

## The Role of Parents in the Incidence of Unintended Pregnancy in Adolescent Girls

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### ABSTRACT

Unintended pregnancy (UP) among adolescents is a public health issue that affects physical, psychological, and social aspects. This study aims to explore the role of parents in the incidence of UP among adolescent girls in the working area of Puskesmas Sokaraja II, Banyumas Regency. The study employed a qualitative approach with a holistic case study design. The primary informants consisted of six adolescent girls who experienced UP, while the triangulation informants were healthcare professionals handling UP cases at Puskesmas Sokaraja II. Informants were selected using purposive sampling and snowball sampling, including adolescents who experienced UP and relevant healthcare professionals. Data were collected through in-depth interviews and analyzed using thematic analysis. The findings revealed four main themes: Permissive parenting contributes to risky behaviors due to a lack of parental supervision, limited reproductive health and sexuality education results in adolescents' poor understanding of UP risks, low economic status restricts adolescents' access to reproductive health services, and low self-confidence and susceptibility to environmental influences increase the risk of UP among adolescents.

## Introduction

Unintended pregnancy in adolescent girls is still a public health issue that requires serious attention. This phenomenon not only affects the physical and mental health aspects of adolescents, but also poses various social and economic challenges. Factors such as parenting, lack of communication within the family, limited access to reproductive health services, as well as environmental influences and peer association play a role in the high rate of unintended pregnancy loss (Najib Habilah Zein, 2024).

Based on the Banyumas Regency Health Profile in 2023, the prevalence of couples of childbearing age (PUS) who fall into the 4 Too (4T) category, experience anemia, LiLA <23.5 cm, chronic diseases, and sexually transmitted infections (STIs) (ALKI) in 25 health centers shows that Puskesmas Sokaraja II occupies the 5th position with 27.1%. This condition shows that there is still a big challenge in improving reproductive health in the region. To provide a clearer picture, comparison with other health centers can be a reference. Meanwhile, Puskesmas Purwokerto Utara has the highest prevalence of 35%, while Puskesmas Banyumas Barat is in fourth place with a percentage of 22%. This figure can be used as evaluation material to understand more effective strategies in reproductive health management.

Based on the Banyumas Regency Health Profile in 2023, there were 13 cases of postpartum deaths, with Puskesmas Sokaraja II reporting 2 cases, making it one of the health centers with the highest rate. The main causes of postpartum deaths in this region include obstetric complications such as bleeding, preeclampsia, and puerperal infections. In addition, the stillbirth rate in Puskesmas Sokaraja II reached 7 cases, ranking 4th highest among other puskesmas.



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Based on the Banyumas Regency Health Profile in 2023, the difference in obstetric complications and the incidence of low birth weight (LBW) between Puskesmas Sokaraja I and Sokaraja II is quite striking. Puskesmas Sokaraja I recorded 5 cases of bleeding, 3 cases of preeclampsia/eclampsia, and a LBW rate of 10.37%. In contrast, Puskesmas Sokaraja II reported 15 cases of bleeding, 20 cases of preeclampsia/eclampsia, and a higher LBW rate of 11.69%. This difference indicates that Puskesmas Sokaraja II faces more obstetric complications than Puskesmas Sokaraja I, which could be caused by population factors, access to health services, or higher pregnancy risk in the Sokaraja sub-district.

Research conducted by Rahmaniati & Mulyaningrum (2020) and Ahinkorah et al. (2020) stated that KTD in adolescents increases the risk of health complications, such as anemia, preeclampsia, and premature birth. In addition, psychological impacts in the form of stress, anxiety, and depression are often experienced by adolescents who experience CVC (Diabelková et al., 2023). Other contributing factors include low levels of education, limited economic conditions, and lack of access to reproductive health services.

The urgency of this study is the high rate of unwanted pregnancies (KTD) among adolescent girls in the working area of Puskesmas Sokaraja II, Banyumas Regency, which has a serious impact on the physical and psychological health of adolescents, as well as creating various social and economic challenges. This phenomenon is exacerbated by the lack of reproductive health education, ineffective family communication patterns, and limited access of adolescents to adequate reproductive health services. This study is urgently conducted in order to identify in depth the role of parents in preventing unwanted pregnancies through the exploration of parenting patterns, sexual education communication, and the impact of family economic conditions, which can later become the basis for developing effective interventions at the community level to reduce KTD rates in adolescent girls.

Previous research conducted by Maheshwari et al., (2022) and Girsang, (2020) highlighted that communication patterns within the family have a strong correlation with adolescents' sexual behavior as well as their decisions regarding reproductive health. Lack of open communication with parents often encourages adolescents to seek information from less credible sources, such as social media or peers, which can increase the risk of risky sexual behavior.

The Survey of Program Performance and Accountability (SKAP) shows that 1.2% of adolescents in Indonesia have engaged in risky sexual behavior, with the highest rate among adolescent boys (1.9%). In Central Java Province, this rate is even higher than the national average, reaching 1.3% (Surono et al., 2024). Data from (WHO, 2024; Gutmacker Institute, 2024), revealed that more than 21 million adolescent girls aged 15-19 years experience pregnancy each year, of which most are unintended pregnancies.

The Global School-Based Student Health Survey (GSGS) conducted by WHO in 2024 showed that around 9% of adolescents in Indonesia have had sexual intercourse before the age of 18 with most not using contraception. This data indicates the lack of reproductive health education and access to sexual health services as the main factors influencing risky behavior in adolescents.

At the global level, countries such as the Central African Republic, Mozambique, and Mali record very high rates of teenage pregnancy. According to (Worldpopulationreview, 2024), the countries with the highest rates of pregnancy loss in the global region are Central African Republic (184.4 per 1,000 women aged 15-19 years), Mozambique (180.1), and Mali (163.6). This condition shows that pregnancy

The social impact of teenage pregnancy is not only limited to community stigma, but limited access to education and employment. Many adolescent girls who experience pregnancy loss are forced to discontinue their education, which results in limited opportunities to improve their lives (Fauziah et al., 2022) and (Moniz et al., 2024). Pregnancy at a young age is often associated with

various health complications such as preeclampsia, anemia, premature birth, and postpartum infections, as well as a high risk of giving birth to low-weight babies (Goldstein, 2019; Moniz et al., 2024).

Previous research (Dartiwen & Aryanti, 2024; Tungka et al., 2022) found that the main factors contributing to the high rate of KTD in adolescents include the lack of reproductive health education, misperceptions about premarital sex, lack of parental supervision, and peer influence. Research by (Mekie et al., 2020; Safira et al., 2024), showed that communication between parents and adolescents has an important role in preventing risky sexual behavior. Open and supportive communication within the family can increase adolescent awareness of reproductive health and prevent KTD.

Based on data from the Central Java Provincial Statistics Agency (BPS) in 2024, the number of male adolescents aged 10-14 years was recorded at 1,395,870, slightly higher than the number of females in the same age group, which was 1,332,842. In the 15-19 age group, the number of males reached 1,439,699, while the number of females was 1,353,655 (Badan Pusat Statistik Jawa Tengah, 2024).

Data from the Banyumas Regency Health Office in 2024 recorded 341 pregnant women under the age of 20, which represents 2.96% of teenage pregnancies in Banyumas. Data from Puskesmas Sokaraja II in 2023 recorded 8 pregnant women, and in 2024, this number dropped to 5 pregnant women.

Unintended pregnancies in adolescents in the working area of Puskesmas Sokaraja II are a serious public health problem. Factors such as lack of parental supervision, peer influence, and social stigma contribute to the high rate of unintended pregnancy. Based on data from Puskesmas Sokaraja II, two teenagers even chose to have abortions as a result of experiencing unwanted pregnancies.

Based on the background that has been presented, this study focuses on the role of parents on the incidence of unwanted pregnancy (KTD) in adolescent girls, especially in the Working Area of Puskesmas Sokaraja II, Banyumas Regency. The purpose of this study is to obtain in-depth information about the role of parents in the incidence of unwanted pregnancy in adolescent girls in the working area of the Sokaraja II Health Center, Banyumas Regency.

## Methods

This study uses a qualitative approach with descriptive data collection methods. The case study research method is the right strategy to use in research that uses the research question how or why, the researcher has little time to control the events under study, and the focus of the research is contemporary phenomena, to trace contemporary events. In the case study method, the researcher focuses on the design and implementation of Yin's research (2009). According to (Yin, 2009) there are four types of case study designs, namely: (1) holistic single case; (2) embedded single case; (3) holistic multi-case; and (4) embedded multi-case. This study uses a qualitative approach in a single case study to analyze the role of parents who influence unwanted pregnancies in young women in the working area of the Sokaraja II Community Health Center, Banyumas Regency. Data were collected through in-depth interviews with adolescent girls and related parties. A holistic design was used to explore the case. This case study evaluates the role of parents in unwanted pregnancies in adolescent girls with a holistic design.

The selection of informants was carried out in stages until sufficient information was obtained, with data collection stopping after reaching information saturation (Cresswell, 2014; Costigliola, 2019). In qualitative research, the selection of informants is carried out using purposive sampling techniques. The informants in this study are divided into two groups, namely six main informants and triangulation informants. The main informants consist of five young



women who have experienced CTD and one young woman who is currently experiencing CTD. Meanwhile, the triangulation informants are health workers or village midwives who have experience in handling cases of teenage pregnancy and play a role in confirming and deepening the data obtained from the main informants. In this study, the researcher used the triangulation method to check the validity of the data.

The primary instrument in this study is the researcher, who serves as an observer and interviewer, handling all stages from planning, data collection, analysis, to reporting under advisory committee guidance. The researcher actively processes and quickly analyzes data to obtain confirmations, improvements, and clarifications. Interviews guided by structured interview protocols were conducted with adolescent girls experiencing unintended pregnancy (main informants) and village midwives (triangulation informants) within the working area of Puskesmas Sokaraja II. Interviews with adolescents explored parenting styles, reproductive health education, and socioeconomic factors, whereas midwives provided insights on the prevalence and prevention efforts related to unintended pregnancies. Field notes were succinctly recorded to document essential observations and interview content. Additionally, a mobile phone recording device was used to accurately capture and transcribe interview details.

Triangulation is a technique for examining the validity of data that utilizes something else in comparing interview results against the research object. There are four types of triangulation methods, namely the use of sources, methods, researchers, and theory (Mekarisce, 2020). The triangulation technique used in this study is data source triangulation or informant triangulation. Triangulation is needed because each technique has advantages and disadvantages. Triangulation reinforces valid truth. In addition, to ensure the validity of the data, the researcher applies four criteria, including: credibility, transferability, dependability, and confirmability (Sirajuddin Saleh, 2017). Miles and Huberman (1984) in (Rivki et al., 2021), argue that the activity in qualitative data analysis is carried out interactively and takes place continuously until completion, so that the data is saturated. The measure of data saturation is characterized by the fact that no new data or information is obtained. Activities in the analysis include data reduction, data display, and conclusion drawing/verification.

## Results

Based on the results of in-depth interviews with the main informants (adolescent girls who experienced KTD), it was found that parenting plays an important role in shaping adolescents' personalities and influencing their decisions in behavior. The majority of informants who experienced KTD came from families with permissive parenting patterns, where parents provide less limits and control over their children's socialization. This causes adolescents to be freer in making their own decisions without adequate guidance, including in relationships with the opposite sex.

"We rarely talk, because my mom works. She leaves at 1pm and comes home at 12pm, so I am independent." (Inf. 03).

As confirmed in interviews with triangulation informant 01, some of the adolescents in this study rarely spoke or communicated with their parents.

"Vika is quiet, Nungki has a disorder, while Ana is not close to her parents because when she tells them, she doesn't get a response," said triangulation informant 01.

Parents' lack of involvement in their children's lives, including in monitoring their activities on social media, is an important factor.

"Parents in this village mostly find out the whereabouts of their children if they have not come home or have been playing on their cellphones for too long, but they do not check

the contents of their children's cellphones, so they can be missed from there," added triangulation informant 01.

"Sometimes I want to ask my opinion, I want to be understood but my mother is working, so I am confused about making my own decisions." (Inf. 05).

"Mba (Inf.01), for example, lives with her grandmother because her parents divorced. I see that she tends to withdraw and does not share much with her family. There is no effort from the parents to get closer to her."

Parents' limited time contributes to passive communication patterns in the family. Children find it difficult to build closeness with their parents due to the lack of opportunities to discuss and share experiences.

"Sometimes when I talk to my parents, I stay quiet, so I tell my friends more." (Inf. 03).

In addition, some informants mentioned that peers have a considerable influence on their behavior. Pressure from the environment often pushes them to engage in certain activities so that they do not feel left behind in society.

"Many have also done it, I was even bullied because I was said to be innocent." (Inf. 01).

"I know this person from Karang Nanas, I told him that he used to take drugs, drink, often get drunk, and then he was immediately banned from playing with that person." (Inf. 04).

The lack of parental supervision of children's activities is also a major factor that increases the risk of KTD. In some cases, parents only make sure their children return home on time without really knowing who they hang out with or what activities they do.

"Most parents in this village only supervise their children in general, such as making sure they come home on time. However, they rarely check the contents of their cellphones or know who their children are hanging out with. There are also some parents who tend to be ignorant of their children." (Inf.07).

In addition to permissive parenting, some informants also experienced authoritarian parenting, where parents impose strict rules without providing space for children to discuss or express opinions.

"With my father, I am free, it's different from my mother. If mom is more liberating, anyway." (Inf. 03).

This condition causes some adolescents to feel that they do not have clear boundaries in acting and tend to seek validation from the surrounding environment. In some cases, the absence of control from parents makes children rely more on social media as the main source of information in their lives.

"Mostly from social media, like TikTok and Instagram." (Inf. 01).

"Reproductive health materials at school are still very limited. Many teenagers end up looking for information on their own because they do not get enough understanding from school or parents." (Inf.08).

"Mba (Inf.05) does not have a mobile phone, her education only reaches elementary school, and she also never participated in counseling at the adolescent posyandu because this program has only been running for the past year."

In addition, in some cases, the freedom given is too great so that children feel they have no clear boundaries in their actions. One informant stated:

"With my father, I'm free, it's different with my mother. Mom is more liberating anyway." (Inf. 03).

Lack of supervision and passive communication patterns make it easier for children to seek sources of information and support from outside environments, such as peers and social media. This increases the likelihood of children being influenced by associations that are not always positive.

One informant revealed that his friend became more easily involved in promiscuity because he did not get clear boundaries from his parents:

“There is one mba, because his parents are too liberating for him mba, so maybe he joins a society that is too free.” (Inf. 04)

The long-term impact of permissive parenting that is not balanced with sufficient guidance is the child's difficulty in living an adult life. Children who are accustomed to freedom without restrictions have difficulty in facing life's challenges and lack resilience in dealing with problems.

Some informants admitted that they were not used to discussing important decisions with their parents, so they tended to face problems alone. This has an impact on their lack of preparedness in facing the transition to adult life.

“Alone, by myself. When I got married, I would definitely talk to my mother, but I never said anything before.” (Inf. 05).

The results showed that parenting has a significant role in the incidence of unwanted pregnancy (KTD) in adolescent girls. Triangulation informants revealed that many parents are not actively involved in their children's lives, especially in terms of communication and supervision. Based on an interview with triangulation informant 01, most of the teenagers who experienced unwanted pregnancies came from families that lacked attention and guidance.

“As for communication patterns with parents, they rarely talk to their parents,” said triangulation informant 01.

This condition makes adolescents more vulnerable to seeking attention outside the family environment. Triangulation informant 02 added that the role of parents in providing guidance is often limited to prohibitions without providing adequate understanding.

“Sometimes parents just tell us not to do this, not to do that, but they don't know how to explain it,” said triangulation informant 02.

The mind map below explains how a lack of supervision and emotional closeness between parents and adolescents can increase the risk of risky behavior leading to KTD.

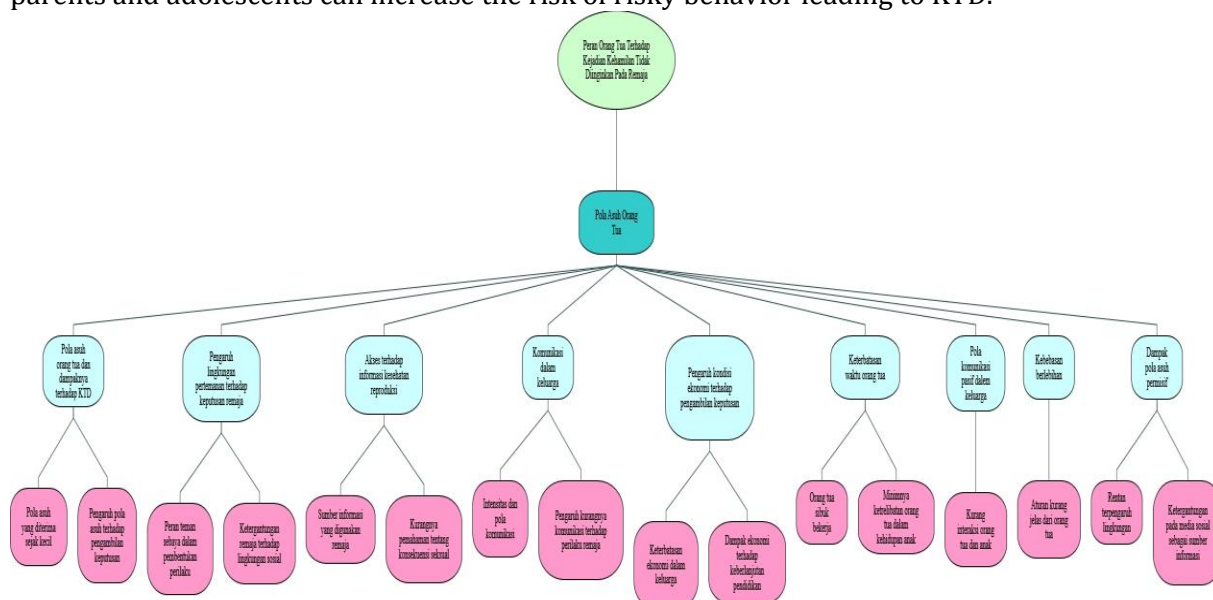


Figure 1: Themes of Parental Parenting Reproductive Health and Sexuality Education from Parents

This study identifies the acceptance of reproductive health and sexuality education among teenagers, which is divided into two main sub-themes, namely the limited information content and the sources of information that teenagers access.

a. Limitations of Reproductive Health and Sexuality Information Content

Most teenagers receive limited information about reproductive health, both from their families and schools. Information about dating, menstruation, and sexual relations tends to be presented partially and not thoroughly, often only in the form of prohibitions without in-depth explanations.

1) Limited information regarding the prohibition of dating

The majority of informants stated that the family only imposed a ban on dating without giving clear reasons. As a result, teenagers feel confused and do not understand the risks or consequences that parents want to avoid. As one informant put it:

"It's like we're not allowed to date. But there is no explanation as to why it is not allowed, so why is it just a ban with no explanation?" (Inf. 03).

The parents of key informant 05 knew that key informant 05 was dating but only gave warnings without strict supervision. Key informant 05 said that his parents were worried and told him to break up, but did not provide further supervision. As a result, key informant 05 often did not go home while dating.

"Well, she was worried. She was told to break up, but that's all she was told.

I wasn't asked when I was going to be home. I like not going home when I'm dating. Sometimes I run away from home," said (Inf.05).

The researcher realizes that prohibitions without explanation can have an impact on teenagers' understanding of interpersonal relationships. However, the researcher suspends the assumption that all parents have no clear reason for giving these prohibitions. Other factors, such as culture, religious values, or parents' personal experiences, can influence their communication patterns with their children.

2) Limitations of information about menstruation

Many teenagers claim to get their first information about menstruation not from family or school, but from peers or the internet. One informant expressed her surprise when she experienced her first menstruation:

"The first time I menstruated was in what grade of elementary school, anyway, I was 11 or 12 years old. At first I was surprised, I thought, 'what's this, there's so much blood. I thought it was something bad like that.'" (Inf. 06).

In terms of information about menstruation and reproductive health, informants tend to discuss with their older siblings rather than their mothers. When experiencing a delay in menstruation, key informant 05 preferred to talk to her older sibling, who only gave practical advice such as saving up to buy sanitary napkins, without discussing further about the menstrual cycle and signs of pregnancy.

"Well, it's the same with the second older sister because the first one is already married and has her own family. Well, I was the first to get there. I haven't had my period for two months. You should save up to buy sanitary napkins so they don't leak," said (Inf.05).

The researcher understands that the limited information about menstruation is not solely due to the negligence of the family or school.

This is reinforced by the interview results from triangulation informant 01 who stated:

"I asked the teenagers if they had ever received reproductive health education from their parents, and the answer was no. Most were only taught about menstruation and how to use sanitary napkins," he said.

3) Limited information about sexual intercourse

The education about sexual intercourse that teenagers receive is generally limited to reproductive anatomy without a deeper understanding of the risks or consequences of sexual intercourse before marriage. As one informant said:

"At most junior high school, we discuss things like female reproduction, male reproduction, at most, but not more than that. Because if you want to have sex when you're married, don't start now." (Inf. 04).

Informant 08, as a triangulated informant, emphasized that education about reproductive health in schools is still minimal and emphasizes restrictions more than a comprehensive understanding:

"Reproductive health material in schools is still very limited. Many teenagers end up looking for information on their own because they don't get enough understanding from schools or parents." (Inf.08).

Based on the results of in-depth interviews, it was found that the informants had experience of sexual intercourse with the opposite sex, but with limited understanding of the associated risks. Key informant 05 (Inf.05) revealed that his mother had asked him if he had had sexual intercourse and with whom. The informant replied that he had only done it with one person. However, he stated that he was not fully aware when he did it, which could indicate a lack of understanding or control of the situation.

"I was asked who I had done it with. Yes, I replied that I only did it with one person. I wasn't aware," said Inf.05.

Although parents have emphasized that sexual intercourse should be done after marriage, this is not enough to prevent them from having sexual intercourse before marriage. Key informant 05 admitted that he ignored the warning and continued to have relationships without sufficient understanding of the consequences.

"Yes, I have. Because if you want to have sex after you're married, don't just have a one-night stand. I don't want to get pregnant first. But yeah, it still happened because I was stubborn and didn't want to listen," said (Inf.05).

The researcher realizes that the education system has limitations in accommodating all aspects of reproductive health. However, the researcher suspends the assumption that schools are fully responsible for providing comprehensive education. Other factors, such as education policy, social norms, and time constraints in the curriculum, can be obstacles in the delivery of this information.

a. Source of Information

Based on the results of interviews with informants, teenagers tend to rely on other more easily accessible sources, such as social media and the internet, due to limited information from family and school.

Teenagers obtain more information about reproductive health from social media such as TikTok and Instagram than from parents or teachers. As one informant revealed:

“Emmm mostly from social media, like TikTok and Instagram.” (Informant 01).

Triangulated Informant 01 added: “Teenagers now get more information from social media than from parents or teachers. Unfortunately, not all information on social media is true or appropriate for their age.”

The researcher realized that social media is one of the main sources for teenagers in searching for information about reproductive health. However, the researcher suspended the assumption that all information from social media is negative or wrong. Some accounts or platforms may have valid and evidence-based educational content.

Besides social media, Google is the main tool for teenagers to search for answers to their questions about reproductive health. One informant stated:

“For example, when I have my period, my stomach hurts, so I browse online to find out why my stomach hurts and what the reason is, like that. Mostly on Google.” (Informant 03)

The researcher understands that searching for information on Google reflects the independence of teenagers in acquiring knowledge. However, the researcher suspends the assumption that all information found on the internet is negative. Some trusted sources can provide valid information, while others may reinforce myths or misunderstandings.

Although textbooks are still used, many teenagers prefer other, more accessible sources of information. One informant stated:

“Not from cell phones, at most from textbooks or chatting with friends like that.” (Inf. 03).

The researcher realizes that although textbooks are a valid source, they may not always be able to meet the need for in-depth information, so teenagers tend to seek additional information from social media or share information with their friends.

Some teenagers only receive reproductive health education at certain levels, such as junior high or high school, while others do not receive it at all. One informant stated:

“Reproductive health is most appropriate in junior and senior high school,” said Informant 02.

The researcher realizes that the school curriculum has limitations in providing comprehensive reproductive health education. However, the researcher suspends the assumption that schools do not strive to improve adolescents' understanding. Education policies, limited resources, and social sensitivity to this topic also influence how the material is delivered in the school environment.

The lack of reproductive health and sexuality education from parents is a factor that contributes to CST. Triangulated informants revealed that most parents only provide basic knowledge about menstruation, while other aspects of reproductive health are not discussed in depth.

“Of these three respondents, none had received education about reproductive health and sexuality from their parents.” Mostly just about menstruation and putting on sanitary napkins,” said triangulation informant 01.

This was reinforced by the statement of triangulation informant 01.

"If it's about promiscuity, it's different from other mothers, right? The other mothers are caring, but the promiscuous mother is like she has a mental disorder, but the other two might have been taught by their mothers," he said.

In addition, the youth integrated health service (posyandu) has only been running for one year and has not been widely attended by teenagers, so their access to reproductive health information is still limited.

"Never. The youth posyandu has only been running for a year. Well, she never went," said triangulation informant 01.

In addition, triangulated information 02 revealed that although there is an outreach program from the government, its effectiveness is still limited because not all teenagers follow it.

"I do have difficulty with teenagers. But for teenagers, I focus more on educating their parents. Because I don't have time for direct education with teenagers," he explained.

Reproductive health education has a crucial role in improving teenagers' understanding of the risk of unwanted pregnancy. However, research shows that many teenagers do not get enough information about reproductive health from parents, schools, or the surrounding environment. The lack of education about sexual and reproductive health means that teenagers do not understand how to protect themselves from the risk of pregnancy and sexually transmitted diseases. The following mind map illustrates how the lack of reproductive health education can lead to an increase in the rate of unintended pregnancy among teenagers.

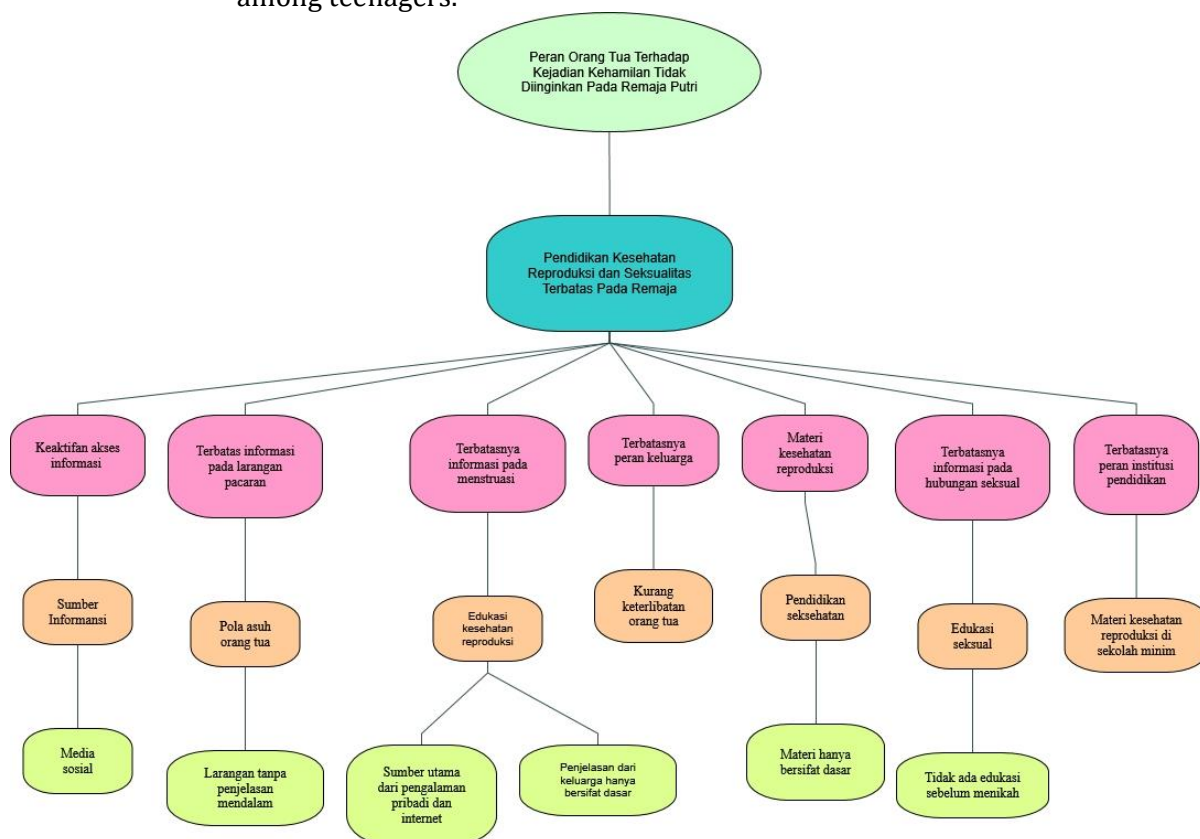


Figure 2. Reproductive Health and Sexuality Education Theme From Parents

b. Limited Economic Conditions

Based on in-depth interviews with six informants, the majority came from families with low economic status. The data shows that 83.33% of the informants had parents with an income of less than IDR 2,000,000 per month, and some even had an income of less than IDR 1,000,000. The amount of income is below the regional minimum wage (UMR) of Banyumas Regency, which in 2024 was set at IDR 2,195,690. Limited income has an impact on meeting basic needs, including access to education, health, and social conditions in the family.

Most informants only had a final education background of up to junior high school (50%), while the rest had education up to elementary, senior high, or vocational high school. The low level of education has the potential to affect their understanding of reproductive health and future planning. In addition, 66.67% of informants came from families with divorced parents, whether divorced or widowed, which also influenced the patterns of care and support they received.

Economic limitations cause various obstacles in meeting the informants' needs. Several informants stated that they had difficulty obtaining pocket money and access to certain goods or services. One informant revealed:

"Usually I get a lot of pocket money, so now I don't get any. Sometimes if I want to talk to my mother, she ignores me and is busy with work." Revealed (Inf.01).

Economic pressures in the family not only affect material aspects, but also have an impact on social and emotional interactions within the household. Some informants revealed that relationships within the family became less harmonious due to financial problems. An informant said that parental conflicts often occurred due to economic limitations:

"If they don't have enough, they will definitely fight. Like in front of their own children, they will fight all the time, so the children feel burdened, their minds go everywhere." Revealed (Inf. 3).

In addition, several informants revealed that parents are busier at work, so interaction within the family is limited:

"Sometimes when I want to talk to my mother, she ignores me and is busy with work." Revealed (Inf. 1).

Meanwhile, in-depth interviews with triangulated informant 02 found that economic factors are closely related to the care and attention received by adolescents.

"The main informant 01 lives with and is taken care of by his grandmother. His parents are divorced and his grandmother takes care of him. His grandmother has her own house so she takes care of him. She has a catering business so she is busy and doesn't have time to take care of her son," said triangulation informant 02.

This lack of attention contributes to the low level of communication and involvement of parents in their children's lives, which can increase the risk of risky behavior.

"Parents have to make money first, sometimes they have to borrow, so they are busier. Sometimes I feel burdened because parents don't have time for me." (Inf. 2).

The informant revealed that economic limitations have an impact on meeting daily needs. Several informants stated that they had to economize strictly and could not afford to buy necessities beyond basic needs. An informant conveyed:

“If you want to buy anything, you have to be patient first or save first, because now only the mother works, while the father is no longer working.” (Inf1).

The family's economic condition is one of the factors that contributes to CSD in adolescents. From the results of the interview, it was found that some adolescents who experienced CSD came from families with economic limitations. Triangulated informant 01 stated:

“These two (Inf.05 and Inf.06) experienced CSD due to economic factors. They have difficulty meeting their daily needs, making them more vulnerable to the influence of an unhealthy environment.” (Inf.07).

In some cases, limited parental income results in reduced pocket money and limitations in meeting education costs. One informant revealed that he had to save money himself to meet his needs:

“When it comes to school, the payment problem is met, but if, for example, I ask for money to play, it is still deducted, so in the end I have my own piggy bank to buy whatever I want.” (Inf.03)

Limited economic conditions have an impact on the sustainability of informal education. One informant revealed that he had to drop out of school so that his younger sibling could continue his education:

“I was really sad that I couldn't continue school. So finally I decided to drop out of school and let my younger brother continue high school,” said (Inf.06).

After giving birth, several informants experienced increased economic pressure, mainly due to limited family income and high financial dependence on parents. One informant revealed that all the costs of her delivery were borne by her parents:

“From pregnancy to birth, everything was provided by my parents, from milk to the birth of the child, everything was provided by my parents. Sometimes I apologize to my parents myself. 'Mom, Dad, I'm sorry I've been bothering you'.” Revealed (Inf.06).

“It feels like I have my own family but I still depend on my parents. The needs of the children and the household still rely on them, while the husband does not work,” said (Inf.06).

In addition, there are informants who rely on their partners to meet their financial needs, and in some cases, they even have to help their partners economically:

“Insufficient. From my friends if I want to buy snacks, because if I ask my mother, she can't possibly buy me this or that. Sometimes I give it to my friends.” (Inf.05).

In addition to dependence on family, some informants strive for independence by seeking alternative sources of income:

“I have some money saved, so I opened a small business, selling fried chicken online.” Revealed (Inf.04).

In addition, access to social media and technology is influenced by economic conditions. In the case of (Inf.05), she does not have a cellphone and only has an elementary school education, which limits her access to information about reproductive health:

“Ms. (Inf.05) does not have a cellphone, her education only goes as far as elementary school, and she has also never participated in counseling at the youth integrated service post (posyandu) because this program has only been running for one year.” Stated triangulation informant 01.

The results of the triangulation data show that low economic status can limit adolescents' access to reproductive health information, thus increasing the risk of CST.

Economic factors also contribute to the incidence of CST in adolescents. The triangulated informant emphasized that low economic status limits adolescents' access to education and reproductive health information.

"These two are because of the economy, the (Inf.05) same as (Inf.06) as for (Inf.03) it's like a need, the young people here say she sells herself like that, open like that." Revealed by triangulation informant 01.

Economic limitations prevent some teenagers from accessing educational media that can provide information on reproductive health. In addition, in some cases, difficult economic conditions make teenagers more vulnerable to exploitation. Ms. Siti mentioned that one of the teenagers who experienced KTD was even involved in risky activities due to economic pressure.

"If Vika is like that, the young men here say she sells herself, openly," said triangulation informant 01.

The economic condition of the family is a contributing factor to unwanted teenage pregnancies. The results of the study show that teenagers from economically disadvantaged families tend to have more limited access to information, education, and reproductive health services. In addition, economic pressures can also make teenagers more vulnerable to negative influences from the environment, such as invitations to have sexual relations in exchange for material rewards. To understand further the relationship between economic factors and the risk of unwanted pregnancy, the following mind map will present the relationship between low economic conditions and the incidence of teenage pregnancy.

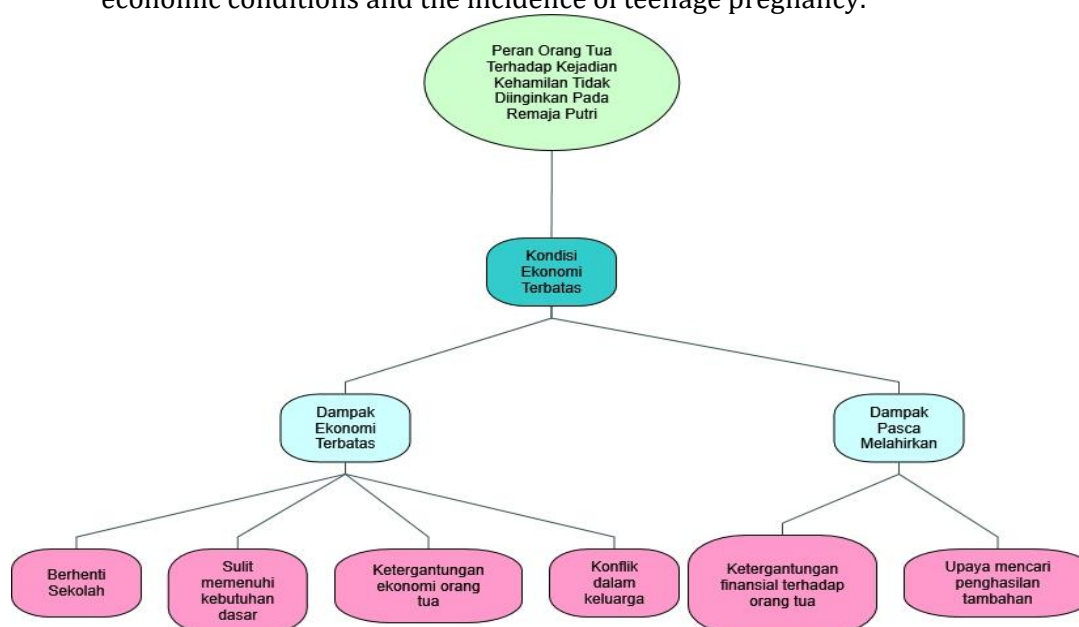


Figure 3. Parental Economic Status Theme

## Discussion

### 1. Parental Factors

Permissive parenting is characterized by a lack of control and rules given by parents to their children. Parents with this parenting style tend to give their children extensive freedom without



clear boundaries and lack strict discipline (Yusuf, 2020). According to Punawati & Aritonang (2021), permissive parenting can increase the risk of risky sexual behavior in adolescents which can lead to unwanted pregnancies.

The communication pattern in families that practice permissive parenting tends to be passive, where parents are less active in providing clear guidance or advice to their children. The lack of openness in family communication can hinder teenagers' understanding of important information, especially related to reproductive health and its risks (Matilda K. Boye, 2015). The lack of direction from parents makes teenagers look for more information from external sources, such as peers and social media, which are not necessarily accurate and trustworthy (Ayisat Afolabi, 2023).

Another factor that reinforces permissive parenting is the limited time parents have to spend with their children. Parents' busyness with work or other activities can lead to a lack of supervision and attention to their children's lives. According to Punawati & Aritonang (2021), the lack of parental involvement in children's lives can increase the likelihood of teenagers falling into promiscuity and unhealthy relationships, including risky sexual behavior.

Excessive freedom without clear boundaries can make teenagers feel like they have no rules to abide by. Lisnawati & Padmawati, (2022) explain that teenagers who grow up in a permissive environment tend to have low self-control and are more easily influenced by their social environment. This lack of control increases the likelihood that they will engage in unprotected sex, which can lead to unwanted pregnancies.

The impact of permissive parenting on teenagers is enormous, especially in relation to the increase in unwanted pregnancies. Yusuf, (2020), mentions that children raised in a permissive parenting style often have low levels of self-confidence and are less capable of making the right decisions. This is in line with the findings of Punawati & Aritonang (2021), which show that the lack of parental involvement in educating children about sexuality and healthy relationships is a major factor in the increase in teenage pregnancy rates.

Overall, permissive parenting characterized by passive communication, limited parental time, and excessive freedom contributes to the high risk of unwanted teenage pregnancies. Therefore, it is important for parents to increase their involvement in establishing better communication and providing appropriate education to prevent these risks.

## 2. Parental Reproductive Health and Sexuality Education Factors

This study reveals that although adolescents have limited access to information about reproductive health and sexuality, they still try to find other available sources of information. Parents tend to limit access to information by emphasizing prohibitions without providing comprehensive education. However, on the other hand, adolescents show initiative in seeking knowledge through social media, the internet, and formal education. This finding indicates a gap between restrictive parenting and the need for accurate reproductive health information among adolescents.

The findings of this study are in line with several previous studies which show that communication between parents and children regarding reproductive health is still limited and often normative (Kurniawati et al., 2024). In addition, the role of social media as the main source of reproductive health information for adolescents has been confirmed by research by Ayu Khoirotul Umaroh et al., (2023), which shows that platforms such as Instagram can be an alternative source of education for adolescents in understanding reproductive health.

The results of this study on the prohibition of dating show that most parents still use a prohibition approach in educating their children about relationships between opposite sexes. This approach focuses more on prohibition without being accompanied by comprehensive sexuality education. This finding is reinforced by research by Chokprajakchad et al., (2020), which

found that parental participation in technology-based sexuality education programs can improve adolescents' understanding of reproductive health. This shows that a prohibition-only approach is less effective in providing comprehensive understanding to adolescents.

In this study, adolescent girls tend to get information about menstruation from their mothers, but the information provided is still limited to biological aspects without discussing the broader implications for reproductive health. This is in line with research by Maesaroh et al., (2022), which emphasizes that digital literacy can help adolescent girls understand the menstrual cycle and its relationship to reproductive health in greater depth.

Most informants stated that their parents rarely or never discussed the topic of sexual intercourse. This causes teenagers to seek information from other sources that are not necessarily credible. Kurniawati et al., (2024) in their scoping review found that communication between parents and teenagers regarding reproductive health is still minimal, so teenagers rely more on social media as their main source of information.

Social media is one of the main sources of reproductive health information for teenagers. This finding shows that health education accounts on platforms such as Instagram and TikTok play a role in increasing teenagers' knowledge. This is supported by research by Ayu Khoirotul Umaroh et al., (2023) who found that the @Tabu.id account on Instagram is effective in disseminating reproductive health information based on the Use and Gratification theory.

Most of the teenagers in the study used Google as a medium for searching for information related to reproductive health. This shows that teenagers have the initiative to search for information, even though not all the sources they access are necessarily valid. Maesaroh et al., (2022), emphasized that the existence of a reproductive health education website can help teenagers obtain more reliable information.

Some teenagers stated that the school provides material on reproductive health, but the scope is still limited and only given in certain subjects. This is in line with the research of Arisani & Sukriani, (2022), who found that the use of the book "Rapor Kesehatanku" (My Health Report) can be an effective medium in improving reproductive health education in schools.

### 3. Parental Economic Status Factor

Based on in-depth interviews with six informants, the majority came from families with low economic status. Most of their parents earned less than the minimum wage in Banyumas Regency, some even less than IDR 1,000,000 per month. These limitations affect the fulfillment of basic needs, such as education and health, and influence parenting patterns in the family.

In addition, more than some informants come from families with divorced parents, which has an impact on the lack of communication and parental involvement in their lives. Economic hardship can affect social and emotional interactions in the family, where parents' busyness in earning a living often reduces the attention and guidance given to children. Some teenagers even become financially dependent on their partners, which in some cases leads to unwanted pregnancies.

One of the impacts of economic limitations is the increasing dependence of teenagers on their partners to meet their basic needs. Some teenagers who experience this condition end up trapped in risky relationships, which in some cases lead to unwanted pregnancies. This is in line with research by Gayatri, (2021), which emphasizes that socioeconomic factors have a major influence on adolescent decisions, including in their choice of partner and sexual behavior. Economic hardship exacerbates adolescents' vulnerability to social pressures that can increase the risk of unwanted pregnancy.

In addition, economic limitations not only impact access to education today but also affect the future opportunities of adolescents. The results of this study confirm the findings of Ferguson et al., (2007) which show that poverty greatly affects children's learning achievements. Limited

financial resources limit adolescents' access to better educational facilities and support their development.

Research by Ferguson et al., (2007) reveals that the socioeconomic status of parents influences the parenting style applied in the family. Families with limited economic conditions tend to apply a more permissive parenting style, with minimal communication and limited interaction between parents and children. This causes children to feel less cared for and to tend to make decisions independently without parental guidance, which has the potential to have a negative impact on their emotional and social development.

Research by Fatimah et al., (2020) shows that economic pressure in the family can lead to conflict, such as divorce or lack of attention to the child's emotional needs. Children who grow up in limited economic conditions often feel neglected and seek attention from the outside environment, such as peers or social media. This increases their risk of being influenced by bad associations and other risky behavior.

The permissive parenting style often applied by parents with limited economic conditions is characterized by freedom without clear rules, so that children tend to seek direction from the outside environment. A lack of effective interaction and communication between parents and children can hinder the development of their social and emotional skills and increase the risk of risky behavior. Therefore, even in the face of economic limitations, the quality of communication within the family must be improved to support optimal child development.

#### 4. Adolescent Personality with KTD

Adolescent personality can be defined as the mindset, emotions, and behavior that develop during adolescence as a result of the interaction between biological, psychological, and social environmental factors (Alodia & Suryadi, 2021). At this stage, adolescents begin to form their self-identity, develop personal values, and learn to adapt to social norms and environmental expectations. However, without proper guidance, they can become more vulnerable to peer pressure, which can potentially influence decision-making, including in terms of sexual behavior and the risk of unwanted pregnancy.

Teenage personalities play an important role in decision making that can lead to unwanted pregnancies, especially in the context of peer influence and low self-confidence. The results of the study show that some informants tend to follow the behavior of their friends even if they feel doubtful or uncomfortable with the decision. Pressure from the social environment often makes it difficult for teenagers to set boundaries in their relationships, especially if they do not receive adequate guidance from their families. In addition, the lack of direction from parents causes confusion in decision-making, which further strengthens their vulnerability to negative influences from the environment.

The personality of teenagers who experience unwanted pregnancy is the result of the complex interaction of various factors, including parenting, family communication, and the influence of the social environment. This study shows that the personality of adolescents who are vulnerable to unwanted pregnancy can be shaped by the upbringing they have received since childhood, as well as a lack of healthy communication within the family. Adolescents raised in permissive or less strict upbringings find it more difficult to set healthy boundaries in their interactions with the opposite sex, which increases the risk of unwanted pregnancy.

The parenting style received by teenagers plays a large role in shaping their personality and the values they embrace. A firm and consistent parenting style, with proper supervision from parents, will shape teenagers with the ability to make more mature and responsible decisions. On the other hand, a permissive or inconsistent parenting style can lead to teenagers' inability to set boundaries, both in social behavior and romantic relationships. This is in line with research by Ludji et al., (2022), which states that socio-cultural influences and parenting patterns can shape

adolescent behavior, including in terms of decision-making in romantic relationships. Inconsistency in parenting patterns between father and mother often causes confusion in adolescents in terms of establishing appropriate values, which in turn increases the risk of KTD.

The influence of peers plays a large role in shaping the personality of adolescents and influences their decisions in interpersonal relationships. Peers are often a major source of emotional support for adolescents who feel isolated or lack attention from their families. However, if their social interactions are dominated by groups that engage in risky behavior, such as premarital sexual intercourse, then these adolescents tend to imitate this behavior.

Research by Simawang et al., (2022), supports this finding by stating that peers have a significant influence on adolescent sexual behavior. Adolescents' active involvement with their peers can influence the values and norms they adhere to, thus encouraging risky sexual behavior. In addition, research by Yusnia et al., (2024), highlights that the influence of peers is one of the main factors that cause teenage pregnancy. The study confirms that limited education about reproductive health, both from families and educational institutions, makes teenagers more vulnerable to the negative influence of their peers. An inadequate family approach in providing information about the risks of premarital sex is one of the causes of the increasing rate of unwanted pregnancy.

Lack of self-confidence plays a role in increasing the risk of unplanned pregnancy in adolescents. This study found that some informants admitted to having difficulty in resisting peer pressure due to lack of self-confidence and inability to set clear boundaries in social interaction. When adolescents do not have strong self-confidence, they are more easily influenced by social pressures that can push them to risky decisions.

## Conclusion

### 1. Parental Parenting Factors

Researchers have found that permissive parenting increases the risk of risky behavior in adolescents due to a lack of supervision and control from parents. Adolescents with permissive parenting have unguided freedom, making them more vulnerable to risky social situations. In addition, the lack of effective communication between parents and children increases the possibility of involvement in premarital relationships that are risky for KTD.

### 2. Parental Reproductive Health and Sexuality Education

Researchers found that the lack of reproductive and sexuality health education provided by parents has an impact on the low understanding of adolescents regarding the risk of pregnancy, contraceptive methods, and the impact of premarital sexual relations. The taboo attitude and lack of competence of parents in conveying this information causes adolescents to look for other sources that are not always credible, such as peers or social media, which has the potential to reinforce unsafe sexual behavior.

### 3. Parental Economic Status

Researchers have found that parental economic status affects adolescents' access to reproductive health education and services. Families with low economic status have limited access to adequate reproductive health information and facilities. In addition, economic pressures can encourage adolescents to enter into relationships with older partners as a form of financial dependence, thus increasing the risk of CST.

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