

ADOLESCENT PREGNANCY IN JAMBI PROVINCE BASED ON HEALTH AND EDUCATION PERSPECTIVE

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ABSTRACT

Background: Many challenges must be faced when entering adolescence, being attracted to the opposite sex, trying new things and behaviors that will be carried for life. If it cannot be controlled properly, it will result in dangerous behavior which will result in one of them being teenage pregnancy. Many adolescent pregnancies occur due to low access to health and education services, the same thing also happened in Jambi Province.

Objective: The purpose of this study is to see how the phenomenon of adolescent pregnancy is in terms of health and education.

Method: This research is a qualitative research with 33 informants consisting of 1 Jambi Provincial Health Office, 1 Jambi Provincial Education Office, and 31 youth in 10 districts/cities in Jambi Province.

Result: The results of in-depth interviews show that there are still many adolescents who have not utilized reproductive health services at existing health facilities and also the occurrence of pregnancies during the school period makes adolescents drop out of school and are lazy to continue their education due to constraints on husband's permission, child care, and financial circumstances.

Conclusion: The lack of information regarding reproductive health and the low level of education that has been completed have proven to influence the decision of adolescents in Jambi Province to marry earlier than the proper age.

Keywords: Adolescent Pregnancy, Education, Health.

INTRODUCTION

Adolescence is a critical and challenging period in life where a person becomes individually independent, and also a transition from childhood to adulthood. At this time there is interest in the opposite sex, development of social skills, learning behaviors that will be carried on for life, and do not rule out exposure to dangerous behaviors such as free sex which can eventually lead to pregnancy¹.

Globally adolescent pregnancy can occur in high, middle, and low income countries. The majority of teenage pregnancies in parts of the world occur in marginalized groups of society, generally caused by poverty and lack of education and ultimately lead to a lack of employment opportunities. Several factors contribute to teenage pregnancy and childbirth. In many societies, girls are under rules and pressure to get married and have children

early. In some developing countries, at least 39% of girls are married before the age of 18 and 12% before the age of 15².

Pregnancy at the age of <20 years is very closely related to death and morbidity in mothers and babies, and can have an impact on the socio-economic development of a country. Teenage pregnancies are also associated with an increased risk of risky pregnancies and deliveries compared to older women³. Based on the report of the Indonesian Demographic and Health Survey (IDHS), as many as 7% of women aged 15-19 years in Indonesia have given birth, of which 5% have a history of previous pregnancies, and 2% are first pregnancies⁴.

In Asia, the highest teenage births are in Laos 94 per 1000, Cambodia 57 per 1000, Thailand 50 per 1000, Indonesia 48 per 1000, and the Philippines 47 per 1000 women⁵. 2.5% of birth data in Indonesia for the last 5 years occurred at the age of <18 years. This causes 24% of stillbirths, 32% of perinatal deaths, and 21% of neonatal deaths⁶. In Jambi, there has been an increase in the maternal mortality rate, in 2015 it was at 46 per 66,000 births to 59 per 66,000 births in 2019⁷. This shows that teenage pregnancy and childbirth are a high risk of maternal and infant mortality. Based on Riskesdas reports in 2013 and 2018, there was an increase in the number of teenagers who were pregnant from 14 people (2013) to 67 people (2018)^{8,9}. Furthermore, previous research in Jambi

City with a total sample of 74 people showed that as many as 20.3% of elementary school-age children had kissed the cheek, 9.5% kissed the lips, and 4.1% held the breasts. It is feared that this behavior that should not occur in elementary school-age children will continue to free sex and result in pregnancy in adolescence¹⁰.

Many factors cause pregnancy in adolescents such as education level, poverty, place of residence, and low information about reproductive health^{5,11}. In addition, it is also necessary to know how teenage pregnancy is viewed from the health and education sector qualitatively.

METHOD

Qualitative research will look at teenage pregnancy in Jambi Province with in-depth interviews regarding the role of the education sector and health facilities. The research was conducted from July to September 2022 in 11 Regencies/Cities of Jambi Province. Informants in the study included KASI Family Health and Community Nutrition Jambi Provincial Health Office, Jambi Provincial Education Office Program Staff, and 31 adolescents. Respondents participating in the study must meet the following inclusion criteria, namely adolescents who have been pregnant or given birth in the last five years (2018-2022), are under 20 years of age or are actually 24 years old in 2022 and have their first child, a maximum of five years old. The instruments used were interview

guides and other aids in the form of recorders, cameras and recording devices. Data analysis in this qualitative study was done by data reduction (sorting out the main things and focusing on the important ones), data display (matrices, charts, relationships between categories), conclusion drawing (conclusion and verification).

RESULT

In this study, 33 informants were obtained consisting of 2 key informants and 31 supporting informants, where all

information was obtained through in-depth interviews. 2 key informants came from the Health and Education Office of Jambi Province, while the other 31 were teenagers who had been pregnant at the representatives of each of the 11 Regencies/Cities in Jambi Province. Each district/city had 3 representatives of teenage informants who had been pregnant, but there was 1 district which only received 1 informant, because many young people refused to come to be interviewed.

Table 1. Characteristics of Informants

No.	Informant Initials	Age (year)	Education	Asal	Keterangan
1	AB	52	Magister	Jambi Provincial Health Office	Head of Family Health and Community Nutrition Key Informant 1
2	MS	53	Bachelor	Jambi Provincial Education Office	Staff Program Key Informant 1
3	YJ	23	Senior High School	Batang Hari	Adolescent Supporting Informant 1
4	DV	20	Senior High School	Batang Hari	Adolescent Supporting Informant 2
5	SS	23	Senior High School	Batang Hari	Adolescent Supporting Informant 3
6	Y	21	Junior High School	Bungo	Adolescent Supporting Informant 4
7	R	20	Senior High School	Bungo	Adolescent Supporting Informant 5
8	V	21	Senior High School	Bungo	Adolescent Supporting Informant 6
9	UW	21	Elementary	Kerinci	Adolescent Supporting Informant 7
10	SB	20	Junior High School	Kerinci	Adolescent Supporting Informant 8
11	TE	19	Junior High School	Kerinci	Adolescent Supporting Informant 9
12	D	19	Junior High School	Kota Jambi	Adolescent Supporting Informant 10
13	G	20	Senior High School	Kota Jambi	Adolescent Supporting Informant 11
14	N	19	Senior High School	Kota Jambi	Adolescent Supporting Informant 12
15	S	24	Senior High School	Merangin	Adolescent Supporting Informant 13
16	NS	21	Senior High School	Muaro Jambi	Adolescent Supporting Informant 14
17	HN	24	Junior High School	Muaro Jambi	Adolescent Supporting Informant 15
18	SRY	17	Elementary	Muaro Jambi	Adolescent Supporting Informant 16
19	NSR	21	Senior High School	Sarolangun	Adolescent Supporting Informant 17
20	SNC	20	Senior High School	Sarolangun	Adolescent Supporting Informant 18
21	PS	20	Senior High School	Sarolangun	Adolescent Supporting Informant 19

22	SW	21	Senior High School	Sungai Penuh	Adolescent	Supporting Informant 20
23	SS	24	Senior High School	Sungai Penuh	Adolescent	Supporting Informant 21
24	HDH	22	Senior High School	Sungai Penuh	Adolescent	Supporting Informant 22
25	ER	24	Senior High School	Tanjung Jabung Barat	Adolescent	Supporting Informant 23
26	SU	24	Senior High School	Tanjung Jabung Barat	Adolescent	Supporting Informant 24
27	MY	18	Junior High School	Tanjung Jabung Barat	Adolescent	Supporting Informant 25
28	K	18	Junior High School	Tanjung Jabung Timur	Adolescent	Supporting Informant 26
29	D	20	Elementary	Tanjung Jabung Timur	Adolescent	Supporting Informant 27
30	R	20	Senior High School	Tanjung Jabung Timur	Adolescent	Supporting Informant 28
31	LS	23	Junior High School	Tebo	Adolescent	Supporting Informant 29
32	AS	24	Junior High School	Tebo	Adolescent	Supporting Informant 30
33	YG	24	Senior High School	Tebo	Adolescent	Supporting Informant 31

From table 2, information was obtained about the youngest age of teenagers who were pregnant for the first time at the age of 16, with the majority of normal child birth weights (> 2500 grams),

but there were children who were born with very low birth weight, namely 1400 grams (1, 4 kg). Juvenile marital status is married with the highest number of births ever experienced, twice

Tabel 2. Distribution of Health Perspectives on Adolescent Pregnancy

No	Informant Initials	Age of First Pregnancy (year)	Child Birth Weight	Marital status	Number of pregnancies experienced	Regency/City
1	YJ	19	2.4 Kg	Married	1	Batang Hari
2	DV	17	1.4 Kg	Married	1	Batang Hari
3	SS	19	3.5 Kg	Married	1	Batang Hari
4	Y	16	4 Kg	Divorced	1	Bungo
5	R	19	2 Kg	Married	1	Bungo
6	V	20	2.9 Kg	Married	1	Bungo
7	UW	17	3.6 Kg	Married	1	Kerinci
8	SB	17	3.5 Kg	Married	1	Kerinci
9	TE	17	3 Kg	Death Divorce	1	Kerinci
10	D	17	2.5 Kg	Married	1	Jambi City
11	G	17	2.7 Kg	Married	1	Jambi City
12	N	18	3.2 Kg	Married	1	Jambi City
13	S	21	3.5 Kg	Married	1	Merangin
14	NS	19	2.8 kg	Married	1	Muaru Jambi
15	HN	19	3.2 kg and 3.0 kg	Married	2	Muaru Jambi
16	SRY	16	3.5 kg	Married	1	Muaru Jambi
17	NSR	19	3.4 kg	Married	1	Sarolangun
18	SNC	19	2.6 kg	Married	1	Sarolangun
19	PS	19	Miscarriage	Married	2	Sarolangun

20	SW	19	3 kg and 3 kg	Married	2	Sungai Penuh
21	SS	19	2.7 kg	Married	2	Sungai Penuh
22	HDH	19	3 kg	Married	2	Sungai Penuh
23	ER	19	2.7 kg and 2.5 kg	Married	2	West Tanjung Jabung
24	SU	19	3.4 kg	Married	1	West Tanjung Jabung
25	MY	18	keguguran	Married	1	West Tanjung Jabung
26	K	16	3 kg	Married	1	East Tanjung Jabung
27	D	19	Tidak ditimbang	Married	1	East Tanjung Jabung
28	R	17	3 kg	Married	1	East Tanjung Jabung
29	LS	19	3 Kg	Married	1	Tebo
30	AS	17	2.5 Kg	Married	1	Tebo
31	YG	19	2.8 Kg	Married	1	Tebo

Health Sector

Adolescent health services to schools have actually been carried out by health workers. These activities include drug education, avoiding promiscuity, and giving iron tablets. Actually there are several health programs for teenagers in schools, such as the UKS (School Health Unit) which aims to form health cadres which are carried out by students at schools, but judging from the results of interviews with teenagers, the activities of these health cadres have not been implemented optimally in every school in Jambi Province. Apart from UKS activities, there is also a Healthy School assessment program. This program is about adolescent health in general and is not only focused on teenage pregnancy.

“... yg kedua kita ngundang ada dari ibu gurunya menyangkut dengan UKS nya kan, yang ketiga kita ngundang dari kader remaja ... yang ketiga ada pembinaan pada kesehatan remaja ... kader remaja itu kader yang menangani 10-18 tahun ... ada juga yang penilaiannya sekolah sehat ini

yang remaja juga seharusnya bagaimana peningkatan sekolah sehat, kita kan kalo fokusnya yang global, remaja yang menyangkut umum ... di sekolah itu ada yang namanya konselor sekolah, namanya konselor remaja jadi tiap sekolah itu ada tiap 10% murid untuk jadi konselor, nah itu yang tadi yang kubilang tadi itu emang kegiatan provinsi ini adalah kegiatan global, yang tadi ini ada kegiatan di kabupaten/kota, jadi provinsi juga sudah melatih tenaga nya, tenaga yang tenaga tadi bukan konselor itu dilatih, SDM kabupaten/kota, SDM tadi melatih lagi konselor supaya menjadi contoh yang tadi itu ada gak HIV penyakit tadi itu. ada ktu jadi konselor itu kegiatannya penyuluhan HIV, penyuluhan kesehatan reproduksi, penyuluhan yang tadi penyakit menular atau tidak menular, penyuluhan pemakaian narkoba yang menyangkut dengan remaja kepada konselor ...” AB Dinas Kesehatan

“Ada gak ya...? Lupa kak. Tapi kalau gak salah ada petugas Kesehatan datang tapi ngasih informasi tentang narkoba. Dulu ana sekolah di lampung, kebanyakan informasi-informasi itu tentang kenakalan remaja gitu kak.” SS Sungai Penuh

“Ado waktu tu yang ngasi edukasi tentang pergaulan bebas samo narkoba tu nah. Isinyo dari yang disampaikan tu yo tentang ngehindarin pergaulan bebas yang kayak gitu-gitu samo jauhkan narkoba, yang kito dikasi tau dampak-dampaknyo ke kito gitulah” S Merangin

"Ada waktu itu yang memberikan edukasi mengenai pergaulan bebas dan narkoba, pesan yang disampaikan mengenai menghindari pergaulan bebas dan menjauhi narkoba, dan dampak-dampak ke kita" S Merangin

"Kalau edukasi kayak penyuluhan engga sih mba, tapi adanya kayak pembagian tablet tambah darah aja." PS Sarolangun

In fact, special counseling for adolescents has actually existed in every health center in Jambi Province, this counseling service has been around for a long time. Teenagers are free to tell about what they feel to health workers. This counseling service itself is not focused on pregnant teenagers, all teenagers can access special youth counseling services at the Puskesmas. Counseling rooms for teenagers also have a special room for themselves, and some are joined with other health service rooms.

Information from the youth themselves, they have not found counseling services specifically for adolescents in the health facilities used (Puskesmas, Clinics). This counseling service is obtained when there are Posyandu activities, regarding the health of pregnant women and children's health, not specifically on the problems being faced by a teenager.

"... untuk semua puskesmas ada, untuk yang namanya PIK-R itu tidak semua puskesmas ada, tapi kalo yang namanya pelayanan kesehatan remaja semua puskesmas ada ... udah, sudah lama semua data tu ada. kalo mau lihat itu minta ke satu remaja yang datang terus semua catatan itu sudah lengkap disitu ... adi untuk kliniknya itu untuk ruangnya itu ada yang punya ruangan khusus,

husus ruangan remaja, ada yang campur-campur ..." AB Dinas Kesehatan

"Kalau di klinik bidan tidak ada, di praktik dokter juga tidak ada. Tapi kalau di posyandu ada, jadikalau di desa say aitu ada pengumuman dari bu rt kalau hari ini, jam segini ibu-ibu hamil kumpul kita pergi ke posyandu sama sama ada penyuluhan soal IMD" NSR Sarolangun

"Kemaren dak ado kak, kami kesano cuman ngecek kehamilan samo berobat be kak." G Kota Jambi

"Kemarin tidak ada kak, kami ke sana cuma untuk cek kehamilan dan berobat saja" G Kota Jambi

"Tidak ada, tempatnya itu kecil, semua campur disitu, yang pasti kalau jadwal kunjungan itu yang didahulukan anak-anak balita lalu ibu hamilnya." Er Tanjung Jabung Barat

Education Sector

There is no curriculum that is used as a special subject or local/extracurricular content for students at the junior high/high school level. It's just that there are UKS activities, and the integration of reproductive health into subjects at school such as Biology/IPA (Natural Science).

"nah mungkin kalo kurikulum khusus itu kan dak ada memang karena sifatnya mengintegrasikan materi itu ke dalam mata pelajaran yang sudah ada contohnya mata pelajaran biologi mungkin masalah reproduksi jadi mengintegrasikan materi-materi tentang kesehatan itu dalam mata pelajaran, itu yang ada. tapi kalau berdiri khusus itu ndak ada itu kan karna kegiatan edukasikesehatan ini bisa kita implementasikan mungkin secara di intrakulikuler kokulikuler dan ekstrakulikuler, nah tapi kalo dioa khusus itu ndak ada..." MS Dinas Pendidikan

"Untuk mata pelajaran khusus tentang penyakit menular seksual, HIV AIDS kalau tidak salah ada di mata pelajaran Biologi di bangku SMA. Terkadang saat di bangku SMP dan SMA ada beberapa guru seperti guru Agama dan PJOK yang

sering memberikan pengetahuan tentang kehamilan dan penyakit menular lainnya.” SS Batanghari

“Ada... ada mba heeh nama pelajarannya waktu SMP itu ipa waktu SMA biologi. Kalau dari guru ada mba, gurunya sering ngasih nasehat dan penjelasan tentang perilaku di luar yang jangan aneh-aneh jangan macam-macam nanti kejadian bisa hamil di luar nikah kalau kelakuakannya jelek sama anak laki.” SU Tanjung Jabung Barat

“Kalau mata pelajaran khusus tidak ada tapi seingat saya pada saat SMP di pelajaran IPA juga pernah dibahas secara umum saja, maksudnya tidak terlalu dibahas rinci. Kalo nggak salah yaa. Soalnya saya lupa.” TE Kerinci

Teenagers who are pregnant during school will get consequences or sanctions in the form of dismissal from the school. Some were brought together to the level of the Education Office, some were only limited to schools. Even though students stop, they can continue back to package C if there is a desire to return to school someday.

“ya mungkin kan penanganan pertama itu dari sekolah, itu tergantung sekolah menyikapi terkadang tapi yang namanya sampe ke dinas pendidikan provinsi itu ndak ada maksudnya laporan oh ada siswa hamil apa kebijakan dari dinas pendidikan itu ndak ada sejauh ini selesai di sekolah atau dia keluar maksudnya dia dak sekolah lagi berhenti atau ya umumnya kalo kita liat tanya bisa sekolah ya menikah umunya ya ndak sekolah lagi ndak boleh orang yang menikah masuk sekolah, kalo nikah di usia sekolah itu kan kecuali kalo dia kuliah ya lain, ha kalo dk sma kan sma ndak boleh.” MS Dinas Pendidikan

Furthermore, adolescents who become pregnant while in school and stop their education face many challenges when they wish to continue their studies. There

are many things to consider, such as permission from the husband, already have children, financial condition, and no more enthusiasm for studying.

“Kalau untuk kini dakdo sih. Soalnya kan lah punyo anak jugo kan, jadinya mikirnyo tu, kerjo, cari duit untuk jajan anak, untuk hidupin anak, itu be. Kalau untuk pendidikan dak lagi lah. Fokus ke anak.” V Bungo

“KI untuk sekarang, tidak ada. Soalnya kan sudah punya anak, jadi mikirnya kerja, cari duit untuk jajan anak, untuk hidupin anak, itu aja. KI untuk pendidikan tidak lagi lah. Fokus ke anak.” V Bungo

“Kalau ditanya mau sekolah lagi apa endak, ya endak sih kak soalnya capek belajar sampe SMA, palagi kalau ada tugas praktik yang harus pergi jauh-jauh ngurus dokumen-dokumen, juga biaya nya.” Ns Muaro Jambi

“kalau boleh jujur tidak ada smaa sekali hhehe entah kenapa tidak pingin belajar lagi.” SU Tanjung Jabung Barat

“Pengen kuliah kak, tapi kan harus izin suami nah suami kami ni dak boleh kak. Kami disuruh fokus ngurus anak dan rumah tangga kak. Apolagi kalo kuliah kan pasti banyak kegiatan dengan kuliahnyo kak, jadi kami pasti sibuk dan jarang dirumah.” G Kota Jambi

“Ingin kuliah kak, tap ikan harus izin suami, nah suami saya tidak memberikan izin. Saya disuruh fokus ngurus anak dan rumah tangga. Apalagi kalau kuliah pas banyak kegiatan, saya pasti sibuk dan jarang di rumah” G Kota Jambi

“Ndak.. orang tuo dak mampu. Kami ko lah apo.. kami lain bapak samo adik, awak numpang jugo samo orang, ndak mungkin kito lanjutin kan gitu.” V Bungo

“tidak, orang tua tidak mampu. Saya ini apa lah, masih numpang hidup sama orang, tidak mungkin untuk lanjut sekolah” V Bungo

“Tidak ada keinginan sih mba lagian sudah ngurus anak.” Sry Muaro Jambi

“pinginlah sekolah lago, tapi suami bilang ini sudah takdir kamu sudahlah fokus saja ke anak dan rumah.” Er Tanjung Jabung Barat

There are many challenges faced by teenagers when they are pregnant at school, one of which is having to quit the education they are currently undertaking, even so there are teenagers who still care about their education and are trying to achieve package C equality for the high school level.

"Iya, saya sudah melanjutkan pendidikan dengan mengikuti ujian paket-C. Soalnya, kemarin saat saya berhenti sekolah sudah kelas 3 SMA. Jadi saya merasa sayang untuk tidak di lanjutkan. Akhirnya saya memutuskan untuk mengikuti ujian paket-C." DV Batanghari

"ya saya ada keinginan untuk melanjutkan pendidikan. Saya baru saja selesai melakukan ujian paket C." AS Tebo

DISCUSSION

Health Sector

According to WHO (2014) pregnancy and childbirth for adolescents under 18 years of age continues to be a major global public health problem and occurs in more than 16 million young women worldwide. Teenage pregnancy is also a complex public health issue and a challenge to the socio-economic life of the community. Women who become mothers at the age of 17-19 have responsibility for the new life they bring. Women are expected to be able to take care of children's needs such as feeding, changing clothes, and educating children. Becoming a mother at a young age is not easy for all women. Some are shocked by the changes that have occurred in their lives, many of them have practiced safe sex by using condoms but

still get pregnant, and their parents suggest having an abortion when they are found to be pregnant¹².

In Malawi, almost half of female adolescents believe that using contraception before having children can cause infertility (48.%, n=181), while others think that using contraception is only for married women and the elderly (23.6%, n=89), 4.2% (n=16) believed that using contraception can cause long menstrual periods, besides that few of the respondents thought that pregnancy could be prevented by bathing after sexual intercourse and having sexual intercourse in the water/bathtub¹³. From this study in Malawi it can be seen that adolescents still have limited knowledge of a health perspective in using contraception to prevent pregnancy. Lack of knowledge about pregnancy prevention will certainly cause unwanted pregnancies in adolescents, and can limit adolescents' education and in the end have few job opportunities.

Another study on teenage pregnancy in Mesuji, Lampung stated that the main factor causing teenage pregnancy was the low utilization of reproductive health services. Pregnancy at an early age can cause health complications for women and can lead to the death of the mother and baby. Early pregnancy in Mesuji District was triggered by low utilization of reproductive health services and use of contraception. Apart from that, there are also many marriages at a young age in

Mesuji because there is a Gubalan custom, which gives permission to young couples to marry. The Indigenous Community will grant permission to marry if it fulfills the following conditions, firstly when a couple does not have permission to marry from both parents. Second, permission to marry is given if a young woman becomes pregnant before marriage. Gubalan itself is a tradition in Mesuji where the main goal is to prevent negative stigma on the prospective bride and groom¹⁴.

Education Sector

Wodon et al.'s research. (2016) show that when a young woman is expelled from school and forced to marry young, her mental development will be hampered. As husband and wife, women do not have the power and ability to make decisions in the household. Many of them also eventually drop out of school, do not meet job requirements, and only rely on their husbands and families to survive. For women who have attained secondary education, they have a higher risk of early marriage of 6-12%¹⁵. Research Rascolean et al. found that adolescents whose parents had low education provided different information on sexual and reproductive health topics compared to information that should have been and tended to exaggerate, so they had a higher risk of risky sexual behavior¹⁶.

It can be agreed that low education is one of the factors that causes teenage pregnancy. Research in Mesuji shows that

limited access to quality education and the economic status of parents are one of the reasons teenagers do not continue their education to a higher level. The majority of adolescents in Mesuji Subdistrict were only able to complete their education at the elementary and junior high school levels. If teenagers want to continue their education to senior high school, they have to go to the city center, namely Lampung, which costs more, so many parents forbid their daughters from going to school. In addition, there is a public belief that is believed and applied from generation to generation, that women are destined to take care of the kitchen and household. Therefore, many women cannot continue to higher education¹⁴.

The level of education successfully completed has been shown to be one of the factors that has been shown to have an association with teenage pregnancy in studies conducted in Nepal, Pakistan and Bangladesh. Lower educational attainment for both girls and boys was reported as one of the most consistent factors associated with teenage pregnancy across South Asian countries. Previous studies have shown that educated men and women know more about protective sexual relations, especially contraception, as well as the adverse effects of teenage childbearing and its consequences in the family and society¹⁷

CONCLUSION

The lack of information regarding reproductive health and the low level of education that has been completed have proven to influence the decision of adolescents in Jambi Province to marry earlier than the proper age. There are still teenagers who have not received special youth counseling services at health services such as the Puskesmas, even though this service has been around for a

long time. In addition, teenage pregnancy makes dreams and motivation for teenagers to continue their education limited by many things, such as prohibitions from husbands, parenting, and financial constraints. This situation will unavoidably result in difficulties for young girls to enter into employment opportunities to improve the economic conditions of the family and produce quality next generations of the nation

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