

## HOW DO TEENAGERS IN RURAL REGIONS FEEL ABOUT PREMARITAL TEEN PREGNANCY?

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### Abstract

Cases of premarital teenage pregnancy are increasing both in the world and Indonesia. The determinants of premarital teenage pregnancy are due to increased risk of sexual behaviour, high teenage curiosity, low understanding of premarital teenage pregnancy, and adolescent permissive attitudes towards sexuality. This study uses a qualitative design. The selection of research subjects is carried out by *purposive sampling*. The results of the study were that category I and II informants already had enough knowledge about the process of pregnancy, the impact of premarital teenage pregnancy, the causes of teenage pregnancy, the form of risk sexual behavior and the form of prevention of teenage pregnancy. Meanwhile, category III informants lack understanding related to the process of pregnancy and forms of risky sexual behaviour. Category I and II informants consider that premarital teenage pregnancy cases are significant to get immediate follow-up from schools and parents because it can damage the good name of the family and the future. Meanwhile, category III informants consider that the case of premarital teenage pregnancy is not a serious problem as long as both parties feel together.

**Keywords:** Knowledge, Attitude, Adolescent, Teen Pregnancy.

### INTRODUCTION

The world's largest population according to the World Health Organization (WHO), namely adolescents, amounts to 1.2 billion or 18% of the world's population. Based on census data, the adolescent population in Indonesia in 2021 amounted to 64.92 million people or 23.90% of the total population of Indonesia. Adolescents are very vulnerable to reproductive health problems, one of which is the pregnancy of adolescent girls between 10-19 years old (Papri et al., 2016). Based on data from Basic Health Research (Riskesdas) 2018, pregnancy in the age group under 20 years is 58.8% (Dirjen Bina Gizi dan KIA, 2015).

The cause of premarital teenage pregnancy is due to an increase in risk sexual behaviors such as holding hands, kissing, hugging, *petting* to the stage *intercourse*. This is also driven by the high curiosity of adolescents, but adolescents also do not have good enough knowledge about the impact of risk sexual behavior so as to increase the risk of unwanted pregnancy (KTD). The Central Statistics Agency (BPS) noted that in Indonesia the incidence of KTD is 17.5%, in Central Java there are around 1.9% of adolescent boys who have had sexual intercourse before marriage while adolescent girls are 0.4% (BKKBN, 2019). In addition, based on data from the Indonesian Family Planning Association (PKBI) Central Java in 2013, there were 64 cases of premarital youth KTD as a result of risk sexual behavior. Of the 268 adolescents who accessed counseling services, KTD ranked first, followed by 49 cases of conflict with boyfriends and 25 cases of estimation, 20 cases of breakup with boyfriends (PKBI, 2015)

Data from the Banyumas Regency Health Office in 2020 recorded 1179 pregnant adolescents < 20 years old (4.1%) of the number of pregnant women and adolescents giving birth to 1065 adolescents (4%) of the number of maternity mothers. Data in 2021 recorded 872 pregnant adolescents < 20 years (3.3%) of the number of pregnant women, adolescents giving birth amounted to 706 adolescents (2.8%) of the number of pregnant mothers. Data from 2022 to the August period recorded an increase of 499 pregnant adolescents < 20 years old (3%) from the number of pregnant women, adolescents giving birth by 434 adolescents (2.7%) from the number of mothers giving birth (Dinas Kesehatan Kabupaten Banyumas, 2022). Based on a preliminary survey at Banyumas Regency Junior High School, data on premarid teenage pregnancy cases occurred every year where the same couple was in their teens.

Premaritality teenage pregnancy causes psychological and emotional stress on adolescents, economic responsibility, lifestyle adjustments and changes in the family (Papri et al., 2016). Premarital teenage pregnancy results in dropping out of school and forfeiting the opportunity to obtain higher education and leaving the option of working, choosing to be a single parent or marrying young under the age of 20 unplanned (Nugroho et al., 2017; Omarsari & Djuwita, 2008; Parks, 2012).

The phenomenon of premarital teenage pregnancy in the three working areas of the Banyumas Regency Health Center is influenced by the right knowledge, attitude and information (Gamelia & Kurniawan, 2017). The lack of true and accurate information about premarital teenage pregnancy leads to a lack of understanding of the anatomy of the reproductive organs, menstruation, fertile period, contraception, pregnancy process, risks of teenage pregnancy and premarital sexual intercourse (Aprianti et al., 2018; Ernawati, 2018; Gamelia & Kurniawan, 2016; Kencanawati & Shaluhayah, 2013; Rosdarni et al., 2015; Triningsih et al., 2015). The impact of poor knowledge will make adolescents' attitudes permissive. Permissive attitudes towards sexuality are shown by adolescents who think that dating is normal to kiss, it is normal to embrace and hug, there is no need to maintain virginity and virginity, the assumption that sexual behavior is part of love, sex reflects freedom, thinking that just chatting is an old courtship style (Azinar, 2013; Oktarina et al., 2017; Rahyani et al., 2012; Shaluhayah et al., 2017)

## **METHOD**

### **Study Design and Sample**

This research was conducted in Banyumas Regency, especially in two sub-districts. Using a qualitative design, the selection of research subjects was carried out by purposive sampling.

### **Data Collection and Analysis**

Data collection was carried out through in-depth interviews with pregnant adolescents. The interviews conducted were structured interviews using interview guidelines that contained open-ended questions in accordance with the research problem and unstructured interviews were conducted when the answers were developed from structured questions but were inseparable from the research problem. The interviews were conducted interactively and continued until the data was saturated.

The selected research subjects are

a. Main Informant

- 1) Category I (no boyfriend): 6 teenage girls, 4 teenage boys
- 2) Category II (dating, low risk): 5 adolescent girls, 1 adolescent boy
- 3) Category III (dating, high risk): 3 teenage girls, 3 teenage boys
- 4) Premarital pregnant teenagers: 8 teenagers

b. Adolescent support informants consist of

- 1) Adolescent peers category I (do not have a boyfriend): 1 FGD group (6 adolescent girls), 1 FGD group (4 adolescent boys)
- 2) Category II (dating, low risk): 1 FGD group (7 teenage girls), 1 FGD group (8 teenage boys)
- 3) Category III (dating, high risk): 1 FGD group (8 adolescent girls), 1 FGD group (8 adolescent boys)
- 4) Parents of teenagers totaling 3 people
- 5) Parents of pregnant teenagers totaling 6 people

## RESULT

### Knowledge

#### 1. Understanding Reproductive Health

##### a. Puberty and self-acceptance

##### 1) Understanding Puberty

Category I and II informants have been able to mention the definition of puberty and the signs of physical changes when experiencing puberty. The informant said that puberty is a transition period from children to adolescents, characterized by the occurrence of menstruation, enlarged breasts and the appearance of fine hairs in the genital area. While physical signs in men are a heavier voice, growing up, having wet dreams. Adolescents who experience puberty also tend to have a sense of attraction to the opposite sex and have difficulty controlling emotions. Meanwhile, category III informants are unable to mention the definition of the concept of puberty. This is as stated by the informant in the following quote:

- (G: category I) \u20122012 "puberty, mba? Puberty is in my opinion a process of transition from children to teenagers... MBA's menstruation, then EMM appears this MBA (while the stairs lead to the chest) her breasts are bigger MBA, this is the hair on the genitals and the same in the MBA's armpits"
- (A: category II) \u20122012 "the louder the voice, the more square the chest, yes wet dreams if it's a guy"
- (R: category III) \u20122012 "what the hell, I forgot. (silence for a few seconds)... don't know mba"

## 2) Self-acceptance during puberty

The majority of junior high school student informants cried, were shocked, and confused when they first experienced menstruation, but now the informant has accepted the condition. However, category III informants feel less confident because they have acne. This was conveyed by the informant in the following interview excerpt:

- (Az: category I) \u2012 "I used to cry when I first got it because I was gourd, then I was told by my mother that it was like that"
- (z: category II) \u2012 "Yes, just accept it... The problem is that it is already like that from the above, the development process must be like that"
- (Na: category III) \u2012 "Yes, accept it, sis... The name is given the same as the one above, you can't be insecure... Ever.... It is often said 'oh nindiii... Why is the pandemic like this?' Yes, so the acne is increasing... this, this, this, that"

### b. Adolescent Reproductive Organs

The informant does not have enough knowledge about the adolescent reproductive organs, this is evidenced by the informant who answered that he does not know the reproductive organs, but there is one informant who is able to mention several examples of adolescent reproductive organs. As follows:

- (H) \u2012 "no" (not knowing the reproductive organs)
- (Mh) \u2012 "Penis, testicles, scopum, urethra"

### c. Risk sexual behaviors related to premarital teenage pregnancy

Category I and II informants said that holding hands, kissing, hugging, and having premarital sex are forms of risk behavior that can lead to cases of premarital teenage pregnancy. Category III informants said that having sex is a form of risk sexual behavior while hugging, holding hands and kissing are not considered risk sexual behaviors. Like the following quote:

- (H: category I) \u2012 "Yes, hand in hand... hug..." (Thinking, eyes looking at the wall)
- (Z) \u2012 "Yes, it's like a kiss... Cuddle... keep having sex"
- (Je) \u2012 "yes, that's sexual, mba... the most intimate thing... handholding trus kissing and hugging does not enter into sexual behavior"

### d. The Impact of Dating

The informant said that the impact of dating is to increase the chances of risk sexual behavior that leads to premarital teenage pregnancy, especially if there is a lack of supervision from parents. As conveyed in the following quote:

- (R) \u2012 "could get pregnant maybe"
- (Na) \u2012 "I also think yes mba, I'm still a kid like this, so if I am pregnant first, it's troublesome, right... still a child... the future is still long"

## 2. Understanding Teenage Pregnancy

### a. The process of pregnancy

The informants of junior high school students in categories I and II have sufficient knowledge related to the process of teenage pregnancy, as evidenced by the informant who said that pregnancy can occur due to the meeting of sperm with the ovum during sexual intercourse. Meanwhile, category III informants do not know the process of pregnancy. As in the following quote:

- (R: category I) \u2012 "the process of pregnancy occurs, yes that... Sperm and ovum meet, ovulation or fertilization occurs."
- (Z: category II) \u2012 "The meeting of sperm and egg.... Body relationships"
- (Na: kategori III) – "ngga tau mba"

### b. Impact of premaridate teenage pregnancy

The informant of junior high school students said that the impact of teenage pregnancy is in the form of being embarrassed, excluded from the community, having an impact on mental health, and reproductive organs, as well as dropping out of school. This was conveyed by the informant in the following interview excerpt:

- (E: category I) \u2012 "shunned by people around me... Then the mentality must also be rich in words from the people around him... Because it's still small, so it's not ready for it."
- (Ad: category II) \u2012 "The impact can be on parents as well as embarrassment... Yes, that's complicated... Yes, it will be out of school"

## 3. Causes of teenage pregnancy

The informant said that the causes of teenage pregnancy are due to a lack of supervision from parents, promiscuity, having premarital sexual relations, the influence of negative content (pornography, puberty, sexuality) that can be easily accessed, the influence of peers, and a broken home family background. As stated in the following interview excerpt:

- (R: category I) \u2012 "yes because of parents... lack of monitoring... supervision. Environment too"
- (L: category II) \u2012 "yes because of association too, but also social media, maybe finally they are curious to do it"
- (F: category III) \u2012 "yes because of intercourse"

## 4. How to prevent teenage pregnancy

The informant said that limiting association with the opposite sex, being selective in choosing friends, getting closer to Allah SWT, not exaggerating when dating, and reducing lust are ways to prevent teenage pregnancy. As conveyed in the following quote:

- (E: category I) \u2012 "ehhh.... Limiting association with men. Then what is it, look for friends who bring you to positive things. Then the second one, eh the hell... ehmm worship"
- (Z: category II) \u2012 "if you are dating, don't that... to the point of exaggeration"

- (Na: category III) \u2012 *"hanging out with men is allowed... but yes... just the positive ones"*

## Attitude

### 1. Perception/opinion of the dating phenomenon

Category I and II informants said that there have been many informant friends who have carried out dating behaviors that cross the line, such as kissing on the cheek, hugging, sleeping on the lap of their partner, this is considered bad and can damage the future. Meanwhile, category III informants said that hugging and kissing are natural to do when dating. As conveyed in the following quote:

- (H: category I) \u2012 *"There is... Sometimes, yes, if you kiss on the cheek like that... Yes, a hug like that. Exceptional"*
- (M: category II) \u2012 *"bad behavior... Yes, it can ruin the future as well"*
- (Na: category III) \u2012 *"Yes. usual.. Many.. (kisses)... Yes, I've seen it directly"*

### 2. Perception of risk sexual behavior

Category I informants are afraid to engage in risk sexual behavior because they are worried about the retribution of sin and will result in a sense of reserve. Category II informants think that this can damage the future. Category III informants are used to receiving risk behaviors from their partners. As in the following quote:

- (Mh: category I) \u2012 *The effect is yes, there is,.to... self... alone.. usually... Want.....wanting.addiction lah... Fear of sin"*
- (Es: category II) \u2012 *"bad... his future is ruined"*
- (Na: category III) \u2012 *"lyaa is often embraced.... yes, it's normal, it's normal."*

### 3. Adolescent susceptibility to association

Informants of category I junior high school students feel vulnerable to promiscuity of adolescents in the informant's environment, such as smoking, consuming liquor. Category II informants feel vulnerable to dating behavior in the informant's environment, because there are already cases of teenage pregnancy in the informant's circle. Category III informants feel very vulnerable because they have close friends of informants who often engage in risk sexual behavior.

- (Mh: category I) \u2012 *"Yes, for example, like my friend when he was told to drink alcohol... Danger.. very... Anyway.. Smoking a lot"*
- (Z: category II) \u2012 *"I don't want to date anymore. I'm really afraid of it. That's why I feel very vulnerable."*
- (R: category III)\u2012 *"vulnerable... because his friend likes it."*

### 4. Perception/opinion of teenage pregnancy

Informants of junior high school students in categories I and II said that teenage pregnancy cases are serious and require follow-up from schools and parents, because teenage pregnancy cases can damage the future. Meanwhile, category III informants said that it doesn't matter, the most important thing is that both parties feel happy.

As conveyed in the following quote:

- (H: category I) \u2012 "Yes, important (immediate follow-up)"
- (Es: category II) \u2012 "his future is broken... Exceptional"
- (Rd: category III) \u2012 "I can't help it, what is important is that he is happy"

## DISCUSSION

Based on the results obtained from in-depth interviews with the main informants, it can be concluded that the knowledge of category I and II informants is quite good, this is evidenced by the informants who are able to answer the research statement. However, category III informants are still very lacking in information about the process of pregnancy and the form of irritability. This happens because informants are indeed passive in looking for sources of information, and there is a lack of reproductive health counseling in schools. If adolescents lack the necessary knowledge, it is feared that it will increase the risk of adolescents engaging in unhealthy sexual behavior and premarital teenage pregnancy.

The results of research conducted by Misrina & Safira (2020) said that adolescent knowledge has a meaningful relationship with premarital sex behavior. This is caused by a lack of understanding of adolescents about the function and maintenance of their reproductive organs. So that they are free to carry out deviant sexual behavior without thinking about the risks of their actions. In addition, adolescents often experience emotions that are still unstable, so they are easily influenced by others, therefore adolescents need to get the right and accurate information about reproductive health so that they do not fall into premarital sexual behavior (Misrina & Safira, 2020).

Knowledge also has an influence in the formation of premarital sex prevention behavior. Respondents who were poorly informed were three times more likely not to prevent premarital sex. Adolescents who lack knowledge but prevent premarital-sex are because adolescents have a positive view and mindset towards problems surrounding their sexual drive so that adolescents are able to control themselves so as not to violate or deviate from societal and religious norms. In addition, adolescents also know the experiences of others about the dangers posed by premarital sex. Meanwhile, adolescents who have good enough knowledge but do not prevent premaritality sex because they are influenced by peers and social media (Zurrahmi et al., 2022).

The majority of good adolescent behavior is due to a good understanding of sexual behavior in adolescence that is very detrimental to oneself and one's family. Because at this time adolescents experience cognitive, emotional, social and sexual development. So if teenagers lack this understanding, it will have a bad impact. (Mona, 2019) Based on the results of in-depth interviews with the main informants, it can be concluded that category I and II informants have a positive attitude towards premarital teenage pregnancy while category III informants have negative attitudes towards premarital teenage pregnancy.

Attitude also plays a role in shaping a person's behavior. Research that has been conducted by Mirisna & Safira (2020) states that there is a relationship between adolescent attitudes and premarital sex behavior. The majority of those who have premarital sex are in the negative attitude category. Attitudes can also be influenced

by the living environment, lifestyle, and education. So it is hoped that when adolescents get the right information, adolescents will take an attitude according to the information obtained and will take behavioral actions according to their attitude (Misrina & Safira, 2020). In addition, attitudes are also influenced by culture, because culture can influence the character patterns and experiences of individuals in the community (Yundelfa & Nurhaliza, 2019).

There is a significant relationship between attitudes and the prevention of premarital sex among students. Teenagers who behave negatively have 2 chances not to prevent premarital sex. Adolescents who behave negatively but prevent premarital sex are caused by adolescents who always do positive activities such as reciting, diligent in worship, and carrying out five-time prayers, while adolescents who are positive but do not prevent premarital sex are due to watching pornographic movies and wanting to experiment with their partners. (Zurrahmi et al., 2022)

This case of premarital teenage pregnancy will have a big impact on adolescent education in the future. Adolescents who become pregnant out of wedlock will be expelled from school, of course this makes adolescents lose the opportunity to learn and get a proper education. Some educators (teachers) feel that premarital teenage pregnancy leads to a loss of adolescent time to learn in two ways. First, pregnant teenagers who skip school because they have to do antenatal examinations. Second, due to interference *morning sickness* as a result of pregnancy.

Once a baby is born, teenagers need more time to take care of the baby, this responsibility is also carried out at night, so that teenagers have less time to study and do schoolwork (Mpanza & Nzima, 2010) The need to provide training and inform adolescents about the consequences of premarital sex, so that it is hoped that young people will be empowered in maintaining reproductive health and themselves from sexual behavior. (Mosavi et al., 2014).

Information support through good sex education to adolescents is expected to have a good influence on adolescents' sexual behavior, including the level of knowledge and attitudes of adolescents to be able to apply it in their daily lives. Parents also have a role in shaping adolescent premarital sexual behavior. Programs to increase knowledge about the risks of premarital sex can be through reproductive health counseling, individual guidance by Guidance Counseling (BK) teachers. (Putri & Panjaitan, 2016).

According to research that has been conducted by Sastria *et al* (2019) said that there was a significant relationship between the provision of premarital sex counseling and the improvement of adolescent knowledge and attitudes (Sastria et al., 2019).

Strategies to prevent premarital teenage pregnancy can also be carried out through parental guidance to adolescents about sexuality and contraception, as well as including sex education in the educational curriculum from an early age. Health education messages should also be given to parents so that parents are able to be more able to carry out their role in preventing teenage pregnancy and forming positive adolescent behavior. (Skosana et al., 2020).

Parents are the first and main environment for their children, therefore the role of parents in developing children's personalities is very dominant. Parents who play a role in supporting adolescents' attitudes towards the prevention of premarital sex have 22 times the opportunity to foster positive attitudes among adolescents.



Intervention programs to prevent adolescent premarital sex in schools such as reproductive health counseling, seminars and extracurriculars are urgently needed, so that adolescents avoid the risk of unhealthy behavior and are able to have a sense of responsibility and be able to maintain their reproductive health (Hazanah et al., 2019).

Family conditions are not conducive and lack of time for adolescents so that adolescents feel less affection from their families. Especially if supervision of their relationships outside the home (peers, girlfriends) and low monitoring of adolescent behavior can increase the risk of adolescents experiencing unwanted premarital pregnancy (Panova et al., 2016). Adolescents assume that teachers and parents are responsible for explaining the risks of being involved in sexual exploitation networks, and parents should tell them what situations put adolescents in danger. This teen has open communication about sexual issues (Pereda et al., 2022)

## LIMITATION

The data collection process experienced obstacles because at the time of the interview it would be carried out to coincide with the conditions of the Covid-19 pandemic so that the adolescent informant was in the Distance Learning (PJJ) stage, therefore the researcher had to visit the informant's house directly.

## CONCLUSIONS

Category I and II informants already have a fairly good knowledge of the concept of premarital teenage pregnancy and risk sexual behavior. However, the main informant of category III does not understand the definition of the process of pregnancy and the form of risk sexual behavior. category I and II informants already have a positive attitude towards cases of premarid teenage pregnancy and premarital-risk sexual prevention behaviors, while category III adolescent informants have a negative attitude towards premarital teenage pregnancy cases. This is because the attitude of informants is also influenced by the socio-culture in the living environment, lifestyle and the intensity of supervision from parents. Strategies to prevent premarital-child teenage pregnancy can be in the form of reproductive health counseling for adolescents as well as parents. So that parents are able to carry out their role in supporting the prevention of risk sexual behavior.

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