



THE IMPACT OF SOCIOCULTURAL AND GENDER EQUALITY FACTORS ON TEENAGE PREGNANCY: A CASE REPORT

Dwi Admi Sucita¹, Abdul Rahman², Trika Irianta³, M. Hamsah⁴, Anna Sri Dewi², Gina Isni Iskanda²

¹Study Program Of Specialist Doctor Education In Obstetrics & Gynecology, Muslim University Of Indonesia

²Faculty Of Medicine, Department of Obstetrics & Gynecology, Muslim University of Indonesia.

³Faculty Of Medicine/ Mother & Children Hospital Sitti Khadijah 1 Hospital, Ibnu Sina Hospital / Department of Obstetrics & Gynecology / Urogynecology, Muslim University Of Indonesia.

⁴Faculty Of Medicine/ Mother & Children Hospital Sitti Khadijah 1 Hospital, Ibnu Sina Hospital / Department of Obstetrics & Gynecology, Muslim University Of Indonesia.

hopeadmisucita@gmail.com

Abstrak

Kehamilan pada remaja tetap menjadi masalah kesehatan masyarakat yang serius dengan dampak yang luas terhadap kesehatan fisik, psikologis, dan sosial remaja putri. Faktor biologis tidak sepenuhnya menentukan fenomena ini; kondisi sosiobudaya dan ketidaksetaraan gender memiliki pengaruh yang kuat terhadapnya. Studi ini bertujuan untuk menganalisis dampak faktor sosiobudaya dan ketidaksetaraan gender terhadap kehamilan pada remaja menggunakan pendekatan studi kasus. Metode deskriptif kualitatif dengan desain laporan kasus digunakan, dengan fokus pada seorang remaja perempuan berusia 14 tahun yang mengalami persalinan pertamanya di rumah sakit rujukan. Data dikumpulkan melalui pemeriksaan klinis, wawancara anamnesis, dan tinjauan catatan medis, dan dianalisis secara deskriptif dengan mengintegrasikan temuan klinis dengan latar belakang sosiobudaya pasien. Temuan menunjukkan bahwa praktik pernikahan dini, literasi kesehatan reproduksi yang terbatas, dan posisi tawar yang rendah dari remaja putri memainkan peran signifikan dalam terjadinya kehamilan remaja. Meskipun proses persalinan berlangsung tanpa komplikasi, konsekuensi jangka panjang bagi kesehatan, pendidikan, dan kesejahteraan sosial tetap signifikan. Kasus ini menunjukkan bahwa kehamilan remaja adalah fenomena multidimensional yang dibentuk oleh interaksi antara norma budaya, struktur keluarga, dan sistem kesehatan. Temuan ini menyoroti pentingnya pendidikan kesehatan reproduksi yang komprehensif dan sensitif secara budaya, peningkatan keterlibatan keluarga, serta pengembangan layanan kesehatan yang ramah remaja. Pendekatan lintas sektor dianggap esensial untuk menangani kehamilan remaja secara efektif dan mempromosikan perbaikan berkelanjutan dalam hasil kesehatan remaja.

Kata Kunci: Kehamilan Remaja; Sosio-Kultural; Kesenjangan Gender; Pernikahan Dini; Kesehatan Reproduksi

Abstract

Teenage pregnancy remains a major public health issue with far-reaching implications for the physical, psychological, and social well-being of adolescent girls. Biological factors do not solely determine this phenomenon; sociocultural conditions and gender inequality strongly influence it. This study aims to analyze the impact of sociocultural and gender equality factors on teenage pregnancy using a case study approach. A qualitative descriptive method with a case report design was employed, focusing on a 14-year-old adolescent girl who experienced her first childbirth at a referral hospital. Data were collected through clinical examinations, anamnesis interviews, and medical record reviews, and were analyzed descriptively by integrating clinical findings with the patient's sociocultural background. The findings reveal that early marriage practices, limited reproductive health literacy, and the low bargaining position of adolescent girls play a significant role in the occurrence of teenage pregnancy. Although the delivery process was uncomplicated, the potential long-term consequences for health, education, and social well-being remain substantial. The case illustrates that teenage pregnancy is a multidimensional phenomenon shaped by the interaction of cultural norms, family structures, and healthcare systems. These findings highlight the need for comprehensive and culturally sensitive reproductive health education, strengthened family involvement, and the development of adolescent-friendly health services. A cross-sectoral approach is considered essential to address teenage pregnancy effectively and to promote sustainable improvements in adolescent health outcomes.

Keywords: Teenage Pregnancy; Sociocultural Factors; Gender Equality; Early Marriage; Reproductive Health

@Jurnal Ners Prodi Sarjana Keperawatan & Profesi Ners FIK UP 2026

* Corresponding author :

Address : Jl dr Leimena No. 84 A Kec. Panakkukang, Makassar

Email : hopeadmisucita@gmail.com

Phone : 08128052295

INTRODUCTION

Teenage pregnancy is a public health issue that remains a serious challenge in many countries, particularly in developing regions. Adolescent pregnancy is understood to impact not only biologically but also psychologically and socially young women (Dubik et al., 2022). Adolescents who experience early pregnancy are at higher risk of pregnancy and childbirth complications than adult women. Furthermore, teenage pregnancy is often accompanied by emotional distress, social stigma, and limited environmental support. These impacts may hinder optimal adolescent development. In the long term, teenage pregnancy contributes to educational interruptions and limited economic opportunities. Therefore, teenage pregnancy needs to be understood as a structural problem influenced by complex social factors (Aluga & Okolie, 2021).

In Indonesia, teenage pregnancy remains a real phenomenon and is found in various sociocultural contexts. The high rate of child marriage is a dominant factor driving pregnancy among adolescents (Tabei et al., 2021). Social norms and family pressure often legitimize the practice of early marriage. This situation is exacerbated by adolescents' limited access to adequate reproductive health education and information. Many adolescents enter marriage and pregnancy without physical or psychological preparation. Consequently, the health risks for both mother and baby are higher. This phenomenon demonstrates that teenage pregnancy cannot be separated from the sociocultural dynamics that shape society (Barbi et al., 2021).

Normatively, adolescent health development aims to foster a healthy, empowered generation capable of making responsible decisions. Health and education policies position adolescents as a strategic group that needs to be protected from various reproductive health risks (Roets & Clemence, 2021). However, the reality on the ground shows a gap between policy and current social practices. Reproductive health education has not been fully integrated effectively into the education system. Cultural norms that consider sexuality a taboo topic hinder open communication between adolescents and their families. As a result, adolescents often obtain information from unreliable sources. This gap between expectations and reality reinforces the urgency of studying the determinants of adolescent pregnancy (Dutta et al., 2022).

Sociocultural factors are a key determinant of adolescent pregnancy. Certain cultural values place women in domestic roles from a young age, making early marriage considered normal (Puspitasari & Sukmawaty, 2023). Social pressure from family and community often pushes adolescent girls to marry without considering their personal readiness. In some contexts, pregnancy is perceived as a symbol of maturity. This view limits girls' opportunities to continue their education. Dependence on cultural norms increases the risk of early pregnancy. Thus, sociocultural factors play a central role in shaping patterns of adolescent pregnancy (Barbi et al., 2021).

In addition to cultural factors, gender inequality also contributes significantly to teenage pregnancy. Adolescent girls often find themselves in unequal positions in decision-making regarding education, marriage, and reproductive health (Ndayisenga et al., 2025). Limited access to education weakens girls' ability to protect themselves from the risks of early pregnancy. In many cases, reproductive decisions are largely determined by family or partners. This situation reduces adolescent girls' autonomy over their bodies and futures. This inequality is also reflected in the social burdens that arise after pregnancy. Therefore, adolescent pregnancy needs to be analyzed within a broader gender equality framework (Rabindra et al., 2021).

Adolescent pregnancy, in this study, is understood as a pregnancy occurring in women under the age of 20. The sociocultural concept refers to social values, norms, and practices that influence individual reproductive behavior (Elami-Suzin & Schenker, 2017). Meanwhile, gender equality is understood as a condition in which women and men have equal rights and opportunities. These three variables interact and shape vulnerability to teenage pregnancy. This interaction affects adolescents' physical and psychological preparedness. A separate understanding of each variable is insufficient to account for the problem's complexity. Therefore, an approach that integrates all three variables is needed (Elami-Suzin & Schenker, 2017).

Various approaches have been implemented to reduce the rate of teenage pregnancy through education and health services. School-based reproductive health education is a primary strategy implemented in many countries (Hadley, 2020). Furthermore, the development of youth-friendly health services is expected to increase access to safe information. Family empowerment programs have also been developed to strengthen parents' roles. However, approaches that are not sensitive to cultural context are often ineffective. Cultural resistance and limited resources are major obstacles. Therefore, prevention strategies need to be tailored to local social conditions (Malunga et al., 2023).

Although extensive research on adolescent pregnancy has been conducted, most studies still focus on general risk factors. Studies exploring adolescents' clinical experiences within a sociocultural context remain limited (Ediz & Uzun, 2024). Survey-based research often fails to capture the complexity of adolescents' social realities. Furthermore, a gender-equality perspective has not been fully integrated. A contextual approach is crucial for formulating effective policies. These limitations indicate a research gap. Case studies are a relevant approach to fill this gap (Barbi et al., 2021).

The novelty of this research lies in integrating clinical analysis with sociocultural and gender-equality perspectives. The case study approach allows for a deeper understanding of the experiences of adolescent girls experiencing early pregnancy (Irmayani & Rahayu, 2025). This research highlights not only medical aspects but also sociocultural backgrounds. Thus, it provides a more comprehensive contextual picture. The

analysis is conducted by situating the family and community within the support system. This approach enriches the literature on adolescent pregnancy in Indonesia. Furthermore, the findings of this study are relevant to the development of locally based policies (Aluga & Okolie, 2021).

Drawing on this description, this study aims to analyze the impact of sociocultural factors and gender equality on adolescent pregnancy through a case study. This objective is to examine the relationship between sociocultural background and the clinical conditions associated with adolescent pregnancy (Bednarz et al., 2024). This study also aims to describe the challenges faced by adolescent girls during early pregnancy. The study's findings are expected to inform the development of more context-specific prevention strategies. Furthermore, this study is expected to strengthen the development of adolescent-friendly health services. The integration of medical and social perspectives is a key strength of this study. Ultimately, this research is expected to contribute to the sustainable improvement of adolescent health.

METHODS

This research employs a descriptive qualitative approach with a case study design to provide an in-depth description of the phenomenon of teenage pregnancy in relation to sociocultural factors and gender equality. The case study approach was chosen because it enables researchers to comprehensively and contextually explore the clinical conditions, social backgrounds, and cultural contexts of the research subjects. The primary focus of this research is not on generalizing the findings but on gaining a deeper understanding of the case under study.

The research subject was a 14-year-old girl undergoing her first delivery who presented to the obstetric emergency department at a referral hospital. Subject selection was conducted purposively, based on gestational age, first-pregnancy status, and the case's relevance to the research objectives. The subject was deemed representative of the phenomenon of teenage pregnancy, which is influenced by social and cultural factors, particularly in the context of early marriage.

Data were collected through clinical examinations, anamnesis interviews, and a review of the patient's medical records. Clinical data included pregnancy and general health histories, physical examination findings, obstetric examinations, and the patient's delivery. In addition, non-clinical data were collected to explore the patient's social background, family circumstances, marital history, and understanding of reproductive health. All data were collected systematically throughout the medical care process.

Data analysis was conducted descriptively and analytically, linking clinical and social findings within a sociocultural framework of gender equality. The data were organized narratively to illustrate the relationship between the patient's medical condition and the sociocultural context. The analysis focused on identifying factors contributing to teenage

pregnancy, as well as the potential short- and long-term implications for the research subjects.

Ethical standards were adhered to, upholding the principles of confidentiality and the protection of research subjects. Patient identities were not included in the research report to maintain the privacy and confidentiality of personal data. All data collection procedures were conducted in accordance with ethical principles of medical care and with the consent of the relevant parties. This research was conducted for scientific purposes and the development of knowledge, without any negative impact on the research subjects.

RESULTS AND DISCUSSION

The case of pregnancy in a 14-year-old teenager presented in this study reflects the complexity of adolescent reproductive health issues, which cannot be separated from the sociocultural context. The phenomenon of early pregnancy aligns with the view of Dubik et al. (2022), who stated that adolescent pregnancy is the result of an interaction between individual factors and broader social structures. The patient's relatively stable clinical condition does not necessarily eliminate long-term risks to the mother and baby. A biological age that is not yet optimally mature remains a vulnerability factor during pregnancy and childbirth. Beyond medical aspects, the experience of a teenage pregnancy carries significant psychosocial implications. Emotional distress and limited social support often accompany early pregnancy. This situation demonstrates that assessing the success of an adolescent pregnancy cannot be solely clinical but also requires consideration of the surrounding social dimensions (Aluga & Okolie, 2021).

The background of early marriage in this case demonstrates the strong influence of social norms in shaping adolescent reproductive decisions. The practice of child marriage is still considered acceptable in some communities, especially when associated with cultural values and family pressure. This situation aligns with the findings of Upadhya & Ellen, (2011), who emphasise the role of family and social structures in increasing the risk of teenage pregnancy. Adolescent girls often have limited room to refuse or negotiate these decisions. This situation demonstrates the unequal power relations between adolescents and their social environment. When early marriage occurs, pregnancy becomes an unavoidable consequence. This pattern reinforces the notion that adolescent pregnancy is a manifestation of internalised social practices. A similar perspective is also expressed by Barbi et al. (2021), who highlight the role of cultural norms in women's reproductive decisions.

The limited number of antenatal care visits reflects the still low utilisation of health services by pregnant adolescents. This condition aligns with the views of Roets & Clemence (2021), who emphasise that limited knowledge and access to reproductive health services are major barriers for adolescents. Adolescents often do not understand the importance of regular prenatal check-ups. Age, first-time experience, and fear of stigma also contribute to low health care visits. Health services that are not yet fully youth-friendly also contribute to this situation.

Limited antenatal visits have the potential to impact adolescents' preparedness for childbirth. This situation illustrates a gap in the health care system that does not fully address the specific needs of pregnant adolescents. These findings align with the research of Dutta et al. (2022), which highlighted psychosocial barriers to accessing adolescent health services.

The sociocultural aspect in this case is evident through the patient's limited knowledge regarding reproductive health. Cultural values that limit open discussion about sexuality contribute to low adolescent reproductive health literacy. This phenomenon aligns with the opinion of Janighorban et al. (2022), who stated that cultural taboos increase the risk of unsafe reproductive practices. Adolescents tend to enter into marriage and pregnancy without adequate information. This situation increases vulnerability to physical and psychological health risks. A less supportive social environment plays a significant role in shaping these patterns. The lack of a safe space for dialogue between adolescents and their families further complicates the situation. A similar view is expressed by Barbi et al. (2021), who emphasize the importance of cultural context in understanding women's health behaviors.

The gender equality dimension also emerged as a significant factor in the discussion of this case. Adolescent girls generally face limitations in making choices regarding education, marriage, and reproductive health. This situation aligns with Aluga & Okolie (2021) findings, which show that gender inequality contributes to high rates of teenage pregnancy. In this case, decisions about marriage and pregnancy are more influenced by family structure than individual will. Adolescent girls' low bargaining power limits their ability to control their bodies and futures. Post-pregnancy social burdens also tend to be borne more heavily by women. This reality demonstrates that teenage pregnancy is closely linked to gender inequality. This perspective aligns with the view of Rabindra et al., (2021), who emphasise the relationship between gender equality and young women's reproductive health.

The patient's clinical condition, which did not indicate acute obstetric complications, suggests that immediate medical problems do not always accompany a teenage pregnancy. However, this situation cannot be used as a basis for normalising early pregnancy. Dubik et al. (2022) emphasised that the long-term risks of teenage pregnancy remain high even if the initial delivery proceeds normally. Long-term impacts may include adverse effects on maternal and fetal health and social well-being. School dropout and limited economic opportunities often accompany teenage pregnancy. These conditions have the potential to perpetuate the cycle of poverty within families. The experience of pregnancy at a young age also affects psychological readiness for parenthood. This view aligns with the findings of Irmayani & Rahayu (2025), who highlighted the socioeconomic consequences of teenage pregnancy.

The role of the family in this case appears ambivalent, shifting between protective and risk factors. Family support during childbirth provides the patient with a sense of security. However, the

decision to marry early suggests that the family also contributes to teenage pregnancy. This situation aligns with the view of Upadhya & Ellen (2011), who stated that family structure and dynamics significantly influence adolescent reproductive behavior. Limited communication about reproductive health weakens the family's protective function. Adolescents require support that is not only emotional but also educational. This role imbalance highlights the need to strengthen family capacity. This view aligns with Roets & Clemence (2021), who emphasize the importance of family communication in preventing teenage pregnancy.

In this case, health services provided clinical care in accordance with delivery standards. However, the service approach still focused on medical aspects and did not fully address the adolescent's psychosocial needs. Hadley (2020) emphasized that pregnant adolescents require comprehensive, age-appropriate services. A sensitive approach to age and psychological conditions can improve service quality. When health services are not adaptive, adolescents tend to be reluctant to utilize available facilities. This situation has the potential to hinder prevention efforts and further education. Integrating medical services with social counseling is urgently needed. This view aligns with the findings of Elami-Suzin & Schenker (2017), who highlighted the importance of youth-friendly health services.

This case study provides a contextual overview of the interrelationship between clinical and social factors in adolescent pregnancy. The case study approach allows for a deeper understanding of the realities experienced by adolescent girls. This approach aligns with Upadhya & Ellen (2011), who emphasize the importance of exploring the sociocultural context in reproductive health studies. Clinical data becomes more meaningful when interpreted alongside the patient's social background. The interaction between cultural norms, family, and health services shapes the overall experience of adolescent pregnancy. A partial understanding of any one aspect can lead to less effective interventions. This study demonstrates that adolescent pregnancy is a multidimensional phenomenon. A similar perspective is expressed by Ndayisenga et al. (2025), who emphasize the importance of contextual analysis.

This case discussion emphasizes that adolescent pregnancy cannot be separated from the surrounding social structure. The interaction between sociocultural norms, gender inequality, and limited health services shapes adolescent girls' vulnerability. This view aligns with Puspitasari & Sukmawaty (2023), who views adolescent pregnancy as a structural issue, not simply an individual one. Prevention efforts require an approach that engages the family, community, and health system simultaneously. Reproductive health education needs to be adapted to the cultural context for social acceptance. Strengthening youth-friendly health services is a crucial part of prevention strategies. A cross-sectoral approach offers an opportunity to reduce teenage pregnancy rates sustainably. This perspective aligns with Rabindra et al. (2021), who emphasize the importance of

collaboration on adolescent reproductive health issues.

CONCLUSION

1. Conclusion

The teenage pregnancy depicted in this case study demonstrates that this phenomenon is inextricably linked to the strong influence of sociocultural factors and prevailing gender inequality within society. Early marriage practices, limited reproductive health literacy, and the low bargaining power of adolescent girls contribute to pregnancy at an age when they are biologically and psychosocially immature. Although the patient's clinical condition in this case is relatively stable, this situation does not eliminate the potential for long-term risks that can impact the health of the mother and baby, as well as the adolescent's educational and social well-being. The interaction between the family environment, cultural norms, and the healthcare system shapes the overall experience of teenage pregnancy. Teenage pregnancy emerges as a multidimensional issue, simultaneously involving medical, social, and structural aspects. A separate understanding of each aspect is insufficient to grasp the problem's complexity fully. A holistic approach is key to understanding the reality of teenage pregnancy.

Furthermore, this case study confirms that available healthcare services tend to focus on clinical management and do not fully address the psychosocial needs of pregnant adolescents. Limited antenatal visits and minimal reproductive health education highlight gaps in the adolescent-friendly service system. The role of the family appears ambivalent, providing emotional support on the one hand but also perpetuating risky social practices. This situation demonstrates that the success of managing a teenage pregnancy cannot be measured solely by the outcome of the birth. The long-term impacts on adolescents' social and psychological lives require equal attention. Teenage pregnancy reflects the unpreparedness of the social system to protect adolescent girls' reproductive health rights. These findings reinforce the urgency of a cross-sectoral approach to preventing and managing teenage pregnancy.

2. Suggestion

Efforts to prevent teenage pregnancy need to be directed at strengthening reproductive health education that is sensitive to local social and cultural values. Family involvement is a crucial element in creating an open and safe communication space for adolescents. Reproductive health education should not only focus on biological aspects but also encompass an understanding of reproductive rights, equal relationships, and psychosocial preparedness. Strengthening the capacity of parents to support adolescents is expected to reduce the practice of early marriage. A community-based approach can be an effective strategy for changing social norms that harm adolescent girls. Collaboration with community and religious leaders has the potential to increase social acceptance of prevention programs. This strategy needs to be designed sustainably to achieve long-term impact.

Health services are advised to develop a more youth-friendly approach that takes into account age, psychological factors, and confidentiality. Integrating medical services with social counseling and reproductive education can improve the quality of care for pregnant adolescents. Health workers need to be equipped with communication skills appropriate to adolescent characteristics. Strengthening the referral system and postpartum support is also crucial for preventing further adverse effects. Cross-sectoral support between health, education, and social sectors is needed to address the complexity of the problem of teenage pregnancy. An integrated approach provides an opportunity to create more effective and equitable interventions. These steps are expected to improve adolescents' overall health and well-being.

BIBLIOGRAPHY

Aliza Tri Puspitasari, & Nabella Indra Putry Sukmawaty. (2023). Factors associated with adolescent pregnancy: A literature review. *World Journal of Advanced Research and Reviews*, 20(3). <https://doi.org/10.30574/wjarr.2023.20.3.2650>

Aluga, D., & Okolie, E. A. (2021). Socioeconomic determinants of teenage pregnancy and early motherhood in the United Kingdom: A perspective. *Health Promotion Perspectives*, 11(4). <https://doi.org/10.34172/hpp.2021.52>

Barbi, L., Cham, M., Ame-Bruce, E., & Lazzerini, M. (2021). Socio-cultural factors influencing the decision of women to seek care during pregnancy and delivery: A qualitative study in South Tongu District, Ghana. *Global Public Health*, 16(4), 532–545. <https://doi.org/10.1080/17441692.2020.1839926>

Bednarz, K., Basiaga, B., Żądecka-Kobińska, K., Putra, A., Marchaj, M., Nowicka-Jasińska, M., Frączyk, P., Bieniek-Zajac, S., Baczkowski, S., & Krawiec, K. (2024). Consequences of Adolescent Pregnancy: A Social, Medical, and Psychological Analysis. *Journal of Education, Health and Sport*, 65, 49912. <https://doi.org/10.12775/JEHS.2024.65.013>

Dubik, J. D., Aniteye, P., & Richter, S. (2022). Socio-cultural factors influencing teenage pregnancy in the East Mamprusi Municipality, Ghana. *African Journal of Reproductive Health*, 26(5). <https://doi.org/10.29063/ajrh2022/v26i5.13>

Dutta, K., Naskar, S., Das, D. K., & Banerjee, N. (2022). Exploring challenges of teenage pregnancy and motherhood from beneficiaries and providers' perspectives: A qualitative study in a rural area of Purba Bardhaman District, West Bengal. *Journal of Family Medicine and Primary Care*, 11(11). https://doi.org/10.4103/jfmpc.jfmpc_689_22

Ediz, Ç., & Uzun, S. (2024). Psychosocial dimension of adolescent pregnancy: a phenomenological study on life experiences. *Journal of Reproductive and Infant Psychology*, 1–17. <https://doi.org/10.1080/02646838.2024.2362342>

- Elami-Suzin, M., & Schenker, J. G. (2017). *Adolescent Pregnancy and Contraception* (pp. 199–227). https://doi.org/10.1007/978-3-319-41433-1_14
- Hadley, A. (2020). Teenage pregnancy: strategies for prevention. *Obstetrics, Gynaecology & Reproductive Medicine*, 30(12), 387–394. <https://doi.org/10.1016/j.ogrm.2020.10.004>
- Irmayani, P., & Rahayu, N. S. (2025). holistic approach to handling adolescent pregnancy: a case study at rsudza banda aceh. *Getsempena Health Science Journal*, 4(2), 113–122. <https://doi.org/10.46244/ghsj.v4i2.3199>
- Janighorban, M., Boroumandfar, Z., Pourkazemi, R., & Mostafavi, F. (2022). Barriers to vulnerable adolescent girls' access to sexual and reproductive health. *BMC Public Health*, 22(1), 2212. <https://doi.org/10.1186/s12889-022-14687-4>
- Malunga, G., Sangong, S., Saah, F. I., & Bain, L. E. (2023). Prevalence and factors associated with adolescent pregnancies in Zambia: a systematic review from 2000–2022. In *Archives of Public Health* (Vol. 81, Issue 1). <https://doi.org/10.1186/s13690-023-01045-y>
- Ndayisenga, J. P., Oudshoorn, A., Babenko-Mould, Y., Jackson, K. T., Hynie, M., Mukamana, D., Uwajeneza, P., & Musabirema, P. (2025). A narrative review of the literature on unintended adolescent pregnancies: Understanding their meaning, associated factors, and consequences. *African Journal of Reproductive Health*, 29(8), 154–172. <https://doi.org/10.29063/ajrh2025/v29i8.15>
- Rabindra, D., Pati, N., & Yousuf Basha, S. (2021). Socio-Cultural Determinants of Maternal Health Seeking Behaviour Among Young Women in Remote Pastoral Communities of South Omo, Afar and Somali Regions of Ethiopia. *International Journal of Advanced Multidisciplinary Scientific Research (IJAMSR) IJAMSR*, 4(8).
- Roets, L., & Clemence, I. S. (2021). Teenage pregnancy prevention: The church, community, culture and contraceptives. *African Journal of Reproductive Health*, 25(6). <https://doi.org/10.29063/ajrh2021/v25i6.6>
- Tabei, K., Cuisia-Cruz, E. S. S., Smith, C., & Seposo, X. (2021). Association between Teenage Pregnancy and Family Factors: An Analysis of the Philippine National Demographic and Health Survey 2017. *Healthcare*, 9(12), 1720. <https://doi.org/10.3390/healthcare9121720>
- Upadhyay, K. K., & Ellen, J. M. (2011). Social Disadvantage as a Risk for First Pregnancy Among Adolescent Females in the United States. *Journal of Adolescent Health*, 49(5), 538–541. <https://doi.org/10.1016/j.jadohealth.2011.04.011>