

Pregnancy Risks of Young Mothers in Medical Discourse and Cultural Settings

Anisa Puspa Rani,^{1*} Heru Nugroho,² Desinta Dwi Asriani²

¹Department of Sociology, Faculty of Law, Social and Political Sciences, Universitas Mataram, Mataram – Indonesia, ²Department of Sociology, Faculty of Social and Political Sciences, Universitas Gadjah Mada, Yogyakarta – Indonesia

***Corresponding Author:**

email: pusparani_anisa@mailugm.ac.id
- Jl. Majapahit No.62, Kota Mataram, NTB 83126, Indonesia

Abstract: East Lombok Regency, despite implementing pregnancy health programs, grapples with a persistently high pregnancy risk. This study investigates the disparity between medical and Sasak cultural perspectives on young mothers' pregnancy risks. Qualitative case study research reveals a conflict between community sociocultural narratives and medical viewpoints. Cultural norms normalize medical narratives, shaping pre-marital reproductive arrangements, body perceptions, and idealized pregnancy concepts. Young mothers, influenced by cultural values, accept pregnancy as a collective social process within the family. The study emphasizes the impact of cultural determinism on shaping perceptions and preferences for young mothers' pregnancy health, highlighting the need for an integrated approach that bridges medical and cultural perspectives to address and mitigate pregnancy risks effectively.

Keywords: discipline on women's body; pregnancy risk; young women

Abstrak: Kabupaten Lombok Barat, meskipun menerapkan program kesehatan kehamilan, terus berjuang menanggapi risiko kehamilan yang tinggi. Studi ini mengkaji perbedaan antara perspektif medis dan budaya Sasak pada risiko kehamilan ibu muda. Melalui penelitian studi kasus kualitatif, ia mengungkapkan konflik antara narasi sosial-budaya masyarakat dan sudut pandang medis. Norma budaya menormalkan narasi medis, pengaturan reproduksi pra-pernikahan, persepsi tubuh, dan konsep kehamilan yang diidealisasi. Ibu-ibu muda, dipengaruhi oleh nilai-nilai budaya, menerima kehamilan sebagai proses sosial kolektif dalam keluarga. Studi ini menekankan dampak determinisme budaya pada membentuk persepsi dan preferensi untuk kesehatan kehamilan ibu-ibu muda, menyoroti kebutuhan untuk pendekatan terpadu yang menghubungkan perspektif medis dan budaya untuk mengatasi dan mengurangi risiko kehamilannya secara efektif.

Kata Kunci: pendisiplinan atas tubuh perempuan; resiko kehamilan; perempuan muda

A. Introduction

Pregnancy risk in young women is a multidisciplinary study that attracts the attention of various researchers. Studies on pregnancy risk are dominated by medical perspectives that emphasize young pregnancies as high-risk pregnancies. Based on World Health Organization (WHO) studies, it is known that pregnancies in young mothers are more prone to pregnancy risks in the form of hypertension, pre-eclampsia, and anemia compared to other age groups.¹ Early pregnancy carries several risks, such as preterm birth, premature rupture of membranes, pre-eclampsia, and anemia,² as well as mental problems and depression.³ The risk of pregnancy in the young age group is associated with the problem of young mothers' low access to prenatal care and medical assistance.⁴ At the same time, the social science perspective emphasizes the risk of early pregnancy with socio-economic issues,⁵ inadequate parenting skills,⁶ and the negative stigma attached to young mothers' competence.⁷ Meanwhile, the state, through policymakers, often views the implications of pregnancy risk as a condition that is contrary to ideal ideals and tends to be seen as a problem.⁸

¹ WHO, "WHO Discussion Papers on Adolescence: Adolescent Pregnancy – Unmet Needs and Undone Deeds," World Health Organization, 2007, <https://www.who.int/publications/i/item/9789241595650>.

² V. Pergialiotis et al., "Teenage Pregnancy Antenatal and Perinatal Morbidity: Results from a Tertiary Centre in Greece," *Journal of Obstetrics and Gynaecology* 35, no. 6 (2015): 595–99, <https://doi.org/10.3109/01443615.2014.991285>.

³ Jacqueline Corcoran, "Teenage Pregnancy and Mental Health," *Societies* 6, no. 3 (2016): 21, <https://doi.org/10.3390/soc6030021>.

⁴ Haritha Sagili et al., "Are Teenage Pregnancies at High Risk? A Comparison Study in a Developing Country," *Archives of Gynecology and Obstetrics* 285, no. 3 (2012): 573–77, <https://doi.org/10.1007/s00404-011-1987-6>.

⁵ Collins K Ahorlu, Constanze Pfeiffer, and Brigit Obrist, "Socio-Cultural and Economic Factors Influencing Adolescents' Resilience against the Threat of Teenage Pregnancy: A Cross-Sectional Survey in Accra, Ghana," *Reproductive Health* 12, no. 1 (2015): 117, <https://doi.org/10.1186/s12978-015-0113-9>.

⁶ Ofra Koffman, "Children Having Children? Religion, Psychology and the Birth of the Teenage Pregnancy Problem," *History of the Human Sciences* 25, no. 1 (2012): 119–34, <https://doi.org/10.1177/0952695111426383>.

⁷ Elizabeth Yardley, "Teenage Mothers' Experiences of Stigma," *Journal of Youth Studies* 11, no. 6 (2008): 671–84, <https://doi.org/10.1080/13676260802392940>.

⁸ Lisa Arai, "What a Difference a Decade Makes: Rethinking Teenage Pregnancy as a Problem," *Social Policy and Society* 8, no. 2 (2009): 171–83, <https://doi.org/10.1017/S1474746408004703>.

The risk of early pregnancy among social science researchers is often positioned as the impact of sexuality transition issues and reproductive issues in adolescence. Various studies see teenage pregnancy caused by the infiltration of promiscuity,⁹ sexual autonomy of young people,¹⁰ forms of juvenile delinquency and moral offenses,¹¹ pre-marital sex for economic reasons,¹² and the consequences of teenagers who like to change partners.¹³ Various realities of adolescent sexuality that lead to morality issues are responded to by strengthening reproductive health education with various approaches. In Africa, the social capital-based approach is carried out by involving the role of family members to provide an understanding of the use of contraceptives.¹⁴ In American states, the risk of teenage pregnancy is seen as a result of contraceptive education not reaching sexually active adolescents.¹⁵ In Indonesia, the issue of adolescent reproductive health is focused on three issues: adolescent sexuality, drug abuse, and HIV/AIDS.

When it comes to pregnancy risks, pregnancy narratives are not only based on medical constructs related to the medical pathological risks of pregnancy. Several studies in various countries show that pregnancy health

⁹ Pam Nilan, "Youth Transitions to Urban, Middle-Class Marriage in Indonesia: Faith, Family and Finances," *Journal of Youth Studies* 11, no. 1 (2008): 65–82, <https://doi.org/10.1080/13676260701690402>; Pam Nilan et al., "Contemporary Indonesian Youth Transitions: Trends and Inequalities," in *Youth Identities and Social Transformations in Modern Indonesia* (Leiden and Boston: Brill, 2016), 23–46, https://doi.org/10.1163/9789004307445_003.

¹⁰ Lesley Hoggart, "I'm Pregnant ... What Am I Going to Do? An Examination of Value Judgements and Moral Frameworks in Teenage Pregnancy Decision Making" *Health, Risk & Society* 14, no. 6 (2012): 533–49, <https://doi.org/10.1080/13698575.2012.706263>.

¹¹ Wendy Luttrell, "Where Inequality Lives in the Body: Teenage Pregnancy, Public Pedagogies and Individual Lives," *Sport, Education and Society* 16, no. 3 (2011): 295–308, <https://doi.org/10.1080/13573322.2011.565962>.

¹² John Kingsley Krugu et al., "Beyond Love: A Qualitative Analysis of Factors Associated with Teenage Pregnancy among Young Women with Pregnancy Experience in Bolgatanga, Ghana," *Culture, Health & Sexuality* 19, no. 3 (2017): 293–307, <https://doi.org/10.1080/13691058.2016.1216167>.

¹³ Carina Joane V Barroso and Red Robin P Babanto, "Unwanted Teenage Pregnancies: Sociological Model Based on Agents," *Asia Pacific Journal of Social and Behavioral Sciences* 13 (2017), <https://doi.org/10.57200/apjsbs.v13i0.121>.

¹⁴ Sylvia Esther Gyan et al., "Social Capital and Adolescent Girls' Resilience to Teenage Pregnancy in Begoro, Ghana," *Journal of Biosocial Science* 49, no. 3 (2017): 334–47, <https://doi.org/10.1017/S002193201600047X>.

¹⁵ Amy Dworsky and Mark E Courtney, "The Risk of Teenage Pregnancy among Transitioning Foster Youth: Implications for Extending State Care beyond Age 18," *Children and Youth Services Review* 32, no. 10 (2010): 1351–56, <https://doi.org/10.1016/j.childyouth.2010.06.002>.

narratives almost always coexist with various arrangements derived from cultural customs, religious values, and community knowledge systems. Customary determinism in pregnancy and birth practices is found in many pregnancy traditions. Narratives of pregnancy from a cultural perspective are often at odds with medical principles of pregnancy health care. Many findings show that traditional pregnancy customs carry fatal risks. In Uganda, practices such as the use of herbal concoctions, prohibition of drinking the first mother's milk, handling of the placenta, and shaping of the newborn's head are among the most common.¹⁶ In the case of India, customary arrangements are made in the form of traditional ceremonies, certain prohibitions, and foods for pregnant women, some of which are positive and some of which have a negative impact on pregnancy.¹⁷ In Thailand, however, customary practices in pregnancy illustrate the preservation of the culture and form of pregnancy as part of the preservation of the social system.¹⁸ Similar conditions are also found in the context of the Sasak Lombok community, where there are still local practices and rituals in the process of pregnancy and birth that show the bond of mother-child and family in one unit.¹⁹

Several studies have documented the shape of religious narratives and religiosity in pregnancy. Religious narratives in pregnancy in developed countries as described by Carver et al's research revealed the views of pregnant women who consider spiritual values as part of the needs of pregnancy.²⁰ A Danish study reported the important role of religion in coping with post-death

¹⁶ Florence Beinempaka et al, "The Practice of Traditional Rituals and Customs in Newborns by Mothers in Selected Villages in Southwest Uganda," *Paediatrics & Child Health* 19, no. 2 (2014): 72-72, <https://doi.org/10.1093/pch/19.2.72>.

¹⁷ A. A. Kameswar Rao, V. V. Sastry, and A. SaiRam, "Social Customs among Mothers during Pregnancy in Karimnagar District, Telangana," *MRIMS Journal of Health Sciences* 4, no. 4 (2016): 184, <https://doi.org/10.4103/2321-7006.302274>.

¹⁸ Pranee Liamputtong et al, "Traditional Beliefs about Pregnancy and Child Birth among Women from Chiang Mai, Northern Thailand," *Midwifery* 21, no. 2 (2005): 139-53, <https://doi.org/10.1016/j.midw.2004.05.002>.

¹⁹ Saki Tanada, "The Mother-Child Bonding in Pregnancy, Childbirth, and Postnatal: An Ethnographic Study of Birthing among the Sasak People in Lombok" ([Doctoral thesis]. Graduate School of Human and Socio-Environmental Studies, Kanazawa University, 2018), <https://core.ac.uk/download/pdf/222815228.pdf>.

²⁰ Nicole Carver and Bernadette Ward, "Spirituality in Pregnancy: A Diversity of Experiences and Needs," *British Journal of Midwifery* 15, no. 5 (May 2007): 294-96, <https://doi.org/10.12968/bjom.2007.15.5.23410>.

trauma.²¹ Whereas in developing countries as studies in Nigeria show that the role of religion in pregnancy not only applies to pregnant women but also to medical personnel as part of divine consciousness.²² In a broader context, religious values and religiosity have played a role in various pregnancy dynamics, ranging from efforts to reduce stress during pregnancy and making God the ultimate savior of pregnancy. In Indonesia, belief in God gives women the confidence to face pregnancy and childbirth and trust that they will be protected.²³

East Lombok Regency, West Nusa Tenggara (NTB) Province, is categorized as an area with relatively high pregnancy risk. It can be seen from the maternal and infant mortality rates. In 2021, the maternal mortality rate in NTB Province was 144 cases. East Lombok Regency contributed the highest maternal mortality rate, namely 45 cases. Hemorrhage and hypertension are the most dominant causes of maternal death. In 2020 there were 38 cases (31.15%) of maternal deaths due to bleeding and 31 cases (25.41%) of cases of hypertension.²⁴ While the infant mortality rate in 2019 in NTB Province was 863 cases, and 78.22% of them occurred in the neonatal period, with the cause of infant death due to Low Birth Weight (LBW) and asphyxia. From the period 2017 to 2022, East Lombok Regency has the highest infant mortality rate among other districts in NTB Province, totaling 1,809 cases (Health Office data 2022). The actual number of maternal and infant deaths may be higher than the data published by formal institutions if seen from several cases of unreported deaths.

The high risk of pregnancy both in NTB Province and specifically in East Lombok Regency is due to the high rate of underage marriage. Based on data from the Basic Health Research (Riskesdes) of NTB Province in 2010, 41.6% of

²¹ Mette Vingborg Eklund et al., "Parents' Religious/Spiritual Beliefs, Practices, Changes and Needs after Pregnancy or Neonatal Loss—A Danish Cross-Sectional Study," *Death Studies* 46, no. 6 (2022): 1529–39, <https://doi.org/10.1080/07481187.2020.1821260>.

²² Magdalena Ohaja, Jo Murphy-Lawless, and Margaret Dunlea, "Religion and Spirituality in Pregnancy and Birth: The Views of Birth Practitioners in Southeast Nigeria," *Religions* 10, no. 2 (2019): 82, <https://doi.org/10.3390/rel10020082>.

²³ Muthia Mutmainnah and Yati Afyanti, "The Experiences of Spirituality during Pregnancy and Child Birth in Indonesian Muslim Women," *Enfermería Clínica* 29 (2019): 495–99, <https://doi.org/10.1016/j.enfcli.2019.04.074>.

²⁴ NTB Satu Data, "Jumlah Kematian Ibu Berdasarkan Penyebab Provinsi NTB 2021," 2021, <https://data.ntbprov.go.id/dataset/jumlah-kematian-ibu-menurut-penyebab-di-provinsi-ntb/resource/f8d4a632-a498-4890-ac53#%7Bview>.

women in NTB Province married for the first time at 15-19 years old. In 2019, the first marriage rate based on age 15-19 years was 45.62%. This shows that in a period of almost 10 years there has been an increase in the number of women who married in the age category of 15-19 years. The high number of marriages at a young age that gave birth to the reality of young maternal pregnancy is believed to have implications for various pregnancy health problems.

The contextualization of Sasak culture in communities in NTB Province has long been one of the research domains focusing on gender and reproductive issues. Nilsson's research²⁵ illustrates that traditional gender roles in the Sasak Lombok community are inherent in the community's general understanding of reproduction, the preference for young marriage for women, and the application of polygamy. Furthermore, Nilsson describes the use of contraception is only aimed at married couples while pre-marital adolescents have not been a concern because Lombok women are not sexually active, so they have not been given access to reproductive health information services. An overview of the influence of culture in understanding reproduction in the Sasak Lombok community has been documented through several studies such as Robinson's,²⁶ Bennett²⁷, who agreed to describe *merariq* as a process of culturally transmitting reproductive knowledge to Sasak adolescent girls.

Since 2015, NTB Province has massively started the West Nusa Tenggara Golden Generation Program (GEN 2025), one of which focuses on reproductive health education at the community level. Currently, East Lombok Regency has 1,776 *Posyandu*²⁸ spread across 254 villages in 21 sub-districts. On average,

²⁵ Johanna Nilsson, "The Right to Reproductive Choice in Lombok Indonesia: A Minor Field Study on National Implementation of International Human Rights Law" ([Master thesis]. Faculty of Law, Lund University, 2005), <https://lup.lub.lu.se/luur/download?func=downloadFile&recordId=1560532&fileId=1565342>.

²⁶ Kathryn Robinson, ed., *Youth Identities and Social Transformations in Modern Indonesia* (Leiden and Boston: Brill, 2016).

²⁷ Linda Rae Bennett et al., "Reproductive Knowledge and Patient Education Needs among Indonesian Women Infertility Patients Attending Three Fertility Clinics," *Patient Education and Counseling* 98, no. 3 (2015): 364–69, <https://doi.org/10.1016/j.pec.2014.11.016>; Linda Rae Bennett, "Early Marriage, Adolescent Motherhood, and Reproductive Rights for Young Sasak Mothers in Lombok," *Wacana, Journal of the Humanities of Indonesia* 15, no. 1 (2013): 66–86, <https://doi.org/10.17510/wjhi.v15i1.105>.

²⁸ *Posyandu* is the abbreviation of *Pos Pelayanan Terpadu* (Integrated Service Post). It is a government program commonly found in Indonesia, aimed at providing integrated child health and development services at the community level.

each village has 6-7 *Posyandu*. Even based on data from the East Lombok health profile in 2017, nine out of 32 health centers have a community participation rate above 90%. However, at the same time, the pregnancy risk rate as seen from the maternal and infant mortality rate, is still high. The reality of high pregnancy risk in the midst of efforts to improve pregnancy medical health services raises the suspicion that the medical narrative about pregnancy risk in young mothers is contrary to the sociocultural understanding of the community. Therefore, this study aims to describe the social narrative of Sasak indigenous people in understanding the risk of pregnancy in young mothers.

This research is a case study research with a qualitative approach. This research focuses on case studies of pregnancy risk found in the implementation of the East Lombok Health Office's Basic Essential Obstetric Neonatal Services (*Pelayanan Obstetri Neonatal Emergensi Dasar - PONED*), which places Puskesmas Lepak, Puskesmas Jerowaru, Puskesmas Sukaraja, and Puskesmas Batuyang –as community health center working– with a high number of young pregnant women with pregnancy risk. The qualitative approach was chosen in line with the research objectives to identify “sociocultural views” on how the community (parents, family members, young mothers/young married couples, community leaders) interpret reproductive issues including young marriage, pregnancy delays, pregnancy risks and preferences for fulfillment of antenatal care. Field research was conducted from November 2021 to July 2022 with a purposive technique of determining young mother informants with the criteria of young mothers aged 14-19 years who were pregnant or in post-partum with a history of high-risk pregnancy based on PONED data. Other informants such as parents, family members, young mothers/partners, community leaders, and UKBM health workers were obtained by snowball from the social environment of young mothers who became informants. Data collection techniques included interviews with 16 pregnant women, 2 young post-partum women, 5 husbands, 10 mothers-in-law, 5 community leaders, 1 provincial BKKBN official, 2 provincial and district health office officials, 2 provincial and district women's empowerment, child protection and family planning officials, 4 health center midwives, 5 village health post midwives and 5 family health post cadres.

This research uses Michael Foucault's panopticon theory to understand the regulative discourse on the body, which focuses on three points of analysis, namely first, the disciplining of adolescents in the pre-marital period. Second,

cultural regulation and panopticon over the body and pregnancy. Third, young mothers' reflections on the risks of pregnancy and the dynamics of cultural and medical regulation. In the initial stage, the analysis relies on tracing the regulation of sexuality in adolescence that shapes the prevalence of marriage at a young age culturally. After marriage, the analysis of regulation and panopticon focuses on cultural constructions of ideal pregnancy, risk, and health services. Finally, the ability of young mothers to negotiate pregnancy safety based on sociocultural dynamics and pregnancy health services is analyzed. The three points of analysis are systematically described in the periodization of young mothers' pregnancy sexuality regulation. The three points were then used to categorize the data/findings at the coding stage. The data included interview transcripts, observation notes, and secondary data collected during the research. Data analysis was then carried out by producing descriptions in three discussion groups, namely the first value in pre-marital reproductive arrangements. Second, sociocultural characteristics related to understanding young mothers' health and pregnancy risks. Third, the negotiation ability of young mothers in assessing the safety of pregnancy from the tug of war between medical and cultural discourses of pregnancy risk.

B. Pregnancy Risks of Young Mothers in the Medical Narrative

The pregnancy risk identification system in Lombok Timur recognizes pregnancies under the age of 20 as high-risk pregnancies. It is inseparable from the high contribution of young pregnancies to maternal mortality, infant mortality, and pregnancy risk rates. When viewed in the 2014-2020 period, there were 701 cases of maternal death. Of these, the maternal mortality rate based on the age category <20 years during the same period was 49 cases or 6.99%. Of the total maternal deaths in the age category under 20 years, 24 cases of maternal death, or 48.98%, occurred in East Lombok Regency (Data from the Family Health Section of the NTB Provincial Health Office 2014 - 2021).

The risk of pregnancy can also be seen from the number of diseases faced by the mother during pregnancy. The risk of pregnancy in young mothers is quite high. It is reflected in data from Basic Essential Neonatal Obstetric Services (PONED) in East Lombok District in 2021.

Table 1 shows the types of diseases that put pregnant women at risk in Lombok Timur. In 2021, there were 21,750 out of 20 types of diseases experienced by pregnant women.

Table 1
Number and Types of Pregnancy Risk Diseases in Lombok Timur

No.	Type of Disease	Case	Handled by the Community Health Center	Referred to Hospital
1	Abortion	1.458	251	999
2	Pre-Eclampsia	971	10	783
3	Eclampsia	29	-	25
4	Antepartum Bleeding (APB)	147	4	125
5	Hemorrhage Post-partum (HPP)	120	13	92
6	Long Parturition	314	10	263
7	Overdue Pregnancy (<i>Partus Kasep</i>)	3	-	2
8	RUI/Rupture of the Uterus	-	-	-
9	Placement Disorder	497	18	395
10	Premature	282	21	216
11	Serotinus	653	2	491
12	Premature Rupture of Membranes	1.283	13	1.048
13	Cephalopelvic Disproportion (CPD)	142	-	118
14	Bad Labor History	534	5	445
15	Gemelli (Twins)	186	10	150
16	Ectopic Pregnancy (ECT)	22	-	16
17	Inpartum with medical abnormalities	1.411	90	1.079
18	Anemia	3.772	3.409	9
19	Hyperemesis Gravidarum	86	78	4
20	Puerperal Infection	5	1	4
21	Chronic Energy Deficiency (CED)	4.241	3.468	18
Amount		21.750	7.936	10.334

Source: East Lombok PONE Data 2021

This number, when compared to the number of mothers who gave birth alive in the same period, namely 24,549 cases, it can be concluded that 88.60% of mothers who gave birth experienced medical risk conditions during pregnancy. Efforts to deal with these medical risks are carried out in stages, starting from the family *Posyandu* level, *polindes*, health centers, and seen from the treatment actions at health care facilities, cases handled at health centers are still quite low at 7,936 cases or 36.49%, while those referred to hospitals

amounted to 10,334 cases or 47.51%. This shows the fatality rate of pregnant women cases found that require referral to advanced health facilities (hospitals). The types of pregnancy-risk diseases in this study site are depicted in Table 2.

Table 2
Number and Type of Pregnancy Risks at Four Community Health Center
in the Study Area

No.	Type of Disease	Lepak	Jerowaru	Sukaraja	Batuyang
1	Abortion	45	40	22	37
2	Pre-Eclampsia	43	14	10	77
3	Eclampsia	-	1	0	2
4	Antepartum Bleeding (APB)	1	8	2	12
5	Hemorrhage Post-partum (HPP)	1	4	2	3
6	Long Parturition	11	16	5	23
7	Overdue Pregnancy (<i>Partus Kasep</i>)	0	1	0	0
8	RUI/Rupture of the Uterus	0	0	0	0
9	Placement Disorder	15	18	10	25
10	Premature	14	11	9	5
11	Serotinus	23	14	6	43
12	Premature Rupture of Membranes	67	41	22	100
13	Cephalopelvic Disproportion (CPD)	6	2	1	7
14	Bad Labor History	3	16	7	41
15	Gemelli (Twins)	13	8	2	13
16	Ectopic Pregnancy (ECT)	3	0	0	0
17	Inpartum with Medical Abnormalities	117	42	25	72
18	Anemia	200	54	51	292
19	Hyperemesis Gravidarum	0	0	0	0
20	Nifas Infection	0	1	0	0
21	Chronic Energy Deficiency (CED)	188	141	61	178
Amount		750	432	235	930

Processed from PONE D Data at Puskesmas Level in 2022

Table 2 shows that the most common types of pregnancy risks experienced by pregnant women are anemia and chronic energy deficiency. In Puskesmas Lepak, out of 971 pregnant women, 750 (77.56%) of them

experienced pregnancy risk diseases with the most types of diseases, namely anemia, as many as 200 cases, and chronic energy deficiency as many as 188 cases. In Puskesmas Jerowaru, out of 915 pregnant women, 432 (47.21) cases of pregnancy risk were found with the most dominant type of risk being chronic energy deficiency with 141 cases and anemia with 54 cases. Similar conditions were also found at the Sukaraja Health Center. Of the 413 pregnant women, 235 (56.95%) pregnancy risk cases were found with the most dominant risk types being chronic energy deficiency 61 cases and anemia 51 cases. Meanwhile, at Puskesmas Batuyang, out of 967 pregnant women, 750 cases of pregnancy risk were found, with the most common types of risk found namely anemia, with as many as 292 cases, and chronic energy deficiency 178 cases (processed from the report on the results of the implementation of the East Lombok Childbirth Planning Program 2021).

Anemia and chronic energy deficiency are not medically established during pregnancy alone but as a result of reproductive health history in adolescence. It is why adolescent girls at school age are intervened through the provision of blood-boosting tablets and multivitamins. The goal is that the young mother's body, since adolescence, is prepared before experiencing pregnancy. However, the issue of *merariq kodeq* makes a number of adolescent girls have not been intervened with additional intake as a prevention of Chronic Energy Deficiency and Anemia.

The number of pregnancies of young mothers under the age of 20 in the four working areas of the studied *puskesmas* is quite high. In 2021 at Puskesmas Lepak there were 101 cases out of 967 pregnancies (10.44%), Puskesmas Jerowaru, there were 133 cases out of 915 pregnancies (14.54%), Puskesmas Sukaraja, there were 50 cases out of 413 pregnancies (12.11%), and at Puskesmas Batuyang there were 133 cases out of 967 pregnancies (13.75%). This shows that the contribution of the typology of pregnancy of young mothers is quite large in increasing the risk of pregnancy.

C. Pregnancy Risks of Young Mothers Normalized by Culture

This study shows that the high risk of pregnancy is caused by the high rate of marriage at a young age (*merariq kodeq*). The high number of young marriages has an impact on the increase in the number of young pregnancies.

In the community narrative, there is a tendency for pregnancies that occur in women who marry at a young age to be considered a normal thing. This condition contradicts the medical narrative in the discourse of pregnancy risk. In medical discourse, the ideal age for pregnancy is above 20 years. Ideally, young married couples need to delay pregnancy. However, some people consider the behavior of postponing pregnancy to be unusual. Marriage has justified sexual relations to obtain offspring. The conception of children reinforces this as sustenance strengthens the marriage bond and motivates parents to work harder for the family economy.

The attitude of not delaying pregnancy in young married couples is also related to the narrative of maturity. Young marriages occur in conditions of dropping out of school, not yet having a job, and some of them still depend on financial assistance from parents. Parents who marry off their children at a young age tend to use pregnancy as an effort to accelerate their children's maturity in marriage. Young couples are expected to be mature and more responsible by having children. It shows that pregnancy in young mothers is not only within the realm of the young couple's marital agreement but also shaped by the family and social environment.

In medical discourse, the pregnancy of young mothers is considered high risk due to the issue of reproductive organ readiness that is not yet optimal. Meanwhile, the community believes that when young women become pregnant, it shows a healthy body. Young age is considered the right time to get pregnant. Young age is associated with the strength of the body and the ability to recover faster in the face of an illness. Various pregnancy symptoms such as weakness, lack of energy, and frequent dizziness experienced by young mothers tend to be normalized by parents as natural symptoms of pregnancy compared to medical symptoms such as Chronic Energy Deficiency and anemia.

Young mothers are the most vulnerable in facing pregnancy risks. Young mothers tend to be submissive. This attitude is closely related to the internalization and appreciation of the role system as a housewife. For young mothers, pregnancy becomes an important indicator as proof of self-perfection by being able to provide offspring. It becomes important in strengthening the position of women in their marriage bond. The attitude of young mothers shows the high determinism of sociocultural values that shape young mothers' behavior towards pregnancy.

The medical risks of pregnancy, as seen from the high maternal and infant mortality rates, are not of concern to the community. The community's attitude in responding to maternal and infant mortality is generally resigned to fate. People tend to think that pregnancy is a life cycle without risk. If the pregnancy is successful until delivery, then the child born is considered a sustenance for the parents. On the other hand, if unexpected things such as the death of a mother or baby occur, it is seen as something that has wisdom.

People tend to be fatalistic in facing the risks of pregnancy. This attitude is justified by religious views. There is a belief that women who die during pregnancy or childbirth will be rewarded with heaven and goodness. Likewise, when the baby who is born dies, the community, based on religious beliefs, believes that it will become an "asset" for the parents in heaven. The community believes that all matters related to mate, death, and sustenance have been determined, so humans only need to live. It resigned attitude makes women's position even more vulnerable. In fact, the risk of pregnancy in mothers can be overcome if women's health is a priority, especially when preparing for pregnancy to the delivery process.

The unstable economic condition of families of young married couples due to unemployment and relying on the economic support of family members has an impact on access preferences to pregnancy health services (Antenatal Care/ANC). Young mothers in examining their pregnancies, rely more on pregnancy service programs that are available for free, such as *Posyandu*. The lack of support from family members of young mothers to be able to independently check the special conditions of pregnancy is inseparable from household economic difficulties and also the attitude of normalizing signs of pregnancy complaints. Young mothers' dependence on family members is a common discourse seen in the daily lives of young mothers in pregnancy and childbirth. Financial dependence, culture and gender morality legitimized by religious understanding in the narrative of compliance are common realities faced by young mothers.

The condition of chronic energy deficiency and anemia experienced by young mothers is also related to the fulfillment of daily intake during pregnancy. The fulfillment of daily intake and consumption is determined by economic conditions and regulated by the "myth" of certain food restrictions on pregnant women. Maintaining food restrictions is important to avoid anything bad for the fetus or the smooth delivery. This study found a number of food-related myths that are described in Table 3.

Table 3
Myths of Abstinence from Consumption in Young Mother’s Pregnancy

Types of Food Restrictions	Underlying Beliefs
Must not eat octopus/squid/cuttlefish	<ul style="list-style-type: none"> • Octopus ink is believed to make the amniotic fluid dirty. • The arms and tentacles of these animals, if ingested, can cause the umbilical cord/tissue to wrap around the baby’s neck and pose a danger during childbirth. • The elastic shape of the Octopus Lips/Mouth (like in and out) is believed to make labor difficult (the baby will go in and out/stall/stick)
Prohibition of eating shrimp	<ul style="list-style-type: none"> • Worried that the fetus/baby will be born hunched over. • Complicating the birth process.
Ban on eating stingrays	<ul style="list-style-type: none"> • Complicate labor
Prohibition of eating fish with many bones	<ul style="list-style-type: none"> • Fish spines can harm the womb
Prohibition of eating crab	<ul style="list-style-type: none"> • Hard crab shells are considered bad for the womb, and can cause rupture of membranes.
Prohibition of eating pineapple	<ul style="list-style-type: none"> • May cause miscarriage
Prohibition of eating jackfruit	<ul style="list-style-type: none"> • May cause miscarriage
Prohibition of eating <i>salak</i>	<ul style="list-style-type: none"> • Makes the stomach/pregnancy become hot.
Recommendations for eating rice with vegetables during pregnancy	<ul style="list-style-type: none"> • Good for pregnancy
Prohibition of eating hanging fruit	<ul style="list-style-type: none"> • Associated with a difficult labor process
Prohibition of eating eggs after birth	<ul style="list-style-type: none"> • Wounds/stitches from childbirth are slow to dry/heal • The child’s umbilical cord will be smelly
Prohibition of eating wet foods	<ul style="list-style-type: none"> • Wounds/stitches from childbirth are slow to dry.
Eating rice with salt after giving birth	<ul style="list-style-type: none"> • to recover quickly • Children’s digestion is not perfect, afraid of baby diarrhea

Source: research interview results.

Parents, in-laws, or family members play a role in determining what is considered good or bad for young mothers and provide an assessment of the condition of pregnancy. Young mothers in their pregnancy often experience

complaints such as nausea, dizziness, and weakness. However, parents/family members with their experience and knowledge normalize these pregnancy risk symptoms as natural symptoms of pregnancy. This shows that the ability to identify pregnancy risk symptoms in the family tends to be weak. Young mothers tend to delay examining pregnancy complaints until they meet the village midwife in *Posyandu* activities. As a result, the process of pregnancy risk screening by health workers tends to be delayed. This study found a number of assessments from parents/family members that tended to normalize the condition of pregnancy complaints experienced by young mothers.

Table.4
Types of Normalized Pregnancy Risk Indications

Young Mothers' Bodily Experiences	Family/community assessment	Clinical Interpretation by Medical
Back pain	<ul style="list-style-type: none"> This is normal because of weight gain; just need a massage. 	<ul style="list-style-type: none"> ANC check-ups are necessary to measure weight and height, upper arm circumference, etc. to determine the nutritional status of pregnant women.
Weight fluctuates, thin, fat.	<ul style="list-style-type: none"> Low body weight (thinness) is normalized as a matter of mood to eat; it is recommended to eat lots of vegetables. When body weight increases (tends to be fat) it is normalized naturally because you are pregnant so there are two bodies. 	<ul style="list-style-type: none"> Low body weight is associated with nutritional status, indications of pregnancy, anemia, increased risk of miscarriage for low weight babies, premature birth and others. Weight not increasing as pregnancy progresses can be an indication that pregnant women have insufficient amniotic fluid. Further examination is needed to find out accompanying problems such as high blood pressure, diabetes, dehydration, etc. in pregnant women. It is feared that excess weight, obesity in pregnant women will cause gestational diabetes which has an impact on the fetus, pre-eclampsia and miscarriage as well as difficult births.

Amniotic fluid is less	<ul style="list-style-type: none"> It's natural when you don't drink enough 	<ul style="list-style-type: none"> Further examination through ultrasound is needed to find out the associated problems such as high blood pressure, diabetes, dehydration etc
Nausea	<ul style="list-style-type: none"> It is common as an early sign of pregnancy, food problems. 	<ul style="list-style-type: none"> If it is excessive, an examination is needed, indicating hyperemesis gravidarum
The body feels weak	<ul style="list-style-type: none"> It's normal to be pregnant 	<ul style="list-style-type: none"> There are indications of CED and anemia
Stomach cramps	<ul style="list-style-type: none"> It is common for pregnant people to experience stomach cramps as a result of pregnancy. 	<ul style="list-style-type: none"> Further examination is needed regarding potential pregnancy risks such as miscarriage, position of the uterus and fetal growth, etc

Processed from research interviews.

D. Panopticon System in Pregnant Women

This research shows that pregnancy is not just a biological process. Pregnancy is an important cycle that shows the enactment of various regulative discourses over the body that represent society's value system, beliefs and knowledge. The sociocultural context inherent in each type of society also shapes the various pregnancy patterns as a social process. This research uses Foucault's concept of the panopticon to explain the enactment of various regulative discourses related to the bodies and pregnancies of young mothers in Sasak society. The panopticon itself is understood as a comprehensive surveillance.²⁹ In this case, it can be seen in the context of pregnancy in young mothers on how the bodies of pregnant women are monitored and disciplined by society.

Parents play a role in instilling reproductive values and knowledge to children.³⁰ This research shows that traces of Sasak women's reproductive arrangements can be seen since the pre-marital period, especially the initial period of menstruation (menarche). Adolescent girls who have experienced

²⁹ Goerge Ritzer, *Sociological Theory* (New Delhi: McGraw Hill Education Pvt. Limited, 2011).

³⁰ Eka Aprilia Wulandari, Tantut Susanto, and Kholid Rosyidi Muhammad Nur, "The Relationship of Parenting Style and Perception of Sexuality, Gender and Norm of Reproductive Health among Adolescents," *Sawwa: Jurnal Studi Gender* 15, no. 1 (2020): 1-16, <https://doi.org/10.21580/sa.v15i1.3416>.

their first menstruation are considered adults. In Sasak society, *baligh* is a sign that adolescents are ready to carry out reproductive roles through marriage. Parents have a moral obligation to marry off children who have asked permission to marry. Permission to marry also aims to protect children from committing adultery or having pre-marital sex.³¹ In the perspective of the regulation of women's bodies, the attitude of parents who tend to be permissive in responding to children who marry young is a manifestation of a form of protection of both the image of girls and the good name of the family. This makes Nilsson's view of adolescent reproductive rights in gaining access to reproductive health such as the use of contraception irrelevant because it contradicts the cultural conception of the community.

Marrying at a young age is considered to be part of the process of maturing in most Sasak communities. The cultural influences that give birth to the reality of *merariq kodeq* and young motherhood show how the cultural environment shapes the transition to motherhood.³² *Merariq kodeq* has become a reality that is considered normal among most Sasak people.³³ The culture of the traditional Sasak community in East Lombok encourages and guides the maturation process through marriage. In the study of young marriages conducted in West Lombok and Mataram, the phenomenon of *merariq kodeq* has been considered normal for most people.³⁴

Cultural values in the regulation of pre-marital reproduction in Sasak society have given birth to the characteristics of young pregnancy in marriage. This positions Sasak young mothers' pregnancies differently from other pregnancy typologies that tend to be viewed as unwanted pregnancies³⁵ or Young mother pregnancy occurs due to the impact of infiltration of

³¹ Lisa Colquhoun and Pamela Nilan, "Early Marriage among Sasak Boys in Rural North Lombok," *Jurnal Studi Pemuda* 9, no. 2 (2020): 150-62, <https://doi.org/10.22146/studipemudaugm.56370>.

³² Robinson, *Youth Identities Soc. Transform. Mod. Indones.*

³³ Bennett et al., "Reproductive Knowledge and Patient Education Needs among Indonesian Women Infertility Patients Attending Three Fertility Clinics."

³⁴ Bennett, "Early Marriage, Adolescent Motherhood, and Reproductive Rights for Young Sasak Mothers in Lombok."

³⁵ Barroso and Babanto, "Unwanted Teenage Pregnancies: Sociological Model Based on Agents."

promiscuity,³⁶ sexual autonomy of young people,³⁷ juvenile delinquency and moral offenses,³⁸ unplanned pregnancy due to sexual intercourse,³⁹ pre-marital sex due to economy,⁴⁰ and changing partners.⁴¹

Traditional gender roles are embedded in society's common understanding of reproduction and marriage bonds.⁴² Women's bodies are placed as objects that are disciplined with various etiquette settings for appearance, socialization, and understanding of reproductive health and pre-marital sexual repression. With this panopticon system, society tends to be permissive to marriage at a young age because it is morally more acceptable than when teenagers fall into pre-marital sexual relations. This view is validated by various reproduced religious understandings around soul mates, sustenance, and destiny. These cultural values are found in East Lombok and most Sasak communities in West Lombok and Mataram,⁴³ North Lombok.⁴⁴

Family and community have a role in transmitting cultural values related to understanding reproductive health.⁴⁵ In the Sasak community, pregnancy is seen as part of the process of maturing in young married couples. The role of cultural regulation in pregnancy is manifested in various customary rituals and habits that are internalized by families in going through the pregnancy process. Tanada revealed that pregnant women in East Lombok tend to appreciate

³⁶ Nilan, "Youth Transitions to Urban, Middle-Class Marriage in Indonesia: Faith, Family and Finances."

³⁷ Hoggart, "I'm Pregnant ... What Am I Going to Do?" An Examination of Value Judgements and Moral Frameworks in Teenage Pregnancy Decision Making."

³⁸ Luttrell, "Where Inequality Lives in the Body: Teenage Pregnancy, Public Pedagogies and Individual Lives."

³⁹ Dworsky and Courtney, "The Risk of Teenage Pregnancy among Transitioning Foster Youth: Implications for Extending State Care beyond Age 18."

⁴⁰ Krugu et al, "Beyond Love: A Qualitative Analysis of Factors Associated with Teenage Pregnancy among Young Women with Pregnancy Experience in Bolgatanga, Ghana."

⁴¹ Barroso and Babanto, "Unwanted Teenage Pregnancies: Sociological Model Based on Agents."

⁴² Nilsson, "The Right to Reproductive Choice in Lombok Indonesia: A Minor Field Study on National Implementation of International Human Rights Law."

⁴³ Bennett, "Early Marriage, Adolescent Motherhood, and Reproductive Rights for Young Sasak Mothers in Lombok."

⁴⁴ Colquhoun and Nilan, "Early Marriage among Sasak Boys in Rural North Lombok."

⁴⁵ Hasyim Hasanah, "Pemahaman Kesehatan Reproduksi Bagi Perempuan: Sebuah Strategi Mencegah Berbagai Resiko Masalah Reproduksi Remaja," *Sawwa: Jurnal Studi Gender* 11, no. 2 (2017): 229-52, <https://doi.org/10.21580/sa.v11i2.1456>.

rituals and recommendations that represent cultural values in maintaining pregnancy.⁴⁶ Rituals in general, have become an important part of the process of forming personal and collective identities of the people of Lombok.⁴⁷

In the context of young maternal pregnancy, although the medical discourse positions young maternal pregnancy as a high-risk pregnancy, the influence of cultural determinism is greater. Women, when married are required to get pregnant immediately, both by their husbands and family members. In contrast to the view that considers coercion to get pregnant as reproductive coercion.⁴⁸ According to Bennet, in the context of Lombok, women are asked to get pregnant as part of their maturation as parents.⁴⁹ The research found several reasons why married women should get pregnant immediately. First, to continue the lineage, and second, to bring sustenance to the married couple. Third, proof of maturity. Fourth, there are demands of husbands who will work as migrant workers. Fifth, so that the husband does not commit polygamy or have an affair. Women feel perfect in the eyes of both family and society when pregnant. This interpretation contradicts the medical perspective, which considers that young mothers' pregnancies are risky.

The role of regulation and the cultural panopticon on the body and pregnancy of young mothers is quite significant. Young mothers' bodies during pregnancy experience various forms of discipline and supervision by both family and society. Pregnant women are required to be able to undergo pregnancy in accordance with the customs prevailing in the community. These rules include the fulfillment of food intake. Pregnant women are often faced with the myth of the prohibition to consume certain foods such as hanging round fruit, squid, shrimp, and octopus. These foods are said to have good nutritional content for pregnant women but are prohibited from consumption because they are considered to have a negative impact on the baby.

⁴⁶ Tanada, "The Mother-Child Bonding in Pregnancy, Childbirth, and Postnatal: An Ethnographic Study of Birthing among the Sasak People in Lombok."

⁴⁷ Kari Telle, "Spirited Places and Ritual Dynamics among Sasak Muslims on Lombok," *Anthropological Forum* 19, no. 3 (2009): 289–306, <https://doi.org/10.1080/00664670903278411>.

⁴⁸ Karen Trister Grace and Christina Fleming, "A Systematic Review of Reproductive Coercion in International Settings," *World Medical & Health Policy* 8, no. 4 (December 2016): 382–408, <https://doi.org/10.1002/wmh3.209>.

⁴⁹ Robinson, *Youth Identities Soc. Transform. Mod. Indones.*

The findings related to cultural arrangements in terms of pregnancy intake in this East Lombok case reinforce Tanada's findings.⁵⁰ Expectant mothers tend to value traditional views around pregnancy. This study shows that young mothers tend to adhere to food restrictions. Although they are educated during *Posyandu* activities, pregnant women adhere to myths for fear of adverse effects on the baby and young mothers avoid conflict with parents/in-laws. Intake regulation derived from local traditions is found in many countries such as Uganda through traditional herbal preparations,⁵¹ in Nigeria traditional herbs,⁵² in India ban on fish, papaya and green leafy plants.⁵³ Some of these food myths are actually very harmful to women because most of them can harm their bodies.⁵⁴ At the same time, Belian's practice⁵⁵ tends to have been abandoned as she has become involved in pregnancy management at *Posyandu*.

Family support is important in helping to relieve worries in dealing with pregnancy.⁵⁶ Young mothers place their compliance as a social process in dealing with pregnancy with family support. The role of family members is also dominant in determining the various dynamics of young mothers' pregnancies. In the lower economic class, the pregnancy process is still supervised by the family or social environment.⁵⁷ Compliance of young mothers to family members is a form of negotiation to get collective moral and material support from the family.

⁵⁰ Tanada, "The Mother-Child Bonding in Pregnancy, Childbirth, and Postnatal: An Ethnographic Study of Birthing among the Sasak People in Lombok."

⁵¹ Beinempaka et al., "The Practice of Traditional Rituals and Customs in Newborns by Mothers in Selected Villages in Southwest Uganda."

⁵² A. A. Mustapha, O. A. Akpor, and F. Muhammad, "Religion and Pregnancy: Post-Partum Mothers Religious Beliefs and Practices in an Urban Area in Southwestern Nigeria," *Annals of the Romanian Society for Cell Biology* 25, no. 4 (2021): 4692-4702, <https://annalsofscb.ro/index.php/journal/article/view/3017>.

⁵³ Rao, Sastry, and SaiRam, "Social Customs among Mothers during Pregnancy in Karimnagar District, Telangana."

⁵⁴ Tania Intan, "Fenomena Tabu Makanan Pada Perempuan Indonesia Dalam Perspektif Antropologi Feminis," *Palastren Jurnal Studi Gender* 11, no. 2 (2018): 233, <https://doi.org/10.21043/palastren.v11i2.3757>.

⁵⁵ Linda Rae Bennett, "Indigenous Healing Knowledge and Infertility in Indonesia: Learning about Cultural Safety from Sasak Midwives," *Medical Anthropology* 36, no. 2 (2017): 111-24, <https://doi.org/10.1080/01459740.2016.1142990>.

⁵⁶ Widayat Mintarsih, "Pendampingan Kelas Ibu Hamil melalui Layanan Bimbingan Dan Konseling Islam Untuk Mengurangi Kecemasan Proses Persalinan," *Sawwa: Jurnal Studi Gender* 12, no. 2 (2017): 277-96, <https://doi.org/10.21580/sa.v12i2.1545>.

⁵⁷ Elena Neiterman, "Doing Pregnancy: Pregnant Embodiment as Performance," *Women's Studies International Forum* 35, no. 5 (2012): 372-83, <https://doi.org/10.1016/j.wsif.2012.07.004>.

The support of family members is one of the strategies for young mothers to obtain fulfillment of needs during pregnancy. This finding is in line with Liamputtong's study, in northern Thailand, which found that the involvement of family, community, society, and the supernatural world is a manifestation of the meaning of pregnancy as a social process.⁵⁸

Various arrangements of young mothers' pregnancies, both in medical risk narratives and community cultural narratives, can be an alternative in understanding the negotiation position of young mothers in their pregnancies. In the rationality of young mothers, compliance is not always interpreted as submission. Young mothers tend to be submissive subjects because compliance also means sharing risks with family members. It is inseparable from the guarantee of help from family members when facing emergency conditions. Young mothers tend to be more able to accept pregnancy risks such as infant death or even their death as a collective decision rather than a personal decision. It is based on the consideration that in the end, the family will bear all the worst pregnancy risks.

Financial dependence and gender morality on family members are social realities in young mothers' pregnancies. Young mothers' bodily experiences have provided alternatives to understanding their dependence on family members. Economic and cultural dependence that normalizes medical symptoms is accepted as part of the negotiation to get support and protection from family members in the face of unexpected conditions in pregnancy. Young mothers use the uterus and pregnancy as a negotiation tool in achieving pregnancy goals. Young mothers tend to be subject to a panopticon system that comes from the community's cultural values that are embraced in the family rather than medical narratives. Young mothers negotiate by placing the needs and goals of pregnancy not only in the perspective of medical safety but more broadly, in terms of safety in the form of moral and non-material support from the family during pregnancy.

E. Conclusion

The risk of pregnancy among young mothers lies between medical and cultural discourses. In the medical discourse, young women's pregnancies are

⁵⁸ Liamputtong et al., "Traditional Beliefs about Pregnancy and Child Birth among Women from Chiang Mai, Northern Thailand."

classified as risky. This is reflected in PONE data and research results that found that the majority of young mothers experienced pregnancy risk symptoms such as Chronic Energy Deficiency and Anemia. However, some pregnancy risk symptoms are interpreted as natural symptoms of pregnancy. Young mothers tended to accept cultural value settings played by family and community members because they positioned pregnancy as a collective social process.

The discourse of young mothers' pregnancies narrated by agencies and medical personnel as risky contradicts the cultural narratives in the community. Narratives of pregnancy risk are largely normalized by cultural views that position pregnancy as a social event without risk. Young mothers tend to submit to a panopticon system that is sourced from the cultural values of the community that are embraced in the family rather than medical narratives to get guaranteed support both moral and material during pregnancy. Young mothers tend to interpret the risk of pregnancy as a collective family problem compared to the discourse of medical risks experienced personal.[s]

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