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Indonesian Adolescents' Experiences During Pregnancy and Early Parenthood: a Qualitative Study

Abstract

Background: in Indonesia it is culturally expected that pregnancy occurs when couples are married. However, this is not always the case and little is known about the influence of premarital pregnancy for young people. This study explored Indonesian adolescents' experiences, as a consequence of premarital pregnancy, during a first pregnancy and early parenthood.

Methods: Overall, 36 interviews were completed from twenty participants using a one-to-one, in-depth interviews. Eight participants were experiencing their first pregnancy (four females and their male partners) and were interviewed on three occasions. Twelve of the participants were young parents (eight mothers and four fathers).

Findings: Adolescents engaged in premarital sexual relationships because they were *in-love*, despite limited knowledge of contraception and social expectations. When unplanned pregnancy occurred females were shocked, most attempted to terminate the pregnancy and some had ideas of suicide. Males overwhelmingly wanted to continue with the pregnancy and undertake their responsibilities. Couples complied with their parents' wishes to marry and '*fit in*' with cultural norms. However, participants were distressed due to negative social judgement, disappointment at leaving their education or work, struggled with low-paid employment and lack of preparation for marriage and parenthood.

Conclusion: Participants initial radical behaviour became compliant during pregnancy as culture and religion played a powerful role influencing adolescents' behaviour. The pressure of an early marriage, new roles and responsibilities and a paradigm shift in their lives inevitably, for some, began to emerge as talk of disapproval and divorce. A tailored reproductive health service for adolescents would enable safe and informed decision making about relationships and negate negative impact in their education and economic contribution.

Keywords: adolescent, pregnancy, parenthood, qualitative methods, Indonesia

1. Introduction

Adolescent pregnancy is a global health issue as it potentially brings adverse health and social consequences for mothers and children (1, 2). The World Health Organisation (WHO) estimated 3 million unsafe abortions per year leading to maternal mortality caused by unplanned adolescent pregnancy (3). In addition, 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 (3).

Globally, there are approximately 16 million adolescent pregnancies per year and of these 95% are reported to occur in low and middle income countries (LMICs) (4). To prevent adolescent pregnancies and poor reproductive health outcomes, WHO recommend evidence-based guideline for LMICs (WHO, 2014). However, LMICs tend to be financially challenged and many are unable to provide adequate and appropriately trained healthcare providers (5), consequently, pregnant adolescents living in LMICs are less likely to access adequate health or social support (3). Indonesia is a LMIC and has Government-led interventions to prevent adolescent pregnancy e.g. there are established youth centres in 33 provinces that focus on health promotion and prevention managed by the Indonesian Family Planning Board: Badan Koordinasi Keluarga Berencana Nasional (BKKBN). The main health campaigns centre on the principles of 'no sex before marriage', 'no marriage before 20' and 'safe dating', which was

described as having a relationship without sexual intercourse. In 2015, the Indonesian Government's campaign was to delay marriage and encourage education, vocational training, employment and aspirations to improve income (6). This campaign gained support from religious leaders, parents, community leaders and those adolescents consulted in a model called 'Duta Genre'. However, this campaign had limited impact as the proportion of adolescent pregnancies in 2017 was the same as 2007 i.e. 35 per 1,000 pregnancies. Of these, in 2017, 0.02% were amongst adolescents aged 15 or less (7).

Culturally, in Indonesia sex is prohibited before marriage irrespective of an individual's religion. Conversations about sex and sexuality still remains 'taboo', even amongst many adults (8). Consequently, Indonesian adolescents often access information about contraception and reproductive health from informal sources e.g. peers, internet websites and the media (9, 10). Kemenkes reported that 90% of 9,442 unmarried Indonesian adolescents had accessed pornographic websites to gain information about sexual practice. After which, 9% engaged in sexual relationships without any contraception (11). When premarital pregnancy occurs it is usual for parents of adolescents to arrange a marriage, as a means to limit an assumed negative social criticism (8).

There are few studies that have explored the influence of unplanned adolescent pregnancy for Indonesians. Those that have, report that female Indonesian adolescents attempt to terminate their pregnancy by taking traditional medication, practicing traditional abdominal massages or by seeking illegal abortion services (12, 13). Others have reported associations between adolescent pregnancy and adverse maternal and infant health (14). This paper reports findings from a study that explored female and male Indonesian adolescents' experiences during pregnancy and early parenthood, as a consequence of premarital pregnancy. No other similar studies have been found.

2. Methods

2.1 Design and sampling

An exploratory qualitative approach was used to ask adolescents' about their experiences (15). A Public Health Centre and a private midwifery clinic were pragmatically identified in Java as they provided services for adolescents. Private midwifery clinics are a usual option for maternity services in Indonesia. A purposive sampling technique (16) was used to recruit participants. Figure 1 shows the number of participants (N=20) and interviews (overall 36).

Here Figure 1: The number of participant and interviews

2.2 Participant recruitment

Adolescent participants were eligible for inclusion if they were an Indonesian resident, aged 19 or less, pregnant or had a pregnant girlfriend or wife as a consequence of premarital sex. Eligibility for participation as young parents was also an Indonesian resident, aged 19 or less (at the time of the pregnancy) and had experienced a premarital pregnancy. Pregnant adolescents due to rape were not invited to participate as these women would be treated sensitively by the society, on the basis that they did not violate cultural and religious values. Therefore, it is likely that their experiences would be different. Adolescents with learning disabilities were also excluded as they may be less likely to provide informed consent (17). Ethical approval was gained from research ethics committee of a university in the United Kingdom, and a local Indonesian University. Permission from the Indonesian Ministry of Health, Director of Primary Health Care and the leader of a private midwifery clinic was secured to gain access prior to participant recruitment. In Indonesia, it is a normal practice for an approved researcher to access patients' medical records (including maternity care

records), therefore all potential participants were identified from antenatal care records or postnatal records by the lead author. All midwives working in these settings agreed to provide potential participants with the information leaflet and contact details for the lead author. Participants could opt-out of the study at any time with no detriment to their care. Twenty participants approached the lead author for more information prior to consent. At the time of recruitment, two participants were not yet married. Therefore, their respective parents' consent was also required as local policy prohibited them from providing full consent (Civil code No 1, 1974) (18).

2.3 Data collection

Overall, 20 participants took part in the study which generated 36 interviews: 24 during pregnancy and 12 during early parenthood. Each interview lasted approximately an hour and were undertaken between February and August 2015. All interviews were conducted in a private room of a Public Health Centre or a private midwifery clinic. Each participant was interviewed separately using a topic guide (see Table 1 and 2). During the pregnancy, interviews took place on three different occasions: 1) shortly after recruitment during pregnancy; 2) mid-point between the first interview and expected date of delivery and 3) once during early parenthood. For young parents there was one interview. Any participant who expressed anxiety, discomfort or distress during the interview were offered a rest and access to a midwife. None of the participants requested a midwife or withdrew.

Here Table 1: Interview guide during the pregnancy.

Here Table 2: Interview guide for young parents

All interviews were audio-recorded and transcribed verbatim (identifying features removed) in Bahasa Indonesia by the lead author. The accuracy between audio-recording and transcription was confirmed by an independent assessor (a confidentiality agreement was in place). All transcripts were translated into English for data analysis. Of these, 10 (of 36) from a range of different participants were scrutinised by a bi-lingual assessor independently to confirm the accuracy of translation and back-translation. The assessor also confirmed the interpretation of statements and phrases that could not be directly translated between languages (19).

2.4 Data analysis

Data analysis was guided by Colaizzi, P.F. (20) thematic approach and N-Vivo software used to manage data (21). Co-authors discussed, challenged and subsequently confirmed the credibility of emerging themes to reach assurance of the analytical process (22) (23).

3. Findings

3.1 Participants' characteristics

Overall, participants ages ranged from 16-19 which met an Indonesian classification of middle-aged adolescent (BKKBN, 2015). All participants had married or were about to due to a premarital pregnancy, the ages of infants ranged from 2 – 7 months. Tables 3 and 4 show participants' characteristics.

Here Table 3: Participants' Characteristics during Pregnancy

Here Table 4: Participants' Characteristics: Young Parents

3.2 Themes

Overall, seven themes emerged from the data that elements of opportunity, distress and the complexity of adolescents' journey from an unplanned pregnancy and early marriage into new life.

3.2.1 Sexual debut and pregnancy prevention

For all participants, their relationship had progressed over a period of time. *"We love each other"* was a common reason which drew both female and male participants to engage in a premarital sexual relationship. There was a naivety and limited knowledge about sexual reproductive health (SRH) and pregnancy prevention, possibly because these services were only provided for married couples. Consequently, participants' experimented with their own methods of contraception.

"I have never heard about it (SRH clinic) (pause) but if I knew this sort of place...I might not go there, as people will start to talk about reasons why an unmarried girl visits such a clinic..." (Devi, female, 18 years old, 24 weeks gestation)

"..... for first time I did it (put sperm inside before 7 days of next menstruation) I was worried but after having sex for many times and safe then we thought that what we did was right.....(Rahmad, male, 19 years old)

3.2.2 It shouldn't have happened

Most participants felt shocked and became distressed and anxious when they first knew of the pregnancy. All female adolescents responded negatively and talked about terminating the pregnancy, or how they had attempted to. They spoke of fear and shame and how they attempted to lure their boyfriends into colluding with attempts to end the pregnancy (the act would have been illegal). Conversely, the majority of male adolescents felt they had no autonomy over their girlfriend's decision. They overwhelmingly wanted the pregnancy to continue as adding one type of sinful behaviour to another was no answer to the problem. The majority of male participants were anxious and concerned about their moral obligations.

"I was shocked and very upset, confused, I didn't know what to do, I cried all day long as I was frightened if my boyfriend would run away and not want to take responsibility for the pregnancy" (Dwi, female, 19 years old, 16 weeks gestation)

"...I didn't want to kill my baby, but she forced me to buy that pill (pause). I was the kind of person who did a sin and was adding more and more sin because I was supporting her to abort" (Ahmad, male, 19 years old)

All participants were concerned about being judged negatively and feared social consequences. These compounding tensions caused distress. One of the female adolescent attempted suicide:

"..... I felt so scared of my parents' reaction and feared what people might say (pause) I was trying to kill myself by using potassium. I tasted it for a bit and when I swallowed it (pause) it made it hard to breath and was painful in my chest (pause)....."(Siska, female, 18 years old, 32 weeks gestation)

3.2.3 Ending adolescent life

Both female and male participants felt that they had no choice and had to leave their education as it was unacceptable to continue schooling. Others had to leave their employment and all were obliged to get married and to live with either parents. Finding new employment in this situation was also difficult. Married life requires strong commitment and consequently brings

responsibilities as a wife and a husband but adolescents were not prepared for marriage psychologically or financially.

“I am not ready to be honest (pause) but I have no choice but to except marriage (pause) I don’t want to make my parents more upset.” (Dwi, female, 19 years old, 16 weeks gestation)

“...I have not got a job (pause) so I rely on my parents financially, which is really bad since I am a man with a pregnant wife now (pause) it is embarrassing really.” (Rahmad, male, 19 years old)

3.2.4 Journey into new life.

Many female and male participants explained their relationship with Allah, including spirituality, beliefs, confession, optimism and aspirations. This relationship was empowering as they didn’t feel spiritually alone to cope with their distress. After the initial shock, participants’ families embraced them too and their parents provided emotional, financial and nutritional support, as well as a place to live.

“....Allah could forgive our mistake (pause)..... although I am getting married from the dirty way that Allah does not like but I just believe that Allah is the one who will always hug us in sorrow and happiness (pause) Allah will help us.....” (Devi, female, 18 years old, 28 weeks gestation)

“...my father is helping me a lot (pause) he is my hero really (pause) he is the one who made me strong during my bad time and he still accepts me even though I am showering him with shameful things.....” (Siska, female, 18 years old, 39 weeks gestation)

None of the participants were rejected by the family, but were by society. Friends shunned pregnant adolescents and their partners. Consequently, participants youthful and relative freedom was lost forever. They had left their life of autonomous decision making (to have sex out-side of marriage) and adopted a passive, compliant life adherent to society norms. There was enduring distress during the pregnancy.

3.2.5 An overwhelming life.

Most of the young mothers found it difficult to cope and balance their new responsibilities i.e. taking care of their baby, serving their husbands and undertaking domestic tasks in their new role in the household. Whilst young fathers experienced difficulty finding a job and developing a positive relationships with their wife, parents, or parents-in-law. Findings show a gendered role division.

“Well (pause) it is challenging really (pause) at the same time I have to take care of my baby (pause) provide food for my family (pause) clean the house et cetera et cetera” (Hesti, female, 18 years old, infant 7 months old)

“.....now I can say it is kind of a disaster and sometimes I just get stuck because of having problems with money, jobs, her (wife) (pause) her family (pause) my friends and even other people (pause). They are all just giving me problems at the same time (pause)” (Febri, male, 18 years old, infant 3 months old)

3.2.6 Struggling to be parent.

The negative influence of an early marriage, social judgement and (for some) interference from their own parents was enduring and affected marital relationships. This was compounded by

young parents feeling isolated and difficulty in engaging in their communities in their new role as young parents. They needed guidance but there was nowhere to find it.

“.....it is like a heavy rain that suddenly happened without any clouds and I did not prepare any umbrella (pause). I have no preparation as a young father but I know that a father has to be responsible for the family (pause) so then I think I need some information to deal with that or at least instead of judging me (pause) people should teach me how to be normal parent like them...” (Edi, male, 19 years old, infant 7 months old)

The pressure of an early marriage, new roles and responsibilities and a paradigm shift in their lives inevitably, for some, began to emerge as talk of disapproval and divorce.

“..... I will ask for divorce even though after divorce I am still not sure what I will do (pause) he is not good for me and my son or even for my big family (pause) I didn't expect it before” (Ririn, female, 17 years old, infant 6 months old)

3.2.7 My future plans and my needs

Many of the young parents were aspirational and expressed their future plans for work, attending vocational training and continue their education. However, since they were financially dependent on their parents, they had no autonomy to take any such decisions.

“.... initially I plan to continue my education in the university but then my parents have not enough money and asked me to cancel it (pause)” (Tri, male, 19 years old, infant two months)

“I asked my parents (for money) to have a small snacks shop (pause) so I can sell some snacks for people around my village (pause) but then my parents said I might better to have a course training for haircutting (pause) knitting (pause) sewing or things like that (pause) then I think I will do it later when my child is aged 2 years.” (Setyorini, female, 19 years old, infant 4 months old)

Aspirations extended towards spiritual rewards too, as many believed that their hard-life happened as consequence of their past mistake (pre-marital pregnancy). They aspired towards a feeling of relief from Allah's acceptance and were optimistic that Allah would help.

“.....I realise that it (a hard-life) is kind of a consequence of what I did last time (pause) so now I am trying very hard to manage it carefully and the most important thing is I am trying to seek Allah's help.” (Eny, female, 17 years old, infant 4 months old)

“..... I don't want to fall into a big hole of sin again and again (pause) I know that I just felt really dirty in the past (pause) but now I want to start to make life become more close to Allah (seek Allah's helps)..... (Hesti, female, 18 years old, infant 7 months old)

4. Discussion

The purpose of this study was to explore Indonesian adolescents' experiences of their pregnancies, in particular where pregnancy was premaritally conceived, and of early parenthood. The findings provide new insights into participants' journey. One of the main threads running through the findings was the power of culture and religion and the way these affected the quality of the relationship between the couples and members of the community, family, their partners and other adolescents.

These findings concurred with others (24, 25) highlighting that culture and religion play a dominant role in the society, influencing and shaping the system, structures and social class of individuals and their behaviour. In Indonesia's social context, culture and religious value-systems seemed mutually exclusive: '*budaya dan agama sangat berkaitan erat dalam keseharian masyarakat Indonesia*' (26). That is, culture and religion are mutually chained in Indonesian people's lives and these ideologies and values are adopted in their life discourse and relationships, manifesting in their inner personal attitude, thoughts, beliefs, and knowledge as well as their experiences.

The findings highlighted that the cultural and religious ideologies were closely aligned with Islamic values and with prescriptions in the Quran, Islamic Holy Scripture, which proclaims '*...do not approach unlawful sexual relationship. Indeed, it is ever an immorality and is evil as a way [Surah Al-Isra (17:32)]*' (27). It is therefore not surprising that a discussion about sexual matters is a taboo subject in Indonesia and premarital sex is prohibited and viewed as an immoral behaviour. This study revealed that cultural and religious ideologies about premarital sex and sexual relationships were prominent in influencing policies and practices, such as lack of education in schools and lack of access to tailored services (29, 30). It is contested that cultural and religious ideologies diffuse and manifest in government policy, social practices and unwritten norms such as society values and practices (28).

All participants in this study reported experiencing stigmatisation, isolation, and exclusion and shame from society and their God, once pregnancies were disclosed. These feelings were compounded in female participants; many reported having thoughts of terminating their pregnancies and, one participant attempted suicide. These thoughts and behaviours, arguably are manifestations of fear, psychological burden and distress (31). Consequently almost all participants in this study were 'pressurised' by their families to get married in order to comply with social, religious and cultural expectations, corroborating with Rodriguez-Bailon, R. *et al.* (32) that social power and societal norms influence people to conform. This suggests that Indonesian parents of the participants, are '*anak polah bopo kepradah*' that is, they are responsible for their children's behaviour – good or bad. They too sensed social, religious and cultural coercion to take corrective action for their children's immoral behaviour, enabling the family unit to have a respectful position in the society.

Whilst the participants conceded to marriage to fulfil their parents' and social and religious expectations, the majority of the participants reported 'feeling powerless' and were 'forced' by their families to marry and had no choice in the matter but to 'end adolescent life' and 'journey into new life'. It was evident that these young people internalised an awareness that they were under the 'surveillance' and 'gaze' of their parents, whilst parents were conscious of their 'surveillance' and 'gaze' by community members (34). As argued by Foucault, the individual body being manipulated, it is subject to surveillance and is disciplined by other individuals or groups so that it can be trained and organised in such a manner to contribute to society (33). In Indonesian culture, children are 'docile' bodies (36) and are expected to please their parents and obey them; they are not able to exert autonomy and they become 'subjects' of disciplinary power and are rendered, 'powerless' and as such become passive and compliant with the wishes and treatment of their parents.

Parents played an important role in participants' transition into parenthood, for example, influencing decisions about infant feeding and parenting practices due to continuing to live together, even after getting married, in order to manage economic and financial difficulties. Participants appreciated parental support yet they experienced tension and conflict with the living arrangements, such experiences are echoed by others (37). Participants in this study highlighted that they were treated as children and were expected to behave under their parents'

control and at the same time they were expected to behave as ‘normal’ parents like their older counterparts to comply with Indonesian social norms. In the context of parent-children relationship, children had to be under greater surveillance of responsible adults (38).

However, a possible explanation for participant’s compliant behaviour may be the explicit and/or unspoken social and cultural norms that govern the way in which children/adolescents should behave with their parents and their older counterparts. In Javanese (study setting) a cultural norm, *‘unggah-ungguh’*, directs Javanese people on how to behave and show manners in society and ways to respect parents and older counterparts, accepting parents and elders wishes and commands. Culturally Javanese are known to be speak softly, patient, polite, *‘nrimo’* (accepting) and sincere (39).

Indonesia is a patriarchal society; *‘wanita itu harus bisa mengurus dapur, sumur dan kasur’*, an Indonesian proverb, emphasising the expectations that women carry out domestic roles taking responsibility for the care of babies/children too (40), whilst men are seen as the head of the family and are expected to earn money and provide for their family’s needs (41). Participants in this study attempted to adopt cultural expectations of gender division of labour however they ‘struggled to be parents’ and found the transition to parenthood ‘overwhelming’, in part because of a lack of preparation for their marriage (often unplanned and unwanted).

‘When there is a power, there is a resistance’ (42). The findings of this study revealed that in Indonesian society, whilst cultural norms ‘controlled’ people’s behaviour, adolescents resisted these by transcending social, cultural and religious boundaries; they rebelled and experimented with sex. This was particularly evident when narrating their sexual debut as participants highlighted that their sexual curiosity and desire propelled them to embark on premarital sexual intercourse. It is likely that as adolescents reached and surpassed puberty, their sexual desire and curiosity developed and inquisitiveness intensified. The role of media was also highlighted in shaping participants perceptions and attitudes toward sexual relationships, echoing others findings (43) asserting that exposure to sexual content from media sources is linked to the initiation of sexual intercourse in adolescents. After initial debut, some male participants ‘disciplined’ (33) their girlfriends, using emotional abuse as a means of ‘punishment’ when they refused to continue engagement in sexual intercourse.

A unique finding in this study was the ‘power of spirituality’, influenced by cultural and religious power which was threaded throughout the participants experiences of pregnancy and early parenthood. Spirituality as a source of power, refers to an outlook on life, commitment and a personal relationship and belief with God, providing reinforcement and fulfilment (44). Participants’ spirituality with the God was powerful in that they developed optimistic and self-transformational self-beliefs. For example adolescents were seeking help of God by being retrieved to God’s path.

Many participants, explained that engaging in premarital sex was ‘dirty’ and they felt ‘polluted’, echoed by others (45), which needed ‘cleaning’. Some participants asserted that obeying their parents’ decisions and embarking on unplanned journey into pregnancy, marriage and parenthood paved the way to restore their relationship with God in an attempt to ‘seek forgiveness for their sin’ and seek guidance from God. They believed that the stigma, exclusion and other life difficulties they were experiencing were their punishment and a warning to get close to God, which led them to confess their past sinful behaviour to God. Participants’ conceded that they drew upon their power of spirituality with God to manage the challenges of developing and maintaining family relationships. They believed God is their life goal, which seems to suggest that they wished to adopt their religious values as their future path. However, their life goal was tenuous as participants’ initial independent and radical behaviour gave way to a passive compliant behaviour, in-part led by God. Until, as young parents, they embarked

on an overwhelming life and struggled. When personal aspirations formed, their bolder future aspirations began to emerge and their inner strength began to draw them out of an unwanted and unprepared life towards independent and radical thoughts of divorce.

5. Conclusion

This study has explored Indonesian adolescents' experiences during pregnancy and early parenthood by conducting exploratory qualitative research. It emerged that the influence of culture and religion within Indonesian society played a powerful role in shaping adolescents' complex experiences. Limited access to evidenced-based information about reproductive health underpinned an unwanted situation and life changes which adolescents found obliged to comply with. Their initial radical behaviour became compliant during pregnancy. The pressure of an early marriage, new roles and responsibilities and a paradigm shift in their lives inevitably, for some, began to emerge as talk of disapproval and divorce. A tailored reproductive health service for adolescents would enable safe and informed decision making about relationships and aspirations for their education, careers and economic contribution.

6. Strength and limitation

Recruiting both female and male adolescents, given this sensitive topic, is an important contribution to literature. There is limited transferability, given the location of the study, however, useful insight may shape enquires and challenge assumption in other settings.

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