignorance related to healthy behavior during pregnancy, ignorance related to preparation and signs of childbirth, and behavior related to good and correct parenting, which causes low participation of adolescent couples in decision-making. Previous research explains that adolescents who become parents lack preparation for the role of parenthood, which is shown by low commitment, inability to adapt to the role, low sense of responsibility in caring for children, low self-confidence, and dependence on others (Aparicio *et al.*, 2015; Williamson *et al.*, 2013). Research conducted by Mangeli shows that unpreparedness in carrying out the role of parenthood is due to a lack of knowledge and skills to care for children independently and the lack of good sources of information for adolescents (Mangeli *et al.*, 2017). It is in line with previous studies that explain that adolescent couples have limited participation and decision-making during pregnancy and childbirth, as well as in the process of adapting to parenthood and difficulties in infant care (Dordunu *et al.*, 2021; Jacobson, 2015; Phiri & Nyamaruze, 2022). It is due to the lack of knowledge about problems that occur during adolescent pregnancy, such as emotional and psychological problems and a lack of social support (Warsiti *et al.*, 2025). In addition, the education level of adolescents also affects their ability to receive information and has an impact on their level of knowledge (Dordunu *et al.*, 2021).

Table 2. Overview of Study Finding

Main Themes	**Sub-Categories**	**Relational Explanations**
Preexisting knowledge, skills and parenting readiness	Adolescent couples have limited knowledge and skills related to maternal health and parenting Financial, Emotional and Social Unpreparedness	Understanding of maternal health and child development, combined with basic caregiving skills, enhances confidence and emotional preparedness for parenting
Decision Making	Decision-making strategy Sources of support Supporting aspects	Decision-Making Strategy in Adolescent Pregnancy
Barriers	Inadequate health facilities Autonomy Social culture	Constraints in healthcare access limit adolescents' decision-making capacity during pregnancy.
Expectations for the Future	Couples Community Government and health workers	Adolescents' future orientation critically shapes their planning and decision-making for life ahead.

The research topic related to decision-making describes the decision-making strategy and the source of support for decision-making. *Decision-making strategy.* Adolescent couples often have discussions with parents and partners when making decision as reported by research informants as follows: "I usually do it with my parents. Sometimes we talk together about what is best. I also often ask the parents' opinions about what is best because they also know better." (INF_1b), "If there is a problem, I usually discuss it with my wife. I never do (make a decision). I usually talk with my wife and my mother." (INF _2b). In addition, adolescent couples' decisions during pregnancy and childbirth are made taking into account information obtained from the surrounding community and also from health workers as reported by research informants as follows: "I gave birth at the Community Health Center there. My mother knew the midwife and our neighbor had also given birth there. That's why she told me to do it there." (INF _2a), "I wanted to give birth at the hospital because the staff at the Community Health Center workers didn't dare to treat me because I was too young." (INF _5a).

Sources of support. Research informants explained that access to information in terms of sources that support decision making by adolescent couples includes social media, the community, and from health workers as reported by research informants as follows: "I often watch Tiktok especially about pregnant women" (INF_1a), "When the sign appeared, my husband searched on Google. He said I might give birth soon because my belly was looking down." (INF_4a), "I used to abstain from eating because I didn't know. I just ate porridge, the community health center told me not to abstain so I ate everything." (INF_5a). Sources of support for adolescent couples' decision-making during pregnancy and childbirth come from the partner, mother and/or mother-in-law, family, and surrounding community as reported by research informants as follows: "I often remind her to walk in the morning because she is often lazy and sleepy like that" (INF_1b), "My mother also often advised me not to listen too much to what people say" (INF_1a), "When I was sick was sick (about to give birth), my aunt took me to the hospital. I told my aunt that I was in pain." (INF_5a).

Supporting aspects. Supporting aspects explain the aspects that support adolescent couples in decision making such as support from social media, community, government and health workers as reported by research informants as follows: " I often read (information) about pregnant women on the phone." (INF_3a), "I worked every day when I was pregnant. I took a break when I felt tired. My boss understood my condition." (INF_1a), "I have BPJS which I got from the government, from the PKH team, but my husband doesn't have them." (Inf_4a).

The role of individuals in decision-making is also still restricted, with adolescent couples having limited autonomy in day-to-day decisions, especially those related to the choice of antenatal care, choice of diet during pregnancy, choice of place of delivery, and decisions related to early marriage. Parents, especially mothers, influence and determine the option of health services for adolescent mothers, and the socio-cultural environment in the community influences the health-related behaviors of adolescent couples (Bain, 2021; Ojei *et al.*, 2023; Shahabuddin *et al.*, 2017). It is because most families believe that adolescents need more support during pregnancy so decisions are often made by the family, especially older female family members who have great influence on support and decision making during adolescent pregnancy, and determine health services and food choices because they are considered to have knowledge and experience about pregnancy and childbirth (Pike *et al.*, 2021).

This study found that adolescent couples often consulted their families, especially parents such as mothers, mothers-in-law, grandmothers, and aunts, in deciding about pregnancy and childbirth. Previous research also explained that older family members, especially female family members such as mothers, mothers-in-law, aunts, and sisters, play a crucial role in decision-making (Astuti *et al.*, 2021; Hackett *et al.*, 2019; Pike *et al.*, 2021). Husbands and fathers, or fathers-in-law, also provide sufficient support during a teen pregnancy, especially in terms of financial

support (Buldum & Emul, Guner, 2021; Pike *et al*., 2021).

Inadequate health facilities. Inadequate health facilities are a barrier experienced by adolescent couples related to long waiting times for examinations, examination rooms that are not separated from other pregnant women and limited health programs for mothers during pregnancy as described by research informants as follows: "Yes, I waited in line, but it wasn't too long. I also joined the other mothers." (INF_1a), "I waited in line for 1-2 hours. It's quite long, but sometimes it's quick. Usually, I went at 9 o'clock and at 10 o'clock I got the stomach test." (INF_3a), "I rarely participated in the pregnancy exercises. There were no pregnancy exercises." (INF_3a). *Autonomy.* Barriers related to limited autonomy in decision making were experienced by adolescent couples in relation to the choice of place of delivery, birth attendant, and naming of the child as described by the research informants as follows: "I really wanted to give birth in a hospital. My aunt and my cousin also gave birth in a hospital, so I already got information from my aunt and sister." (Inf_3b), "My mother wanted to find a name for my child. She wanted to ask the people there first." (INF_5a), "My aunt accompanied her in the delivery room. I waited outside the room. Only one person could accompany her, so I waited outside." (INF_5a) (Inf_5b)

Social culture. Socio-cultural barriers, stigma, and judgment in decision making experienced by adolescent couples are related to social and cultural behaviors in the community, such as dietary restrictions, the 7-month bathing tradition, and negative views on early marriage and pregnancy as reported by research informants as follows: "My mother was usually the one who suggested abstaining from food." (INF_2b), "When I was seven months pregnant, I took a seven-month bath at my mother's house. I also had a massage, but I don't know whose house it was. My mother took me there. It was just a stomach massage. She said that the head would come in quickly. If I'm not mistaken, it happened when I was 7 months pregnant." (Inf_4a), "The neighbors usually said that more, at most, I just kept quiet." (Inf_5a).

In this study, the health system was found to influence the frequency of adolescent couples' antenatal care visits to health care facilities, stigma during antenatal care visits, long waiting times for antenatal care visits, and also partners not attending communication, information, and education (IEC) sessions during antenatal care visits because they waited outside the examination room. Most adolescent mothers still do not receive the care and support they need during pregnancy and labor (Fitriahadi *et al*., 2025; WHO, 2017). Married and pregnant adolescents experience barriers that limit access to health services and require increased attention from health workers and policymakers (Ani *et al*., 2025; Astuti *et al*., 2025; Govender *et al*., 2018; Maharjan *et al*., 2019).

Couples. Expectations for couples related to the role of childcare in the family, as reported by research informants are as follows: "Even if the child cried, he (husband) couldn't take care of it, so I said I should be here (mother's house). Until the child grows up, if I am there, who will take care of the child when he cries?" (INF_3a). *Community:* Expectations for the community in relation to the stigma of adolescent pregnancy as reported by research informants, are as follows: "It's the same, people talk like that. We can't control what they say so I just keep quiet. When they talk like that, there are usually things that are not pleasant to hear." (INF_5a). *Government and health workers:* Expectations for the government and health workers are related to the equalization of health insurance for the indigent, as reported by research informants as follows: "I don't have health insurance. I didn't get it from the government distribution. Maybe it would be good to re-register residents who are really eligible." (INF_4b).

This study found that adolescent couples often face negative views, stigmatization, and judgment due to marriage and pregnancy at a young age and low education. Early marriage has become a tradition in the community, and adolescents are limited in rejecting existing traditions (McDougal *et al*., 2018) because early marriage is also seen as a way to maintain family honor (Kohno *et al*., 2020), especially when a teenage pregnancy is the reason for early adolescent marriage (Petroni *et al*., 2017). The decision-making during pregnancy and

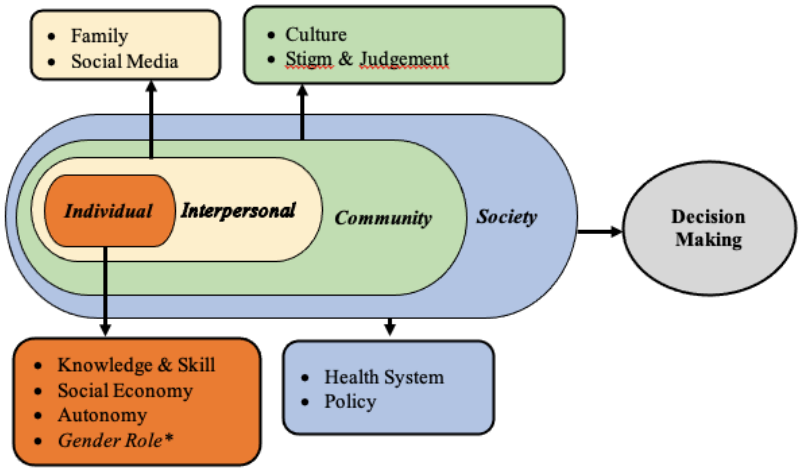

Figure 2. Decision Making Model (Modified from Socio-Ecological Model)

childbirth in this study was influenced by the negative stigma towards adolescent couples who married early and had children at an adolescent age. It could be due to the influence of socio-culture, including norms that exist in society about negative views of pregnancy in adolescence, a taboo culture in obtaining and discussing reproductive health at an adolescent age. It is also explained in previous research that socio-culture and norms influence behavior when there is a negative view of sexual behavior before marriage, and it is considered taboo in health education for adolescents because it provides sexual information that is considered taboo to talk about (Arifah *et al*., 2025; Munea *et al*., 2022).

Adolescents have uncomfortable experiences, such as a negative view of adolescents who marry early. Adolescents often experience shame and hide their pregnancy from their communities and peers, and experience stigmatization and judgment from their communities, leading to delays in accessing health services (Chikalipo *et al*., 2018; Mweteni *et al*., 2021)(Baxter & Moodley, 2015). Other pregnant adolescents explained that there are health system-related barriers to accessing health services, such as economic barriers (Puspandari *et al*., 2025), unfriendly attitudes and stigma from other older pregnant women while waiting for examinations and health workers, limited hours of health services for adolescents, and a lack of special rooms to provide privacy and confidentiality for adolescents (Bwalya *et al*., 2018).

This study uses the Socio-Ecological Model (SEM) theory to examine the complex and comprehensive interactions between the individual, relationship, community, and society in human behavior. The socioecological model (SEM) was developed to assist in the preparation of health programs in the prevention of health problems and health promotion because the socioecological model (SEM) examines the interaction of individuals, relationships, communities, and societies that affect human behavior in health (CDC, 2007; McCloskey *et al*., 2013). This study finds that gender roles play a crucial role in the decision-making experiences of early married couples. The presence of teenage pregnancy raises issues of women's roles and status (Mollborn & Sennott, 2015) and creates inequalities in women's and men's roles, with adolescent girls experiencing more stress than their male counterparts (Mollborn, 2017).

In the Socio-Ecological Model (SEM), the interpersonal environment's involvement in behavior is linked to social media. Adolescent couples often obtain information about diet during pregnancy, activity patterns during pregnancy, and labor preparation through social media. Social media is an effective medium for delivering information about nutrition and health during pregnancy to pregnant adolescents of low economic status (Vander *et al*., 2019). Social media can also make it easier for users to share information related to their

experiences, knowledge, and health problems (McCarthy *et al*., 2020), thereby increasing information-seeking support and emotional support among users (Li *et al*., 2018).

In the Socio-Ecological Model (SEM), the role of the social environment in behavior is attributed to social norms in society, especially those related to socio-culture, stigma, and judgment. This study found socio-cultural influences during pregnancy, such as food cravings and abstinence. Socio-culture shapes behavior through knowledge, and habits that are often practiced in the community (Alves & de Oliveira, 2018). Inadequate nutrition, poor diet, and limited food sources are influenced by cultural and behavioral taboos during pregnancy, which can lead to health problems in the mother and fetus.

The Socio-Ecological Model (SEM) describes policy as influencing behavior in everyday life, which, in this study, shows that decision-making is influenced by several policies and regulations related to early marriage and health. The existence of policies related to limiting the age of marriage also influences the decision-making of teenage couples. In this study, all the research informants had unofficial marriages and were not registered at the nearest Religious Affairs Office. The reasons for unofficial marriages The Socio-Ecological Model (SEM) describes policy as influencing behavior in everyday life, which in this study shows that decision making is influenced by several policies and regulations related to early marriage and health. The existence of policies related to limiting the age of marriage also influences the decision-making of teenage couples. In this study, all the research informants had unofficial marriages and were not been registered at the nearest Religious Affairs Office. The reasons for unofficial marriages were due to early pregnancy and unpreparedness for marriage. Despite receiving information on age limits for marriage and marriage dispensations, teenage couples chose to enter into unofficial marriages. It may be due to limited knowledge of the administration of the marriage dispensation, economic constraints, the ease of conducting unofficial marriages and teenage pregnancy. Unofficial marriages often occur due to young age, community culture, limited access to education and health, and teenage pregnancy (UNICEF, 2022). Most of the study informants delivered at a health facility using health insurance because it was considered helpful in financing the delivery. due to early pregnancy and unpreparedness for marriage. Despite receiving information on age limits for marriage and marriage dispensations, teenage couples chose to enter into unofficial marriages. This may be due to limited knowledge of the administration of the marriage dispensation, economic constraints, the ease of conducting unofficial marriages and teenage pregnancy. Unofficial marriages often occur due to young age, community culture, limited access to education and health, and underage pregnancy (UNICEF, 2022). Most of the study informants delivered at a health facility using health insurance because it was considered helpful in financing the delivery.

This study is expected to provide positive benefits to health workers in providing health services to married adolescent couples related to pregnancy and birth planning and parenthood readiness through a more comprehensive health program involving couples, immediate families, and the surrounding community. Health facilities are advised to provide special examination rooms for adolescent couples that are separate from other examination rooms to avoid stigma and judgment and minimize waiting time for examination. In addition, spouses and other family members can be involved in post-pregnancy communication, information, and education (IEC) sessions.

Conclusion

This study found that pre-existing knowledge about decision-making during pregnancy and childbirth is associated with the experience of limited knowledge, skills related to health and parenting, and financial, emotional, and social unpreparedness among adolescent couples who married at an early age. Problem-solving and decision-making processes related to pregnancy and childbirth are often conducted through discussions, although these are often dominated by older female family members because they are considered more experienced.

Gender roles within the family influence the position and role of adolescent couples in decision-making, which is known to affect the ability of teen couples to participate in decision-making during pregnancy and childbirth. Future researchers can conduct research on topics related to the implementation of health education programs in adolescents related to sexual reproductive health by involving spouses and closest family, topics related to perinatal planning by adolescent couples and topics related to the readiness and psychological conditions of adolescent couples in undergoing the role of parenthood.

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References

Alemayehu, M., & Meskele, M., 2017. Health Care Decision Making Autonomy of Women from Rural Districts of Southern Ethiopia: A Community Based Cross-Sectional Study. *International Journal of Women's Health*, 9, pp.213–221.

Alves, S.A.A., & de Oliveira, M.L.B., 2018. Sociocultural Aspects of Health and Disease and Their Pragmatic Impact. *Journal of Human Growth and Development*, 28(2), pp.183–188.

Ani, L.S., Sumiati, L.N., & DS, N.K.A.D.U., 2025. Sociodemographic Factors and Adolescent Attitudes Towards Family Planning Programs Related to Adolescent Marriage in Bali Province. *Jurnal Kesehatan Masyarakat (Kemas)*, 21(1), pp.136–146.

Aparicio, E., Pecukonis, E.V., & O'Neale, S., 2015. "The Love that I was Missing": Exploring the Lived Experience of Motherhood Among Teen Mothers in Foster Care. *Children and Youth Services Review*, 51, pp.44–54.

Arifah, I., Almayda, M.B., Widyani, Z., Zahra, Q.A., Nuarisyah, S.R., & Werdhani, K.E., 2025. Role Of Health Programs Utilization and Social Factors On Adolescent Anemia Status. *Jurnal Kesehatan Masyarakat*, 20(4), pp.796–807.

Astuti, A.W., Fatimah, S., Anisa, L., Aprilia, R., Febrianti, C.P., Arifin, S.R.M., Suryani, I., & Savitri, M., 2025. Stunting Prevention and First 1,000 Days of Life Optimisation Programme in Gunungkidul. *Jurnal Kesehatan Masyarakat*, 20(3).

Astuti, A.W., Hirst, J., & Bharj, K.K., 2021. Adolescent Fathers' Experiences in Indonesia: A Qualitative Study. *International Journal of Adolescence and Youth*, 26(1), pp.201–210.

Badan Pusat Statistik., 2020. *10 Provinsi dengan Pernikahan Perempuan Usia Dini Tertinggi pada 2020*.

Pusat Statistik., BKKBN., Kementrian Kesehatan RI., & ICF International., 2013. Indonesia Demographic and Health Survey 2012. *Studies in Family Planning*. BPS, BKKBN, Kemenkes, and ICF International.

Bain, L.E., 2021. Understanding the Meaning of Autonomy in Adolescent Pregnancy Decision-Making: Lessons from Ghana. *The Pan African Medical Journal*, 40.

Baxter, C., & Moodley, D., 2015. Improving Adolescent Maternal Health. *South Africa Medical Journal*, 105(11), pp.948–951.

Buldum, A., & Emul, G.T., 2021. The Fear of Childbirth and Social Support in Adolescent Pregnancy. *Journal of Pediatric and Adolescent Gynecology*, 34(6), pp.839–846.

Bwalya, B.C., Sitali, D., Kumar, S.B., & Zulu, J.M., 2018. Experiences of Antenatal Care Among Pregnant Adolescents at Kanyama and Matero Clinics in Lusaka District, Zambia. *Reproductive Health*, 15.

Byrne, K.A., & Worthy, D.A., 2016. Toward a Mechanistic Account of Gender Differences in Reward-Based Decision-Making. *Journal of Neuroscience, Psychology, and Economics*, 9(3–4), pp.157–168.

CDC., 2007. *The Social-Ecological Model: A Framework for Prevention*. Centers for Disease Control and Prevention.

Central Bureau of Statistics., 2018. *Survey Demografi dan Kesehatan 2017*.

Chikalipo, M.C., Nyondo-Mipando, L., Ngalande, R.C., Muheriwa, S.R., & Kafulafula, U.K., 2018. Perceptions of Pregnant Adolescents on the Antenatal Care Received at Ndirande Health Centre in Blantyre, Malawi. *Malawi Medical Journal*, 30(1), pp.25–30.

Dordunu, R., Dzando, G., Kumah, A., Donyi, A.B., Nutakor, H.S., Amenuvor, W.A.Y., Anagblah, C.K., Adorkor, E., & Mordenu, H., 2021. Assessment of Maternal Readiness for Childbirth and Childrearing among Adolescent Mothers in Ghana. *Advances in Reproductive Sciences*, 9(2), pp.107–117.

Elizabeth, A.S., Biddlecom, A., Darroch, J.E.,

Riley, T., Ashford, L.S., Lince-Deroche, N., Firestein, L., & Murro, R., 2020. *Adding It Up: Investing in Sexual and Reproductive Health 2019*. Guttmacher Institute.

Fitriahadi, E., Nguyen, T.H., Suryaningsih, E.K., Wahyuntari, E., & Satriyandari, Y., 2025. Strategies for Child Marriage Prevention in Indonesia: A Case Study. *Jurnal Kesehatan Masyarakat (Kemas)*, 21(1), pp.156–165.

Govender, T., Reddy, P., & Ghuman, S., 2018. Obstetric Outcomes and Antenatal Access Among Adolescent Pregnancies in KwaZulu-Natal, South Africa. *South African Family Practice*, 60(1), pp.1–7.

Grootens-Wiegers, P., Hein, I.M., Van den Broek, J.M., & de Vries, M.C., 2017. Medical Decision-Making in Children and Adolescents: Developmental and Neuroscientific Aspects. *BMC Pediatrics*, 17(1), pp.1–11.

Hackett, K., Lenters, L., Vandermorris, A., Lafleur, C., Newton, S., Ndeki, S., & Zlotkin, S., 2019. How Can Engagement of Adolescents in Antenatal Care be Enhanced? Learning from the Perspectives of Young Mothers in Ghana and Tanzania. *BMC Pregnancy and Childbirth*, 19(1), pp.1–12.

Indonesian Central Statistics Agency., 2020. *Profil Kesehatan Ibu dan Anak 2020*.

Jacobson, C.H., 2015. The Decision Making of Adolescent Mothers during Labor and Birth. *Journal of Obstetric, Gynecologic & Neonatal Nursing*, 44, pp.S71–S72.

Juwita, S., 2015. Pengambilan Keputusan Rujukan ke Rumah Sakit pada Ibu Hamil Berisiko Tinggi dalam Perspektif Gender. *digilib.uns.ac.id*.

Kahlke, R.M., 2014. Generic Qualitative Approaches: Pitfalls and Benefits of Methodological Mixology. *International Journal of Qualitative Methods*, 13(1), pp.37–52.

Kistiana, S., Fajarningtiyas, D.N., & Riany, Y.E., 2025. Assessing Child Marriage in Indonesia: A Call for Educational Empowerment Sari. *Jurnal Kesehatan Masyarakat*, 20(3), pp.512–522.

Kohno, A., Techasrivichien, T., Pilar Suguimoto, S., Dahlui, M., Nik Farid, N.D., & Nakayama, T., 2020. Investigation of The Key Factors that Influence the Girls to Enter Into Child Marriage: A Meta-Synthesis of Qualitative Evidence. *Plos One*, 15(7), pp.1–20.

Kumari, F., & Kurdi, M.S., 2020. Pernikahan Anak Di Kalimantan Selatan: Perspektif Nilai Banjar. *Gender Equality: International Journal of Child and Gender Studies*, 6(1), pp.61.

Li, Y., Wang, X., Lin, X., & Hajli, M., 2018. Seeking and Sharing Health Information on Social Media: A Net Valence Model and Cross-Cultural Comparison. *Technological Forecasting and Social Change*, 126, pp.28–40.

Maharjan, B., Rishal, P., & Svanemyr, J., 2019. Factors Influencing the Use of Reproductive Health Care Services Among Married Adolescent Girls in Dang District, Nepal: A Qualitative Study. *BMC Pregnancy and Childbirth*, 19.

Mangeli, M., Rayyani, M., Cheraghi, M., & Tirgari, B., 2017. Exploring the Challenges of Adolescent Mothers From Their Life Experiences in the Transition to Motherhood: A Qualitative Study. Journal of family & reproductive health. *Journal of Family and Reproductive Health*, 11(3), pp.165–173.

McCarthy, R., Byrne, G., Brettle, A., Choucri, L., Ormandy, P., & Chatwin, J., 2020. Midwife-Moderated Social Media Groups as a Validated Information Source for Women During Pregnancy. *Midwifery*, 88, pp.102710.

McCloskey, D.J., McDonald, M.A., Cook, J., Heurtin-Roberts, S., Updegrove, S., Sampson, D., Gutter, S., & Eder, M.M., 2013. Community Engagement: Definitions and Organizing Concepts from the Literature. *Principles of Community Engagement*, pp.3–41.

McDougal, L., Jackson, E.C., McClendon, K.A., Belayneh, Y., Sinha, A., & Raj, A., 2018. Beyond the Statistic: Exploring the Process of Early Marriage Decision-Making Using Qualitative Findings from Ethiopia and India. *BMC Women's Health*, 18.

Mollborn, S., 2017. *Mixed Messages: Norms and Social Control Around Teen Sex and Pregnancy*. Oxford University Press.

Mollborn, S., & Sennott, C., 2015. Bundles of Norms about Teen Sex and Pregnancy. *Qualitative Health Research*, 25(9), pp.1283–1299.

Morse, J.M., 2015. Critical Analysis of Strategies for Determining Rigor in Qualitative Inquiry. *Qualitative Health Research*, 25(9), pp.1212–1222.

Munea, A.M., Alene, G.D., Debelew, G.T., & Sibhat, K.A., 2022. Socio-Cultural Context of Adolescent Sexuality and Youth Friendly Service Intervention in West Gojjam Zone, Northwest Ethiopia: A Qualitative Study. *BMC Public Health*, 22(1), pp.1–11.

Mweteni, W., Kabirigi, J., Matovelo, D., Laisser, R., Yohani, V., Shabani, G., Shayo, P., Brenner, J., & Chaput, K., 2021. Implications of Power Imbalance in Antenatal Care Seeking Among Pregnant Adolescents in Rural Tanzania: A Qualitative Study. *PLoS One*, 16(6).

Ojei, A., Health, R., Ojei, C.A.A., Odimegwu, C.O., & Ntoimo, L.F.C., 2023. A Qualitative

Investigation Into Pregnancy Experiences and Maternal Healthcare Utilisation Among Adolescent Mothers in Nigeria. *Reproductive Health*, 20, pp.1–12.

Petroni, S., Steinhaus, M., Fenn, N.S., Stoebenau, K., & Gregowski, A., 2017. New Findings on Child Marriage in Sub-Saharan Africa. *Annals of Global Health*, 83(5–6), pp.781–790.

Phiri, T.M., & Nyamaruze, P., 2022. Experiences of social support among unmarried pregnant university students in South Africa. *Plos One*, 2022, pp.1–28.

Pike, V., Kaplan Ramage, A., Bhardwaj, A., Busch-Hallen, J., & Roche, M.L., 2021. Family Influences on Health and Nutrition Practices of Pregnant Adolescents in Bangladesh. *Maternal and Child Nutrition*, 17(S1), pp.1–12.

Puspandari, D.A., Rimawati., Aristianti, V., Fadlika, F., Septiani, T., Ruby, M., Wibowo, M., Febriyanti, M., Siregar, D.R., Baros, W.A., & Manurung, K., 2025. Contracts between Referral Health Facilities and Social Health Insurance in Indonesia and England. *Kemas*, 20(3), pp.456–469.

Qureshi, R.N., Sheikh, S., Khowaja, A.R., Hoodbhoy, Z., Zaidi, S., Sawchuck, D., Vidler, M., Bhutta, Z.A., & Von Dadeslzen, P., 2016. Health Care Seeking Behaviours in Pregnancy in Rural Sindh, Pakistan: A Qualitative Study. *Reproductive Health*, 13(1).

Shahabuddin, A., Nöstlinger, C., Delvaux, T., Sarker, M., Delamou, A., Bardají, A., Broerse, J.E.W., & De Brouwere, V., 2017. Exploring Maternal Health Care-Seeking Behavior of Married Adolescent Girls in Bangladesh: A Social-Ecological Approach. *PLoS One*, 12(1).

Sirikhun, B., & Virasiri, S., 2022. Family Functions During Adolescent Pregnancy: Cases Study. *Journal of Medical – Clinical Research & Reviews*, 6(9), pp.1–8.

UNICEF., 2022. *Child Marriage*.

Vander, W.K.B., Vercelli, M.E., O'Brien, K.O., Cooper, E.M., Pressman, E.K., & Whisner, C.M., 2019. A Social Media Intervention to Improve Nutrition Knowledge and Behaviors of Low Income, Pregnant Adolescents and Adult Women. *PloS One*, 14(10), pp.e0223120.

Villanueva-Moya, L., & Expósito, F., 2021. Gender Differences in Decision-Making: The Effects of Gender Stereotype Threat Moderated by Sensitivity to Punishment and Fear of Negative Evaluation. *Journal of Behavioral Decision Making*, 34(5), pp.706–717.

Vincent, G., & Alemu, F.M., 2016. Factors Contributing to, and Effects of, Teenage Pregnancy in Juba. *South Sudan Medical Journal*, 9(2), pp.28–31.

Warsiti., Rosida, L., Putri, I.M., & Fajarini, N., 2025. Gender-Based Violence against Men and Women. *Jurnal Kesehatan Masyarakat (Kemas)*, 21(1), pp.203–213.

WHO., 2017. *Global Accelerated Action for the Health of Adolescents (AA-HA!) Guidance to Support Country Implementation*. WHO.

WHO., 2022. *Adolescent Pregnancy*. WHO.

Williamson, J.A., McCabe, J.E., O'Hara, M.W., Hart, K.J., LaPlante, D.P., & King, S., 2013. Parenting Stress in Early Motherhood: Stress Spillover and Social Support 1 . *Comprehensive Psychology*, 2(1).

Wulandari, C., Putri, P.H., Mutiarani, A.L., Nuriannisa, F., Hisbullah, F.J., Mabruroh, F.N.L., Lu'luah, J., & Sholekha, M., 2025. Anemia in Pregnancy Based on Rural and Urban Areas Catur. *Jurnal Kesehatan Masyarakat (Kemas)*, 21(1), pp.126–135.