

# Knowledge about Sexual and Reproductive Health (SRH), Practice of Premarital Sexual Relationship and Pregnancy among Indonesian Adolescents: A Qualitative Exploratory Study

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## Abstract

*Despite various efforts to promote ASRH, there is still low utilisation of ASRH services and high number of Indonesian adolescent pregnancy. This study aimed to understand knowledge of Indonesian ASRH, practice of premarital sexual relationship led to adolescent pregnancy from the perspectives of adolescents and their parents. A qualitative exploratory study was employed and data saturation were reached after 28 interviews from twenty participants (ten pregnant adolescents and ten parents) by using one-to-one in-depth interview, between July-November 2018. Participants were recruited from three local Indonesian public health centres in Java, Indonesia. Data analysis used Colaizzi's thematic approach and N-Vivo 10 software applied for data management. Lack of knowledge related to ASRH was appeared from the narratives and discussion about SRH was seen as taboo within family. Adolescents' preference of information sources related to SRH were internet and peers. Common reason of adolescents' unprotected premarital sexual relationship was assuring of love and experimenting, in which resulted to their pregnancy. When pregnancy occurred, adolescents were fear of parents, shocked and anxious. Whilst, parents were disappointed, fear of community judgement and felt like failing parents. However, parents still provided support such as providing accommodation, nutrition, financial and guided adolescents engaged in marriage and motherhood. There is a need to design ASRH service which is culturally sensitive, youth friendly, and involving parents to improve Indonesian adolescents' understanding and awareness of SRH. Including ASRH topics in schools' curricula is also essential to increase adolescents' knowledge of SRH, which therefore they could make better choices related to their SRH behaviour.*

**Keywords:** reproductive health, Indonesian adolescent, adolescent pregnancy, Indonesia

## 1. Introduction

World Health Organization (WHO) reported that approximately 1.7 million young people globally with 86% living in developing countries [1]. Adolescents have received considerable research attention because of their main health issues including SRH problems such as human immunodeficiency virus/sexually transmitted infection (HIV/STI), early pregnancy and childbirth [2]. Indonesia is one of developing countries and it has 22.8% population aged 10-19, and Indonesian Health National Survey conducted in 2017 informed that only 48.97% Indonesian adolescents accessed SRH services provided, which is far from national target [3]. Poor SRH knowledge predisposed Indonesian adolescents into unprotected sexual engagement leading to adolescent pregnancy and parenthood [4]. Other studies stated that issues lead to adolescent pregnancy are poor health systems for SRH, limited access to family planning, and absences of specific maternal health for adolescents, ignorance of unmarried adolescents in some cases, married adolescents in others, and an overall deficiency of youth-friendly services [5].

In Indonesia 36 per 1,000 pregnancies occurred at the aged 15-19, of these 0.02% were aged 15 or less [3]. In fact, adolescent pregnancy and babies born to mothers under 20 years of age face a 50% higher risk of being stillborn or dying in the first few weeks versus those born to mothers aged 20-29 [6]. Adolescent pregnancy that is associated with early childbearing is more

likely to contribute towards poor health outcomes among adolescents, particularly when there is no adequate healthcare support [7].

This study set in Java, Indonesia, in one of sub-urban municipality in Indonesia. In Indonesian context, many people still uphold traditional views about sexuality matters; these remain ‘taboo’ as topics of conversation even for adults [8]. Indonesian adolescents therefore often access inadequate information from informal sources such as peers, internet websites and the media [9]. A survey conducted in Indonesia among 9,442 unmarried adolescents reported that 90% of adolescents had accessed pornography from internet sites to gain information about sexual matters and 9% experienced sexual relationship without any contraception after accessing pornography sites [10]. In general, Indonesians culturally prohibit premarital sexual relationship. If premarital pregnancy occurs it is considered as out-with cultural values and most likely judgement and shamefulness would be experienced [5]. This study aimed to understand knowledge about SRH, practice of premarital sexual relationship in which led to Indonesian adolescent pregnancy from the perspectives of adolescents and their parents. This study as a current evidence from Indonesian context, in which could be benefit as an information to improve appropriated SRH services for adolescents and subsequently may reducing the number of adolescent pregnancies in Indonesia.

## **2. Methodology**

Exploratory qualitative research was used as this research focused to understand Indonesian ASRH knowledge, practice of premarital sexual relationship in which led to adolescent pregnancy from the perspectives of adolescents and their parents, and it simply seeks to understand a phenomenon, a process, or the perspectives and worldviews of the participants involved.

### **2.1. Sample, Sample Technique and Sample Size**

A purposive sampling technique used in this qualitative research [11]. Samples size for qualitative research are generally much smaller than those used in quantitative research [12]. Qualitative samples are drawn to reflect the purpose and aim of the research, therefore sample size was planned due to practicality of this research and in order to gain an in-depth understanding of adolescents being studied [13]. This research participants were 10 pregnant Indonesian adolescents with premarital pregnancy and their parents i.e. 10 (a total 20 participants).

### **2.2. Data Collection**

Data saturation were reached after 28 interviews from 20 participants. Eight participants were interviewed twice (Participant 1, 2, 6, 9, 10, 13, 14, 15) in order to gain more clarity, whilst others were interviewed once. Pregnant adolescents and young mothers whom experienced premarital pregnancy with the first children aged up to 1 years old were included. Parents (could be mother or father) of those adolescents were also included to be interviewed. Adolescents with pregnancy due to rape were excluded. This was because pregnant women as a consequence of rape would have different treatment and services to adolescents who chose a relationship. Adolescents with learning disabilities were also excluded as it was considered unjust to approach them as they were less likely to understand what was required from them and why. They may be less likely to provide informed consent to be involved in this research.

The authors collected and analysed the data. A one-to-one non structured in-depth interview was used to collect sensitive data and facilitated adolescents and their parents to freely express their views privately. Data were collected between July and November 2018. Interviews were conducted by using a topic guideline and audio recorded in Bahasa Indonesia. All interviews were undertaken in a private room of a primary health care

during day working hours, with an about of 60 minutes per interview. Field notes were written soon after each interview in order to capture context such as participant behaviours during interviews and/ or the researcher’s thoughts and feelings in relation to the interview process.

### 2.3. Data Analysis

Thematic analysis was conducted by using Collaizi’s methods [14] and N-Vivo 10 software used for data management. Table 1 provides examples of the analysis process.

**Table 1: Example of Analysis Process**

Quotes Of Participants	Code	Sub-Sub Category	Sub Category	Theme
<i>.....it was really hurt my feeling when first time I knew that she is pregnant (pause) I was like shocked and overwhelmed (pause) I asked to myself what I have done until she get this (adolescent’s premarital pregnancy)...it must be come from me as well....I feel like it is my mistake and I failed to brought up her as a parent....</i>	<ul style="list-style-type: none"> <li>Experienced shocked</li> <li>Reflection of past experiences</li> <li>Experienced bad due to a mistake</li> <li>Admitting the mistake</li> <li>Failing like failing parents</li> </ul>	<ul style="list-style-type: none"> <li>Experienced shocked, distressed, anxious, regret, and shameful due to conducted a mistake</li> </ul>	Experiences during the period of premarital pregnancy discovery	Occurrence of adolescent pregnancy
<i>It was like a nightmare when I found myself get pregnant (pause) I was fear (pause) anxious and stress (pause) I didn’t know how to say to my parent (pause) I fear of people and friends.....this (pregnancy) is a very big mistake in my life</i>	<ul style="list-style-type: none"> <li>Experienced shocked</li> <li>Experienced distressed and anxious</li> <li>Experienced bad due to a mistake</li> <li>Admitting the mistake</li> </ul>			
<i>If there is any time machine which could through me back then I wouldn’t do this (premarital sexual relationship) bad thing (pause) this (pregnancy) is really shameful (pause) not even for myself or my family (pause) it is also a shame for this entire village.... I want to confess myself to the God, family and my society....</i>	<ul style="list-style-type: none"> <li>Experienced regret</li> <li>Experienced shameful</li> <li>Experienced bad</li> <li>Admitting the mistake</li> </ul>			
<i>I was like crazy...I regret of what I have done (pause)...I feel like don’t want to see the world...the</i>	<ul style="list-style-type: none"> <li>Experienced regret</li> <li>Admitting mistake</li> </ul>			

Quotes Of Participants	Code	Sub-Sub Category	Sub Category	Theme
<i>pregnancy was unplanned</i>	<ul style="list-style-type: none"> <li>Experienced distressed</li> </ul>	<ul style="list-style-type: none"> <li>Unplanned pregnancy</li> </ul>		
<i>No bodies perfect (pause) yes no bodies (pause) and I accidently did something wrong and this (pregnancy) happened</i>	<ul style="list-style-type: none"> <li>Admitting mistake</li> <li>Unplanned pregnancy</li> </ul>			
<i>I am aware of people expectations (pause) they want all adolescents in this village do not engaged in that (premarital sexual relationship) but my girl got pregnant and it was unplanned she said....</i>	<ul style="list-style-type: none"> <li>Social expectation</li> <li>Unplanned pregnancy</li> </ul>			
<i>I really surprise and then feel so blessed for having my parents (pause) they always said that they would put me out when pregnancy happened and they wouldn't be there for me (pause) they would be gone, so I am just surprise they are actually there right now...</i>	<ul style="list-style-type: none"> <li>Support from parents</li> <li>Parents' acceptance</li> </ul>	<ul style="list-style-type: none"> <li>Support sources</li> </ul>		
<i>.....like or not (pause) ready or not (pause) it is already happened within my life (pause) she is my little child and will be always my child (pause) what actually happened now may also because of my fault (pause) and also my husband's fault who is always busy with job (pause) we therefore decided for still let her stay at house and we also providing monthly financial support for her.....</i>	<ul style="list-style-type: none"> <li>Parents' acceptance</li> <li>Fail like failing parent</li> <li>Admitting mistake</li> <li>Support from parents</li> </ul>			

#### 2.4. Rigour of the Study

In order to maintained rigour of the study, authors were conducted several strategies to improve credibility, transferability, dependability, and confirmability [15]. Table 2 describes strategies implemented within the process of study.

**Table 2: Strategies to Improve Rigour of the Study**

<b>Criterion</b>	<b>Application</b>
Credibility	<ul style="list-style-type: none"> <li>• Discussion meeting with co-author and assistants of the study</li> <li>• Used a digital audio voice recorder to produce high quality audio records.</li> <li>• Verbatim transcription processes were carried out.</li> <li>• Transcripts were also checked against their recordings to ensure that the information obtained from participants were accurately converted.</li> <li>• Transcripts were translated from Bahasa Indonesia to English and back translations were conducted by using a professional fellow whom fluent in Bahasa Indonesia and English, as well as has experiences in transcriptions and translations of qualitative interviews.</li> <li>• Process of analysis also been recorded to enable the researcher to do an iterative process of data analysis</li> </ul>
Transferability	<ul style="list-style-type: none"> <li>• Audit trail by documenting detailed account of study process including the study setting, methods and justification, and processes of interviews, data analysis and reporting findings.</li> </ul>
Dependability	<ul style="list-style-type: none"> <li>• Verbatim transcription processes were carried out.</li> <li>• Transparent description of the study steps taken from the start of a research project to the development and reporting of findings.</li> <li>• Used N-Vivo 10 to store and manage the data. The data were coded and analysis decisions recorded within this software. Labels and descriptions of the codes, initial grouping of codes and eventual theme building were recorded. This essentially provided a central point through which the research analysis process can be tracked.</li> </ul>
Confirmability	<ul style="list-style-type: none"> <li>• Audit trail by documenting detailed account of research process including the research setting, methods and justification, and processes of interviews, data analysis and reporting findings.</li> <li>• Keeping a reflective journal through the process of study.</li> <li>• Translations and back translations</li> </ul>

## 2.5. Ethical Considerations

Ethical approval was gained from the Ethical Board of Universitas ‘Aisyiyah Yogyakarta, Indonesia (Ref No: 672/KEP-UNISA/VI/2018). Permission from Local Indonesian Ministry of Health and directors of primary health centres were secured before data collection. All potential participants were receiving participant information sheets including purpose of research, role of the researcher, data confidentiality, right to withdraw and length of interview. A sign needed to be obtained first before the interview conducted. For unmarried adolescents, a parent’s consent needed to be obtained. There was two of participant who needed to gain consent from their parents as they were unmarried, whilst the rest of the adolescent participants were married at the time of interview and gave individual personal consent.

## 3. Results and Analysis

The study explored Indonesian ASRH from the perspectives of pregnant adolescents and their parents.

### 3.1. Characteristics of Participants

Table 3 provides demographic characteristic of the participants within this study and the number of interviews conducted.

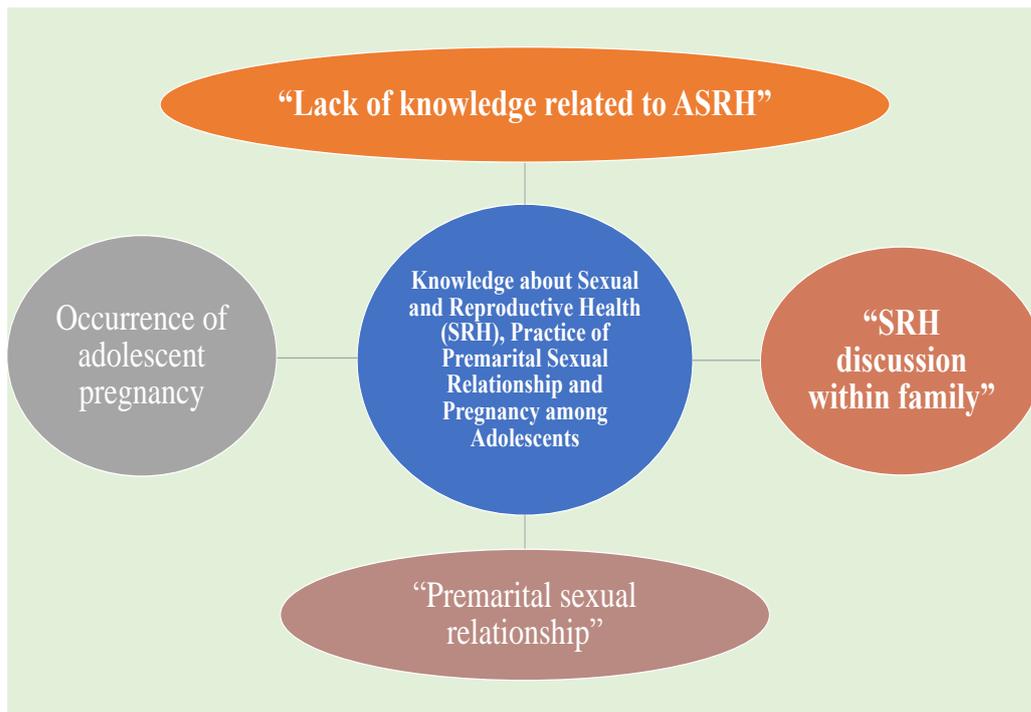
**Table 3: Demographic Characteristics of the Participants and Number of Interview/Interviews**

Participant	Age (Years Old)	Group	Level of Education	Marital Status	Week of Gestation/ Age of First Child	Interview
1	40	Parent (Mother)	Completed Secondary School	Married	-	2x
2	17	Pregnant adolescent	Left school due to premarital pregnancy in year 1 of high school	Married	33 weeks of pregnancy	2x
3	38	Parent (Mother)	Completed Secondary School	Married	-	1x
4	18	Young mother	Left school due to premarital pregnancy in year 1 of high school	Married	First child aged 8 months old	1x
5	53	Parent (mother)	Completed Secondary School	Divorce	-	1x
6	18	Young mother	Left school due to premarital pregnancy in year 3	Divorce	First child aged 9 months old	2x
7	49	Parent (mother)	Completed Secondary School	Married	-	1x
8	16	Pregnant adolescent	Left school due to premarital pregnancy in year 1 of high school	Married	36 weeks of gestation	1x
9	45	Parent (mother)	Completed primary school	Divorce	-	2x
10	16	Young mother	Completed secondary school	Married	First child aged 3 months old	2x
11	38	Parent (Mother)	Completed primary School	Married	-	1x
12	17	Young mother	Completed secondary school	Married	First child aged 3 months old	1x

<b>Participant</b>	<b>Age (Years Old)</b>	<b>Group</b>	<b>Level of Education</b>	<b>Marital Status</b>	<b>Week of Gestation/ Age of First Child</b>	<b>Interview</b>
13	55	Parent (Mother)	Completed primary school	Married	-	2x
14	17	Young mother	Left school due to premarital pregnancy in year 1 of high school	Within the process of divorce	First child aged 11 months old	2x
15	55	Parent (mother)	Completed high school	Married	-	2x
16	18	Pregnant adolescent	Left school due to premarital pregnancy in year 2 of high school	Married	34 weeks of gestation	1x
17	49	Parent (mother)	Completed secondary school	Married	-	1x
18	17	Young mother	Left school due to premarital pregnancy in year 1 of high school	Married	First child aged 9 months old	1x
19	45	Parent (mother)	Completed primary school	Married	-	1x
20	18	Young mother	Left school due to premarital pregnancy in year 2 of high school	Married	First child aged 10 months old	1x

### 3.2. Themes

Four themes emerged from this study, which were “Lack of knowledge related to ASRH”; “SRH discussion within family”; “Premarital sexual relationship”; and “Occurrence of adolescent pregnancy”. Figure 1 describes the themes and subthemes emerged from this study.



**Figure 1: Themes and Subthemes Emerged**

### 3.2.1. Theme 1: Lack of knowledge related to ASRH

Theme of “Lack of knowledge related to ASRH” describes experiences of participants related to their knowledge about ASRH and services. Finding from the data explained that all participants in both group of adolescents and parents were having limited knowledge in regards to ASRH, kind of situation can be found from participants’ quotations, for instance:

*“When I was in school I remember my teacher explained about the term of sexual reproductive health but I was not interested to that (pause) so I only know about ovum, womb, vagina errrr sorry I cannot remember all. (participant 12, adolescent)”*

*“.....sexual reproductive health (pause).... I don’t know much about that (pause) but let me to guess..... I think it would be about ways to prevent pregnancy (pause) and it is for adolescents (pause) Oh no it would be dangerous if they (adolescents) know about that.....” (participant 7, parent)”*

Participants from both group of adolescents and parents were also not aware about ASRH services provided, participant 4 expressed her experiences which represent adolescent participants’ experiences:

*“.... I only knew about health service unit in my school (pause) but as far as I knew it was only for those who got sick at school (pause) like when you feel dizzy at school or fever (pause) I am not sure if there is any service like you mentioned (sexual reproductive health services).....” (Participant 4, adolescent)”*

Majority of parents also explained similar experience, as Participant 3 suggested:

*“....I am not sure if there is any specific services like that (sexual reproductive health services) around my village (pause).... Bu Kader (community health worker) have never been talked about that....” (Participant 3, parent)”*

### 3.2.2. Theme 2: SRH discussion within family

The theme of “SRH discussion within family” describes experiences of participants related to their ways to communicate about SRH matters between adolescents and parents. Finding shows that majority of parents explained that they have regular communication with their adolescents, but, they were not discussing about sexual and reproductive matters. Participant 5 described her experience:

*“...it is true that we always talk in a very regular way (pause) but we never talk about sexual matters (pause) I feel uncomfortable to discuss about that (pause) it is kind of shameful....”(Participant 5, parent)*

Similar experiences also concur by Participant 9:

*“I taught her about menstruation and how to deal with the menstruation pain (pause) she also sometime talk about her boyfriend (pause) it was also not in a very detail and we also never discussed about sexuality (pause) I think it is unappropriated for discussing that (sexuality) with children...”(Participant 9, parent)*

It was appeared that sexuality was taboo to be discussed between parents and adolescents. Adolescents were also explaining that they prefer to talk about their boyfriend and relationship with their peers, as Participant 2 explained:

*“.....I did talk to my friend (pause) my very close friend about my relationship with him (boyfriend)....I also did talk to her when I got my first kiss (laugh)..... I feel more comfort to talk to my friend rather than to talk to my parent.....”(Participant 2, adolescent)*

Another experience also was expressed by Participant 8:

*“...we (my mother and I) discussed a lot about everything (pause) except something which unappropriated to be discussed (pause) like sexuality or something related to that (pause) I got information about sexuality from my friend and internet.....”(Participant 8, adolescent)*

### **3.2.3. Theme 3: Premarital sexual relationship**

The theme of “Premarital sexual relationship” represents participants’ experiences in regards to the reason and process of engaging premarital relationship. It appears that assuring love was a common reason which influenced adolescents in this study to engaging in premarital sexual relationship, as explained by Participant 18:

*“.....errr he proposed me at the beginning for that (sexual intercourse) then I agreed to show that I was not playing with the relationship and I wanted to assuring my love (pause) I was not thinking about pregnancy since I thought that pregnancy only happened when people do that (sexual intercourse) frequently....”(Participant 18, adolescent)*

There were also adolescents describing that their engagement into premarital sexual relationship due to curiousness which subsequently lead them to experiment, as describe by Participant 16:

*“...my boyfriend and I were naughty (pause) we watched a movie at his house when his parents away (pause) and we followed the flow of romantic situation and then we were experimenting to do that (sexual intercourse)..... we then did that (sexual intercourse) over and over again....”(Participant 16, adolescent)*

Whilst, mostly parents explained that they were aware of their adolescents’ relationship but they did not think that their adolescents were engaging premarital sexual relationship:

*“...never think about that (adolescent’s premarital sexual relationship) until she had become pregnant (pause) I have told her for millions time every minutes every hours every days that don’t go too far with her relationship (pause) and she acted like agreeing me (pause) she said don’t worry and again don’t worry (deep breath)....”(Participant 5, parent)*

Finding also show that parents were also stated that they provided guidance for their adolescents in order to behave and show manner within community, as Participant 1 mentioned:

*“.....my husband and I were giving a principal guidance to her (adolescent)....we never pushed her hardly (pause) we thought that she understood of what shouldn't do (pause) and we expected he would behave well...” (Participant 1, parent)*

### 3.2.4. Theme 4: Occurrence of adolescent pregnancy

The theme of “occurrence of adolescent pregnancy” explains the experiences of participants regarding to their response toward adolescents' premarital pregnancy. Feeling fear, shocked, and anxious were experienced by adolescent participants. Comment of Participant 10 explains the situation.

*“It was like a nightmare when I found myself get pregnant (pause) I was fear (pause) anxious and stress (pause) I didn't know how to say to my parent (pause) I fear of people and friends.....this (pregnancy) is a very big mistake in my life.” (Participant 10, adolescent)*

Whilst, parents were disappointed, fear of community judgement and felt like failing parents.

*“.....it was really hurt my feeling when first time I knew that she is pregnant (pause) I was like shocked and overwhelmed (pause) I asked to myself what I have done until she get this (adolescent's premarital pregnancy)...it must be come from me as well....I feel like it is my mistake and I failed to brought up her as a parent....” (Participant 7, parent)*

All adolescents articulated that they feel regret due to pregnancy happened and led their confession to the God, family and society. An example of such experiences described by Participant 6:

*“If there is any time machine which could through me back then I wouldn't do this (premarital sexual relationship) bad thing (pause) this (pregnancy) is really shameful (pause) not even for myself or my family (pause) it is also a shame for this entire village.... I want to confess myself to the God, family and my society....” (Participant 6, adolescent)*

It is interesting that although adolescents were breaking the family's and community's norms i.e. conducting premarital sexual relationship leading to adolescent pregnancy, parents were still providing supports. As Participant 20 stated:

*“I really surprise and then feel so blessed for having my parents (pause) they always said that they would put me out when pregnancy happened and they wouldn't be there for me (pause) they would be gone, so I am just surprise they are actually there right now...” (participant 20, adolescent)*

Finding show that all parents also describe that their compassions to their adolescents leading them into decision of caring their adolescents and providing supports.

*“.....like or not (pause) ready or not (pause) it is already happened within my life (pause) she is my little child and will be always my child (pause) what actually happened now may also because of my fault (pause) and also my husband's fault who is always busy with job (pause) we therefore decided for still let her stay at house and we also providing monthly financial support for her.....” (participant 17, parent)*

## 4. Discussion

The purpose of this study was to understand Indonesian adolescents' SRH knowledge, practice of premarital sexual relationship in which led to adolescent pregnancy from the perspectives of adolescents and their parents. Findings from this study clearly show that both adolescents and parents were experiencing lack of knowledge in regards to ASRH. According to

the previous literature, inadequate access to information contribute to lacking of knowledge related to SRH [4]. It is also appeared that adolescents and parents were reluctant to discuss about sexual reproductive matters. This situation seems to led adolescents to access inadequate information related to sexuality from their peers as well as internet, which is likely to be one factor contributing to their premarital sexual relationship leading to pregnancy. It is in line with previous study conducted in Malaysia that uncommon conversation related to sexual matters within society resulted in a lack of understanding about SRH, pregnancy prevention and contraception [16]. Other literature echoed that sources from which adolescents gain information in regards to sexual and reproductive are key to their sexual practice [17]. Misconception about sexual practice which lead them into premarital sexual engagement which appeared from the data was plausibly due to inadequate information adolescents accessed from peers or internet. Therefore, the importance of SRH education and information for adolescents needs to be considered and campaigned among parents and societies, because in many societies talking about sexual matters is not common or even shameful within family and society [18].

This study found that the common reason of adolescents engaging premarital pregnancy was assuring love and experimenting, which brought them into intimacy. Similar findings (but in the context of adults) can also be seen from previous research focusing on relationships, that sexual relationship is an intimate process and an important aspect of the process of growing a loving relationship [19]. Therefore, the engagement of premarital sexual relationship among adolescents in this study was more likely a milestone of their growing loving relationship, which on the other hand also led to their unplanned premarital pregnancy. Furthermore, findings also indicate that puberty, which leads to sexual interest as well as sexual desire also seemed to have influenced adolescents in their decision-making related to engaging in premarital sexual relationship.

Once adolescents were aware of their pregnancy, they were anxious, fearful of community and peer judgement, shameful and worried as well as feeling shocked. This resonate to other studies that unplanned pregnancy has higher risk of psychological distress, particularly among women who felt unhappy or ambivalent at start [20]-[21]. It also has consistency with other research evidence conducted previously that premarital pregnancy allows an additional burden for adolescents such as community judgement and exclusion [4]. Religious values were also playing a role in adolescents' spirituality. The finding also indicates that their belief of social and family expectations created adolescents feel guilty. Adolescents were trying to reconstruct their relationship to their family and God. The finding is line with literature that has been documented as confession can be used as alternatives to treatment that leads to resilience from moral emotions like feeling guilty and shame [22]. It is appeared that religious values were influencing most adolescents' perspectives and attitudes. For example, they saw their past as a mistake, premarital pregnancy as punishment and praying was for seeking help. It is also more obvious that spirituality appeared as they believe that God is their goal life, which resulted in feeling of optimism and hope for their future.

Meanwhile, parents were experienced disappointed, fear of community judgement and felt like failing parents when adolescent pregnancy occurred. This finding is also confirmed from a study conducted in Nigeria that parents experience sadness, initial discontent, and criticisms at the beginning of adolescent pregnancy discovery [23]. Furthermore, other studies suggested that many parents were feeling guilty when knowing adolescent pregnancy as they thought that they had failed in their responsibility to protect their children from the unpleasant situation [24]-[25]. On the other hand, studies conducted in other developing countries i.e. Kenya and Malaysia informed that parents felt embarrassed by their adolescent's pregnancy and worried about how family, friends and neighbours would react [26]-[27]. It is also necessary to be highlighted from this study finding that parents' compassion to their children situations lead parents to provide support sources such as financial and accommodation, they also still exercised their roles and guided adolescents engaging new phase i.e. marriage life and motherhood. This situation seems to suggest a unique experience, whereby the adolescents both is a child as well as becoming pregnant mother. It is also apparent, within Indonesian cultural that children are always

considered as children by their parents [10], therefore parents were expected to show their responsibility for what their children have done [28].

As the aim of this research was to understand Indonesian adolescents' SRH knowledge, practice of premarital sexual relationship in which led to adolescent pregnancy from the perspectives of adolescents and their parents, thus, selecting exploratory qualitative study as the research design to achieve the aim was a strength of this study and it is considered as an appropriate method. It helped researcher to gain in-depth information from participants. This is because data were generated directly from both pregnant adolescents' and their parents' own voices. The benefit of having direct involvement of both pregnant adolescents and their parents enabled the researcher to directly hear their own views, expressions and also insight experiences. It should be acknowledged that since this study is a reflection of participants' perspectives in only a single case study and at a particular place and time, as the nature of qualitative study [29], the evidence of this study may not reflect the larger perspectives. However, useful insight may shape enquires and challenge assumption in other settings.

## 5. Conclusion

This study is a qualitative research explored Indonesian adolescents' SRH knowledge, practice of premarital sexual relationship in which led to adolescent pregnancy from the perspectives of adolescents and their parents. There is a need of tailoring ASRH service which is culturally sensitive, youth friendly, and involving parents to improve Indonesian adolescents' understanding and awareness of SRH. Additionally, including ASRH topics in schools' curricula is also essential to increase adolescents' knowledge of SRH, which therefore they could make a better choice related to their SRH behaviour. Further research related to evaluation of the programme implemented is needed and there is also a need a future research about appropriate models of ASRH services in order to provide evidence for developing a more strategic and context-specific way of Indonesian ASRH services.

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