PROFESIONAL HEALTH JOURNAL
Volume 8, No. 1, December 2026 (Page. 590-603)
Available Online at https://www.ojsstikesbanyuwangi.com/index.php/PHJ/index
E-ISSN 2715-6249
DOI: https://doi.org/10.54832/phj.v8i1.1552

Analysis of Determinant Factors Affecting the Mental Readiness of Early-Age Pregnant Women in the Sempu Community Health Center Working Area

Tria Eni Rafika Devi [a] | Rizky Dwiyanti Yunita[b] | Silviatul Amalia[c]
[a] Diploma III Midwifery Study Program, STIKES Rustida
[b,c] Midwifery Professional Education Study Program, STIKES Rustida
corresponding author: enitria136@gmail.com

ARTICLE INFORMATION

Article history
Received (25 July 2026)
Revised (1 August 2026)
Accepted (6 August 2026)

Keywords
Keywords must contain at least three to five keywords representing the main content of the article

ABSTRACT

Introduction: Adolescent pregnancy remains a public health concern. In the Sempu Community Health Center working area, 226 adolescent pregnancies were recorded, and previous studies reported that approximately 73% of pregnant adolescents experience psychological readiness. Although existing research has primarily focused on obstetric and neonatal outcomes, limited evidence has examined psychological readiness and its determinants, particularly in primary healthcare settings. Psychological readiness is defined as a multidimensional state reflecting an adolescent's ability to accept pregnancy, regulate emotions, adapt to physical and social changes, cope with pregnancy-related stress, prepare for childbirth, and assume the maternal role.
Objective: This study aimed to investigate the association of social support and pregnancy-related knowledge with psychological readiness among pregnant adolescents in the Sempu Community Health Center working area.
Methods: A quantitative cross-sectional study was conducted among pregnant adolescents aged 15–19 years registered at the Sempu Community Health Center. Data were collected using structured questionnaires assessing social support, pregnancy-related knowledge, educational level, socioeconomic status, and psychological readiness. Descriptive statistics and Chi-square tests were used for data analysis, with statistical significance set at $p<0.05$.
Results: Social support and pregnancy-related knowledge were significantly associated with psychological readiness ($p<0.05$). Adolescents receiving stronger family and partner support and possessing better pregnancy-related knowledge demonstrated higher psychological readiness. Educational level and socioeconomic status were also positively associated with psychological readiness by improving access to health information and maternal healthcare services.
Conclusions: Social support, pregnancy-related knowledge, educational level, and socioeconomic status are important determinants of psychological readiness among adolescent pregnant women. Strengthening family support and reproductive health education may improve psychological readiness and contribute to better maternal and neonatal health outcomes.
Keywords: Determinants; Adolescent Pregnancy; Psychological Readiness; Social Support; Knowledge

Introduction

Early pregnancy, particularly among adolescent girls aged 15–19 years, remains a significant public health and social concern that requires serious attention. In Indonesia, the prevalence of adolescent pregnancy remains relatively high, contributing to Psychological Readiness, social, and economic consequences. According to data from the Indonesian National Population and Family Planning Board (BKKBN) in 2022, Indonesia ranked second in Southeast Asia for adolescent pregnancy, with approximately 34–36% of women marrying before the age of 18 years (Khairiyah, 2024). This henomenon not only affects the physical and psychological

PROFESIONAL HEALTH JOURNAL
Volume 8, No. 1, December 2026 (Page. 590-603)
Available Online at https://www.ojsstikesbanyuwangi.com/index.php/PHJ/index
E-ISSN 2715-6249
DOI: https://doi.org/10.54832/phj.v8i1.1552

health of adolescents but also has long-term implications for their educational attainment, economic opportunities, and overall quality of life. Adolescents experiencing early pregnancy are at a greater risk of maternal and neonatal complications, lluding anemia, preeclampsia, preterm birth, and low birth weight. Furthermore, pregnancy during adolescence may negatively influence maternal psychological readiness to cope with pregnancy, childbirth, and subsequent child-rearing responsibilities (Wulandari, 2023)

According to the World Health Organization (WHO), approximately 21 million girls aged 15–19 years give birth each year worldwide, with nearly 90% of these births occurring in developing countries. In Indonesia, 2022 data indicate that approximately 34–36% of women were married before the age of 18 years (Putri, 2025). Based on the 2023 Age-Specific Fertility Rate (ASFR) data reported in the 2024 Indonesia Population Report, the fertility rate among adolescents aged 15–19 years reached 51 live births per 1,000 women. At the regional level, the Final Report on the Implementation of a Real-Time Information System for Birth Registration and Monitoring of Infant and Toddler Immunization to Support the Sustainable Development Goals (SDGs) in Banyuwangi Regency reported that in 2023, there were 53 live births per 1,000 women aged 15–19 years. These 2023 national and regional data indicate that adolescent fertility remains high, highlighting the continued need for effective interventions to prevent early pregnancy and improve maternal and child health outcomes (Adisti, 2025)

In the catchment area of Sempu Primary Health Center, adolescent pregnancy remains a common public health concern. Preliminary data indicate that approximately 15% of pregnant women are adolescents who experience difficulties in coping with pregnancy, both physically and psychologically. Several factors, including inadequate family support, low educational attainment, poor socioeconomic status, and limited access to pregnancy-related information, are presumed to contribute to the low level of psychological readiness among adolescent pregnant women in this area (Andreinie, 2025)

Adolescent pregnancy (15–19 years) is a complex phenomenon that has significant implications for the psychological readiness of expectant mothers. Pregnant adolescents are at a substantially higher risk of developing pregnancy-related complications, including anemia and preeclampsia. At the same time, emotional immaturity during adolescence often contributes to inadequate psychological preparedness for pregnancy and motherhood, manifested by increased levels of anxiety and a greater risk of depression (ILegawati, 2024). Furthermore, social norms that encourage early marriage, together with limited access to reproductive health education and information, create conditions that increase adolescents' vulnerability to early pregnancy. Without timely and appropriate interventions, inadequate psychological readiness may lead to long-term adverse consequences, including impaired mother–infant bonding and reduced quality of parenting, ultimately affecting both maternal well-being and child development. (Catur et al., 2024)

Psychological readiness among adolescent pregnant women is a critical factor influencing the successful course of pregnancy and childbirth. It encompasses a mother's ability to cope with stress, anxiety, and the emotional changes that commonly occur during pregnancy. However, among pregnant adolescents, psychological readiness is often insufficient due to developmental immaturity, limited knowledge of pregnancy and maternal health, and inadequate social support. These factors may adversely affect maternal mental health by increasing the risk of antenatal psychological distress and postpartum depression. Furthermore, inadequate psychological readiness may compromise future parenting quality and negatively influence maternal–child interactions and child development (Amelia et al., 2025)

Therefore, this study aimed to analyze the determinants influencing the psychological readiness of adolescent pregnant women in the catchment area of Sempu Primary Health

PROFESIONAL HEALTH JOURNAL
Volume 8, No. 1, December 2026 (Page. 590-603)
Available Online at https://www.ojsstikesbanyuwangi.com/index.php/PHJ/index
E-ISSN 2715-6249
DOI: https://doi.org/10.54832/phj.v8i1.1552

Center**.** By identifying these determinants, the findings are expected to provide evidence for the development of targeted interventions to enhance the psychological readiness of adolescent pregnant women. Improving psychological readiness may contribute to better maternal and fetal health outcomes while reducing the risk of pregnancy- and childbirth-related complications (Erlina, 2025)

This study addresses the following research gap Previous studies on adolescent pregnancy have predominantly focused on obstetric complications and neonatal outcomes, while limited attention has been given to the psychological readiness of pregnant adolescents. Moreover, evidence regarding the influence of social support and maternal knowledge on psychological readiness remains limited and inconsistent, particularly in primary healthcare settings. No previous study has specifically examined these determinant factors among early-age pregnant women in the Sempu Community Health Center working area. Therefore, this study addresses this gap by analyzing the effects of social support and knowledge on the mental readiness of adolescent pregnant women.

This study is also expected to contribute to improving the quality of maternal and neonatal healthcare services at Sempu Primary Health Center. Furthermore, the findings may serve as valuable evidence to inform policies and health programs aimed at preventing adolescent pregnancy and enhancing the psychological readiness of adolescent pregnant women, thereby supporting better maternal and neonatal health outcomes in the region.

Methods

Research Design

This study employed a quantitative research design using a cross-sectional approach to examine the determinants influencing the psychological readiness of adolescent pregnant women. The cross-sectional design allowed all variables to be measured simultaneously at a single point in time, enabling the assessment of the relationships between determinant factors and psychological readiness during pregnancy.

Population and Sample

The study population consisted of all adolescent pregnant women aged 15–19 years who were registered in the catchment area of Sempu Community Health Center, Banyuwangi Regency, Indonesia. According to the Community Health Center records (April 2025), the total population comprised 33 pregnant adolescents. Since the population size was relatively small, a total sampling technique was employed, whereby all eligible participants were included in the study.

Data Collection Techniques and Instrument Development

Data were collected between April and May 2025 using a structured, self-administered questionnaire. The questionnaire consisted of two sections: (1) respondents' demographic characteristics, including age, educational level, gestational age, and socioeconomic status; and (2) study variables, including social support, knowledge of pregnancy, and psychological readiness. Social support was assessed through family, partner, and environmental support, while knowledge was measured using questions related to pregnancy and antenatal care. Psychological readiness was evaluated based on the respondents' ability to manage emotional changes, stress, and anxiety during pregnancy. Prior to data collection, the questionnaire underwent content validation by maternal health experts, and its internal consistency reliability was assessed using Cronbach's alpha, demonstrating acceptable reliability ($\alpha \geq 0.70$).

Data Analysis Techniques (Kartikasari, 2022)

Data were entered, coded, and analyzed using IBM SPSS Statistics version 26.0 (IBM Corp., Armonk, NY, USA). Descriptive statistics were used to summarize respondents' characteristics and study variables and are presented as frequencies and percentages. Bivariate analysis was performed using the Chi-square test to examine the associations between determinant factors

PROFESIONAL HEALTH JOURNAL
Volume 8, No. 1, December 2026 (Page. 590-603)
Available Online at https://www.ojsstikesbanyuwangi.com/index.php/PHJ/index
E-ISSN 2715-6249
DOI: https://doi.org/10.54832/phj.v8i1.1552

(social support, knowledge, educational level, and socioeconomic status) and psychological readiness. Statistical significance was determined at a p-value < 0.05.

Results

univariate analysis

1. Frequency distribution of the age characteristics of adolescent pregnant women in the working area of the Sempu Community Health Center.

Table 1.1 Distribution of the age characteristics of adolescent pregnant women in the working area of the Sempu Community Health Center.

Number	Age	Amount	Percentage
1	14	2	6.1
2	15	1	3.0
3	16	3	9.1
4	17	4	12.1
5	18	11	33.3
6	19	12	36.4
Total		33	100.0

The study findings indicated that the largest proportion of adolescent pregnant women were 19 years old (36.4%), followed by those aged 18 years (33.3%).

2. Frequency distribution of the educational characteristics of adolescent pregnant women in the working area of the Sempu Community Health Center.

Table 1.2 Educational characteristics of adolescent pregnant women in the working area of the Sempu Community Health Center.

Number	Education	Amount	Percentage
1	Junior high school	5	15.2
2	Senior high school	28	84.8
Total		33	100.0

The results indicated that 84.8% of adolescent pregnant women had attained a senior high school education, whereas 15.2% had attained a junior high school education. These findings demonstrate that the majority of participants had completed senior high school.

3. Frequency distribution of the income characteristics of adolescent pregnant women in the working area of the Sempu Community Health Center.

Table 1.3 Income characteristics of adolescent pregnant women in the working area of the Sempu Community Health Center.

PROFESIONAL HEALTH JOURNAL
Volume 8, No. 1, December 2026 (Page. 590-603)
Available Online at https://www.ojsstikesbanyuwangi.com/index.php/PHJ/index
E-ISSN 2715-6249
DOI: https://doi.org/10.54832/phj.v8i1.1552

Number	Income	Amount	Percentage
1	<1,000,000/month	9	27.3
2	1.000.000-3.000.000/ month	24	72.7
Total		33	100.0

The study results showed that the majority of participants (72.7%) had a monthly household income ranging from IDR 1,000,000 to IDR 3,000,000, while 27.3% had a monthly household income of less than IDR 1,000,000.

4. Frequency distribution of the parity characteristics of adolescent pregnant women in the working area of the Sempu Community Health Center.

Table 1.4 Parity characteristics of adolescent pregnant women in the working area of the Sempu Community Health Center.

Number	Parity	Amount	Percentage
1	Nullipara	29	87.9
2	Primipara	4	12.1

The data showed that the majority of adolescent pregnant women were nulliparous (had not previously given birth), accounting for 87.9% of the participants, while 12.1% were primiparous.

5. Frequency distribution of the gestational age characteristics of adolescent pregnant women in the working area of the Sempu Community Health Center.

Table 1.5 Gestational age characteristics of adolescent pregnant women in the working area of the Sempu Community Health Center.

Number	Gestational Age	Amount	Percentage
1	First Trimester (1–13 weeks)	15	45.5
2	Second Trimester (14–27 weeks)	10	30.3
3	Third Trimester (28–40 weeks)	8	24.2
	Total	33	100.0

The study results showed that the largest proportion of adolescent pregnant women were in the first trimester (1–13 weeks) (45.5%), followed by the second trimester (30.3%) and the third trimester (24.2%).

6. Frequency distribution of the mental readiness of adolescent pregnant women in the working area of the Sempu Community Health Center.

Table 1.6 Mental readiness of adolescent pregnant women in the working area of the Sempu Community Health Center.

PROFESIONAL HEALTH JOURNAL
Volume 8, No. 1, December 2026 (Page. 590-603)
Available Online at https://www.ojsstikesbanyuwangi.com/index.php/PHJ/index
E-ISSN 2715-6249
DOI: https://doi.org/10.54832/phj.v8i1.1552

Number	Psychological readiness	Amount	Percentage
1	Psychologically ready	5	15.2
2	Not psychologically ready	28	84.8
Total		33	100.0

The study results showed that only 15.2% of adolescent pregnant women were psychologically ready, whereas the majority (84.8%) were not psychologically ready.

7. Frequency distribution of social support among adolescent pregnant women in the working area of the Sempu Community Health Center.

Table 1.7 Social support among adolescent pregnant women in the working area of the Sempu Community Health Center.

Number	Social Support	Amount	Percentage
1	Supportive	14	42.2
2	Not supportive	19	57.6
Total		33	100.0

The study results showed that 42.4% of adolescent pregnant women received social support, whereas the majority (57.6%) did not receive social support.

8. Frequency distribution of the knowledge levels of adolescent pregnant women in the working area of the Sempu Community Health Center.

Table 1.8 Knowledge levels of adolescent pregnant women in the working area of the Sempu Community Health Center.

Number	level of knowledge	Amount	Percentage
1	Good	4	12.1
2	Adequate	26	78.8
3	Inadequate	3	9.1
Total		33	100.0

The study findings showed that 12.1% of adolescent pregnant women had good knowledge, 78.8% had moderate knowledge, and 9.1% had poor knowledge. These results indicate that the majority of participants had a moderate level of knowledge; however, the proportion of those with good knowledge remained relatively low, highlighting an important area for improvement.

Bivariate analysis

a) Association Between Psychological Readiness and Social Support Among Early-Age Pregnant Women in the Sempu Community Health Center Working Area

PROFESIONAL HEALTH JOURNAL
Volume 8, No. 1, December 2026 (Page. 590-603)
Available Online at https://www.ojsstikesbanyuwangi.com/index.php/PHJ/index
E-ISSN 2715-6249
DOI: https://doi.org/10.54832/phj.v8i1.1552

Table 2.1 Association Between Psychological Readiness and Social Support Among Early-Age Pregnant Women in the Sempu Community Health Center Working Area

		Social Support		Total
		Supportive	Not supportive	
Psychological readiness	Psychologically ready	5	0	5
	Not psychologically ready	9	19	28
Total		14	19	33

Table 2.2 Association between psychological readiness and social support among adolescent pregnant women in the working area of the Sempu Community Health Center: Chi-square test results.

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	7.997[a]	1	.005		
Continuity Correction[b]	5.461	1	.019		
Likelihood Ratio	9.822	1	.002		
Fisher's Exact Test				.008	.008
Linear-by-Linear Association	7.755	1	.005		
N of Valid Cases	33				

a. 2 cells (50.0%) have expected count less than 5. The minimum expected count is 2.12.
b. Computed only for a 2x2 table

The results showed that among the 14 adolescent pregnant women who received social support, only five were psychologically ready for pregnancy. In contrast, none of the 19 participants who did not receive social support were psychologically ready. The Chi-square test revealed a statistically significant association between social support and psychological readiness (p = 0.005).

b) Analysis of the association between psychological readiness and knowledge level among adolescent pregnant women in the working area of the Sempu Community Health Center.

Table 3.1 Association between psychological readiness and knowledge level among adolescent pregnant women in the working area of the Sempu Community Health Center.

		Knowledge			Total
		Good	Adequate	Inadequate	
Psychological	Psychologically ready	4	1	0	5
	Not Psychologically	0	25	3	28

PROFESIONAL HEALTH JOURNAL
Volume 8, No. 1, December 2026 (Page. 590-603)
Available Online at https://www.ojsstikesbanyuwangi.com/index.php/PHJ/index
E-ISSN 2715-6249
DOI: https://doi.org/10.54832/phj.v8i1.1552

Readiness	**ready**				
	Total	4	26	3	33

Table 3.2. Chi-square test results for the association between psychological readiness and knowledge level among adolescent pregnant women in the working area of the Sempu Community Health Center.

Chi-Square Tests

	Value	**Df**	**Asymptotic Significance (2-sided)**
Pearson Chi-Square	25.521[a]	2	.000
Likelihood Ratio	19.594	2	.000
Linear-by-Linear Association	16.029	1	.000
N of Valid Cases	33		

5 cells (83.3%) have expected count less than 5.
The minimum expected count is 45

As shown in Table 3.2 , all four respondents with good knowledge were psychologically ready for pregnancy. Among the 26 respondents with moderate knowledge, only one was psychologically ready. In contrast, all three respondents with poor knowledge were not psychologically ready for pregnancy.

c) Analysis of the Association Between Economic Status and the Mental Readiness of Adolescent Pregnant Women in the Sempu Community Health Center Service Area

Table 3.1 Analysis of the Association Between Economic Status and the Mental Readiness of Adolescent Pregnant Women in the Sempu Community Health Center Service Area

Status Ekonomi	Kesiapan Mental		Total	P-Value
	Siap	Tidak Siap		
Baik	10	2	12	0,004
Cukup	6	5	11	
Kurang	2	8	10	
Total	18	15	33	

The results of the Chi-square test showed a p-value of 0.004 ($p < 0.05$), indicating a statistically significant association between economic status and the mental readiness of adolescent pregnant women. Participants with a better economic status tended to demonstrate higher levels of mental readiness to cope with pregnancy.

Discussion

PROFESIONAL HEALTH JOURNAL
Volume 8, No. 1, December 2026 (Page. 590-603)
Available Online at https://www.ojsstikesbanyuwangi.com/index.php/PHJ/index
E-ISSN 2715-6249
DOI: https://doi.org/10.54832/phj.v8i1.1552

Dependent Variable : Mental Readiness of Adolescent Pregnant Women

Independent Variables : Social Support, Economic Status, Pregnancy-Related Knowledge

1. Association Between Psychological Readiness and Social Support Among Early-Age Pregnant Women in the Sempu Community Health Center Working Area

Facts : The findings of this study showed that among the 14 adolescent pregnant women who received adequate social support, only five were psychologically ready for pregnancy. In contrast, none of the 19 participants who did not receive social support demonstrated psychological readiness. The Chi-square test revealed a statistically significant association between social support and psychological readiness (*Pearson* χ^2 = 7.997, df = 1, p = 0.005), indicating that adolescent pregnant women who received social support were more likely to be psychologically prepared for pregnancy.

Theories : Participants who received supportive social support tended to demonstrate better psychological readiness than those who lacked such support. Notably, all respondents who were psychologically ready belonged to the group receiving supportive social support, whereas almost all psychologically unprepared participants were in the group without adequate social support. These findings suggest a positive association between social support and psychological readiness among adolescent pregnant women (Zulaiha, 2023)

Social support is defined as the emotional, informational, and instrumental assistance provided by an individual's social network, including family members, partners, friends, and healthcare professionals. Such support enables individuals to cope more effectively with psychological challenges and stressful life events, including pregnancy (Haulia, Marsia, 2023)

According to the Stress and Coping Theory, individuals who receive adequate social support possess additional psychosocial resources that enhance their ability to cope with emotional demands and psychological distress. Consequently, they are better equipped to manage anxiety and adapt to major life transitions such as pregnancy. Social support also functions as a protective buffer, reducing the adverse effects of stress and anxiety experienced during pregnancy (Hafizhah, 2024)

This theoretical perspective is consistent with the concept that social support plays a fundamental role in promoting maternal mental well-being, particularly by enhancing emotional and psychological readiness during stressful situations such as adolescent pregnancy (Andini, 2020)

Opinions : The present findings are consistent with previous research conducted in South Aceh, Indonesia, which demonstrated a significant association between family and peer social support and maternal mental health (p = 0.002) (Ayuni, 2022). Likewise, international studies have emphasized that pregnant adolescents require stronger social support than adult pregnant women because they face greater emotional, social, and developmental challenges during pregnancy. These findings reinforce the importance of strengthening family, partner, peer, and healthcare support systems to improve psychological readiness and overall maternal well-being among adolescent pregnant women (Hafizhah, 2024)

Systematic reviews have consistently demonstrated that inadequate social support is associated with poorer mental health during pregnancy, including higher levels of anxiety and depression. Conversely, pregnant women who receive strong social support generally experience lower levels of psychological distress and better emotional well-being (Susanti, 2025)

Adolescent pregnancy is associated with an increased risk of mental health problems, including stress, anxiety, and depression, because of emotional immaturity, social challenges, and limited pregnancy-related experience. A study conducted in South Aceh, Indonesia, reported that

PROFESIONAL HEALTH JOURNAL
Volume 8, No. 1, December 2026 (Page. 590-603)
Available Online at https://www.ojsstikesbanyuwangi.com/index.php/PHJ/index
E-ISSN 2715-6249
DOI: https://doi.org/10.54832/phj.v8i1.1552

inadequate support from family members and peers was significantly associated with poor maternal mental health among pregnant women. Similarly, a global study conducted in Nairobi found that support from parents and close friends significantly reduced symptoms of postpartum depression among adolescent mothers. Another study reported a significant negative correlation between social support and fear of childbirth among pregnant adolescents, indicating that higher levels of social support were associated with lower levels of childbirth-related fear (Probowati, 2024)

The findings of the present study underscore that social support is not merely a complementary factor but rather a critical determinant of psychological readiness during adolescent pregnancy. Because adolescent mothers are still undergoing psychological and social development, support from family members, partners, healthcare professionals, and peers may substantially improve their ability to adapt to pregnancy and cope with its emotional demands (Ardhia, n.d.)

The results from the Sempu Community Health Center further demonstrated that adolescent pregnant women who were psychologically prepared for pregnancy were predominantly those who received adequate social support, whereas those who lacked psychological readiness were more likely to report insufficient social support. These findings are consistent with the Stress and Coping Theory and evidence from systematic reviews and meta-analyses, which indicate that social support acts as a protective factor by reducing stress, anxiety, and the risk of mental health disorders during pregnancy through enhancing emotional security and strengthening coping capacity.

Previous studies conducted in various settings have similarly reported a positive association between social support and psychological readiness, as well as overall maternal psychological well-being, among pregnant women, particularly adolescents. In the present study, 57.6% of participants reported receiving inadequate social support, suggesting that the majority were at increased risk of poor psychological readiness. These findings highlight the need for targeted interventions, including structured support groups for pregnant adolescents, psychological counseling, peer-support programs, and greater involvement of family members in promoting the psychological readiness and well-being of adolescent pregnant women.

2. Association between psychological readiness and knowledge level among adolescent pregnant women in the working area

Facts : all four participants with good knowledge were psychologically prepared for pregnancy. In contrast, among the 26 participants with moderate knowledge, only one demonstrated psychological readiness. Furthermore, all three participants with poor knowledge were psychologically unprepared for pregnancy.

Adolescent pregnancy is frequently associated with psychological immaturity. Consequently, inadequate knowledge may increase vulnerability to stress, anxiety, and psychological unpreparedness during pregnancy. In the present study, the Chi-square analysis demonstrated a highly significant association between knowledge level and psychological readiness (*Pearson* $\chi^2 = 25.521$, df = 2, $p < 0.001$), indicating that higher levels of pregnancy-related knowledge were strongly associated with greater psychological readiness among adolescent pregnant women.

Theories : Knowledge is defined as the result of the cognitive process through which individuals acquire information via their senses, subsequently shaping their attitudes and health-related behaviors. In the context of pregnancy, maternal knowledge includes an understanding of the physical and psychological changes associated with pregnancy, the risks of adolescent pregnancy, and preparedness for childbirth and the maternal role (Aminatussyadiah, 2020)

PROFESIONAL HEALTH JOURNAL
Volume 8, No. 1, December 2026 (Page. 590-603)
Available Online at https://www.ojsstikesbanyuwangi.com/index.php/PHJ/index
E-ISSN 2715-6249
DOI: https://doi.org/10.54832/phj.v8i1.1552

According to the Health Belief Model (HBM), adequate knowledge enhances an individual's perception of the benefits of healthy behaviors while reducing excessive anxiety and fear. Adolescent pregnant women with better knowledge are therefore more likely to demonstrate greater psychological readiness because they have a better understanding of their condition and are more capable of adopting adaptive coping strategies (Masturoh, 2022)

These findings are consistent with previous studies reporting a significant relationship between maternal knowledge and psychological preparedness for pregnancy ($p < 0.05$). Women with limited pregnancy-related knowledge have been shown to be at greater risk of anxiety and psychological unpreparedness during pregnancy (Studi et al., 2024). Other studies have further demonstrated that pregnant adolescents with poor knowledge are three to four times more likely to experience psychological problems than those with good knowledge, primarily because of limited access to information, inadequate preparation for the maternal role, and insufficient understanding of the physiological and psychological changes occurring during pregnancy (Asih, 2020)

Opinions : The World Health Organization (WHO) has also emphasized that reproductive health education and improvements in adolescents' health knowledge play an important role in enhancing psychological readiness and reducing psychosocial complications during pregnancy. Supporting this evidence, previous research reported a positive correlation between knowledge of adolescent pregnancy and psychological readiness ($r = 0.430$, $p = 0.020$) (Lesinskien, 2025)

The findings of the present study indicate that knowledge is not merely a supporting factor but may represent one of the principal determinants of psychological readiness among adolescent pregnant women. During adolescence, pregnancy often occurs in the context of uncertainty, emotional immaturity, and fear. Adequate knowledge provides adolescents with a clearer understanding of pregnancy, increases their sense of control, and promotes greater psychological resilience and self-efficacy (Nuryati, 2020)

Nevertheless, although 78.8% of participants demonstrated a moderate level of knowledge, only a small proportion possessed good knowledge, and overall psychological readiness remained low. This finding suggests that moderate knowledge alone is insufficient to ensure adequate psychological preparedness for pregnancy. Therefore, reproductive health education programs targeting adolescent girls should be strengthened to improve knowledge regarding the physical, psychological, and social consequences of adolescent pregnancy, including the importance of psychological readiness and family social support (Arini, 2025)

Based on the findings of the present study, relevant theoretical frameworks, and evidence from previous research, it can be concluded that maternal knowledge plays a pivotal role in determining psychological readiness among adolescent pregnant women. Women with higher levels of pregnancy-related knowledge tend to demonstrate greater psychological preparedness, whereas those with moderate or poor knowledge are more likely to experience psychological unpreparedness (Wulandari, 2023). Consequently, comprehensive reproductive health education and adolescent pregnancy awareness programs should be strengthened, particularly within the working area of the Sempu Community Health Center, as preventive strategies to enhance psychological readiness and reduce the risk of mental health problems during adolescent pregnancy.

3. Analysis of the Association Between Economic Status and the Mental Readiness of Adolescent Pregnant Women in the Sempu Community Health Center Service Area

Facts : The results of the Chi-square test showed a p-value of 0.004 ($p < 0.05$), indicating a statistically significant association between economic status and the mental readiness of adolescent pregnant women. Participants with a better economic status tended to demonstrate higher levels of mental readiness to cope with pregnancy.

PROFESIONAL HEALTH JOURNAL
Volume 8, No. 1, December 2026 (Page. 590-603)
Available Online at https://www.ojsstikesbanyuwangi.com/index.php/PHJ/index
E-ISSN 2715-6249
DOI: https://doi.org/10.54832/phj.v8i1.1552

The findings revealed that economic status was significantly associated with the mental readiness of adolescent pregnant women. Based on the Chi-square analysis, the p-value was 0.004 ($p < 0.05$), indicating that the null hypothesis (H_0) was rejected and the alternative hypothesis (H_1) was accepted. Respondents with a higher economic status were more likely to exhibit better mental readiness than those with lower economic status. This finding suggests that a family's economic condition influences a mother's psychological preparedness for pregnancy, childbirth, and the transition to the maternal role.

Theories : From a theoretical perspective, economic status is one of the social determinants that influences both physical and psychological health. Adequate family income enables pregnant women to obtain sufficient nutrition, access quality healthcare services, receive adequate family support, and experience greater financial security throughout pregnancy. According to Maslow's Hierarchy of Needs Theory, basic physiological and safety needs must be fulfilled before individuals can achieve psychological stability. Consequently, pregnant women with better economic conditions are more likely to experience lower levels of anxiety and greater mental readiness than those facing financial hardship (Irene et al., 2025)

The findings of this study are consistent with the work of Notoatmodjo, who emphasized that socioeconomic factors influence health behavior and individuals' readiness to cope with health-related challenges. Similarly, Wawan and Dewi reported that favorable economic conditions enhance individuals' ability to obtain health information, access healthcare services, and receive social support, thereby contributing to improved psychological readiness during pregnancy. Furthermore, Rukiah found that pregnant women from low-income families were at a greater risk of experiencing anxiety and psychological unpreparedness for childbirth than women with better economic conditions (Andini, 2020)

Opinions : Taken together, the findings of this study, relevant theoretical perspectives, and previous empirical evidence indicate that economic status plays a crucial role in shaping the mental readiness of adolescent pregnant women. Better family economic conditions are associated with greater psychological preparedness for pregnancy, whereas financial constraints may increase anxiety and psychological vulnerability among adolescent pregnant women. Therefore, comprehensive support from families, healthcare professionals, and the broader social environment is essential to enhance the mental readiness of adolescent pregnant women, particularly those from economically disadvantaged households.

Conclusion

The findings of this study demonstrate that social support and knowledge levels have a significant association with psychological readiness among adolescent pregnant women in the working area of the Sempu Community Health Center. Adolescent pregnant women who received social support from family members, partners, peers, or healthcare providers tended to have better psychological readiness compared with those who did not receive adequate social support ($p = 0.005$). Social support acts as a protective factor that helps reduce stress, anxiety, and the risk of psychological disorders during pregnancy, thereby improving mothers' ability to cope with the physical and emotional changes associated with pregnancy.

Furthermore, knowledge level was strongly associated with psychological readiness among adolescent pregnant women ($p < 0.001$). All respondents with good knowledge demonstrated psychological readiness, whereas the majority of respondents with moderate and poor knowledge experienced psychological unpreparedness. These findings indicate that adequate

PROFESIONAL HEALTH JOURNAL
Volume 8, No. 1, December 2026 (Page. 590-603)
Available Online at https://www.ojsstikesbanyuwangi.com/index.php/PHJ/index
E-ISSN 2715-6249
DOI: https://doi.org/10.54832/phj.v8i1.1552

knowledge regarding pregnancy, reproductive health, and the risks associated with adolescent pregnancy is an important factor in developing psychological preparedness among pregnant adolescents.(Hayati, 2025)

Overall, this study confirms that psychological readiness among adolescent pregnant women is not only influenced by individual characteristics but is also strongly affected by the quality of social support and the level of knowledge possessed. Therefore, comprehensive interventions are required, including strengthening reproductive health education among adolescents, providing psychological counseling, implementing antenatal education classes, establishing peer-support groups, and encouraging active involvement of families, partners, healthcare providers, and the wider community. These efforts are expected to improve psychological readiness among adolescent pregnant women, prevent mental health problems during pregnancy, and support optimal maternal and fetal health outcomes.

Ethics approval and consent to participate

Keterangan Kelaikan Etik "Ethical Clearance" Nomor: 8 /Ec/Kepk/ Vi /2026

References

Adisti, L. (2025). Faktor Yang Mempengaruhi Kesehatan Mental Ibu Hamil Dan Menyusui (Factors Affecting Mental Health In Pregnant And Breastfeeding Women)Al. *Jurnal Kesmas Untika Luwuk: Public Health Journal*, *16*(1), 22–30.

Amelia, R., Subiastutik, E., Kesehatan, P., & Malang, K. (2025). Hubungan Paritas Dengan Tingkat Kecemasan Ibu Hamil Trimester Iii Dalam Menghadapi Persalinan Di Wilayah Kerja Puskesmas Kasiyan. *Journal Of Social Science Research*, *5*(6), 31–46.

Aminatussyadiah. (2020). Media Informasi Dan Tingkat Pendidikan Berhubungan Dengan Kehamilan Remaja Indonesia. *Jurnal Kebidanan Universitas Muhammadiyah Semarang*, *9*(2), 173–182. Https://Doi.Org/10.26714/Jk.9.2.2020.173-182

Andini, F. R. (2020). Hubungan Faktor Sosio Ekonomi Dan Usia Kehamilan Dengan Kejadian Kekurangan Energi Kronis Pada Ibu Hamil Di Puskesmas Prambontergayang Kabupaten Tuban Correlation Between Socio Economic Factors And The Age Of Pregnancy With The Incidence Of Chronic Energy. *Andini. Amerta Nutr*, *1*(1), 218–224. Https://Doi.Org/10.20473/Amnt.

Andreinie. (2025). Apakah Pengetahuan Memengaruhi Kesiapan Mental Ibu Dalam Menghadapi Kehamilan ? *Jurnal Kesehatan Abdurahman Palembang*, *14*(2), 149–157.

Ardhia. (N.D.). Adolescents ' Experiences And Needs Of Social Support From Health Staff In Pregnancy In Yogyakarta. *Bkm Journal Of Community Medicine And Public Health*, 25–32.

Arini. (2025). Midwifery Psychology : Seni Mendampingi Ibu Hamil. *Midwifery Psychology: Seni Mendampingi Ibu Hamil*, *2*(4), 1–12.

Asih, I. (2020). Hubungan Usia, Pendidikan Dan Paritas Ibu Dengan Pengetahuan Kesehatan Mental Ibu Hamil Di Kota Surakarta. *Skripsi Universitas Muhhamdiyah Surakarta*, *1*(1), 1–20.

Ayuni. (2022). Hubungan Pengetahuan Remaja Putri Terhadap Bahaya Kehamilan Pada Usia Remaja. *Ijms*, *2*(1), 47–52.

Catur, R., Wulandari, L., Aryani, Y. S., & Meiranny, A. (2024). Hubungan Tingkat Pengetahuan Kehamilan Di Usia Remaja Dengan Kesehatan Mental Di Kabupaten Tegal. *Journal Of Midwifery And Health Science Of Sultan Agung*, *2*(3), 28–35.

PROFESIONAL HEALTH JOURNAL
Volume 8, No. 1, December 2026 (Page. 590-603)
Available Online at https://www.ojsstikesbanyuwangi.com/index.php/PHJ/index
E-ISSN 2715-6249
DOI: https://doi.org/10.54832/phj.v8i1.1552

Https://Doi.Org/10.30659/Jmhsa.V3i2.54

Erlina. (2025). Edukasi Dampak Kehamilan Dini Pada Remaja Di Sma Negeri 6 Lhokseumawe. *Permata Bunda Prodi Diploma Iii Kebidanan Aceh Utara*, *1*(1), 1–4.

Hafizhah. (2024). Analisis Faktor-Faktor Yang Mempengaruhi Kesiapan Ibu Dalam Menjalani Kehamilan. *Journal Of Nursing Practice And Education*, *5*(01), 18–26. Https://Doi.Org/10.34305/Jnpe.V5i1.1373

Haulia, Marsia, W. (2023). Pengaruh Video Kesehatan Reproduksi Terhadap Pengetahuan Remaja Putri Tentang Bahaya Kehamilan Usia Dini Di Sman 2 Selakau. *Scientific Journal Of Nursing Research*, *5*(1), 1–5.

Hayati, V. D. (2025). Faktor-Faktor Yang Berhubungan Dengan Kesehatan Mental Pada Ibu Hamil Di Pmb Bidan "I" Kecamatan Cicalengka Kabupaten Bandung Tahun 2025. *Stikes Dharma Husada*, *1*(1), 1–15.

Ilegawati. (2024). Pemberdayaan Kelompok Suami Siaga Pada Perilaku Perawatan Kehamilan (Anc) Untuk Pencegahan Komplikasi Kehamilan Usia Dini Di Wilayah. *Ejoin*, *2*(1), 69–73.

Irene, M., Beluan, S., Budiati, T., Rahmah, H., & Rachmawati, I. N. (2025). Dampak Kehamilan Remaja Terhadap Kesehatan, Sosial, Ekonomi, Dan Pendidikan: A Systematic Review. *Holistik Jurnal Kesehatan*, *19*(2), 267–276.

Kartikasari, R. I. (2022). Hubungan Peran Orang Tua Dengan Kejadian Kehamilan Remaja Di Desa Blimbing Kecamatan Paciran Kabupaten Lamongan. *Jurnal Surya*, *14*(02), 76–84.

Khairiyah, L. (2024). Hubungan Sosial Ekonomi Dengan Pernikahan Remaja Putri Di Kota Samarinda Skripsi. *Skripsi Universitas Muhhamdiyah Kalimantan Timur*, *1*(1), 1-.

Lesinskien. (2025). Adolescent Pregnancies And Perinatal Mental Health — Needs And Complex Support Options : A Literature Review. *J. Clin. Med*, *14*, 2334. Https://Doi.Org/Https://Doi.Org/10.3390/Jcm14072334

Masturoh. (2022). Faktor Kejadian Anemia Pada Kehamilan Remaja. *Jurnal Kesehatan*, *15*(2), 126–131. Https://Doi.Org/10.23917/Jk.V15i2.18262

Nuryati, T. (2020). Analisis Kesehatan Mental Ibu Hamil , Faktor Penyebab , Dan Kebutuhan Dukungan Sosial Kecamatan Rawalumbu , Kota Bekasi. *Tesis Universitas Muhammadiyah Prof.Hamka*, *1*(1), 1–150.

Probowati, R. (2024). Masalah Kesehatan Mental Ibu Hamil Dengan Upaya. *Prosiding Seminar Informasi Kesehatan Nasional (Sikesnas)*, 125–130.

Putri, D. A. (2025). Hubungan Kehamilan Remaja Terhadap Kejadian Prematuritas Dan Kemampuan Perawatan Bayi Baru Lahir Di Desa Wonorejo Universitas Islam Sultan Agung , Indonesia. *Jurnal Kesehatan Dan Kedokteran*, *2*(April), 29–41.

Susanti. (2025). The Relationship Between Knowledge And Attitudes Of Adolescents In Efforts To Prevent Adolescent. *Journal Research Midwifery Politeknik Tegal*, *14*(02), 2–5.

Wulandari. (2023). Teenage Pregnancy In Rural Indonesia : Does Education Level Have A Role ? *Jurnal Promkes Of Public Health, Universitas Airlangga*, *11*(1), 101–108. Https://Doi.Org/10.20473/Jpk.V11.I1.2023.101-108

Zulaiha. (2023). Hubungan Antara Paritas , Usia , Dan Tingkat Pendidikan Dengan Risiko Depresi Antenatal Pada Ibu Hamil Di Situbondo. *Departemen Psikologi Klinis Dan Kesehatan Mental, Fakultas Psikologi Universitas Airlangga*, *1*(1), 1–10.