

FACTORS INFLUENCING TO THE INCIDENCE OF TEENAGE PREGNANCY

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ABSTRACT

Saptosari was a district located in Gunung Kidul Regency with the highest adolescent births during the last four years compared to other districts. Teenage pregnancy has a negative impact on mother and baby. According to WHO, girls aged 10-14 years have a five times greater risk of dying in cases of pregnancy and childbirth than women aged 20-24 years. The aim of this study was to know the factors related to the incidence of teenage pregnancy in adolescent girls in Saptosari Public Health Center working area in 2017. This research used a cross-sectional study design. The sampling technique was purposive sampling with 67 girls in the working area of Saptosari Public Health Centre. The research instrument was in form of the questionnaire. The data were analyzed by using the Chi-Square test. Respondents in this study were at most 14-16 years old with age 11-15 year menarche and high school parent's education level. The results of the Chi-Square test showed that factors significantly related to teenage pregnancy adolescent behavior were the level of knowledge $p = 0.032$ and the role of parents $p = 0.036$. Attitudes toward teenage pregnancy ($p = 0.081$) and peer roles ($p = 0.100$) were factors that not related to the incidence of teenage pregnancy factors influencing the incidence of teenage pregnancy among teenage girls in Saptosari. Factors related to teenage pregnancy were knowledge of teenage pregnancy and parent's role.

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INTRODUCTION

Adolescence is a period of transition from puberty to adulthood, i.e. at the age of 11-20 years old.¹ Data of Indonesia Demographic and Health Survey (SDKI) in 2007 showed that the percentage of women age 15-19 years old who have ever given birth and who are the pregnant first child at 8.5% with the details of 6.6% have never given birth and 1.9% was pregnant with the first child.² While based on the results of SDKI 2012 shows the percentage of women age 15-19 years who have ever given birth and who are pregnant the first child of 9.5%, with the details of 7.0% have never given birth and 2.5% were pregnant the first child.³ The results of the report showed an increase in pregnancy and childbirth teens by 1%.^{1,2,3}

Survey Central Statistics Agency (BPS) of Indonesia in 2012 showed that the rate of Teenage Pregnancy (AKR) age 15-19 years old to reach 48 per 1,000 pregnancies.⁴ Basic Health Research (Riskesdas) in 2013 found that pregnancy at age less than 15 years old, especially in rural areas with a proportion of 0.03% and the proportion of pregnancy at the age of 15-19 years old, is equal to 1.97%.⁵ The Indonesian Family Planning Association of Special Region Yogyakarta (PKBI DIY) 2015 report labor youth in

DIY as much as 1.9% and 1.72% comes from Pregnancy is Not Desired. The case of labor adolescent most occur in Gunungkidul Regency that is 0.71 percent, followed by Bantul 0.64%, Sleman 0.19%, Kulonprogo 0.19%, and the last City of Yogyakarta 0.16%.⁶

Saptosari district is a district in Gunungkidul Regency. Health office of Gunungkidul noted the proportion of the labor youth in Saptosari District in the year 2013-2016 fluctuated. The year 2013 17.2%, in 2014 14.24%, in 2015 7.6% and in 2016 rose back by 9,67%. According to WHO, the girl's age of 10-14 years old have a risk five times more likely to die in the case of pregnancy and childbirth than women age 20-24 years old.⁷ According to the Manuaba, teen pregnancy has risks such as bleeding antepartum, increase in preeclampsia and eclampsia, anemia, impaired fetal growth, miscarriage, prematurity, and Low Birth Weight (LBW).⁸

METHOD

This research was quantitative research using cross-sectional design. The population in this study was all young women who are lives in the working area of Saptosari Public Health Center. This research was conducted in July 2018. Sampling technique in this study was using purposive sampling technique. The inclusion criteria of this study were young women aged 11-20 years old and lived in Saptosari Public Health Center working area. While the exclusion criteria were the women who have a history of illness in their pregnancy. The data was collected by primary data through a questionnaire. Analysis of the data used univariate analysis with frequency distribution, bivariate analysis with chi-square using SPSS.

RESULTS

This research was conducted in Cekel Village, Mojosari Village, Karang Village, and Temanggung Village, District Saptosari, Gunung Kidul. The number of samples of this study was 67 young women.

Table 1. The Analysis of Knowledge with Teenage Pregnancy

Knowledge	Teenage Pregnancy				Amount		p-value
	Yes		No		f	%	
	f	%	f	%			
Good	0	0	33	100	3	100	0,032
Enough	3	9,68	28	90,32	3	100	
Less	1	33,33	2	66,67	3	100	
Amount	4	6	63	94	6	100	

Based on the table above, good knowledge of teen pregnancy was not the cause of the incidence of pregnancy among adolescents. Based on the statistical test, there was a significant relationship between knowledge about teenage pregnancy with the incidence of pregnancy among adolescents.

Table 2. The Analysis of Attitudes with Teenage Pregnancy

Attitude	Teenage Pregnancy				Amount		p-value
	Yes		No		f	%	
	f	%	f	%			
Good	0	0	28	100	2	100	0,081
Less	4	10,26	35	89,74	3	100	
Amount	4	6	63	94	6	100	

Based on the analysis variable attitudes toward teen pregnancy, it can be seen that most of the attitude of the respondents were either not be the cause of the incidence of teenage pregnancy. The results of the analysis of statistical tests showed that no significant relationship between attitudes toward teen pregnancy with the incidence of teenage pregnancies.

Table 3. The Analysis of Parent's Role with Teenage Pregnancy

Parents Role	Teenage Pregnancy				Amount		<i>p-value</i>
	Yes		No		f	%	
	f	%	f	%			
Good	0	0	34	100	3	100	0,036
Less	4	12,12	29	87,88	3	100	
Amount	4	6	63	94	6	100	

Parent's role in this study is the parental behavior in providing information and knowledge about reproductive health including teen pregnancy to respondents. From the table above, it can be seen that the parent's role can prevent the incidence of teenage pregnancy. Statistical analysis showed that there was a significant correlation between the parental roles with the incidence of teenage pregnancies.

Table 4. The Analysis of Peer Role with Teenage Pregnancy

Peer Role	Teenage Pregnancy				Amount		<i>p-value</i>
	Yes		No		f	%	
	f	%	f	%			
Good	0	0	26	100	2	100	0,100
Less	4	9,76	37	90,24	4	100	
Amount	4	6	63	94	6	100	

Peer role in this study is the behavior of adolescent friends in providing information and knowledge about reproductive health including teen pregnancy to respondents. From the table above, it can be seen that the lack of peers has an important role in the incidence of teenage pregnancies. Statistical test results showed that no significant relationship between the role of peers in the incidence of teenage pregnancies.

DISCUSSION

Characteristics of the study respondents mostly teenagers associate with age 14-16 years old with 11-15 years old of age of menarche. Parents are mostly high school educated respondents.

Based on the analysis bivariable between knowledge of teen pregnancy with the incidence of teenage pregnancy is known that there is a significant relationship between two variables. This indicates that the knowledge of adolescents about teen pregnancy will affect the incidence of pregnancy among adolescents. The results are consistent with the hypothesis that has been upheld.

The same study conducted by Danita Sari (2014) which showed that there was a significant relationship between knowledge and pregnancy in adolescents.⁹ Research of Aprelia (2016) also stated that the lack of knowledge that poses a risk to pregnancy in adolescents.¹⁰ Nina and Dian's research results (2017) about the factors that influence adolescent sexual behavior, shows that there is a significant relationship between the level of knowledge with adolescent sexual behaviour.¹¹

Knowledge is the result of the "know" and this occurred after people perform sensing to a particular object. Knowledge of reproductive health for adolescents is knowledge of reproductive health that includes safe sex, reproductive ability and success in getting healthy child grows and develops. Knowledge of reproductive health can be improved with reproductive health education starting from adolescence. Reproductive health education in their teens not only provides knowledge about the reproductive organs but also the hazards of promiscuity, such as sexually transmitted diseases and unwanted pregnancy or high-risk pregnancies.¹²

Knowledge about sexuality can make people have attitudes and sexual behaviors are healthy and responsible, therefore, teenagers who have an understanding correctly and proportionately on reproductive health tends to understand the behavior and alternative methods can be used to distribute the sex drive in a healthy and responsible.

Based on the analysis bivariable between attitudes toward teen pregnancy with the incidence of teen pregnancy can be seen that there is no significant relationship between two variables. This suggests that adolescent attitudes toward teen pregnancy do not affect the incidence of pregnancy among adolescents. The results of the analysis data was reject the hypothesis that has been upheld. This research shows that good knowledge does not always produce good attitudes.

The results of this study are not consistent with research Tetty (2015) states that there is a relationship between attitudes to premarital sexual behavior in adolescents.¹³ The study explained that when a person has a positive attitude (good) is much less likely to have sexual relations before marriage and vice versa.

Based on the analysis of the parent's role with the incidence of teenage pregnancy is known that there is a significant relationship between two variables. This shows the role of older people will affect the incidence of pregnancy among adolescents. The results are consistent with the hypothesis that has been upheld.

The results of this study contrast with research Danita Sari (2014) which states that there is no relationship between the influences of parents on pregnancy adolescents.⁹ In contrast to studies conducted by Yunita and Hidayani (2016), which indicates that there is a relationship between the role of the old against premarital sexual behavior in adolescents.¹⁴

Parents have a very important role in this regard and should be a role model for teenagers. Sexual education should begin at home because sexual problems are problems of a personal nature. But many parents are less able to meet the needs of adolescent them for their lack of knowledge about it and the strong prevailing taboos about sex.¹⁵

Parents need to provide education to their children about reproductive health, including on sexuality education. Delivery of sexuality education to children from an early age is not a taboo, it actually becomes prevention against early sexual behavior that will lead to pregnancy in adolescents. Parents who are actively involved in their sexual maturation may help prevent teen pregnancy.

Based on the analysis bivariable between the role of peers in the incidence of teen pregnancy can be seen that there is no significant relationship between two variables. This shows the role of peers did not affect the incidence of pregnancy among adolescents. The results of the analysis data was reject the hypothesis that has been upheld.

These results indicate that the negative behavior of their peers will have no effect on sexual behavior that will lead to teenage pregnancy. This study contradicts with the Aprilia's studies (2016) which state that peers influence the risk of teen pregnancy.¹⁰ The study explains that adolescent relationships with peer's negative, teens have the opportunity to have sexual relations, knowledge teens lack reproductive health and teenage pregnancy.

CONCLUSION

The factors that associated with the incidence of teenage pregnancies in this study were the knowledge of teenage pregnancy and parent role. While the factors that not related to the incidence of teenage pregnancy were the attitude toward teenage pregnancy and peer roles.

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