

Available online at : <http://ejournal.stikesprimanusantara.ac.id/>

Jurnal Kesehatan

| ISSN (Print) 2085-7098 | ISSN (Online) 2657-1366 |



Maternal role attainment and quality of life of primiparous adolescent mothers: a qualitative study

Yuseva Sariati¹, Yunefit²¹ Medical Faculty, Brawijaya University, Malang, Indonesia² National Research and Innovation Agency, Jakarta, Indonesia

ARTICLE INFORMATION

Received: 06 January 2025
 Revised: 26 January 2025
 Accepted: 28 February 2025
 Available online: 31 march 2025

KEYWORDS

quality of life
Adolescent Motherhood
Maternal Role Attainment.

CORRESPONDING AUTHOR

*Corresponding author, email:

Sariati Y
 yuseva.s@ub.ac.id

ABSTRACT

The purpose of this study is to understand the experiences of primiparous adolescent mothers in achieving maternal roles. Adolescent motherhood presents unique challenges due to the immaturity and societal pressures these young mothers face.

A qualitative study was conducted using in-depth interviews with 12 primiparous adolescent mothers in Probolinggo, East Java, Indonesia. Participants were selected through purposive sampling, and data were analyzed using deductive-inductive thematic analysis with Nvivo 12 software. Five main categories emerged: reasons for early marriage, feelings of first-time mothers, challenges of being a mother, coping strategies, and maternal role attainment. Key findings include cultural and economic reasons for early marriage, mixed emotions of joy and fear among first-time mothers, challenges like emotional stress and social isolation, coping strategies involving support systems and self-care, and the process of maternal identity formation. The study highlights the complex interplay of cultural, economic, and emotional factors influencing adolescent motherhood. Effective interventions should consider these factors to support adolescent mothers in their transition to motherhood. Adolescent mothers face multifaceted challenges that require tailored support systems to help them navigate motherhood and improve their overall quality of life.

INTRODUCTION

Motherhood is an immensely significant milestone in a woman's.¹ It involves a dynamic process known as maternal role attainment, wherein a woman adapts to her role as a mother by developing a maternal identity, engaging in caregiving behaviors, and forming emotional bonds with her infant.² Thus, becoming a mother requires preparation, including age and psychological maturity.

The rising prevalence of adolescent mothers is a notable cause for concern in many countries. In 2019, an estimated 21 million pregnancies occurred each year among adolescents aged 15–19 in low- and middle-

income countries (LMICs).³ This alarming statistic highlights several health disadvantages for both the mother and the child, such as maternal health risks, nutritional deficiencies, higher risks of preterm birth and low birth weight, and significant impacts on mental health.⁴ These issues can affect parenting patterns and interfere with educational and career opportunities.

Indonesia has the highest number of pregnancies among adolescent girls aged 15–19 years in Southeast Asia.⁵ Consequently, the maternal mortality rate (MMR) and infant mortality rate (IMR) remain high in the country. In response, the government has recently enacted legislation to increase the minimum marriage age for girls from 16 to 19 years.⁶ However, marriages can still take place at any age if an exemption is approved.

Adolescent mothers who are new parents encounter distinct obstacles as they navigate the process of constructing a maternal identity and embracing the responsibilities associated with motherhood.^{7,8} Numerous factors affect the quality of life of these first-time adolescent mothers, including their capacity to adapt to their new roles.⁷ Understanding the perspectives and experiences of these adolescent mothers is imperative for designing effective interventions and support structures. These efforts are essential to empower them to establish a maternal identity and improve their overall quality of life.

Aim

The objective of this qualitative study was to gain a comprehensive understanding of the experiences of adolescent mothers in fulfilling their roles as mothers. The findings of this study can inform the creation of interventions and policies that are designed to enhance the general well-being and advancement of this demographic.

METHOD

Research design and setting

This study employed a qualitative research design using in-depth interviews to explore the experiences and perspectives of primiparous teenagers on motherhood. The Consolidated criteria for reporting qualitative research (COREQ)⁹ were followed for reporting this descriptive qualitative study.

The research was conducted in Probolinggo, East Java, Indonesia. In 2022, East Java had the highest percentage of early marriages among young women (10-14 years old) in Indonesia at 1.43%.¹⁰ with Probolinggo being one of the regions with the highest prevalence, accounting for 35% of the total marriages in the province.¹¹ Previous research highlighted not only the high incidence of early marriages among young women but also the low involvement of health cadres in the region.¹² Data collection for this study was conducted from April to May 2023.

Participant and Sample size

Participants in this study were primiparous women aged 10-19 years. They were selected using purposive sampling. The inclusion criteria for participants were: (a) aged 10-19 years, (b) having no physical or mental problems, (c) having a first child who was ≤ 6 months old at the time of the interview, (d) having no infants with congenital anomalies or other diseases, (e) able to speak Indonesian, (f) able to read and write, and (g) having the capacity to give consent. Sample size in qualitative research is determined by data saturation.¹³ A sample size is estimated to be 15 participants approximately, or until it reaches data saturation.

Data Collection

Eligible women were intentionally chosen by a cadre in the study setting to obtain diverse range of data relevant to the study's objectives. The researcher was not acquainted with the participants. The lead researcher provided eligible women with both written and verbal explanations of the study. Women who agreed to participate signed an informed consent form. Additionally, they were given a refusal form, which explained their right to withdraw from the study at any time. Following this, an interview schedule was

arranged between the lead researcher (YS) and the participant. The lead researcher conducted face-to-face interviews with open-ended questions, lasting 45-60 minutes, and took field notes during the interviews. The data collected included the demographic characteristics of the women. The demographic questionnaire assessed the women's age, level of education, employment status, and marital status. For the interview guide, the researcher developed questions aligned with the research objectives, focusing on the mothers' reasons for early marriage, feelings about having children, challenges faced, coping strategies, and the process of achieving the maternal role. To ensure the trustworthiness of the interview questions, we referenced previous studies and the theories of social cognition for health promotion.¹⁴ The interview guide was pre-tested to ensure face validity, evaluating the length of the interview, the understanding of terminology, and the clarity of the questions. After completing the interviews and transcription process, the lead researcher cross-checked the results with the participants.

Data Analysis

All interviews were audio-recorded and transcribed verbatim. The deductive-inductive thematic analysis was conducted following the steps outlined by Graneheim and Lundman (2004).¹⁵ Initially, each participant's description was read multiple times to grasp their overall feelings and situations as a unit of analysis. We used Nvivo 12 for data management. Condensed meaning (keywords) units were then identified. Codes were formulated from these condensed meaning units and subsequently classified into sub categorizing and themes/categories based on their conceptual relatedness.¹⁶ The initial analysis was performed by the first author/lead researcher, who has over 20 years of experience as a midwife and over 10 years as a teacher in midwifery school. After the data analysis, all co-authors, who are experts in maternal and child health, discussed all codes and categories together. Similarities and differences were openly discussed within the research team until a consensus was reached.

Ethical Consideration

This study adhered to the Declaration of Helsinki (World Medical Association, 2013). It received approval from the Health Services Ethics Commission of the Faculty of Medicine, Universitas Brawijaya, East Java, with the certificate number 323 / EC / KEPK / 11 / 2023.

RESULTS AND DISCUSSION

Data saturation was reached after interviewing 12 adolescent mothers. All participants (100%) had their first childbirth at age 15 or older, and most (58%) graduated from elementary school. Among the 12 participants, only one worked as a tradeswoman, while the rest were housewives. Regarding marital status, only one participant had a registered marriage, while the others had unregistered marriages. The participants' characteristics are shown in Table 1.

Table 1. Participants characteristic

Participant	Age at childbirth	Infant age	Level of education	Employment status	Marital status
1	18	6	Junior High School	Housewife	Unregistered marriage
2	17	5	Junior High School	Housewife	Unregistered marriage
3	16	4	Elementary School	Housewife	Unregistered marriage
4	16	4	Elementary School	Housewife	Unregistered marriage
5	15	5	Elementary School	Housewife	Unregistered marriage
6	17	3	Elementary School	Housewife	Unregistered marriage
7	16	6	Elementary School	Housewife	Unregistered marriage
8	19	6	Junior High School	Trades women	Registered marriage
9	15	3	Elementary School	Housewife	Unregistered marriage
10	16	2	Elementary School	Housewife	Unregistered marriage
11	18	5	Junior High School	Housewife	Unregistered marriage
12	16	4	Junior High School	Housewife	Unregistered marriage

The data analysis identified five main categories: Reasons for Early Marriage, Feelings of First-Time Mothers, Challenges of Being a mother, Coping Strategies, and Maternal Role Attainment. These categories comprise a total of 20 subcategories as discussed below.

Reasons for Early Marriage

Interviews with teenage mothers revealed that the reasons for marrying at an early age include cultural and traditional practices, economic factors, security and protection, and premarital sexual relations.

Cultural and tradition

The culture of betrothing children to their friends' children at elementary school age or when they start menstruating leads parents to become less vigilant in monitoring their children's behavior. Parents feel "at ease" when their daughters are always accompanied by their fiancés.

"When I was in elementary school, my father arranged for me to marry his friend's child, which was very common in our area. By the time I was in middle school, I was always with my fiancé. When asked, I said I was ready to get married, and my fiancé agreed, so we went ahead and got married." (participants 1)

"Here, there is no specific age for marriage. Usually, it's around 13 years old, sometimes 12, and in some cases as late as 15 years old. Fifteen is considered quite late. If parents feel their child is ready for marriage, they proceed immediately, especially if the engagement has been long." (participants 2)

Economic issues

In addition to cultural and traditional practices, economic issues also contribute to teenage marriages. As participants stated:

"My parents are poor. Due to economic hardships, they want me to marry early so I can have a husband to support me." (participants 2)

"My parents divorced, and I lived with my father. However, since my father had to work in another city, he arranged for my marriage." (participants 3)

Security and protection

Early marriage is sometimes justified as a means of providing security and protection for girls in societies where they might otherwise face risks such as poverty, violence, or lack of social support.

"My father entrusted my fiancé to look after me everywhere, so I was always with him. Then my father decided it would be best to marry me off, believing it would ensure my safety and that someone would always be there to take care of me." (participants 8)

Pre-marital sex

Apart from cultural and economic factors, early marriages can also result from pre-marital sex leading to pregnancy. In such cases, families often feel ashamed and choose to marry off their children early.

"I often visited my fiancé's house, and he did the same, as our parents trusted each other. When I discovered I was pregnant, my parents insisted that we marry as soon as possible." participants 4)

Feelings of First-Time Mothers

First-time adolescent mothers experience a wide range of feelings and emotions that can be both positive and challenging such as joy and excitement, anxiety and fear, stress, guilt and self-doubt, and mixed feelings such as ambivalence.

Joy and excitement

Many adolescent mothers feel a sense of joy and excitement about bringing a new life into the world. They may look forward to the experience of motherhood and the bond with their baby.

"I'm happy to have children because I really like small kids. I can love them, and I can't wait to dress them up." (participants 5,9,12)

Anxiety and fear

However, Adolescent mothers often experience anxiety and fear about the future. Concerns about their ability to care for the baby, financial stability, and the health of the child are common.

"I am scared I won't know how to take care of my baby properly. I don't know how I will afford all the things my baby needs" (participants 5,6,7,12)

"I am worried if my baby crying and sick." (participants 7,10,12)

Stress

The demands of motherhood can be overwhelming, especially for young mothers who may lack experience and support. Managing childcare and personal life can lead to high levels of stress.

"I feel like there's not enough time in the day to take care of my baby and get any rest." (participants 8)

Guilt and self-doubt

Feelings of guilt and self-doubt can arise, especially if they feel unprepared or if their circumstances are difficult. They may question their decisions and worry about their ability to be a good mother.

"I can't help but blame myself for not finishing school before having a baby." (participants 9)

"I feel so guilty when my baby cries and I can't soothe them right away." (participants 10)

Ambivalence

Adolescent mothers may experience ambivalence, feeling both positive and negative emotions simultaneously. They might be happy about their child but also struggle with the loss of their previous lifestyle or the challenges they face.

"I enjoy spending time with my baby, but I also miss being a carefree teenager" (participants 11)

"There are moments of joy, but there are also times of frustration and tiring." (participants 12)

Challenges of being mother

Being an adolescent mother comes with a range of challenges that can impact various aspects of life, including emotional stress, dropping out of school, social relationships such as isolation, and economic stability.

Emotional Stress

Dealing with the responsibilities of motherhood at a young age can lead to significant stress and emotional challenges.

"I feel like there's so much to do, and I don't know where to start. I'm constantly overwhelmed." (participants 9)

Dropping Out

Many adolescent mothers struggle to continue their education, leading to dropout.

"I had to leave school because I couldn't juggle classes and taking care of my baby" (participants 1,8,10,11)

Cost of raising children

The high expenses associated with raising a child can pose a significant challenge for young couples.

"I have to be really careful with money now. How I am going to afford diapers, food, and everything else my baby needs." (participants 1,7,12)

Isolation

Feelings of isolation from peers who are not experiencing similar life changes.

"I miss being able to hang out with my peers, but now I can't relate to them anymore." (participants 3)

Economic stability

Managing a limited family income while meeting the needs of children and running the household poses challenges for this teenage mother, who is unable to work herself.

"I'm concerned about our financial situation. My husband has a limited income, and sometimes it's not enough. I feel awkward asking my in-laws for help too frequently." ((participants 4)

Coping strategies

Several coping strategies are employed by mothers to overcome the challenges they face, such as seeking support, practicing self-care, and searching for information.

Seeking Support

Reaching out for support from family, peers, and healthcare providers can help adolescent mothers cope with their feelings and challenges.

"I asked my mother to help me whenever she can, and her support means everything to me" (participants 1)

Self-Care

Prioritizing self-care, including adequate rest is essential for managing stress and maintaining overall well-being.

"Getting enough sleep is really important for me, so I try to nap when the baby naps" (participants 2,5)

Searching for Information

Accessing parenting classes can help young mothers feel more confident and prepared for their new role.

"Read or watching parenting information on social media and learning from healthcare providers about bathing the baby and breastfeeding." (participants 8)

Maternal role attainment

Maternal role attainment encompasses the process through which a woman adapts to her role as a mother. This involves developing a maternal identity, maternal behaviors, and establishing emotional bonds with the infant.

Maternal identity

This involves the internalization and acceptance of the identity of "mother." It includes recognizing oneself as a caregiver and nurturer.

"Since becoming a mother, I feel like my priorities have shifted. My role as a caregiver is now central to who I am, and I accept it." (participants 4)

Maternal behaviors

Maternal behavior refers to the range of actions and responses exhibited by a mother towards her child to ensure their care, protection, and development.

"I spend my time feeding, changing diapers, and soothing my baby. It's become second nature to me." (participants 3)

Establishing emotional bonds with infant

Emotional bonding refers to the development of a strong emotional connection between the mother and her infant. This bond is characterized by feelings of warmth, affection, and closeness.

"I love cuddling with my baby and watching them drift off to sleep. It's the best feeling in the world" (participants 7)

Discussion

In this study, we explore adolescent mothers' experiences in achieving maternal roles, identifying five key themes: Reasons for Early Marriage, Feelings of First-Time Mothers, Challenges of Being a mother, Coping Strategies, and Maternal Role Attainment.

Child and early marriages are complex issues influenced by cultural and traditional practices, economic factors, security and protection needs, and premarital sexual relations. These practices are deeply embedded in some communities, as observed in India, where cultural factors significantly contribute to child marriage (Fernandes, 2023). Families may marry off their children early to uphold social status, honor, or comply with long-standing rituals and beliefs. Economic factors also play a significant role, as families living in poverty may see marrying off their daughters as a way to alleviate financial burdens. Similar trends are observed in India and Bangladesh, where early marriages are often driven by social norms and economic hardships (Biswas, 2019). A cross-sectional study in Indonesia with 504 adolescents aged 13-15 years found that 25.6% of parents and 32.6% of adolescents believed that unmarried girls over 18 are considered a burden to their families (Wibowo et al, 2021).

In Indonesia, early marriage is sometimes seen as a way to protect daughters from potential premarital sexual relations and the stigma of pregnancy out of wedlock, which could damage the family's reputation. This phenomenon is also observed in Bangladesh (Biswas et al., 2020). A systematic review by Feyissa et al. (2023) highlights the importance of education and counseling to reduce child marriage and teen pregnancy. Health workers can inform communities about the negative health impacts of early marriage,

such as complications during pregnancy and childbirth. Engaging community and religious leaders in these educational campaigns can help shift social norms and perceptions.

Adolescent mothers frequently experience a range of emotions, including elation and contentment regarding the birth of their infant, in addition to apprehension and concern regarding their capacity to provide adequate care for their child and adapt to significant life transitions. The Theory of Reasoned Action posits that an individual's personal attitudes and social norms serve as determinants of their intention to behave in a certain manner.¹⁷ In the case of teenage mothers, their attitudes towards pregnancy and parenting are influenced by personal beliefs and social norms surrounding these issues. The existence of supportive social norms and personal beliefs has been demonstrated to engender positive feelings. Conversely, negative perceptions have been shown to engender feelings of anxiety and self-doubt. Research by Burgess et al. (2022) found that teenage mothers were more likely to experience postpartum depression and higher levels of anxiety.¹⁸ Furthermore, research by Hoffmann et al. (2020) demonstrated that social support plays a pivotal role in assisting teenage mothers in overcoming adverse emotions and enhancing their overall well-being. The nineteenth item.¹⁹

Teenage mothers face significant challenges, including emotional stress, dropping out of school, social isolation, and economic instability. If these issues are not addressed, the long-term repercussions can be severe. Emotional stress can lead to mental health problems such as depression and anxiety, which can affect the mother's ability to care for her child effectively. Dropping out of school limits economic opportunities, perpetuating cycles of poverty and limiting access to well-paying jobs. Social isolation exacerbates these issues, reducing access to support systems and increasing feelings of loneliness and stress. Research in low- and middle-income countries, such as India and Bangladesh, shows that young mothers often experience economic hardships, social isolation, and limited educational and employment opportunities, perpetuating a cycle of poverty and reduced well-being for both mother and child.²⁰

Effective coping strategies for these challenges include seeking support, practicing self-care, and obtaining information. Seeking support from family, friends, and health professionals is essential for providing emotional and practical help. Research shows that strong social support can help teen mothers overcome negative feelings and improve their overall well-being.²¹ Practicing self-care is another important coping strategy. Self-care includes maintaining physical health through good nutrition, regular exercise, and adequate sleep, as well as maintaining mental health by taking time for relaxation and enjoyable activities.

The attainment of the maternal role in primiparous adolescent mothers is a multifaceted process involving the development of maternal identity, maternal behaviors, and the establishment of emotional bonds with the infant. According to Erik Erikson's psychosocial development theory, adolescents are in the stage of identity vs. role confusion, where they are exploring their personal identities.²² When an adolescent becomes a mother, she must integrate her emerging adult identity with her new role as a mother, which can be a challenging task. Societal expectations and personal doubts often compound this process, making the transition to motherhood particularly strenuous for young mothers.

Maternal behaviors in adolescent mothers vary widely and are influenced by their maturity, support systems, and knowledge about child-rearing. Research by Cox et al. (2019) highlighted that adolescent mothers often face significant challenges in providing optimal parenting, largely due to limited access to resources and support.²³ Establishing emotional bonds with the infant is crucial for the child's emotional and social development. Research by Ohara et al. (2017) indicates that adolescent mothers who receive adequate postpartum support are more likely to develop strong emotional bonds with their infants.²⁴

Health workers play a critical role in supporting primiparous adolescent mothers through this transition. They can provide education on maternal and infant health, offer counseling services, and facilitate access to necessary resources.²⁵ Health workers can also conduct home visits to offer personalized support and guidance, helping young mothers develop confidence in their maternal role. Mentorship programs, where

experienced mothers guide and support adolescent mothers, can also be highly effective. By addressing the unique challenges faced by adolescent mothers, health workers can help ensure that both the mothers and their infants thrive.

Strength and Limitation

The strength of this study lies in its foundation on the voices and real experiences of adolescent women. However, a limitation is that the data were gathered from only one province in Indonesia, which may affect the transferability of the findings. For a more comprehensive understanding, future research should include diverse provinces with varying geographical, cultural, and environmental conditions.

Conclusions

Primiparous adolescent mothers face unique and multifaceted challenges in attaining their maternal role, developing maternal identity, behaviors, and establishing emotional bonds with their infants. The transition to motherhood at a young age requires integrating their adolescent identity with their new role, which can be particularly difficult given the developmental stage and external pressures they face. Emotional stress, lack of experience, social stigma, and economic instability further complicate this process. Health workers play a crucial role in supporting adolescent mothers through this transition. They can provide essential education on maternal and infant health, offer counseling and psychosocial support, and facilitate access to necessary resources. Mentorship programs and home visits are particularly effective in providing personalized guidance and support. By addressing their unique challenges health workers can significantly improve the well-being of both adolescent mothers and their infants.

Author Contributions

Conceptualization: YS; methodology, formal analysis, software: YS, YN; investigation, YS, data curation, validation, YS; writing-original draft preparation: YS, YN; writing-review and editing, YS; and funding acquisition, YS. writing: YS, writing, review, editing: YS, YN. All authors have read and approved the final version of the manuscript.

1. Yuseva Sariati, SST.,SE.,M.Keb – Initial (YS); Midwifery Departement, Medical Faculty, Brawijaya University, Malang, Indonesia. Orchid ID <https://orcid.org/0000-0001-6246-6541>
Email: yuseva.s@ub.ac.id
2. YuneFit Ulfa (YN): National Research and Innovation. <https://orcid.org/0000-0002-7403-6087>.
Email: yuneFit@gmail.com

ACKNOWLEDGEMENT

We extend our sincerest gratitude to the adolescent mothers who participated in this study. Their willingness to share their personal experiences and challenges has been invaluable to our research. We are also grateful to the Brawijaya University and Sebelas Maret University for their logistical support and resources, which have been fundamental in facilitating our research activities..

REFERENCES {BIBLIOGRAPHY}

1. Javadifar, N., Majlesi, F., Nikbakht, A., Nedjat, S., & Montazeri, A. (2016). Journey to motherhood in the first year after child birth. *Journal of family & reproductive health*, 10(3), 146. <https://pmc.ncbi.nlm.nih.gov/articles/PMC5241359/>
2. Rafii, F., Alinejad-Nacini, M., & Peyrovi, H. (2020). Maternal Role Attainment in Mothers with Term Neonate: A Hybrid Concept Analysis. *Iranian journal of nursing and midwifery research*, 25(4), 304–313. https://doi.org/10.4103/ijnmr.IJNMR_201_19

3. World Health Organization (WHO). 2024. Adolescent pregnancy. *accessed from* <https://www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy>
4. Azevedo, W. F., Diniz, M. B., Fonseca, E. S., Azevedo, L. M., & Evangelista, C. B. (2015). Complications in adolescent pregnancy: systematic review of the literature. *Einstein (Sao Paulo, Brazil)*, 13(4), 618–626. <https://doi.org/10.1590/S1679-45082015RW3127>
5. United Nation DESA Population Division. World Population Prospects 2022, Custom Data Acquired via Website New York, USA: United Nations (UN), Department of Economic and Social Affairs (DESA), Population Division; 2022. Available from: <https://population.un.org/wpp/> [Google Scholar]
6. BPS, Bappenas, Puskapa, UNICEF. (2020). Prevention of child marriage: Acceleration that cannot wait. Badan Pusat Statistik (BPS), Bappenas, Puskapa, and UNICEF, 2020. Accessed from <https://www.unicef.org/indonesia/sites/unicef.org/indonesia/files/2020-06/Prevention-of-Child-Marriage-Report-2020.pdf>
7. Hunter, L., Magill-Cuerden, J., & McCourt, C. (2015). Disempowered, passive and isolated: how teenage mothers' postnatal inpatient experiences in the UK impact on the initiation and continuation of breastfeeding. *Maternal & child nutrition*, 11(1), 47–58. <https://doi.org/10.1111/mcn.12150>
8. Mangeli M, Rayyani M, Cheraghi MA, Tirgari B. Exploring the Challenges of Adolescent Mothers From Their Life Experiences in the Transition to Motherhood: A Qualitative Study. *J Family Reprod Health*. 2017 Sep;11(3):165-173. PMID: 30018654; PMCID: [PMC6045691](https://pubmed.ncbi.nlm.nih.gov/PMC6045691/)
9. Tong, A., Sainsbury, P., & Craig, J. (2007). Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *International journal for quality in health care : journal of the International Society for Quality in Health Care*, 19(6), 349–357. <https://doi.org/10.1093/intqhc/mzm042>
10. Databoks. (2023). Jawa Timur, Provinsi dengan Pernikahan Anak Perempuan Tertinggi 2022. <https://databoks.katadata.co.id/datapublish/2023/12/19/jawa-timur-provinsi-dengan-pernikahan-anak-perempuan-tertinggi-2022>
11. Jalil, A. (2023). Pernikahan Anak Dan Dini Di Kabupaten Probolinggo Tinggi, Ini Penyebabnya. *TIMES Indonesia*. Accessed from https://timesindonesia.co.id/peristiwa-daerah/442927/pernikahan-anak-dan-dini-di-kabupaten-probolinggo-tinggi-ini-penyebabnya#google_vignette
12. Suardi AR, Fida IA. Analisis dampak pernikahan dini terhadap kehidupan keluarga di desa sumberkedawung kecamatan leces kota probolinggo. *USRAH: Jurnal Hukum Keluarga Islam*. 2023 Oct;4(2):156-67. <https://jurnal.staim-probolinggo.ac.id/USRAH/article/download/1016/864>
13. Moser, A., & Korstjens, I. (2018). Series: Practical guidance to qualitative research. Part 3: Sampling, data collection and analysis. *The European Journal of General Practice*, 24(1), 9–18. <https://doi.org/10.1080/13814788.2017.1375091>
14. Bandura A. Social cognitive theory: An agentic perspective. *Annual review of psychology*. 2001 Feb;52(1):1-26.
15. Graneheim, U. H., & Lundman, B. (2004). Qualitative content analysis in nursing research: Concepts, procedures and measures to achieve trustworthiness. *Nurse Education Today*, 24(2), 105–112. <https://doi.org/10.1016/j.nedt.2003.10.001>
16. Erlingsson, C., & Brysiewicz, P. (2017). A hands-on guide to doing content analysis. *African Journal of Emergency Medicine*, 7(3), 93–99. <https://doi.org/10.1016/j.afjem.2017.08.001>
17. Thompson, R. Ata, M. Roehrig, S. Chait, Tanning: Natural and Artificial, Editor(s): Thomas Cash, *Encyclopedia of Body Image and Human Appearance*, Academic Press, 2012, Pages 775-782, ISBN 9780123849250, <https://doi.org/10.1016/B978-0-12-384925-0.00122-X>
18. Burgess, R. A., Jeffery, M., Odero, S. A., Rose-Clarke, K., & Devakumar, D. (2022). Overlooked and unaddressed: A narrative review of mental health consequences of child marriages. *PLOS global public health*, 2(1), e0000131. <https://doi.org/10.1371/journal.pgph.0000131>
19. Hoffmann, H., Olson, R. E., Perales, F., & Baxter, J. (2020). New mothers and social support: A mixed-method study of young mothers in Australia. *Journal of Sociology*, 57(4), 950-968. <https://doi.org/10.1177/1440783320978706>
20. Jaafar H, Ismail SY, Azzeri A. Period Poverty: A Neglected Public Health Issue. *Korean J Fam Med*. 2023 Jul;44(4):183-188. doi: 10.4082/kjfm.22.0206. Epub 2023 May 16. PMID: [37189262](https://pubmed.ncbi.nlm.nih.gov/37189262/); PMCID: [PMC10372806](https://pubmed.ncbi.nlm.nih.gov/PMC10372806/)
21. Ohara, M., Okada, T., Aleksic, B., Morikawa, M., Kubota, C., Nakamura, Y., Shiino, T., Yamauchi, A., Uno, Y., Murase, S., Goto, S., Kanai, A., Masuda, T., Nakatochi, M., Ando, M., & Ozaki, N. (2017). Social support helps protect against perinatal bonding failure and depression among mothers: a prospective cohort study. *Scientific reports*, 7(1), 9546. <https://doi.org/10.1038/s41598-017-08768-3>
22. Ragelienė T. Links of Adolescents Identity Development and Relationship with Peers: A Systematic Literature Review. *J Can Acad Child Adolesc Psychiatry*. 2016 Spring;25(2):97-105. Epub 2016 May 1. PMID: [27274745](https://pubmed.ncbi.nlm.nih.gov/27274745/); PMCID: [PMC4879949](https://pubmed.ncbi.nlm.nih.gov/PMC4879949/).
23. Cox, J. E., Harris, S. K., Conroy, K., Engelhart, T., Vyavaharkar, A., Federico, A., & Woods, E. R. (2019). A Parenting and Life Skills Intervention for Teen Mothers: A Randomized Controlled Trial. *Pediatrics*, 143(3), e20182303. <https://doi.org/10.1542/peds.2018-2303>
24. Ohara A, Furui T, Shimizu C, Ozono S, Yamamoto K, Kawai A, Tatara R, Higuchi A, Horibe K. Current situation of cancer among adolescents and young adults in Japan. *International Journal of Clinical Oncology*. 2018 Dec 23:1201–1211 <https://doi.org/10.1007/s10147-018-1323-2>
25. Corcoran J. Teenage Pregnancy and Mental Health. *Societies*. 2016; 6(3):21. <https://doi.org/10.3390/soc6030021>