

Conference Paper

Parenting with Unintended Pregnancy in East Java, Indonesia: A Qualitative Study

Sriwidi Astuti¹, Sapto Adi², and Suci Puspita Ratih¹¹Department of Public Health, Faculty of Sport Science, Universitas Negeri Malang, Malang, East Java, Indonesia²Department of Sport Science, Faculty of Sport Science, Universitas Negeri Malang, Malang, East Java, Indonesia**ORCID:**Suci Puspita Ratih: <https://orcid.org/0000-0003-4380-6154>Sapto Adi: <https://orcid.org/0000-0001-6801-524X>**Abstract**

Teenage pregnancy is known to significantly impact the health of mothers and babies. Lack of preparations and poor knowledge might lead teenage mothers to have difficulties in practicing good parenting. Therefore, it is essential to assess parenting styles in adolescents with unwanted pregnancy (UP). This study aimed to analyse how teenage mothers with unwanted pregnancy nurture their babies. This research used a qualitative method with Rapid Assessment Procedure (RAP) study design. In-depth interviews, triangulations and observations were employed to obtain the data. Six informants participated in this study who were chosen purposively based on the inclusion criteria. The results showed that all informants took care of their babies by themselves. However, the majority of them showed inadequate exclusive breastfeeding (EBF), immunization and posyandu (Indonesian-integrated health post system) visit. Lack of informants' understanding was found to be the leading factor of the inadequacies.

Keywords: parenting, unintended pregnancy, adolescent, sexual health

1. Introduction

The birth rate by age or Age-Specific Fertility Rate (ASFR) for ages 15-19 years illustrates the number of pregnancies in adolescents aged 15-19 years. The results of 2012 Indonesian Demographic and Health Survey (IDHS) showed that ASFR for ages 15-19 years was 48 per 1,000 women aged 15-19 years old [1]. This shows that there are still many teenagers who got pregnancy before 20 years old. According to the Malang Regency Population Control and Family Planning Office (DPPKB) in 2017, Pakis District ranks second in early marriage prevalence in Malang Regency, with 314 people or 69.35%. The Malang Regency Office of Religious Affairs (KUA) also found a demand for marriage dispensation from 80% teenagers who are not qualified for the age limit

Corresponding Author:

Suci Puspita Ratih

puspita.ratih.flk@um.ac.id

Published: 25 March 2021

Publishing services provided by
Knowledge E

© Sriwidi Astuti et al. This article is distributed under the terms of the [Creative Commons Attribution License](#), which permits unrestricted use and redistribution provided that the original author and source are credited.

Selection and Peer-review under the responsibility of the ISMoPHS 2020 Conference Committee.

 OPEN ACCESS

or equivalent to 271 cases in September 2018, one of the factors causing the early marriage was unintended pregnancy.

The Unintended Pregnancy (UP) can occur to married and unmarried couples. In adolescents generally, the unintended pregnancy occurs before marriage [2]. Psychosocially, adolescents can feel isolated, ashamed, depressed, become dropped out of school, hardly find a job, and less prosper [3]. Based on field observations, several unintended pregnancies were found in Pakis Sub-District. Referring to the interview results with local midwives, the cases did exist, thus need to be prevented and addressed. But the number of UPs in Pakis Sub-district had not been known yet due to the absence of previous records and research.

The knowledge about childcare and parenting style, is a problem for the early marriage couples, especially for couples experiencing UP. Many of them give their children to be cared for by their parents (grandparents) rather than taking care by themselves. Their reason is because they are still too young to care for children [4]. This will affect their psychological condition because they are not ready to face the birth which ultimately have an impact on children's health, such as: Low Birth Weight (LBW) and inadequate exclusive breastfeeding intake [5]. Adolescents who experience UP need guidance and assistance, especially from their parents, neighbours, posyandu cadres, and other sources of information about childcare and nutritious feeding [6]. Therefore, the pattern of parenting in adolescents who experience UP needs to be studied and analysed in order to make appropriate efforts to prevent and overcome problems related to parenting.

2. Material and Method

This research was conducted in February to April 2019. The research method used was qualitative with the Rapid Assessment Procedure (RAP) research design. The data collection methods are done by in-depth interviews, observation, and triangulation. The selection of informants was carried out using a purposive sampling method with criteria set for women who experienced UP when they were teenagers, lived in Pakis District, Malang District and were willing to become research informants. Then obtained 6 (six) research informants who met these criteria. The data analysis techniques in this study were based on the model applied by Miles and Huberman (1984) with the following steps: (1) data transcripts, (2) data reduction, (3) data presentation, and (4) conclusions.

Before the interview conducted, informed consent might be obtained from the informant. The instruments used in data collection consisted of interview guides, stationery,

voice recording devices, and cameras as documentation. Recordings during the interview were then transcribed into words and then arranged into a matrix. This matrix was used to determine the keywords or central ideas of the informants' answers. So there was no bias in drawing conclusions.

3. Results and Discussion

3.1. Informant characteristics

The primary informants in this study were six people. Fifty percent of informants are aged ≤ 20 years, while the other 50% are between 21 and 25 years. Most of the informants had a pregnancy when they were 17 years old, meaning that it was classified as an early age. Based on the distance of marriage and childbirth, it was known that the informants experienced pregnancy out of wedlock. All informants in this study had low levels of education, namely elementary and junior high. This finding was in line with the findings of the IDHS 2017 which states that adolescents who only pass elementary education have higher risk of premarital sex compared to those who have completed primary and higher education [7].

The majority of informant pairs worked in buildings with income of approximately 400,000 rupiahs per week, which meant that each month circulated around 1,200,000 rupiahs. While other informant pair worked as freelancer with an uncertain salary because he worked according on demands. This showed that the informant pairs received an uncertain salary and were still below the Malang City / Regency Minimum Wage (UMK) in 2019, which was 2,781,564.24 per month. The characteristics of the informants can be seen in detail in table 1.

All informants have children under the age of five and most of the baby's weight are close to the Low Birth Weight (LBW). Low birth weight is a condition of newly born weighted under 2500 grams. This finding was in line with BKKBN that stated that pregnancy before the age of 20 years is at risk of LBW in the infants [8]. This was also in line with a research done by Afriani & Mufdlilah (2016) that conclude that marrying at an early age creates a psychological impact of which the mother will not be ready to face the first pregnancy. The unplanned pregnancy affects the condition of the child, such as LBW as well [5].

TABLE 1: Informant characteristic.

Characteristics	<i>n</i>	%
The current age (yr)		
≤20	3	50
21–25	3	50
The age when getting pregnant (yr)		
17	3	50
18	1	16.7
19	2	33.3
The gap between marriage and pregnancy		
≤3 months	4	66.7
4–7 months	2	33.3
The occupation of respondent		
Housewife	5	83.3
Merchant	1	16.7
The respondent partner's occupation		
Construction worker	5	83.3
Freelancer	1	16.7
The last education		
Elementary School	1	16.7
Junior High School	5	83.3
The age of the child		
≤6 months	1	16.7
7–36 months	4	66.7
27–60 months	1	16.7
The weight of the child		
≤2.5 kg	1	16.7
2.6–2.9 kg	3	50
≥3 kg	2	33.3

Source: Author's own work.

3.2. Caregiving

The interviews results with informants related to the caregiving are presented in table 2.

Table 2 shows that the majority of informants babysat their own children, while an informant was letting the grandmother taking care of the child because she and her pair had to work. This was not in line with Sumbulah & Jannah (2012) which stated that many young couples ask their parents (grandparents) to take care their child rather than do it themselves, because they are still too young to care for children [4]. Determining who provides caregiving is crucial. The role of parents is so great in educating and

TABLE 2: Caregiving.

Informant	Questions
1	"...self-care..."
2	"...by ourselves..."
3	"...by grandma...because I work outside..."
4	"...I babysit the kid myself, miss. I asked grandma to take care of them just a moment, but they refused, they even got sick when I left, so be it..."
5	"...I babysit myself..."
6	"...I take care of them myself, lah..."

Source: Author's own work.

supervising the growth and development of children. Children also tend to imitate the behaviour and characteristics of the people around them. Therefore, the actor who plays the role of children's caretaker becomes critical, because of being a parent is an immense challenge. Caregiver's emotional readiness and maturity can also affect a child's growth and development.

3.3. The Exclusive Breastfeeding Provision

The exclusive breastfeeding (EBF) is provided by giving sufficient breast milk regularly and not providing any additional food other than breast milk. Providing EBF to infants is one of the most important stages in the childcare process. Exclusive breastfeeding is known to provide enormous benefits for child development. Not only that, but by giving exclusive breastfeeding, will also strengthen the bond between mother and baby, and can be used as a natural contraceptive for mothers. The results of interviews with informants related to the knowledge about EBF are presented in table 3.

Relating to how the informants practiced exclusive breastfeeding can be seen based on the interview results in table 4.

Table 3 shows that 2 informants understood that EBF was given for up to 6 months. As many as 2 other informants said that EBF is a milk that comes out of the mother directly. The 4th informant stated that EBF is breastfeeding for up to 2 years and the 6th informant knew that this practice can make her child healthy. Based on the informants' answers, only 2 informants understood the EBF appropriately. Table 4 shows that 3 informants claimed to provide EBF. While the other 3 informants continued to give EBF but were not exclusive, because they also gave bananas mixed with rice on the. The second informant gives additional intake in the form of formula milk because the nipples are small. Based on triangulation to people around the informant, 5 out of 6 informants did not provide exclusive breast milk as indicated by the provision of bananas, rice and

TABLE 3: The knowledge about the exclusive breastfeeding.

Informant	Statements
1	"..I rely on the breast milk that comes out. When he/she was born ... I administered it in the morning, miss...since the breast milk did not come out immediately in the evening"
2	"..emmm, the breast milk of mine ... let me think of the period, as I know, the EBF milk should be within six months, then after that period, we can then begin provide normal foods in addition to the breast milk, ma'am.."
3	"...the exclusive term refers to the provision of breastfeeding within six months..."
4	"... I get it, breastfeeding.. feeding him/her from the mom's breast this or that...for two years..."
5	"...EBF is that breastfeeding which is delivered from the mom directly, eh? ...either for baby or toddler..."
6	"...nutritious..it can improve the baby's health..."

Source: Author's own work.

TABLE 4: Exclusive breastfeeding practice.

Informant	Statements
1	"... eats bananas, and combine it with rice afterwards...the problem is that the breastfeeding is not enough for him/her, like (s)he is not satisfied... (s)he was crying, and finally thinking of feeding with bananas mixed with rice until it became soft... it was told by parents... many prescribed... father-in-law as well..."
2	"... just drinks milk... eh not so often... three menus usually, eh one spoonful or two spoonful of bananas,... then there is a bottle of formula milk for a day... yes,... the biggest ratio is my breast milk... I added bananas because my child won't be full, sis, typical boy... when he was a baby... my nipples are too small, so my child couldn't suck it... so drinking milk from me is insufficient, I had to provide formula milk, that's it..."
3	"...only was providing EBF until (s)he reached one and a half years old..."
4	"...eat bananas, and rice in addition to that. My child--when (s)he reached two if not three months old wasn't longer able to have EBF... told by my mom, it was previously restricted, but the child couldn't receive only EBF so I gave additional, intakes..."
5	"...EBF..."
6	"...only EBF..."

Source: Author's own work

formula milk at the age of less than 6 months. Informants' knowledge about exclusive breastfeeding were still lacking so that in their practice, exclusive breastfeeding were still inappropriate. This is in line with Afriani & Muftlilah (2016), which showed that marriage at a young age affects the condition of children who are not exclusively breastfed [5]. Health professionals also stated that people who experience UP tend not to give exclusive breastfeeding. Disseminate information about EBF is crucial for pregnant women, especially if the pregnancy occurs without a plan, that consequently lessen the efforts to find information related to pregnancy and childbirth. Therefore, health professionals are expected to be more pro-active in educating prospective baby

parents, especially those with UP. Education for the people around pregnant mothers also needs to be done so that the environment also supports exclusive breastfeeding.

3.4. Immunization Provision

The provision of immunization is according to the age of the children. For a complete basic immunization, infants aged less than 24 hours are given hepatitis B immunization (HB-0), aged 1 month are given BCG and Polio 1, aged 2 months are given DPT-HB-Hib 1 and Polio 2, aged 3 months are given DPT- HB-Hib 2 and Polio 3, age 4 months given DPT-HB-Hib 3, Polio 4 and IPV or injectable Polio, and age 9 months are given Measles or MR [9]. The interview results with informants related to the knowledge about immunization are presented in the following table.

TABLE 5: The knowledge about immunization.

Informant	Statements
1	"...immunization to prevent ailment, to be more resistant on it..."
2	"...what's that, immunization is.. sort of determining the baby's resistant, if not resistant (s)he will get a fever, otherwise (s)he will be okay..sometimes like that, that's what I know..it's about her/his immunity,that's it.."
3	"...immunization is where we prevent...ailments among toddlers..."
4	"...immunization is about an injection, sort of, delivered, by the midwife..."
5	"...immunization—it's like protecting the health, how to say that..like most children are still vulnerable from ailments..then it is meant to immunizing her/him..."
6	"...vaccines...to prevent sickness, like what..so it's not easy to get ill..."

Source: Author's own work

The interview results with informants related to the immunization are presented in the following table.

Table 5 shows that five informants knew that immunization was an effort to increase immunity to disease, while one informant knew immunization was injected by mid-wives. Table 6 shows that two informants gave immunizations as immunity so that their children do not get sick easily, two other informants gave immunizations but were lacking; namely the 3rd informant had not immunized meningitis while the 2nd informant had not immunized pontabio 18 with the reason his friend did not immunize his child. The remaining two informants did not complete immunizations, namely the 5th informant on the grounds that his child was sick every time the immunization schedule and the 6th informant claimed to be lazy. This shows that all informants had given immunizations to their children, but most of the informants still had not immunized their children comprehensively. However, according to triangulation to people around them,

TABLE 6: Immunization provision.

Informant	Statements
1	"...yes...so that the child won't get sick easily..."
2	"...yes...immunization is like preventing the bacteria, is it sis? Eliminating the bacteria inside the body, and enabling immunity, oh immunizing to provide immunity...so that the child won't get sick easily, as I know..."
3	"...Complete, but something is missing, sis, like what is recommended..meningitis that is, there's that immunization...vaccines...yes, but we didn't go to the integrated health posts sis, we get used to go to midwife directly..."
4	"...complete, but the latest one is somehow—there was an additional immunization, apparently...but I didn't take it, so did with miss Yet's child...the 18 months Pontabio specifically, I didn't take it...since many did the same...there was also my neighbour's child with the same age as mine that didn't take it, so be it, I didn't take it too."
5	"...the immunization wasn't complete..there are two if not one missing vaccine(s)..(laughing).. every time I want to immunize my child, (s)he got sick, frequently sick, so I waited until (s)he got better, afraid it would be worse...considering if (s)he is still sick, the fever would be worse, the immunization caused a fever, no?..."
6	"...incomplete...since it is burdensome to go the place of Immunization, so be it..."

Source: Author's own work.

all informants routinely visited the posyandu. This shows that the informant's knowledge about immunization suffices, but in practice, they did not give complete immunizations to their children.

Diseases that are prevented through immunization are Hepatitis, Measles, Rubella, Diphtheria, Pertussis, Tetanus, Pneumonia, and Meningitis. Therefore, it is important to do a complete immunization, so that the body is not easily infected by the disease because it already has immunity against the diseases [9].

3.5. Integrated health post visitation

Posyandu is one form of Community-Based Health Efforts (Upaya Kesehatan Bersumberdaya Masyarakat / UKBM) which is managed from, by, for, and with the community, in order to empower the community and provide facilities to the community in obtaining basic health services. Posyandu is useful as a means to facilitate information and health services for mothers, babies and toddlers. Posyandu means to monitor the growth of toddlers to prevent from malnutrition, give babies and toddlers Vitamin A capsules, make sure that babies get complete immunizations, monitor pregnant women's bodyweight monitoring and give them iron (Fe) supplement along with Tetanus Toxoid (TT) immunization, and give postpartum mothers Vitamin A capsules and iron (Fe)

supplement. Posyandu obtains health education related to maternal and child health, so if there is abnormalities in the baby, toddlers, pregnant women, post-partum mothers and breastfeeding mothers, it can be immediately known and referred to the community health centre (Puskesmas). The other function of Posyandu is to share knowledge and experience about the health of mothers, babies, and toddlers [10].

The results of interviews with informants related to knowledge about Posyandu are presented in the following table.

TABLE 7: Knowledge related to the integrated health post (posyandu).

Informant	Statements
1	"...to know about body weight...to spread awareness...like what...the growth and development..."
2	"... <i>Posyandu</i> as I know is about monitoring the children's growth monthly, somehow..."
3	"...posyandu is about checking the children's growth every month, sometimes took place in the head of hamlet's house, yes... monitoring the child's development and weight..."
4	"...like scaling weight, sort of injecting vitamins, like scaling the heights, like that..."
5	"... <i>posyandu</i> is (mumbling) like—how to say it, that's like..., alas! I can't explain it...to know if our children are in good shape, is it malnutrition or what, so that's it...sometimes we got vitamins, received anthelmintic..."
6	"...it's to know their weight, as well as their health, it increases or vice versa, like that..."

Source: Author's own work

The results of interviews with informants regarding Posyandu visits are presented in the following table.

TABLE 8: Posyandu visits

Informant	Statements
1	"...regularly, everyday.. I mean... monthly..."
2	"...yes...we are asked to visit Posyandu like what I mentioned...hmm monthly...like...measuring the weight, like the weight measured to know...so we know its reduction..."
3	"...went to posyandu only to get vitamins and (monitor) the kid's developments..."
4	"...routinely, once when I went to Surabaya, only once then ended..."
5	"...monthly..."
6	"...routinely, every month..."

Source: Author's own work.

Table 7 shows that all informants know about Posyandu as a place to find out the children's development. Table 8 shows that five informants routinely visit the Posyandu, while 1 informant, specifically the third informant stated that she went to Posyandu only

to get vitamins. The triangulation results concluded that all informants routinely visited Posyandu. This shows that the informants' sufficient knowledge about Posyandu is in line with their regularity in visiting Posyandu

3.6. Integrated health post visitation

Parenting is a way for parents to educate children, provide time, attention, and support for children in order to grow physically, mentally, and socially [11]. Knowledge about childcare and parenting style becomes a problem in itself for new married couples. Many of them give up their children to be cared for by their parents (grandparents) rather than by their own care because they themselves are still too young to care for children [4]. Early marriage couples are still very young, so they do not yet have knowledge about childcare and need guidance and assistance especially from parents, neighbours, Posyandu cadres, and the internet. The knowledge they need is about childcare, nutritious feeding and about children's health[6]. The results of interviews with informants regarding the form of parenting are presented in the following table.

TABLE 9: Parenting styles.

Informant	Statements
1	"...yes, it's all right, they can be friends but don't be like their parents..."
2	"...sure they can but limited, if (they are) toxic then restricted, (we) set the restrictions..."
3	"...so (we) should limit so that they won't be like their parents..."
4	"...should be unrestricted, just let everything flows unless something goes wrong they should be restricted, that's my principle, (they) have freedom, if it's outrageous then should be restricted, scold them once should make them obedient.. 'don't' like that.."
5	"...(we should) be moderate so the kid won't be like...so they won't get pressured, if pressurized then it's a pity, if (they are) set free, (I am) afraid too...it's supposed to be moderate "
6	"...should get used to it..."

Source: Author's own work.

Table 9 shows that two informants stated that their children should not be like their parents who experienced premarital pregnancy. As many as two informants stated to be moderate, but the second informant being restrictive on what is ethically wrong. As many as two informants stated that their children should be able to freely socialize, the fourth informant added that if the kid's behaviour was outrageous, they would be scolded and the fifth informant stated that the parenting style is moderate by following the norms prevailing in the community. In essence, all informants stated that they must remain within limits. This is in line with the study conducted by Astuty (2013), that

parents want children to stay along within limits or democratic parenting. Parents do not restrain their children and impose their will on their children, instead they give full trust in children to be able to live a life in the future. This type of parenting encourages children to be independent and excel [12]. The democratic parenting is also widely applied by young couples in Tulungagung, which positively affects children independency and excellence compared to those who are raised in an authoritarian way. But this also depends on the awareness of healthy living that prevents health issues. Unstable economy coupled with the hassles of handling children can also be the cause of respondents not paying attention to their health [11].

4. Conclusion

The majority of informants who experienced UP took care of their own children with the reason they were married. The practice of giving exclusive breastfeeding among informants is still poor. This is equivalent to the lack of informants' knowledge about exclusive breastfeeding. Provision of complete immunization in infants is also indicated to be lacking, but the informant's knowledge of immunization suffices. Informants' knowledge related to Posyandu also suffices; this affects on relatively routine Posyandu visits. The parenting style applied tends to be democratic where parents do not curb, but still have limits.

Acknowledgement

None

Conflict of Interest

The authors state that there is no conflict of interest.

References

- [1] Kemenkes RI. (2013). *Situasi Keluarga Berencana di Indonesia*. Jakarta: Departemen Kesehatan RI.
- [2] DPPKB Jatim. (2011). *Buku Info Remaja Gaul & Sehat: Kenali Diri dan Sutuasimu*. Surabaya: BPPKB Prov.

- [3] Omarsari, S. D., & Djuwita, R. (2008). Kehamilan Pranikah Remaja di Kabupaten Sumedang. *Kesmas: National Public Health Journal*, vol. 3, issue 2, pp. 57-64.
- [4] Sumbulah, U. and Jannah, F. (2012). Pernikahan Dini dan Implikasinya Terhadap Kehidupan Keluarga Pada Masyarakat Madura (Perspektif Hukum dan Gender). *Jurnal Kesetaraan dan Keadilan Gender*, vol. 7, issue 1, pp. 83-101.
- [5] Afriani, R. and Muftililah., M. (2016). *Analisis Dampak Pernikahan Dini Pada Remaja Putri di Desa Sidoluhur Kecamatan Godean Yogyakarta*. Yogyakarta: Rakernas Aipkema.
- [6] Sabtorini, A. (2014). Pola Asuh Anak Pada Pasangan Pernikahan Dini (Studi Fenomena Di Kelurahan Lencoh, Kecamatan Selo, Kabupaten Boyolali). (Undergraduate Thesis Universitas Sebelas Maret, 2014). Retrieved from <https://digilib.uns.ac.id/dokumen/detail/42244/Pola-Asuh-Anak-Pada-Pasangan-Pernikahan-Usia-Dini-Studi-Fenomenologi-Di-Kelurahan-Lencoh-Kecamatan-Selo-Kabupaten-Boyolali>
- [7] BKKBN. (2018). *Survei Demografi dan Kesehatan Indonesia 2017: Kesehatan Reproduksi Remaja*. Jakarta: BKKBN.
- [8] Wijayanti, W. (2014). Risiko Kehamilan Pada Usia Remaja. *Provesi*, vol. 10, issue 1, p. 1.
- [9] Kemenkes RI. (2018). *Berikan Anak Imunisasi Rutin Lengkap*. Retrieved from: www.depkes.go.id/pdf.php?id=18043000011.
- [10] Promkes Kemenkes RI. (2012). *Buku Saku Posyandu*. Jakarta: Pusat Promosi Kesehatan Kementerian Kesehatan RI.
- [11] Purnawati, L. (2015). Dampak Perkawinan Usia Muda Terhadap Pola Asuh Keluarga (Studi di Desa Tulang Kecamatan Sendang Kabupaten Tulungagung. *Jurnal Publiciana*, vol. 8, issue 1, pp 126-43.
- [12] Amalia, E. H. and Azinar, M. (2013). Kehamilan Tidak Diinginkan pada Remaja. Hiegia; 2017. Astuty SY. Faktor-Faktor Penyebab Terjadinya Perkawinan Usia Muda Dikalangan Remaja di Desa Tembung Kecamatan Percut Sei Tuan Kabupaten Deli Serdang. *Jurnal Welfare State*, vol. 2, issue 1, pp 1-7.