Adolescent Pregnancy: A Phenomenological Approach

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Abstract. Pregnancy before the age of 20 carries a higher risk of complications during both pregnancy and childbirth. Adolescent pregnancy is a global issue that contributes significantly, up to five times more, to maternal and neonatal mortality rates. In Central Maluku Regency, the incidence of adolescent pregnancy continues to rise, with the highest prevalence among those aged 15–19 years. This study aimed to gain an in-depth understanding of the experiences of adolescent mothers during pregnancy. A qualitative method with a phenomenological approach was employed. Data were collected through in-depth interviews to explore the lived experiences of adolescent mothers. The stages of qualitative data analysis included data collection, data reduction, data display, and conclusion drawing. The research subjects comprised key informants, including adolescent mothers (aged 10–19), parents of adolescents, healthcare workers, and teachers (aged 30–50). The findings revealed four main themes: (1) health issues among pregnant adolescents, (2) health risks to the baby, (3) psychological impacts on the adolescents, and (4) social consequences. The study concludes that adolescent pregnancy has negative impacts on physical, psychological, and social well-being, largely due to the biological immaturity of the adolescent body.

1 Introduction

Adolescent pregnancy remains a significant health and social issue in many countries, affecting both developed and developing nations. Globally, approximately 1.3 billion people, or 16% of the population, are adolescents, making this group the largest by age distribution [1]. Pregnancy during adolescence can negatively affect health, as reproductive organs are not yet fully developed. Moreover, adolescent pregnancy is strongly associated with increased risks of maternal and neonatal mortality. In Indonesia, efforts to reduce maternal mortality began in 1991, when the maternal mortality ratio (MMR) stood at 390 deaths per 100,000 live births. By 2015, this number had declined to 305 per 100,000 live births. However, despite being the largest archipelagic nation in Southeast Asia, Indonesia still records one of the highest maternal mortality rates, remaining above the Sustainable

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Development Goals (SDGs) target of 70 deaths per 100,000 live births [2]. Contributing factors include pregnancy and childbirth complications, particularly among women under 20 years of age. Adolescent pregnancy is therefore classified as a high-risk condition due to its association with complications such as hypertension, preterm birth, low birth weight (LBW), and maternal or neonatal death [3].

Adolescent pregnancy is defined as pregnancy in girls aged 10–19 years. Its prevalence varies across countries. Each year, approximately 21 million girls aged 15–19 become pregnant, of whom 12 million give birth. In Africa, the rate of childbirth before age 18 doubled in 2022, reaching 25% [4]. In Indonesia, the adolescent birth rate for girls aged 15–19 is 36 per 1,000 females [5]. This figure has not significantly declined and remains higher in rural areas than in urban settings. According to the World Bank, about 47.3 of every 1,000 adolescent girls in Indonesia have given birth, a figure exceeding the global average of 44 per 1,000 [6]. The phenomenon of adolescent pregnancy is shaped by a complex interplay of social, economic, cultural, and educational factors. Research on African-American adolescents further highlights the role of parental influence, peer pressure, social norms, and cultural expectations [7].

Central Maluku Regency records a relatively high rate of adolescent pregnancy compared to other regions in Maluku Province. Its challenging geographical conditions present major obstacles to the implementation of prevention programs. Contributing factors include limited access to information and reproductive health services, as well as delays in education. The shortage of medical personnel further impacts the quality of healthcare services, particularly the implementation of preventive and promotive initiatives. Unequal distribution of healthcare workers, especially in island areas, reflects not only the limited workforce but also the low interest among healthcare professionals in serving remote and hard-to-reach regions. This results in disparities in service delivery and limited access to essential reproductive healthcare, including adolescent pregnancy prevention.

The region also faces challenges related to the limited availability of specialized healthcare providers who are capable of delivering education and reproductive health services to adolescents. Healthcare quality remains suboptimal, and the cluster-based service model across islands has not been fully effective, creating barriers to reaching adolescents in remote areas. The high rate of adolescent pregnancy contributes directly to elevated maternal mortality (MMR) and infant mortality rates (IMR). In response, the government of Central Maluku Regency has introduced various initiatives aimed at reducing adolescent pregnancy. Central Maluku, classified as an underdeveloped region, comprises 18 districts and 36 community health centers (*Puskesmas*). According to the local health office, 103 cases of adolescent pregnancy were recorded in 2021, with most cases occurring among adolescents aged 15–19 years. Against this backdrop, the present study strived to explore and provide in-depth insights into the challenges of adolescent pregnancy, with particular emphasis on its health impacts.

2 Methods

This study was conducted in Central Maluku Regency in 2024 employing a qualitative method with a phenomenological approach. The phenomenon under investigation was adolescent pregnancy. Data were collected from primary and secondary sources. Primary data were obtained through in-depth, semi-structured interviews with 4 adolescent mothers, 4 parents of adolescents, 2 healthcare workers, and 2 teachers to gain a comprehensive overview of adolescent pregnancy in Central Maluku Regency. Each interview lasted approximately 60 minutes and was conducted face-to-face with participants' informed consent and in compliance with research ethics. Secondary data included the 2021 Adolescent-Friendly Health Services (*PKPR*) report and other relevant supporting

documents. Qualitative data analysis followed four stages: data collection, data reduction, data display, and conclusion drawing. Data triangulation was applied to enhance validity and reliability by cross-checking information from different sources, including adolescent mothers, healthcare providers, and educators, and supplementing it with relevant secondary data. Data reduction involved selecting, focusing, and simplifying field notes obtained during data collection. Data display consisted of organizing and abstracting information from field notes and document transcripts. Conclusions were drawn after thoroughly interpreting the phenomena observed in the field.

This study received ethical approval from the Health Research Ethics Committee of Dr. Moewardi Regional Hospital (reference number 1.617/VI/HREC/2024).

3. Results And Discussion

3.1 Health Issues Among Pregnant Adolescents

This section explores the experiences of informants regarding the challenges encountered during adolescent pregnancy. Analysis of the interview data revealed that informants frequently experienced physical problems during pregnancy. Pregnancy in adolescence is often perceived as a taboo subject, even among adolescents themselves. Many girls who become pregnant interpret early symptoms, such as morning sickness and bodily changes, as signs of other health issues rather than indicators of pregnancy. A lack of knowledge about pregnancy leads many adolescents to remain unaware of their condition. Early detection is crucial to safeguarding the health of both mother and baby. In this study, it was found that informants typically discovered they were pregnant only after the gestational age had reached 4–5 months. Adolescent pregnancy is often normalized and perceived as a common experience among women, as reflected in the following statement:

*"At first, I just felt unwell. I thought it was normal, maybe because I often skipped meals, which led to nausea due to acid reflux. But over time, my body began to change. My belly started growing, and I often felt pain. Eventually, my parents told me to go to the community health center (*Puskesmas*) for a check-up. That's when I found out I was pregnant and already 5 months along." (R1)*

"Many adolescent girls come to the Puskesmas with various health complaints like dizziness, nausea, and vomiting. When we ask about their symptoms, they often seem confused or unaware of their condition. When the midwife conducts an examination and informs them that they are pregnant, the typical gestational age at first visit is around 16 to 20 weeks." (PK)

Interview findings also indicated that nausea and vomiting during the first trimester are common symptoms of pregnancy. However, in adolescent pregnancies, these conditions tend to be more severe and pose higher health risks. Adolescents reported experiencing persistent dizziness and excessive vomiting three to four times a day. Based on interviews with pregnant adolescents aged 15–19, these symptoms significantly disrupted their daily activities, leaving them weak and sometimes unable to stand. If prolonged, such complaints can lead to serious conditions such as dehydration.

"I couldn't eat or drink. Every time I did, I would vomit, and it made my body feel extremely weak. I became stressed because of this condition." (R2)

"It is very common for pregnant adolescents to come to the Puskesmas with complaints of nausea and vomiting, sometimes even severe cases of hyperemesis gravidarum." (PK)

Health problems experienced by adolescent mothers during pregnancy often stem from limited knowledge about pregnancy symptoms. Nausea and vomiting are frequently mistaken for common physical ailments. While most pregnant women experience these symptoms during the first trimester, they can cause dehydration and may require hospitalization [8].

Excessive nausea and vomiting, combined with fluid loss and metabolic disturbances, may develop into hyperemesis gravidarum, which typically occurs before 22 weeks of gestation. One of the risk factors for hyperemesis gravidarum is age, with adolescent pregnancies being more susceptible compared to adult women [9].

3.2 Health Risks for the Infant

Pregnancy in women under the age of 20 can significantly affect both maternal and infant health outcomes. Limited knowledge about pregnancy among adolescent mothers contributes to complications during pregnancy and childbirth. One of the major risk factors for infant health is young maternal age. Premature birth and LBW are key concerns, as they increase the risk of adverse outcomes for both mother and baby, including maternal and neonatal mortality. This was illustrated in the following statements:

"When my baby was born, the midwife said the baby's weight was low, only 2,100 grams. My baby was small and had trouble breastfeeding. I don't know whether this happened because I was too young. I still don't fully understand. All I know is that my baby was born like that." (R3)

"My baby was born before term. I was eight months pregnant." (R4)

"Adolescent pregnancies are often concealed. The growth of the abdomen is not consistent with the gestational age. As a result, many adolescent mothers give birth to babies with low birth weight." (PK)

Infants born with low birth weight, especially those born prematurely, frequently struggle with breastfeeding due to underdeveloped muscles and weak sucking reflexes. These conditions can impede growth and development, potentially leading to weight loss and nutritional deficiencies.

"My baby was small and had difficulty breastfeeding. Breast milk had to be expressed and fed using a cup and spoon. If we used a feeding bottle, my baby couldn't suck properly." (R3)

"My grandchild was born with a low weight. It wasn't normal." (OTR)

Adolescent pregnancies also carry an increased risk of neonatal death. Interviews revealed that premature and low-birth-weight infants often experienced respiratory distress at birth due to underdeveloped lungs. These complications significantly heightened the likelihood of early neonatal death, particularly within the first week of life.

"My baby was born prematurely and had trouble breathing. He couldn't be saved and passed away." (R4)

Health risks for infants born to adolescent mothers include complications such as prematurity and low birth weight. Premature birth, defined as delivery before 37 weeks of gestation, can lead to developmental delays that affect physical, cognitive, and socio-emotional outcomes [10]. Another common complication is a birth weight below 2,500 grams, which is often associated with prematurity. Both premature birth and LBW are high-risk conditions in mothers under 20 years old, serving as predisposing factors for complications during the neonatal period and significantly increasing the risk of infant mortality [11].

3.3 Psychological Impact on Adolescents

Adolescence is a critical developmental stage during which individuals seek to establish their identity and define their role in life. Experiencing pregnancy at this stage requires adolescent girls to quickly adapt to the role of motherhood, which often leads to confusion and internal conflict about their self-identity and envisioned future. As a result, pregnant adolescents frequently find themselves torn between the desire to enjoy their youth freely and the

necessity of assuming caregiving responsibilities. This tension strongly influences how they perceive their future and shapes their self-concept. This was reflected in the following statement:

"At my young age, I still want to spend time with friends and think about the dreams I want to pursue." (R4)

Adolescent pregnancy is often unplanned and, in many cases, unwanted (referred to in Indonesia as *kehamilan tidak diinginkan* or KTD). Young girls who become pregnant are typically not emotionally or cognitively prepared to face the demands of motherhood. Interviews revealed that adolescent pregnancy frequently led to psychological distress, including stress and emotional disturbances:

"I felt stressed when I found out I was pregnant." (R3)

"Being pregnant at 16 years old, I wasn't ready to become a mother." (R2)

Pregnant adolescents may also face mental health challenges triggered by fear and rejection from their families. Adolescent pregnancy is often viewed as a violation of family norms, particularly in households that uphold strong moral and religious values. These young women may feel isolated and subject to negative comments, further deteriorating their mental state. Psychologically and emotionally, adolescents are still in the process of maturation; thus, the transition to parenthood becomes even more burdensome in the face of psychological pressure and limited family support:

"As a parent, I wasn't ready to find out that my child was pregnant. I was very angry and ignored her throughout the pregnancy. Being pregnant at a young age comes with huge responsibilities." (OTR)

"My mind was disturbed because my parents ignored me during my pregnancy." (R1)

Mental health is a critical factor affecting adolescent mothers during pregnancy. Maternal stress, lack of family support, and negative societal perceptions of adolescent pregnancy can all contribute to the onset of depressive symptoms [12]. Poor mental health among pregnant adolescents undermines their readiness for parenthood, disrupts their ability to plan and achieve future goals, and exacerbates economic hardship, all of which can affect the developmental outcomes of their children. Research has shown that adolescent pregnancies are associated with higher levels of anxiety and stress compared to pregnancies in adulthood [13].

3.4 Social Consequences

Adolescent pregnancy often carries significant social stigma, particularly in communities that perceive such occurrences as setting a negative example for other young people. The stigma is not only directed at pregnant adolescents but also extends to their families, especially parents, who are socially judged as having failed in their parental responsibilities. This social judgment can create intense emotional pressure and distress for parents as they come to terms with their child's pregnancy at a young age. The following statements illustrate this reality:

"My friends started avoiding me." (R1)

"I became the subject of gossip among my friends and neighbors." (R2)

"My family became the center of attention in the community. Everyone stared at me whenever I went to the market or anywhere else. The public gossip made me feel ashamed of my daughter's pregnancy." (OTR)

Adolescent pregnancy often results in mockery, bullying, and even social rejection from peers and the community. These experiences are frequently accompanied by a deep sense of shame, which can severely affect the adolescent's future, most notably through school dropout. Many pregnant adolescents withdraw from school, not necessarily because they are expelled but due to the emotional burden and social pressure.

"I wasn't expelled from school, but I stopped attending. I felt ashamed." (R2)

"My daughter dropped out of school." (OTR)

"We do have pregnant students, but the school does not expel them. Usually, it's the students themselves who feel too ashamed to attend. The school typically contacts them and offers counseling." (G)

Education is a fundamental right that should be fulfilled through a structured and continuous process to help adolescents achieve their aspirations. However, the lack of parental support combined with the burden of social stigma often strips pregnant adolescents of the motivation to continue their education. Feelings of shame and diminished self-confidence further serve as barriers to academic achievement:

"In many cases, school-age pregnancies result in students no longer attending school." (G)

There is a strong causal relationship between adolescent pregnancy and school dropout. In many instances, pregnancy becomes the primary reason young women leave school [14]. The social consequences of adolescent pregnancy are far-reaching. Adolescent mothers face significant obstacles in completing their education in an era of globalization that demands high competitiveness in the job market. These challenges also affect the dynamics of parental support and adolescent decision-making, as families struggle to cope with the consequences and choices associated with adolescent pregnancy [15].

4. Conclusion

This study provides a novel contribution by offering a more comprehensive focus on the phenomenon of adolescent pregnancy. While most previous studies have primarily examined its causal factors, relatively few have explored the specific challenges encountered by adolescent mothers, particularly those related to their health. The findings of this study indicate that pregnancy during adolescence has adverse effects across physical, psychological, and social dimensions. Adolescent mothers are at heightened risk of pregnancy-related complications, including hyperemesis gravidarum, preterm birth, and low birth weight (LBW). Beyond these physical health risks, adolescent pregnancy is also associated with psychological distress, such as stress and depression, and with social pressure resulting from societal stigma. Therefore, it is essential to establish comprehensive support systems, including emotional and informational support from families, guidance and care from healthcare professionals, as well as understanding and flexibility from educational institutions. Such integrated support is crucial to help adolescent mothers navigate the challenges of early pregnancy and to ensure better outcomes for both mother and child.

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