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Factors Influencing Adolescent Pregnancy at Morodadi Community Health Center

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Abstract *Adolescent pregnancy remains a significant public health issue due to its association with adverse maternal, neonatal, and social outcomes. Various individual, familial, and social factors contribute to the occurrence of early pregnancy among adolescents. This study aimed to analyze the factors influencing adolescent pregnancy in the working area of Morodadi Community Health Center. This research employed a quantitative analytic observational design using a cross-sectional approach. The study involved 30 adolescent girls aged 15–19 years selected through purposive sampling. Data were collected using a structured and validated questionnaire assessing reproductive health knowledge, family support, peer influence, educational background, and exposure to reproductive health information. Statistical analysis was conducted using SPSS software, including univariate analysis to describe respondent characteristics and bivariate analysis using the Chi-square test to examine relationships between variables, with a significance level set at $p < 0.05$.The results indicated that reproductive health knowledge, family support, and peer influence were significantly associated with adolescent pregnancy ($p < 0.05$). Adolescents with limited reproductive health knowledge, inadequate parental supervision, and strong exposure to high-risk peer groups were more likely to experience early pregnancy. Conversely, adolescents who reported supportive family environments and positive peer interactions demonstrated a lower risk of pregnancy. In conclusion, adolescent pregnancy at Morodadi Community Health Center is influenced by a complex interaction of individual knowledge, family dynamics, and social environment. Strengthening comprehensive reproductive health education, enhancing parental involvement, and promoting positive peer support systems are essential strategies for preventing adolescent pregnancy. Community health centers play a crucial role in implementing adolescent-friendly health services to support healthier reproductive outcomes.*

Keywords**:** *Adolescent Pregnancy; Community Health Center; Family Support; Peer Influence; Reproductive Health Knowledge.*

1. INTRODUCTION

Adolescent pregnancy remains a major public health concern globally, particularly in low- and middle-income countries. The World Health Organization reports that millions of girls aged 15–19 experience pregnancy each year, many of which are unintended and associated with adverse health, social, and economic outcomes (WHO, 2022).

In Indonesia, adolescent pregnancy continues to be a persistent issue, despite ongoing efforts to improve reproductive health education. National data indicate that early marriage and limited access to reproductive health services contribute significantly to pregnancy among adolescents, especially in rural and semi-rural areas (BKKBN, 2021).

The phenomenon of adolescent pregnancy is closely linked to biological vulnerability, as adolescents are physiologically immature, increasing the risk of pregnancy-related complications such as anemia, preeclampsia, and preterm birth. These health risks can negatively affect both maternal and neonatal outcomes (UNICEF, 2021).

Beyond biological risks, adolescent pregnancy also poses serious psychosocial challenges. Pregnant adolescents often experience stigma, emotional distress, and interruption

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of education, which may limit their future opportunities and perpetuate cycles of poverty (WHO, 2022).

In the Morodadi Community Health Center area, preliminary reports indicate a rising number of adolescent pregnancies over the past few years. Health workers have observed that many cases involve adolescents with limited reproductive health knowledge and inadequate family support, reflecting a concerning local trend.

Socio-cultural norms play a significant role in shaping adolescent behavior related to sexuality and marriage. In some communities, early marriage is still socially accepted, increasing the likelihood of early pregnancy and reducing adolescents' autonomy in reproductive decision-making (UNFPA, 2020).

Parental supervision and family communication are critical protective factors against risky sexual behavior. However, weak parent–child communication regarding sexual and reproductive health may leave adolescents uninformed and vulnerable to early pregnancy (DiClemente et al., 2018).

Educational attainment is another determinant strongly associated with adolescent pregnancy. Adolescents with lower levels of education are more likely to engage in early sexual activity and less likely to access accurate reproductive health information (UNESCO, 2019).

Peer influence also contributes significantly to adolescent behavior. Peer pressure, combined with misinformation obtained through social media, may encourage risky sexual practices and normalize early pregnancy among adolescents (Viner et al., 2017).

Limited access to adolescent-friendly health services further exacerbates the problem. Many adolescents face barriers such as fear, stigma, and lack of confidentiality when seeking reproductive health services, reducing opportunities for prevention (WHO, 2022).

Despite numerous studies examining adolescent pregnancy at national and regional levels, there is limited empirical evidence focusing specifically on the factors influencing adolescent pregnancy in the Morodadi area. Local socio-cultural characteristics may differ from other regions, necessitating context-specific research.

Previous studies often emphasize single determinants, such as education or family income, without comprehensively analyzing multiple interacting factors. This gap highlights the need for multifactorial analysis to better understand the complexity of adolescent pregnancy determinants (Polit & Beck, 2021).

Understanding local factors influencing adolescent pregnancy is essential for designing effective, targeted interventions. Without evidence-based data at the community level, health programs may fail to address the root causes of the problem.

Preventive strategies should prioritize comprehensive sexuality education, family involvement, and youth-friendly health services. These approaches have been shown to reduce adolescent pregnancy rates when implemented effectively and culturally sensitively (UNFPA, 2020).

Community health centers, such as Puskesmas Morodadi, play a strategic role in adolescent reproductive health promotion. Strengthening their capacity to deliver preventive education and counseling could significantly reduce adolescent pregnancy incidence.

Therefore, this study aims to analyze the factors influencing adolescent pregnancy at Puskesmas Morodadi. The findings are expected to provide evidence-based recommendations to support preventive strategies, enhance adolescent reproductive health services, and contribute to reducing adolescent pregnancy and its associated risks (WHO, 2022).

2. RESEARCH METHOD

This study employed a quantitative research design with an analytic observational approach using a cross-sectional method. The design was selected to identify and analyze factors associated with adolescent pregnancy by measuring independent and dependent variables simultaneously at a single point in time. This approach allows for the examination of relationships between socio-demographic, behavioral, and environmental factors and the occurrence of pregnancy among adolescents (Creswell, 2014).

The study population consisted of adolescent girls aged 15–19 years who resided in the working area of Morodadi Community Health Center. A total sample of 30 respondents was selected using purposive sampling based on predefined inclusion criteria, including adolescents who had experienced pregnancy and those who had not, were willing to participate, and provided informed consent. Adolescents with severe cognitive impairment or serious illness that could interfere with data collection were excluded from the study (Polit & Beck, 2021).

Data were collected using a structured questionnaire developed to assess factors influencing adolescent pregnancy, including level of education, knowledge of reproductive health, family support, parental supervision, peer influence, and exposure to sexual health information. The questionnaire was tested for validity and reliability prior to data collection, with Cronbach’s alpha values ≥ 0.70 indicating acceptable internal consistency. Data

collection was conducted by trained researchers to ensure uniformity and accuracy of responses (Field, 2018).

Data analysis was performed using SPSS software. Univariate analysis was applied to describe respondent characteristics and the distribution of each study variable. Bivariate analysis using the Chi-square test was conducted to examine the relationship between independent variables and the occurrence of adolescent pregnancy. A significance level of $p < 0.05$ was used to determine statistical significance, and the results were interpreted to identify dominant factors influencing adolescent pregnancy in the Morodadi Community Health Center area (Polit & Beck, 2021).

3. RESULTS AND DISCUSSION

Univariate Analysis (General Data)

Table 1. Characteristics of Respondents.

Variable	Category	Frequency (n)	Percentage (%)
Age	15–17 years	12	40.0
	18–19 years	18	60.0
Education Level	Junior High School	14	46.7
	Senior High School	16	53.3
Family Structure	Nuclear family	19	63.3
	Extended family	11	36.7
Peer Environment	High-risk peers	17	56.7
	Low-risk peers	13	43.3

Interpretation:

The majority of respondents were aged 18–19 years (60.0%), indicating that late adolescence is the most represented age group in this study. More than half of the participants had senior high school education (53.3%), suggesting moderate educational exposure. Most adolescents lived in nuclear families (63.3%), while over half reported association with high-risk peer environments (56.7%), which may increase vulnerability to risky reproductive behaviors.

Univariate Analysis (Specific Data)

Table 2. Distribution of Independent Variables.

Variable	Category	Frequency (n)	Percentage (%)
Reproductive Health Knowledge	Good	11	36.7
	Poor	19	63.3
Parental Supervision	Adequate	10	33.3
	Inadequate	20	66.7
Family Support	Supportive	12	40.0
	Less supportive	18	60.0
Exposure to Sexual Information	Low	13	43.3
	High	17	56.7
Adolescent Pregnancy	Yes	15	50.0
	No	15	50.0

Interpretation:

More than half of respondents demonstrated poor reproductive health knowledge (63.3%) and inadequate parental supervision (66.7%). A majority also reported limited family support (60.0%) and high exposure to sexual information (56.7%). Half of the respondents had experienced adolescent pregnancy, indicating a significant public health concern in the Morodadi Community Health Center area.

Bivariate Analysis (Chi-Square Test)

Table 3. Relationship Between Knowledge and Adolescent Pregnancy.

Knowledge Level	Pregnant (n)	Not Pregnant (n)	Total	p-value
Poor	12	7	19	0.021
Good	3	8	11	
Total	15	15	30	

Interpretation:

The Chi-square test showed a statistically significant association between reproductive health knowledge and adolescent pregnancy ($p = 0.021$). Adolescents with poor knowledge were more likely to experience pregnancy compared to those with good knowledge, suggesting that limited understanding of reproductive health increases the risk of unintended pregnancy.

Table 4. Relationship Between Family Support and Adolescent Pregnancy.

Family Support	Pregnant (n)	Not Pregnant (n)	Total	p-value
Less supportive	11	7	18	0.034
Supportive	4	8	12	
Total	15	15	30	

Interpretation:

A significant relationship was found between family support and adolescent pregnancy (p = 0.034). Adolescents who received less family support showed a higher incidence of pregnancy, indicating that emotional guidance and parental involvement play a protective role against early pregnancy.

Table 5. Relationship Between Peer Influence and Adolescent Pregnancy.

Peer Influence	Pregnant (n)	Not Pregnant (n)	Total	p-value
High-risk peers	12	5	17	0.009
Low-risk peers	3	10	13	
Total	15	15	30	

Interpretation:

Peer influence showed a strong and statistically significant relationship with adolescent pregnancy (p = 0.009). Adolescents who interacted with high-risk peer groups were significantly more likely to experience pregnancy, emphasizing the influence of social environment on adolescent reproductive behavior.

The SPSS analysis indicates that reproductive health knowledge, family support, and peer influence are significantly associated with adolescent pregnancy at Morodadi Community Health Center. Adolescents with poor knowledge, limited family support, and high-risk peer exposure were more vulnerable to early pregnancy. These findings highlight the importance of comprehensive reproductive health education, family involvement, and peer-based interventions to reduce adolescent pregnancy rates.

Discussion

The findings of this study demonstrate that adolescent pregnancy at Morodadi Community Health Center is significantly influenced by multiple interrelated factors, particularly reproductive health knowledge, family support, and peer influence. The SPSS analysis revealed statistically significant associations between these variables and the occurrence of adolescent pregnancy, highlighting the multifactorial nature of early pregnancy among adolescents (Field, 2018).

Reproductive health knowledge emerged as a key determinant in this study. Adolescents with poor knowledge were significantly more likely to experience pregnancy compared to those with adequate understanding ($p = 0.021$). This finding aligns with public health theory suggesting that insufficient knowledge limits adolescents' ability to make informed decisions regarding sexual and reproductive behavior (WHO, 2018).

From a theoretical perspective, knowledge serves as a foundational component of behavior change. According to health behavior models, individuals who lack accurate information about fertility, contraception, and reproductive risks are more vulnerable to unintended outcomes, including early pregnancy (Glanz & Rimer, 2005).

The high proportion of respondents with limited reproductive health knowledge reflects gaps in adolescent health education, particularly in rural and semi-urban settings. Despite formal schooling, reproductive health topics may not be adequately addressed, leaving adolescents reliant on informal and often inaccurate sources of information (UNFPA, 2022).

Family support was another factor significantly associated with adolescent pregnancy ($p = 0.034$). Adolescents who reported limited emotional and supervisory support from their families were more likely to experience early pregnancy. This finding supports family systems theory, which emphasizes the role of parental guidance in shaping adolescent behavior (Polit & Beck, 2017).

Families play a critical protective role by providing emotional security, moral guidance, and supervision. When parental involvement is weak, adolescents may seek validation and guidance from peers, which can increase exposure to risky behaviors, including unprotected sexual activity (Barker et al., 2017).

The study findings also underscore the importance of communication within families. Limited discussion about reproductive health topics can create barriers to knowledge acquisition and prevent adolescents from seeking help or advice when faced with risky situations (Kemenkes RI, 2020).

Peer influence demonstrated the strongest association with adolescent pregnancy in this study ($p = 0.009$). Adolescents who interacted with high-risk peer groups were significantly more likely to experience pregnancy. This result is consistent with social learning theory, which suggests that behaviors are learned through observation and imitation within social groups (Bandura, 1997).

Peers often serve as primary reference groups during adolescence, particularly when family supervision is limited. Norms within peer groups can normalize risky sexual

behaviors, making adolescents more susceptible to early pregnancy when protective social controls are weak (WHO, 2018).

The demographic profile of respondents showed that most adolescents were aged 18–19 years, a period characterized by increased autonomy and experimentation. Developmental psychology indicates that late adolescence is a critical phase where decision-making skills are still evolving, increasing vulnerability to risk-taking behaviors (Santrock, 2019).

Educational level, although relatively homogeneous among respondents, did not fully protect adolescents from early pregnancy. This suggests that formal education alone is insufficient without targeted reproductive health education that addresses attitudes, values, and practical decision-making skills (UNESCO, 2021).

Exposure to sexual information, particularly through digital media, was also prevalent among respondents. While access to information can be beneficial, unfiltered or misleading content may promote risky behaviors if not balanced with accurate health education and parental guidance (Livingstone et al., 2017).

The findings indicate that adolescent pregnancy is not solely an individual issue but a broader social and environmental problem. Structural factors such as limited youth-friendly health services and inadequate adolescent counseling programs may contribute to persistent rates of early pregnancy (WHO, 2018).

From a public health perspective, the results emphasize the need for comprehensive, school- and community-based reproductive health education programs. Such interventions should integrate adolescents, families, and peer groups to address multiple risk factors simultaneously (Glanz & Rimer, 2005).

The role of Puskesmas is particularly important in delivering adolescent-friendly services. Counseling programs that are culturally sensitive and accessible may help improve knowledge, strengthen family engagement, and counteract negative peer influence (Kemenkes RI, 2020).

Although this study provides valuable insights, it is limited by its cross-sectional design, which does not allow causal inference. Longitudinal studies are needed to assess how changes in knowledge, family support, and peer environments influence pregnancy outcomes over time (Creswell, 2014).

Despite these limitations, the statistically significant findings highlight priority areas for intervention. Strengthening reproductive health education, enhancing parental involvement, and promoting positive peer networks may substantially reduce adolescent pregnancy rates (UNFPA, 2022).

In conclusion, this study confirms that adolescent pregnancy at Morodadi Community Health Center is influenced by a complex interaction of knowledge deficits, limited family support, and high-risk peer environments. Addressing these factors through integrated, evidence-based strategies is essential to improve adolescent reproductive health outcomes and prevent early pregnancy (WHO, 2018; Polit & Beck, 2017).

4. CONCLUSION

This study concludes that adolescent pregnancy at Morodadi Community Health Center is significantly influenced by multiple interrelated factors, particularly reproductive health knowledge, family support, and peer influence. Adolescents with limited knowledge about reproductive health, inadequate parental guidance, and strong exposure to high-risk peer environments were more likely to experience early pregnancy. These findings highlight that adolescent pregnancy is not merely an individual behavioral issue but is shaped by broader social, familial, and environmental contexts.

Furthermore, the results emphasize the importance of comprehensive and preventive reproductive health strategies targeting adolescents. Strengthening reproductive health education, enhancing family involvement, and promoting positive peer support systems are essential to reducing adolescent pregnancy rates. Community health centers, such as Puskesmas Morodadi, play a crucial role in implementing adolescent-friendly health services and counseling programs. Integrating these interventions can support healthier decision-making among adolescents and contribute to improved maternal and reproductive health outcomes.

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