

UNDERSTANDING PATHWAYS TO ADOLESCENT PREGNANCY IN SOUTHEAST ASIA

FINDINGS FROM

Indonesia



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JULY 2023

Prepared for UNFPA Asia Pacific Regional Office and
UNICEF East Asia and Pacific Regional Office by:

Burnet Institute

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for every child

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Foreword

Adolescent pregnancy remains a pressing concern for girls in the Southeast Asia region, hampering their ability to pursue their dreams and aspirations. It is a profound violation of their human rights and imposes significant barriers to their personal, educational, social and economic development. The consequences of early pregnancies are vast, perpetuating cycles of inequality and impeding progress towards gender equality.

Globally, during the last decade there has been a steady decline in child marriage. In several countries in Southeast Asia, there has been either stagnation or an increase in adolescent pregnancy, often triggering child marriage or early union.

The United Nations Children’s Fund (UNICEF) and the United Nations Population Fund (UNFPA) have joined forces to generate evidence on the patterns of adolescent pregnancy and child marriage in four countries in the region. The factors driving adolescent pregnancy and child marriage are different from other regions, as suggested by “[Beyond Marriage and Motherhood: Empowering girls by addressing adolescent pregnancies, child marriage and early unions](#),” UNICEF and UNFPA, 2022.

This report brings attention to the specific context, dynamics and influences that contribute to adolescent pregnancy in Cambodia, Indonesia, Malaysia and Lao PDR. The four in-depth country analyses identify the patterns that drive adolescent pregnancy across the region, including as determined by relationship or marital status, the extent of the girls’ autonomy in decision making and whether the context of sex leading to the pregnancy was consensual.

The report finds that girls want to go back to school or continue their education but face challenges, including from their parents and partners. Girls said they wanted to seek help, but did not know where to go. Some girls are living with stigma, guilt, regret and a lack of knowledge about sexual and reproductive health and rights. These girls have the right to be informed about decisions that affect their lives. They need support, not stigma and blame.

Through this report, girls have expressed their thoughts and concerns, as well as their requests to decision-makers. They urge policymakers, advocates and stakeholders to recognize the significance of adolescent pregnancy in this region and its implications for girls like them.

UNICEF and UNFPA are committed to supporting girls to pursue their dreams and to prevent early and unintended pregnancies. It is our duty to come together, bridge the gaps in knowledge, and collaborate on strategies and interventions that prioritize girls’ rights and opportunities.

We extend our deepest appreciation to all those who contributed to this report and, most importantly, to the girls who shared their voices. Thank you.



Debora Comini
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Executive summary

Adolescent pregnancy is a major public health priority in Southeast Asia. In Indonesia, most adolescent pregnancies occur within the context of union (marriage or cohabitation), but about one in four women conceived outside of union, and of these women, 92 per cent were married or in a union by the time they gave birth (Harvey et al. 2022). Data also suggest that pregnancies outside of marriage are becoming more common in Indonesia (Harvey et al., 2022). Little is known about adolescent girls' pathways to adolescent pregnancy, particularly those that occur outside of union.

This study aimed to 1) understand the different drivers and pathways to adolescent pregnancy, and 2) co-develop, with adolescents, policy and programming recommendations to effectively address adolescent pregnancy. The findings of this study can help inform strategic investments and interventions that address specific pathways to and drivers of adolescent pregnancy, thereby enabling girls to make informed decisions for their relationships and life trajectories.

While this study was conducted in four countries, this report discusses study implementation and findings from Indonesia only.

Using a participatory, qualitative approach, the study design placed adolescent perspectives at the forefront, using primary data collected with adolescent girls aged 16-20 years who experienced pregnancy or birth at age 18 or younger. Study implementation was guided by a working group from UNFPA and UNICEF, and two youth advisors from the study country. Data collection was conducted in two provinces, West Java and Central Sulawesi, representing median and high adolescent fertility and premarital conception, respectively.

An in-depth, timeline interview approach was used during the first round of data collection. During preliminary data analysis, a framework analysis

was applied and candidate pathway typologies were developed based on girls' life stories and contributing factors in their pathway to adolescent pregnancy. During the second round of data collection, follow-up interviews were conducted with selected girls to validate and clarify study findings and interpretations and gather girls' recommendations for programmes and policy.

Interviewers spoke with 79 girls and identified six pathways to adolescent pregnancy. These pathways were broadly differentiated according to timing of first pregnancy relative to union – that is, outside-union, or within-union. Outside-union pathways were more common in our sample and were further differentiated according to the context of sex preceding pregnancy (forced, unwanted or pressured, consensual). Within-union pathways were differentiated according to the main motivation for union (love, reputational, financial). Crosscutting factors contributing to girls' pathways to adolescent pregnancy included acceptability of child marriage and stigma of premarital pregnancy, partner and family expectations of pregnancy soon after marriage, sexual violence and harmful norms (including local customs that encourage girls to marry at a young age), and contraceptive information, support, and access.

During 19 follow-up interviews, adolescent girls recommended that programmes and policies should consider using interpersonal and informal approaches to sexuality education, engaging girls' mothers and friends and using real-life experiences and scenarios in learning materials, using social media to disseminate sexual and reproductive health (SRH) information, and teaching girls about puberty, menstrual health, sex, pregnancy, and contraception. Girls also recommended providing girls with counselling support, including boys and parents in information and education campaigns, making contraceptives available through online and private spaces, and providing support to girls who experience forced sex or rape.

The findings highlight many drivers of adolescent pregnancy in Indonesia, and the diversity of girls' lived realities that lead to adolescent pregnancy in two provinces. The findings suggest that reducing unplanned adolescent pregnancy is a critical step toward eliminating child marriage. This will require interventions that prioritize attending to harmful gender norms, increasing girls' communication skills and agentic power in intimate relationships, engaging men and boys in critically examining gendered sexual scripts, and fostering equal power between partners in relationships. It is also imperative to establish and enforce clear legal and social consequences for perpetrators of gender-based violence. Ensuring that sexuality education provided to adolescents is essential and it should be comprehensive and gender transformative and incorporates in-depth learning opportunities and dialogue on healthy, respectful relationships, consent, and life skills. Equally important is ensuring accessibility and availability

of contraception for adolescent and unmarried girls and women by addressing the current legal, structural, and community-level barriers to access, alongside addressing barriers to contraceptive use and sexual violence through gender transformative programming, policy, and advocacy.

Future research should explore the prevalence of different pathways to adolescent pregnancy at national and subnational levels, and the prevalence of relationship outcomes following adolescent pregnancy (e.g. dual parenthood, single parenthood, intimate partner violence, separation/divorce). Future qualitative research could focus on developing a better understanding of young people's alcohol use behaviour and its links to sexual violence, male partners/husbands' motivations for pregnancy and their knowledge and attitudes regarding different contraceptive methods, and whether spousal age gap influences couples' contraceptive use.

Abbreviations

APRO	Asia Pacific Regional Office
CSE	Comprehensive sexuality education
EAPRO	East Asia Pacific Regional Office
SD	Sekolah Dasar (Primary school)
SMA	Sekolah Menengah Atas (High school)
SMK	Sekolah Menengah Kejuruan (High school)
SMP	Sekolah Menengah Pertama (Middle school)
SRH	Sexual and reproductive health
NGO	Non-governmental organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organization

Glossary

Adolescents

The World Health Organization (WHO) defines adolescents as persons who are aged 10-19 years (WHO, 2001). This definition will be used throughout this report.

Adolescents

UNFPA and UNICEF defines child marriage as “any formal marriage or informal union between a child under the age of 18 and an adult or another child” (UNICEF, 2022). This definition will be used throughout this report.

Consent

UN Women defines consent as “an agreement between participants to engage in sexual activity or enter into marriage. It must be freely and actively given and cannot be provided by someone who is under the influence of drugs or alcohol or by someone underage. Consent is specific, meaning that consent to one act does not imply consent to any others, and reversible, meaning that it may be revoked at any time” (UN Women, 2023, 2010).

However, in this report, girls’ descriptions of their sexual debut, subsequent sexual experiences, and involvement in decision-making regarding marriage or union are privileged. For this reason, consent to sex and marriage or union through “continuum thinking,” is discussed, which draws on adolescent girls’ own constructions of consent (Whittington 2021; UNICEF and UNFPA 2022).

The following categories of consent to sex are used throughout this report:

- **Consensual sex** :The girl described that both she and her partner wanted to have sex, or her partner initiating/requesting sex and engaging in sexual negotiation with him, and eventually agreeing, or being ‘convinced’ to have sex



- **Planned/expected sex** :The girl did not explicitly state whether or not she wanted or agreed to sex, but implied through her description that sex was planned or expected because of the circumstances (usually once the couple started cohabitating or were married)
- **Pressured sex** : The girl mentions that she did not want to have sex at the time and felt pressured by her partner (this includes cases where the partner used threats of breaking up to ‘convince’ the girl to have sex)
- **Forced sex** : The girl stated that she was forced, or described being in a situation where she refused, resisted, but was unable to fend off the partner’s advances; this includes cases where the girl described being ‘too drunk’ to consent or was unconscious during sex

Sexual violence

UN Women defines sexual violence as “any sexual act committed against the will of another person, either when this person does not give consent or when consent cannot be given because the person is a child, has a mental disability, or is severely intoxicated or unconscious as a result of alcohol or drugs (UN Women, 2023).”

Note: Data for this study were collected before Indonesia’s national legislature passed the new law on sexual violence (known as the TPKS) in April 2022.



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Background and rationale

Adolescent pregnancy is a major public health priority. Relative to women aged 20-24 years, girls aged 10-19 years who become pregnant and their babies are at greater risk of adverse maternal and perinatal outcomes (Ganchimeg et al. 2014). Pregnancy and childbirth-related complications are the second and third highest cause of death of girls aged 15-19 in low- and lower-middle-income countries, respectively (IHME 2020). In Southeast Asia, maternal disorders are the third leading cause of death among adolescent girls aged 10-24 (IHME 2020). Adolescent pregnancy is also associated with lower education attainment and poverty, with substantial implications for girls' empowerment and gender equality.

While child marriage and early union are understood to be drivers of sexual debut and adolescent childbearing, new data suggests that this pattern is nuanced in many settings. Recent analysis of nationally representative data from selected Southeast Asian countries found that among women aged 20-24 who gave birth before age 18, up to one-third conceived outside of union (Harvey et al. 2022). In Indonesia, one in four women conceived before marriage, and of these women, 92 per cent were married or in a union by the time they gave birth (Harvey et al. 2022). Data also suggest that pregnancies outside of marriage are becoming more common in Indonesia (Harvey et al. 2022).

¹ <https://www.empatika.org/>

There is a paucity of qualitative research that elucidate the drivers of adolescent pregnancy in Southeast Asia, and the pathways to pregnancy outside of union are particularly ill-defined. While household surveys provide useful information on the associations between adolescent pregnancy and socio-economic correlates (such as poverty, low levels of education and early marriage), questions remain about the nature of these relationships. Few large-scale studies into adolescent pregnancy capture the opinions and experiences of the girls themselves which should be key in designing policy and interventions.

Aims and objectives

This research project was implemented in Indonesia, Lao PDR, Cambodia, and Malaysia, and aimed to:

1. Understand the different drivers and pathways to adolescent pregnancy, and
2. Co-develop, with adolescents, policy and programming recommendations to effectively address adolescent pregnancy.

This report discusses study implementation and findings only from **Indonesia**.

This project was led by the Burnet Institute in partnership with a local research partner in Indonesia (Empatika¹), UNFPA Indonesia Country Office, and UNICEF Indonesia Country Office, UNFPA Asia Pacific Regional Office (APRO), and UNICEF East Asia and Pacific Regional Office (EAPRO).

Methods

This research took a participatory, qualitative approach to address the objectives. The design placed adolescent perspectives at the forefront using primary data collected with adolescent girls aged 16-20 years who experienced pregnancy or birth at age 18 or younger.

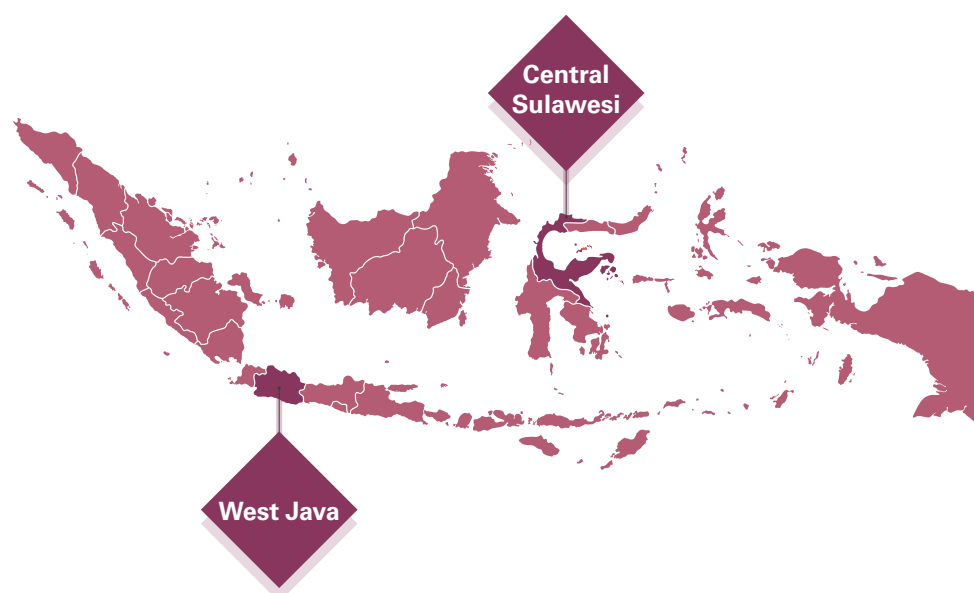
Setting and site selection

A Working Group was established, comprising representatives from UNFPA and UNICEF, as well as two youth advisors from the study country (in this case, Indonesian females aged 18-24). The working group reviewed the methodology

and study materials, provided guidance on site selection, and supported the interpretation and dissemination of study findings.

Two provinces were selected for the study to capture a setting of high adolescent fertility and premarital conception (Central Sulawesi), and a setting of median adolescent fertility and premarital conception (West Java) based on analysis conducted by UNFPA.² Additional considerations were feasibility, cost, and the inclusion of both urban and rural settings within each province.

Figure 1. Map of Indonesia showing Central Sulawesi and West Java



Recruitment

Participants were sampled purposively, facilitated by partnering health care services and NGOs providing support to pregnant adolescents. The aim was to recruit young women who were:

16-20 years old

Aged 18 or younger
when they became pregnant
or gave birth

Married, in a union, in a
relationship, or unmarried
(i.e. never-married,
separated, divorced)

Written informed consent was obtained from all participants prior to participation.

² UNFPA Asia Pacific Regional Office. Premarital Conception Analysis APRO (15-17 years) [internal data analysis]. UNFPA, 2020.

Data collection 1: In-depth timeline interviews

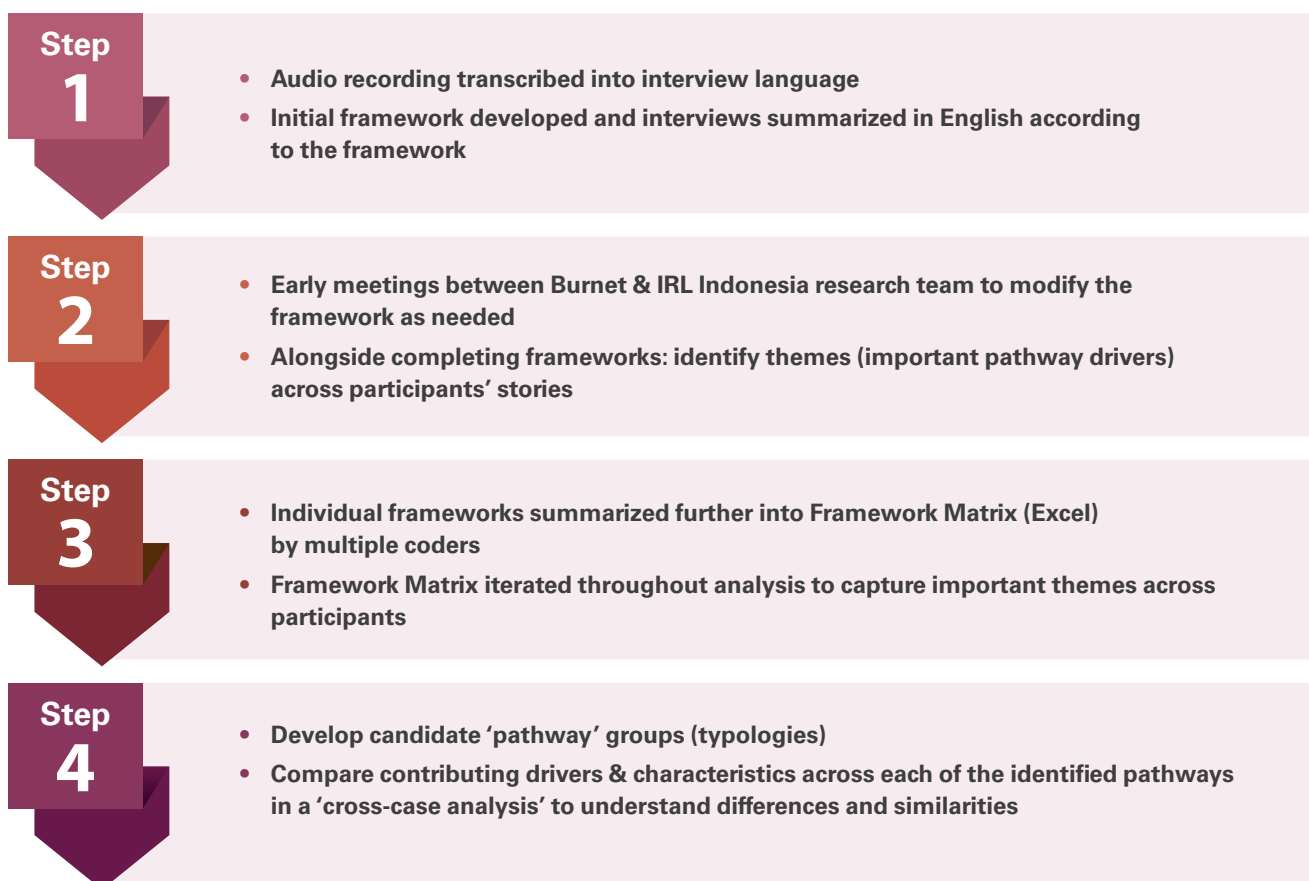
In-depth interviews using participatory methods were conducted to understand the drivers and pathways to adolescent pregnancy from the adolescents' perspective. A timeline interview approach was used. Interviewers received five days of training to familiarize themselves with the study objectives, timeline interview approach, interview topics, and key principles of research ethics such as informed consent, personal privacy, protection of personal information, and distress and mandatory reporting protocols.

Interviewers used a semi-structured interview tool to guide participants in generating a visual timeline on a sheet of paper, indicating key life events and milestones in their journey to becoming pregnant. This visual approach was aimed at opening up participants' interpretations of the questions they were being asked, providing a creative way for participants to tell their story, and contextualizing and building an image of participants' perspectives and experiences. Interviews were audio-recorded and transcribed verbatim.

Preliminary data analysis

Analysis took an inductive approach, developing an understanding of drivers grounded in participant experiences. The data analysis process is outlined in Figure 1. The first step involved transcribing audio recordings of interviews in the language that the interview was conducted in, developing an initial framework, and summarizing interviews in English based on the framework. Second, the Burnet and Empatika teams met to modify the framework and begin to identify themes and important pathway drivers across participants. Third, multiple coders summarized the individual frameworks into a framework matrix in Microsoft Excel, taking note and adding important themes across participants as they became apparent. Finally, candidate 'pathway' typologies were developed and compared contributing drivers and characteristics across the pathways through 'cross-case analysis' to gain a better understanding of the difference and similarities. No personal or other identifying data were included in summaries or other research outputs.

Figure 2. Data analysis process (framework analysis)



Data collection 2: Follow-up phone interviews

Following preliminary analysis of the data gathered through the in-depth timeline interviews, follow-up interviews were conducted with selected participants. These aimed to 1) validate and clarify the study findings and interpretations, and 2) gather participants' suggestions and recommendations for programmatic and policy action.

Interviewers received three days of training to familiarize themselves with the follow-up interview topics and to develop the content of the videos with the support of youth advisors and Burnet staff. Interviewers also spent time reviewing key topics covered in the training for the first round of data collection, such as principles of research ethics, informed consent, and distress and mandatory reporting protocols.

To validate and clarify the study findings and interpretations, the study team, with the support of two youth advisors, developed short, engaging video clips to communicate the key study findings on four major topics: 1) knowledge about sex, reproduction, and contraception; 2) contraceptive access and use; 3) relationships, sex, and consent; and 4) pregnancy and marriage. Interviewers received three days of training to familiarize themselves with the interview topics and to develop the content of the videos with the support of youth advisors.



Timeline interview participants who were invited to participate in follow-up interviews if they had a) participated in the in-depth timeline interviews, b) indicated their interest to be recontacted for the study's follow-up activities, c) had access to a mobile phone, and d) provided informed consent to participate in follow-up interviews.

During the follow-up interviews, participant input was sought on the preliminary findings and interpretations and participants' suggestions and recommendations were gathered on ways to support adolescent girls. Participants were sent the video clips and given time to watch them before the follow-up interview began. Interviewers then used a semi-structured interview guide to facilitate validation and clarification of findings. They also gathered participants' suggestions and recommendations regarding priority strategies to support adolescent girls relevant to each of the four topics. After the interview, interviewers completed a summary sheet where they documented participants' feedback on the study findings and their suggestions and recommendations.

Final data analysis

The findings from the follow-up interviews were integrated into the final data analysis and helped to validate and clarify findings from the first phase of data collection. These are reflected in the findings presented below, and in the manuscript on the study findings in Indonesia. Likewise, participants' suggestions and recommendations gathered during the follow-up interviews were incorporated into the presentation of findings to the working group and stakeholders from the Indonesian Government. These will also be included in another manuscript for journal submission that will feature regional findings and recommendations for programmes and policies across the four countries included in this study.

Profile of study participants

In-depth timeline interviews were conducted with 79 girls aged 15-21, of whom 19 participated in follow-up interviews. The median age of the participants was 18 years (see Table 1). One participant was 15 years old at the time of interview. This was reported to the ethics committee, and the committee determined that the data provided should be included in the data analysis and findings.

Table 1. Summary of participant characteristics

Characteristics	No. of participants
Age at interview	
15*	1
16	7
17	15
18	19
19	21
20	15
21	1
Province	
Central Sulawesi	38
West Java	41
Site (Residence)	
Rural	31
Peri-urban	17
Urban	31
Marital status at interview	
Not married or living together	5
Married through religious ceremony	22
Married with official civil registration	39
Separated/divorced	13
Level of education	
Some primary school (SD)	3
Primary school graduate (SD)	3
Some middle school (SMP)	20
Completed middle school (SMP)	16
Some high school (SMA/SMK)	29
High school graduate (SMA/SMK)	4
Some vocational school	3
Some higher education	1
Engagement in paid work	
No	62
Yes	17
TOTAL	79

Note: SD – Sekolah Dasar (Primary school), SMP – Sekolah Menengah Pertama (Middle school), SMA/SMK – Sekolah Menengah Atas/Kejuruan (High school). *One participant was 15 years old at interview. The ethics committee was notified and agreed that the data provided should be included in the data analysis and findings.

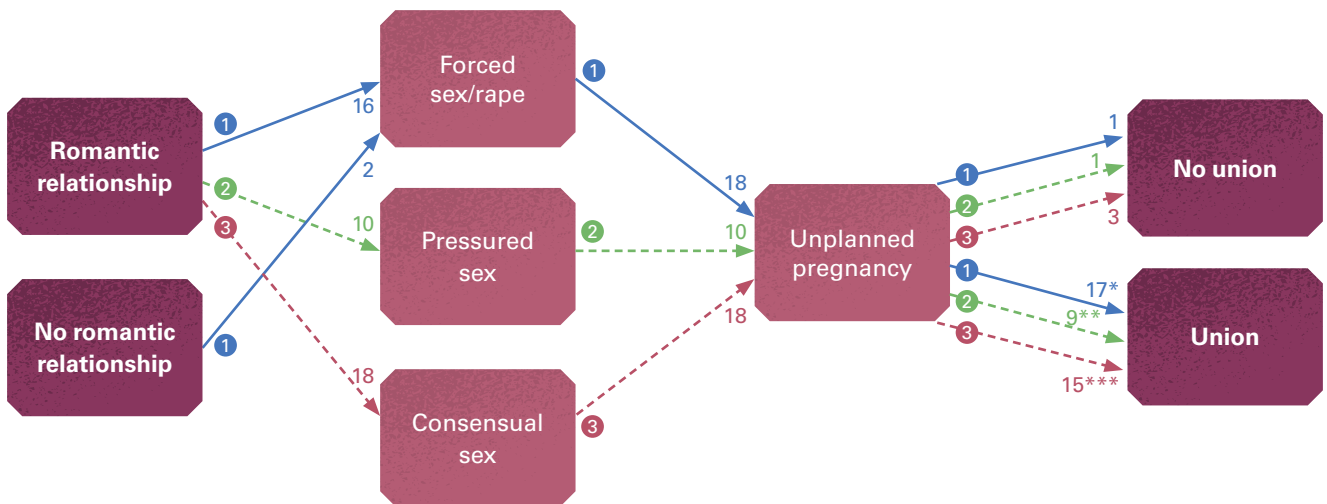
Findings

The study identified six distinct pathways to adolescent pregnancy (see Figure 3). The pathways were broadly differentiated by the timing of conception relative to marriage. Outside-union pregnancy pathways diverged according to the nature of participants' sexual

relationship prior to pregnancy, while within-union pregnancy pathways were further differentiated based on the dominant motivation for marriage. Each pathway is expanded upon below. Participants were assigned identification numbers to protect their privacy.

Figure 3. Pathways to adolescent pregnancy in Indonesia, [A] Outside-union pregnancy pathways, [B] Within-union pregnancy pathways. Note: Roman numerals correspond to distinct pathways; figures near arrowheads refer to frequencies.

A

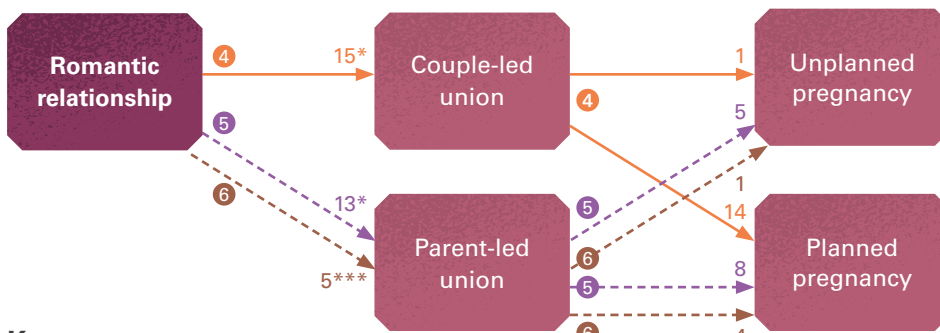


Key:

- ① Pathway 1 ———>
- ② Pathway 2 - - - ->
- ③ Pathway 3 - - - ->

* Couple-led (2), parent/partner-led (15)
 ** Parent/partner-led (9)
 *** Couple-led (3), Parent-led (14)

B



Key:

- ④ Pathway 1 ———>
- ⑤ Pathway 2 - - - ->
- ⑥ Pathway 3 - - - ->

* Love marriage
 ** Reputational marriage
 *** Financial/cultural marriage

Outside union pregnancy pathways

The majority of girls in the study (46 girls) followed pathways to adolescent pregnancy outside of union (cohabitation or marriage).

1. Forced sex leading to unplanned pregnancy

For 18 participants, pregnancy was preceded by experiences of forced sex or rape outside of marriage or union, usually perpetrated by the girl's boyfriend (see Figure 4). Most participants belonging to this pathway were from urban and peri-urban areas in West Java, while five were from Central Sulawesi (four rural, one urban).



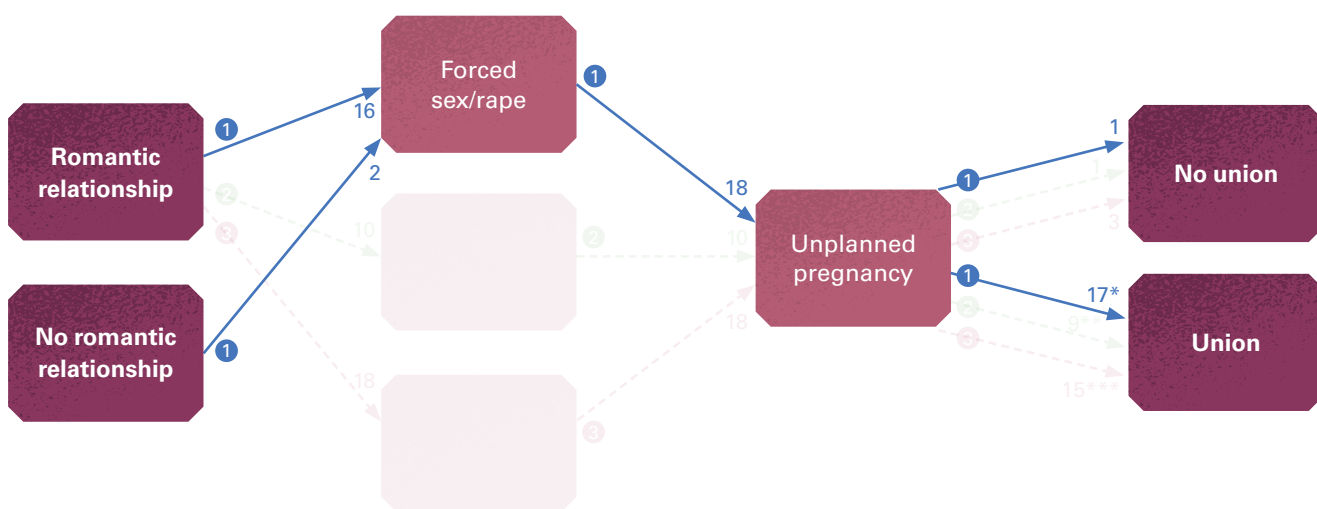
Sexual debut. Five girls reported being drunk or drugged and unconscious when their boyfriend raped them. One girl recounted willingly participating in a drinking session with her friends and boyfriend. However, she got drunk and woke up the next day in her room with no recollection of how she got there. She asked her friends, who told her that her boyfriend took her to her room. She confronted her boyfriend, who then admitted to her that he had sex with her while she was unconscious. She recounted their conversation:

I asked him [my boyfriend], "How could I get pregnant?" ... Then he said,

I'm sorry, I made a mistake, then when I took you to the room, you were drunk, and it [sex] happened.' ... I told him, 'I already said, I don't want to get married yet, I still want to continue in school.'

He just said, 'It's already happened, nothing you can do now. It's already done. (ID0304)

Figure 4. Indonesia pathway to adolescent pregnancy 1 – forced sex leading to unplanned pregnancy



* Couple-led (2), parent/partner-led (15)



Weeks later, the girl realized her period was late, took a pregnancy test, and returned a positive result. Likewise, another girl described going to a relative's house after she had been dating her boyfriend for a month. She recalled drinking a cold drink, feeling sleepy, and waking up feeling dizzy and unable to remember anything. Her boyfriend admitted that he had sex with her while she was unconscious:

[It was] Like [being] hypnotized. Like I was given some kind of medicine, like you can't remember anything, you didn't feel anything. ... So, I didn't know. ... When I asked him, he immediately admitted ... 'Yes sorry, I want to be responsible.' It was like a daydream. How could he do this, it means my virginity is gone, just like that. (ID0411)

Not long after she was raped, the girl realized that her period was late. She did not bother to take a pregnancy test to confirm – she was sure she was pregnant.

Four of the nine girls reported being physically restrained or trapped in a room, and five were drugged or drunk at the time of rape. For example, one girl from urban West Java was locked in a room by a "friend" with a man, and the girl was only let out after she had been raped. Afterwards, the 'friend' told the girl not to worry because she was sure that the man would take responsibility if she got pregnant.

Ten participants experienced rape but then had subsequent sex with their boyfriends which then led to pregnancy. Six of these girls reported being pressured or forced during subsequent sex – three described being made drunk before sex, two reported not wanting to have sex but being forced to do it anyway, while one was verbally pressured. For example, one girl described how after her experience of forced first sex, her boyfriend gave her drinks before having sex with her a second and third time:

Basically, every time I was brought to his boarding house, I was given a [spiked] drink. He promised not to do the same thing [after the first time] but then it happened again. The third time, I didn't want to go to his boarding house, he got mad and hit me. He forced me and said, 'Let's go.' I said, 'I don't want to do that, I'm also worried that if I get pregnant will you take responsibility or not?' He said, 'Ya, I'll take responsibility.'(ID0114)

After the third time, the girl got pregnant.

Another girl recounted how her boyfriend, while trying to convince her to have sex with him again after raping her, told her that no one (except him) would want to be with her anymore because she had already lost her virginity to him:

You lose your virginity by me, I don't want to be separate with you, I don't want to be with anyone else. I want to be with you always. I'm afraid if we broke up, you'll be with someone else, but no guys will want you. (ID0406)

Four girls reported having consensual subsequent sex with their boyfriends after they raped them.

Contraceptive knowledge, access and use. At the time of the interviews, half mentioned learning about puberty and reproduction at school (in science class) before pregnancy. Only one of the participants in this pathway reported that a condom was used during rape; no other participants reported contraceptive use and they had little or no control over the decision. Seven reported that boyfriends used withdrawal, and notably in this pathway, some girls shared that their partner refused to wear a condom (during subsequent sex) due to discomfort or reduced pleasure.

At the time of the interviews, 10 participants were using contraception after first birth, one participant was still pregnant at the time of the interview, and one was planning to use contraception. The rest were not using contraception because they had divorced or separated from their husband and were not sexually active.

Pregnancy. Nine participants became pregnant soon after being raped. Thirteen girls considered abortion, of whom seven attempted abortions. Girls attempted abortion in different ways, such as eating pineapple and drinking soda (Sprite), eating pineapple with cough syrup, eating sticky rice, and taking contraceptive pills and drinking alcohol with Sprite every day. Some boyfriends sometimes assisted in abortion attempts. One girl recalled that her boyfriend bought abortion pills for her, but their attempt was unsuccessful. Another girl described her boyfriend providing her with herbs and alcohol to induce abortion, but that was also unsuccessful. Only one girl had a

successful abortion – her boyfriend gave her a pill and claimed it was a vitamin supplement, but the girl found out later that she had been handed an abortion pill.

Relationship outcomes. Sixteen of the girls eventually married the person who raped them: eight had religious weddings only, two had both religious and civil/legal weddings, and three had civil/legal weddings only. These marriages were most often initiated by the girl's parents after learning of the pregnancy, although sometimes, the parents of the partner who got the girl pregnant were also involved in decision-making. In five cases, the boyfriend initiated religious marriage upon learning of the pregnancy. Only three girls in this pathway became single parents.

Notably in this pathway, even when pregnancy resulted from rape, it remained important to protect the girl's reputation and avoid gossip through a swift marriage. One girl who lives in peri-urban West Java said:

It just messed with your mind. The usual... neighbours talk. There are a lot of gossips. So, the sooner [the marriage], the better. (ID0411)

Another girl reported initiating marriage with the help of her mother because she did not want to be pregnant without a husband.

During follow-up, participants explained that girls who experience forced sex often felt that they could not leave that relationship because if it resulted in pregnancy, the girl would need the boyfriend to take responsibility and marry her. Some participants also felt that it was important for girls to stay with the partner to whom they lost their virginity. Related to this, participants felt that rape victims often felt "broken" afterwards and viewed themselves as undesirable to other men. Thus, some stayed with the partner who raped them, believing that he was the only person still willing to be in a relationship with them.

At the time of the interviews, only half the participants in this pathway were still married – the rest were divorced or separated. Few participants reported being happy with their marriage.

Education. Three girls were high school graduates, and four girls stopped before completing senior high school (three due to pregnancy, one had stopped due to delinquent behaviour before pregnancy). Four girls completed junior high school, and five girls stopped before completing junior high school (three due to delinquent behaviour before pregnancy, two due to pregnancy). Of the girls who had stopped before completing senior high school, four expressed their intention to return to school. One of these girls was on track to obtain her high school certificate through the Paket C Program, while another expressed her intention to enrol in the Paket C Program. Two girls were still attending senior high school at the time of their interviews.

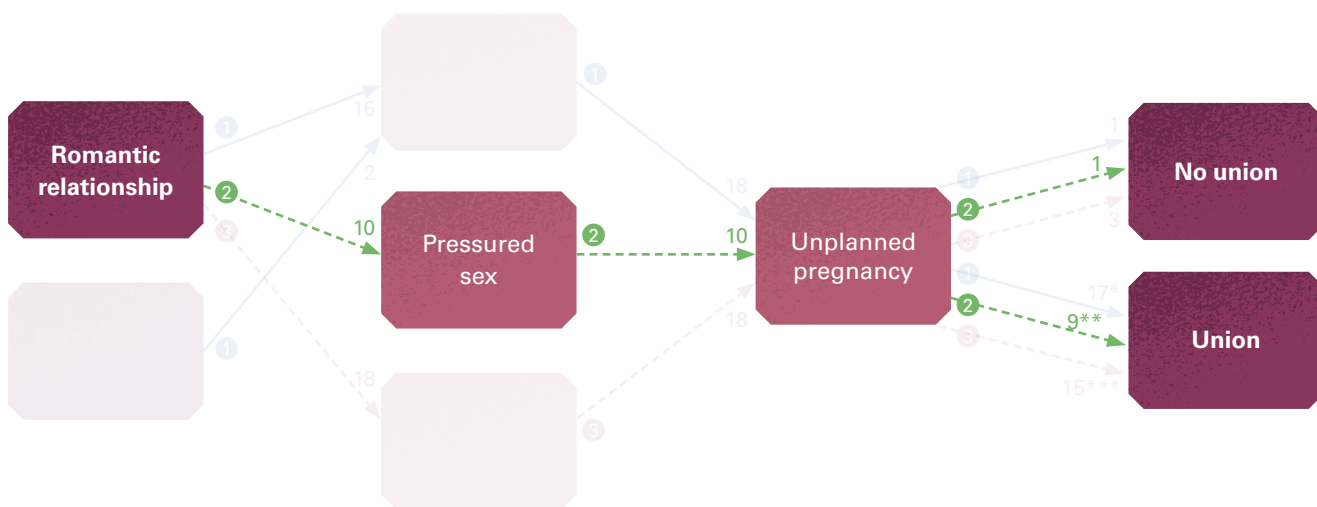
2. Unwanted and pressured sex leading to unplanned pregnancy

This pathway represents the stories of 10 participants who described not wanting to or being afraid to have sex but being emotionally

pressured by their boyfriend and having an unplanned pregnancy (see Figure 5). Most of these girls lived in rural or peri-urban areas and almost all lived in Central Sulawesi. Like the consensual sex pathway, participants in this pathway were in a romantic relationship with someone who they met through friends or common social spaces or gatherings.

Sexual debut. Girls' first sex with their boyfriends occurred at varied lengths into the relationship, from within months to a year of dating. Unlike pathway 1 where girls described being forced or raped, in this pathway, girls described initially resisting their boyfriend's sexual advances, but eventually relenting or agreeing to have sex. Girls indicated that they did not want to have sex at the time but recounted different ways that their boyfriends convinced or persuaded them to have sex. These included giving gifts, threatening to break-up, or promising to take responsibility if "anything happens (pregnancy)". For instance, one girl described feeling unsure and afraid when her boyfriend-initiated sex because she did not want to get pregnant and wanted to stay in school. However, her boyfriend told her that he would take responsibility if she got pregnant, and she gave in to his request for sex because she cared for him, and he threatened to break up with her if she refused:

Figure 5. Indonesia pathway to adolescent pregnancy 2 – unwanted and pressured sex leading to unplanned pregnancy



** Parent/partner-led (9)

It's also like I was forced. ... I was afraid he would break up with me. ... Before he said, 'If you don't want to [do it], we'll just break up'. (ID0203)

Though the girls in this pathway seemed to have more agency in the decision to have sex (e.g. girls were able to refuse/reject their boyfriend's previous attempts to initiate sex), compared to girls in the forced sex pathway ultimately, the advances and arguments made by their boyfriend made it difficult for the girl to refuse sex. One girl who lives in rural Central Sulawesi did not really want to have sex with her boyfriend, but shared:

I don't dare to say no. I'm afraid that our relationship might not continue. (ID0203)

During follow-up, participants noted that girls expect boyfriends to request sex early in their relationship, but girls are likely to refuse initially to make sure that the boyfriend is committed to a relationship and not only with her for sex. Participants also clarified that some girls are afraid that their boyfriend will leave them if they do not give in to his requests for sex. Others noted that some girls are afraid to be alone or become single again, noting that it is "difficult to find a replacement" if their boyfriend leaves them.

Contraceptive knowledge, access and use. Most girls learned about sex from friends who shared their sexual experiences; only half learned about reproduction from classes at school, one of whom felt she was "too young to understand" at the time. Many girls lacked awareness of contraceptive options, reporting that they have heard of condoms but did not know how to use them. A girl from rural Central Sulawesi recalled:

I heard about using condoms. But I didn't know its function. I just heard my friends talking about it. (ID0203)

Participants reported that contraception decisions were made by their boyfriends. Six girls never used any form of contraception when having sex with their boyfriend and four used withdrawal.

At the time of the interviews, most girls had started using hormonal contraceptives (e.g. pills, injections), some with support from family. One girl reported a difficult relationship and took contraceptive injections secretly to avoid a second pregnancy.

Pregnancy. All pregnancies in this pathway were unplanned. About half of the girls considered or attempted abortion, and one was successful. One girl was shocked and confused when she learned she was pregnant; she contemplated abortion but was stopped from attempting it by her boyfriend. Another girl described drinking soda because she heard that it might induce abortion, while yet another girl attempted to induce abortion by eating pineapple, taking birth control pills, drinking alcohol, smoking, and taking medicine for gastroenteritis – none of which worked.

Relationship outcomes. Marriage was usually initiated by the girl's parents shortly after the pregnancy became known. Only one girl did not marry the partner who got her pregnant. In a few cases, the boyfriend initiated the marriage with the support of the girl's or his family. Like the other two premarital pregnancy pathways, marriage was expected by parents once the girl was pregnant. A girl from rural Central Sulawesi described that in her village, marriage needs to happen before the seventh month of pregnancy so as not to be "sinful":

People said after seven months... if you are not married yet, it could be seen as haram (sinful). That's why marriage needs to happen soon. (ID0201)

Three girls had religious marriages and two had civil marriages. The type of marriage was unclear for the rest, and one did not marry because her relationship with her boyfriend ended after she had an abortion.

About half of those who were married at the time of their interviews described their marriage positively.

Education. Most girls in this pathway stopped attending school before completing senior high due to pregnancy, although one girl was a high school graduate, and another girl was still attending senior high at the time of her interview. Five girls were in senior high school but stopped before completing the school (four due to pregnancy, one due to financial issues before pregnancy); three expressed that they wanted to continue their education, while two had no intention to do so. One girl completed junior high school but stopped due to pregnancy; she intended to continue her education. Two girls stopped due to pregnancy before completing junior high school; one of these girls expressed wanting to return to school, but she did not think it was possible.

3. Consensual sex leading to unplanned pregnancy

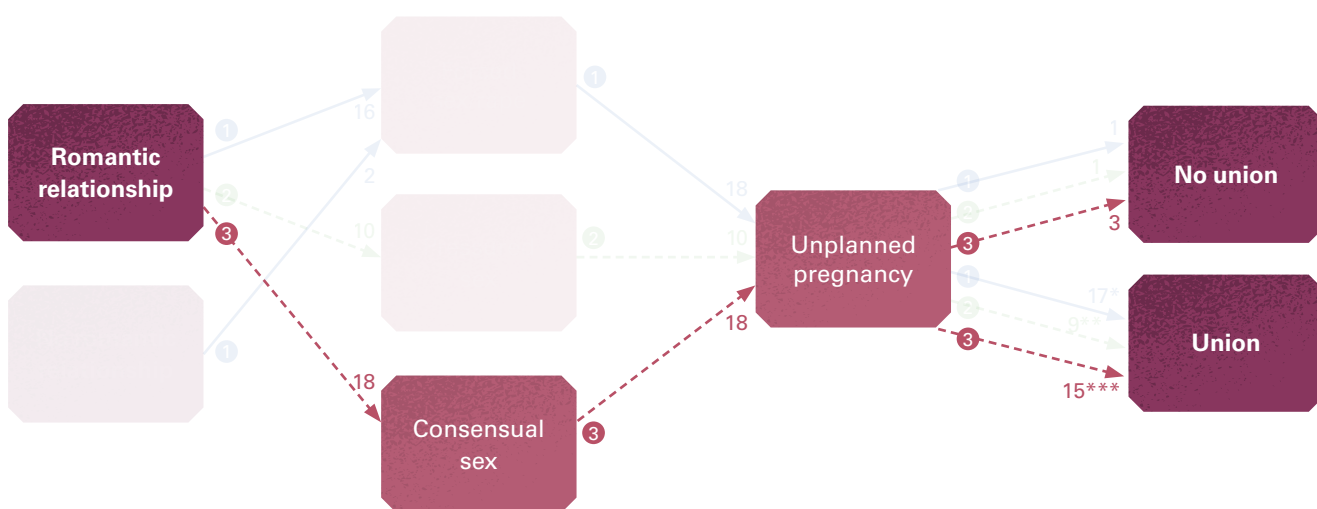
Eighteen girls' pathway to pregnancy was characterized by consensual sex outside of union which then led to pregnancy, usually unplanned (see Figure 6). Many girls resided in the peri-urban and urban areas of both study provinces, and their boyfriends were usually not more than three years older than them.

Sexual debut. Compared to other pathways, more of these participants had prior romantic relationships. Many started dating the partner who got them pregnant when they were around 15 years old; typically meeting through friends or at school. The timing of first sex varied among couples, from within months to around a year of dating. The couple's first sex was typically unplanned and but consensual. Multiple participants described that they got "carried away" ('terbawa suasana') when spending time together. Most couples practiced withdrawal or did not use contraception, while a few reported using condoms inconsistently during subsequent sex.

Contraceptive knowledge, access, and use. Most girls learned about sex when friends shared their sexual experiences, or they watched pornography together; only half learned about reproduction in science or religious classes at school.

A few girls reported that they did not know about contraception until they got pregnant. Some received more information about contraceptive options after birth or marriage. An 18-year-old girl from urban West Java recalled receiving extensive information on contraception through her youth group, but it was not clarified that contraception was also relevant before marriage so she dismissed the information as "not yet relevant" for her:

Figure 6. Indonesia pathway to adolescent pregnancy 3 – consensual sex leading to unplanned pregnancy



*** Couple-led (3), Parent-led (14)

No, she [the presenter] did not explain that we could also use contraception before marriage.

(ID0117)

Most participants were aware of some contraceptive options (e.g. condoms, pills) but did not know how to use them or had never attempted to use them. During follow-up, participants noted that it was “okay” to use condoms, but girls often do not know how to ask their boyfriends to use them or how to use them properly. They added that if a girl asks about contraceptive pills or injections “too early” (i.e. while unmarried), people will become suspicious that the girl is sexually active, has had an unplanned pregnancy, or wants to get an abortion.

At the time of their interviews, about half were using contraception (e.g. injections, pills, implant, intrauterine device) after their first or second birth, usually following recommendation from a midwife or family member. The rest were not using any method. Three girls indicated that they wanted or were planning to use contraceptives soon.

Pregnancy. Pregnancy was almost always unplanned and around half of participants considered or attempted abortion. Some attempted abortion by drinking soda mixed with paracetamol or alcohol, or eating traditional herbs or foods

believed to be abortifacient (e.g. pineapple). Only one participant reported a successful abortion, after ingesting a traditional herb. In a unique case, a girl reported that she and her boyfriend planned to get pregnant to facilitate marriage.

Relationship outcomes. Almost all participants married the partner who got them pregnant shortly after learning of their pregnancy. Only one girl became a single parent. Marriage in this pathway was usually initiated by the girl’s family although in some instances the boyfriend’s family was also involved. In two cases, the boyfriend-initiated marriage along with the girl’s parents. One participant’s parents told her she did not have to get married and were supporting her to finish her education and raise her child alone. Two participants did not marry following an abortion and a miscarriage.

Marriage was often formalized through a religious ceremony due to the girl’s age. Many participants described not feeling ready for marriage but having no choice. At the time of their interviews, most participants were still married and some described being satisfied with their marriage.

Education. It was common for participants in this pathway to have discontinued their schooling due to pregnancy but most of those who did, wanted to return to school. One participant indicated her intention to enrol in the Paket C Program (a non-formal education equivalency programme).



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Within-union pregnancy pathways

For 33 girls, their pathways to adolescent pregnancy unfolded in the context of union.

4. Couple-led/love marriage

Fifteen girls entered a couple-led marriage and had a planned pregnancy within marriage (see Figure 7). In this pathway, there were more girls from Central Sulawesi than West Java, and more girls residing in rural compared to peri-urban and urban areas.

Marriage. Typically, the boyfriend proposed and the girl accepted with the couple discussing their engagement with their parents. For example, one girl recalled how her boyfriend had proposed to her several times while they were dating, but she repeatedly refused because she wanted to graduate from senior high school before getting married. Her boyfriend respected her decision and proposed to her again after her graduation, at which time she accepted his proposal. The girl's parents supported the union, which allowed the couple to have a civil wedding (legal marriage) even though the girl was only 16 years old. Alternatively, two girls described accepting their boyfriend's proposal and their parents objected or expressed being upset about it. In three cases, the girl initiated the marriage.

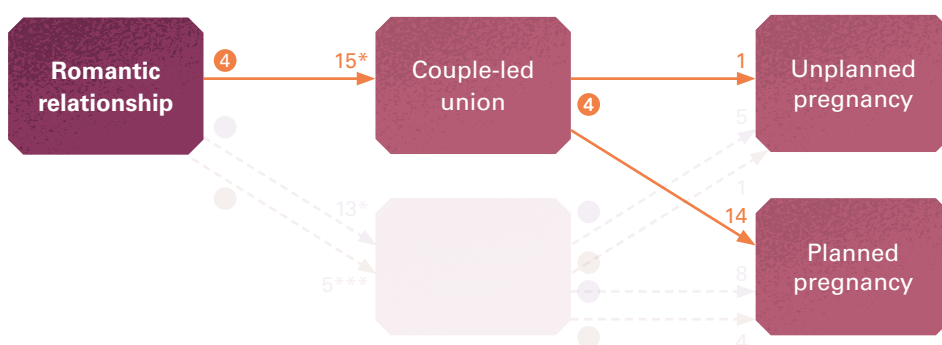
Parents supported (or at least accepted) the marriage, although in three cases, parents did not approve but the girl proceeded with the union.



Parents were characterized as having much less control compared to other pathways and girls and their partners made their own decision to marry. These love marriages often occurred within one to two years in a romantic relationship, at a median age of 17 years. Couples were closer in age than in other pathway, with most within five years. For half of participants, this was their first romantic relationship.

Most girls got married to take the "next step" in a romantic relationship – to express love or seriousness or gain relationship security. One girl got married because she had "had enough of dating" and wanted to have a child, while another was not keen on studying anymore; she saw that some of her friends were married and wanted the same for herself. Couples often met through friends or social media.

Figure 7. Indonesia pathway to adolescent pregnancy 4 – couple-led/love marriage leading to planned pregnancy



* Love marriage

Sexual debut. Most girls in this pathway reported having sex for the first time after marriage. One girl elaborated that she did not engage in physical intimacy before marriage because she was afraid of getting pregnant out of wedlock and making her parents angry:

I didn't want to be hanging out with boys like some of the other girls. ... [If I have sex] School will be ruined, I won't be able to continue. Also because of my parents, they pay for my school. I don't want to do anything naughty. (ID0217)

For couples who had sex after marriage, sex was planned and desired by the couple and many more participants described being nervous but excited and enjoying sex than in other pathways. Only four participants in this pathway characterized sex as "a wife's duty".

Only two girls reported engaging in premarital sex. One of these girls had sex for the first time with a previous boyfriend. She described being curious about sex after watching a sex scene in a movie. Also, her boyfriend told her about his sexual experiences with his previous girlfriends, which made her feel challenged to prove to her boyfriend that she could do better than his previous girlfriends:

I guess it might be like his hobby to tell me about his ex, like 'I've done things like this with my ex.' ... Then I would ask, 'and then what? So what happened in the end?' He knows I'm a really curious person. Like, 'Yeah so how does it feel? Do you want to try?' (ID0416)

Contraceptive knowledge, access, and use.

Participants often had limited or no contraceptive knowledge before marriage. Only three mentioned receiving any information about reproduction and contraceptives in science class or from teachers. Some received more information around the time of their marriage, while others did not until after their first birth (from midwives), although it is possible that participants may not have felt it was appropriate to admit familiarity with contraceptives.

Most did not use any contraception before their first pregnancy. One girl had never used contraceptives because she thought condoms reduced pleasure during sex, and she believed that withdrawal was enough to prevent pregnancy. Another girl shared that she had heard of condoms from boys in school, and was aware of pills, but had never used contraceptives before:

Oh ya, I've heard of family planning [birth control], but I heard that [only] if people are married and already have children, then they can use it.

(ID0217)

Those who used contraception after marriage eventually stopped using contraception because they wanted to get pregnant. For example, a girl from rural Central Sulawesi described learning about contraception from a neighbour, and from a midwife at the posyandu (integrated service post) after she was married. She believed that contraceptives were for married women and used pills for months until her husband told her to stop:

I used contraceptive pills for months before pregnancy. My husband said that I had to stop consuming those pills because it was time that we had a kid.

(ID0303)

Another girl was supported by her mother to access injections a few days before she got married because both the girl and her mother wanted to delay her first pregnancy. The girl eventually stopped using injections because she experienced side effects (i.e. bleeding), but also decided that she wanted to get pregnant after seeing that some of her friends were having babies.

As articulated in some timeline and follow-up interviews, there was an expectation of pregnancy soon after marriage and concerns about contraceptive use before the first birth making it difficult to conceive later on. For example, when one girl was 16 and newly married, she was initially using injections as a contraceptive method, but a midwife told her that she should “not use it for too long” and did not explain the reason for this advice. During follow-up interviews, girls explained that there is a common belief that hormonal contraceptives may “dry the womb or uterus” and make it difficult for a couple to conceive when they want to start having children.

At the time of the interviews, most girls had decided to use contraception (for spacing) after the birth of their first child.

Pregnancy. In this pathway, most girls wanted to become pregnant, and some were not using any contraception for this reason. All participants characterized their pregnancy as planned, and none of them considered abortion. A 17-year-old girl from West Java explained:

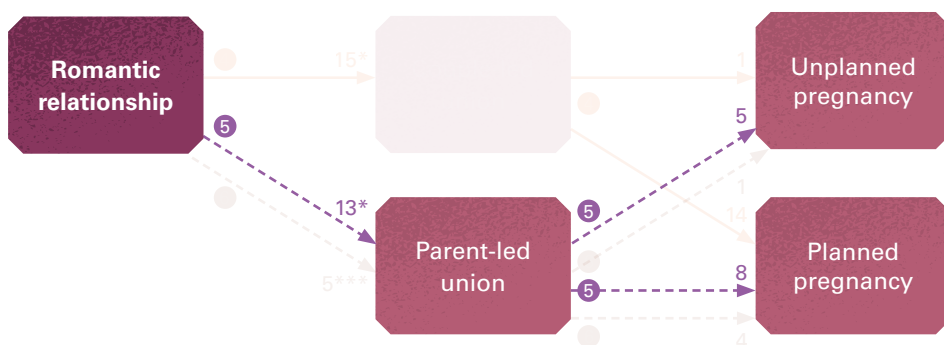


When I got married the court told me to use contraception, but [...] I didn't do it. I'm afraid my womb will dry if I did." She was very happy when she finally got pregnant four months after her wedding: "I thought it would be soon after marriage that I got pregnant, [...] but that was not the case. I was 'empty' for quite a while. ... I was very happy when I finally got pregnant because I was really waiting for it. I really wanted to have children. (ID0409)

Relationship outcomes. Many girls were satisfied with their current relationship, although financial stress was noted as causing relationship stress and two girls (ID0214, ID0416) had separated from or divorced their husbands. One of these girls (ID0214) reported that her husband told her that he “did not like her anymore” and left her while she was six months pregnant. Since her husband left, her main sources of support were her father and older sister. She mentioned feeling embarrassed to think about getting married again in the future, but she did not elaborate on why she felt this way.

Education. Most girls felt that they had finished enough schooling or did not want to continue. Many had stopped schooling prior to their marriage (some for financial reasons) or were happy to leave school following their boyfriend's proposal. Most girls reported having no intention of returning to school once they were married, some because they wanted to work. One girl said she wanted to focus on her role as a mother and wife, while another disliked/was not interested in school. One girl was enrolled in the Paket C Program, and another wanted to enrol in the Paket C Program. One other girl reported wanting to return to school, but she expressed concerns about the difficulty of being a mother and a student at the same time and having no one to care for her child while she is at school.

Figure 8. Indonesia pathway to adolescent pregnancy 5 – reputational marriage leading to pregnancy



** Reputational marriage

5. Reputational marriage

For 13 participants, pregnancy occurred following a reputational marriage (see Figure 8). This pathway was observed in both study provinces (although there were more girls from West Java than Central Sulawesi) and rural, peri-urban, and urban communities.

Marriage. Parents pushed for marriage when their daughter was in a romantic relationship and they were concerned that the girl might be gossiped about, vulnerable to premarital sex that would ruin her reputation, or at risk of pregnancy. The girls in this pathway were married between the ages of 14 and 18, and their boyfriends were similarly aged or up to nine years older. Half of the marriages were formalized through religious weddings because the girls were not old enough to be legally married through a civil wedding.

Reputational marriages typically occurred six months to a year after the girl started dating her boyfriend. As was observed across all pathways, “dating” typically involved getting to know each other over the phone or social media, or “going around” together on the boyfriend’s motorbike. In some cases, the young man would visit the girl at home. Some reported holding hands and kissing when spending time together in person. One girl talked about how her boyfriend visited her at home so often that her parents asked her to get married to avoid rumours and gossip. For half of the girls, their relationship with their husband was their first romantic relationship. The rest had prior romantic relationships, but none had sex within those relationships.

Participants characterized their parents’ motivations for the marriage to avert ‘something bad’ from happening. As one 17-year-old girl from peri-urban West Java described:

[I]t is better to marry young than to be pregnant before marriage.

(ID0410)

During follow-up, participants believed that social expectations dictate that unmarried women who get pregnant ‘needed’ to be married, as the life of a fatherless child was viewed to be difficult. Also, being pregnant outside of marriage is considered shameful for a girl and her parents.

Most girls who entered reputational marriages said they did not really want to get married, but their families usually insisted regardless of how the girl felt. A girl who lives in urban West Java was married when she was 16, and recalled:

[My grandma said,] ‘Rather than dating, just get married because I [am] worried something might happen.’ ... But I don’t know how to feel. I feel confused. (ID0112)



Half of the marriages were formalized through religious weddings because the girls were not old enough to be married through a civil wedding. The median age of marriage in this pathway was 16, whereas the minimum legal age of marriage in the country is 19 (Cameron, Contreras Suarez, and Wieczkiewicz, 2020, 2021; Reuters, 2019).

One girl described how, after dating her boyfriend for about a year, her parents went to her boyfriend's house. They were angry and ashamed that their daughter had been going out at night and they had heard some neighbours talking about her. The girl was not ready to be married, but she did not have the courage to refuse her parents' wishes:

My parents went to his [my boyfriend's] house, because they were upset, ... thinking I am too naughty, going out at night, they couldn't stand it. ... Embarrassed by gossip from the neighbours. ... Actually, I wasn't [ready to get married], but with your parents, ya, you have to be ready. (ID0219)

Likewise, another girl had been in a relationship with her boyfriend since she was 12 years old (primary school). When she was 15, her parents and her boyfriend's parents were very worried about gossip spreading in the community and forced the couple to get married. The girl felt that she was too young and wanted to stay in school, and she believed that her boyfriend did not feel ready to be married either. However, neither of them was able to refuse their parents' wishes:

People will gossip that, 'oh, they're dating and doing stuff in secret.' But actually you're [hanging out] in front of the house. ... My father said, 'Ya, that's it, rather than having people gossip it's best to just get married, rather than hearing these stories that give you tears or [are] hot on the ears,' ... although [I did] not yet [want to get married]. I wanted to continue school. ... My boyfriend also wasn't ready yet. But hearing all of this gossip from people around, it pushed us to marry. (ID0202)

Sexual debut. Like other post-marital pregnancy pathways, girls usually reported that their sexual debut occurred after marriage. Many described feeling apprehensive or shy, and half viewed sex with their husband as "a wife's duty." For example, one girl recalled "surrendering" to her husband's pleas to have sex in the days following their wedding:

I surrendered, because it's a wife's duty to fulfil her husband's needs. ... That's it, I fulfilled his need, because it's an obligation to serve our husband. So that's what I did. (ID0409)

Contraceptive knowledge, access, and use. About half of the girls described receiving some basic information about sex and reproduction from their teachers in school, usually through science class. A few girls also recalled learning about prohibited sexual acts (e.g. extramarital and premarital sex) in religious classes. One recalled being taught that a wife must obey her husband and not refuse sex when the husband asks. About half had limited awareness of contraceptive methods before marriage (usually from friends), while the others did not receive more information on contraceptives until around the time of marriage, pregnancy, or birth (usually from mothers and midwives).

Only two participants reported using any contraception soon after marriage, with one using an injection once on the advice of married friends. However, she discontinued it because she was afraid that she would have difficulty getting pregnant when she wanted to. Her husband supported her decision to stop:

I was afraid, many people say you won't get pregnant if you're on birth control for a long time ... so I stopped ... I was afraid of not having children. ... My husband suggested not to continue [if I was worried], so I stopped. (ID0102)



The other participant shared how her mother recommended that she use contraception (injections) to delay her first pregnancy and have more time to get to know her husband better first. Her mother accompanied her to the health centre the day before she was married:

I used birth control, but not a lot, just one injection. The one you do every three months. ... I went first to the midwife, then married right after that. I should do birth control first, that's what my mom said. Because couples like to play around, right, 'So you can have fun first,' she said. ... The midwife said I shouldn't do birth control first, but my mom wanted me to. ... I wasn't planning yet [to have a child] because my mom said that I'm still small, ... although I already had a big body. ... My mom said it would be unfortunate since I'm still small. (ID0104)

The girl experienced side effects during the first month' which went away in the succeeding months. After the fourth month, she wanted to have another injection, but a midwife advised her to use condoms instead so that when she was ready to get pregnant, she could do so right away. The girl and her husband did not know how to use condoms properly, and eventually decided to just stop using condoms. The girl got pregnant shortly after.

At the time of their interviews, five girls were using modern contraceptives (e.g. implant, injections, IUD) usually for spacing births, but one of these girls did not want to have any more children. Five girls were not using any contraception, only one of whom indicated that she was considering using pills. Three girls were still pregnant.

Pregnancy. All participants in this pathway were pregnant within a year of marriage. Most girls reported that their pregnancies were planned (by the couple, or the husband) and most described feeling happy when they learned that they were pregnant. One girl recalled feeling happy about her pregnancy because she wanted a child to keep her company, so she would not feel lonely. Her husband and entire family also felt happy, but she said that her father was the happiest as he wanted a grandchild. Likewise, another girl recounted feeling very happy about her pregnancy and wanting to have a son. Her father did not have any sons and she felt that if she had a son, her father would love her more:

So it's like this. My father wanted to have a boy, while all of us are girls. He really wanted to have a son. So if I'm pregnant, hopefully, it's a boy, so he will love me, and love my son. (ID0409)

During follow-up, participants highlighted that some young women wanted to get pregnant soon (after marriage) because they felt bored or lonely, while others felt that having children was a way to feel "complete" as a woman. Participants in the follow-up interviews felt that it was "a woman's duty" to have a child (just as sex with their husbands was viewed as "a wife's duty").

Four girls reported that they did not plan to get pregnant, of whom three reported never having inquired about or discussed contraception with anyone before they got married.

Participants in this pathway usually described a positive reaction to the pregnancy, with a smaller number of girls sharing that they reacted negatively. One girl reported not wanting the pregnancy and feeling confused by what was happening to her body. Another girl expressed that she did not feel ready to have children yet, and another was unhappy about her pregnancy (because she did not want to marry her husband in the first place) and intended to have an abortion.

Two participants in this pathway considered abortion. One girl reported that she did not want the pregnancy and attempted abortion by eating fruits that she had been told not to eat while pregnant:

When I was pregnant, I wanted to eat rujak [a fruit snack] with mangoes, anything like that that is against the rules ... eating young pineapple ... drinking Coca cola and Sprite, right, those are forbidden for newly pregnant women. (ID0211)

Her husband, on the other hand, wanted the pregnancy and was looking forward to it. He tried to convince her to continue the pregnancy by telling her that 'it is a wife's duty to fulfil her husband's commands and wishes.' Likewise, her mother told her not to have an abortion:

My mom told me, 'Don't ever think about aborting the child in your womb, you will have sinned because the baby was innocent. It will be you who was wrong. Becoming a husband and wife, that [having a baby] is mandatory.' It was difficult because I didn't want that.

(ID0211)

The other girl was unhappy about her pregnancy and wanted to have an abortion, but her husband forbade her to do it, and instead, asked her to just be grateful.

Relationship outcomes. At the time of their interviews, almost all participants were still married, while one participant was divorced following violence from her husband. Three participants reported concerns with their partners' drinking or behaviour towards them or their children, while some described satisfaction with their marriage and role as wife and mother.

Education. None of the girls were in school when they were interviewed. About half of them stopped going to school because they got married, while the others had already ceased schooling due to a lack of interest, financial constraints, or the desire or need to work. Three participants reported stopping before marriage because they did not want to go to school anymore. Meanwhile, six girls indicated that they would have wanted to stay in school but the decision to prioritize marriage over schooling was made by parents and/or older siblings and they could not refuse. Four girls expressed their desire to finish school through the Paket C Program, three of whom reported that they were not allowed by their husbands.

6. Financial/cultural marriage

Five participants, aged 15-17 years, were married for financial or cultural reasons and became pregnant after marriage (see Figure 9). This pathway was the least common and identified only among participants living in rural and peri-urban West Java. Participants' partners were significantly older, with an average age difference of 10 years and were earning income.

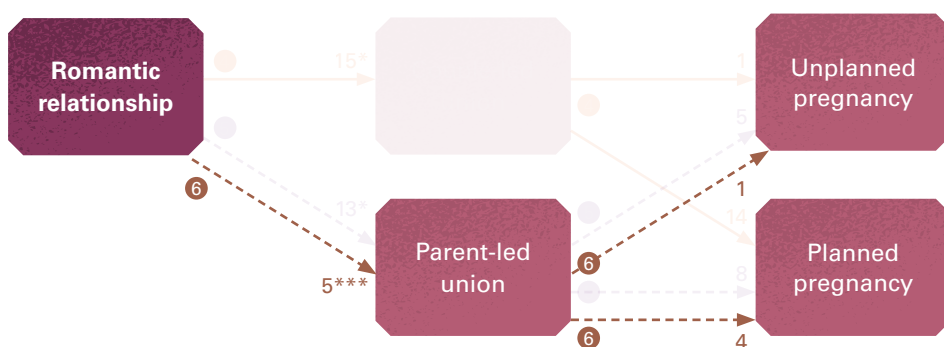
Marriage. In three cases, parents negotiated marriage to ensure financial security for the girl, matching the participant with a prospective husband known to the family. All three of these girls had little or no real say in the decision to

marry. These girls were in romantic relationships and agreed to marry their boyfriend (in accordance with what their parents wanted) primarily to reduce the financial burden on their families. One of the three girls described refusing to marry the man her parents had selected, arguing that she barely knew and did not love him. However, her parents insisted, convincing her to agree to the marriage to ease the family's financial burden, as she had many younger siblings who still needed her parents' support. Aside from this, the parents expressed their concern that the girl's younger sister would marry before her. To appease the girl, her parents pointed out that there were many others in their family who married without love but whose marriages lasted until old age. The girl eventually followed her parents' wishes and married the man. Another 17-year-old girl recounted:

I said "Okay, I'll get married" because I want to stop burdening my parents. (ID0110)

The other two participants in this pathway noted that matchmaking and child marriage were common cultural practices or accepted in their community. One of these girls described being asked by her mother if she would marry the man that was to be her husband, and she reported feeling that she 'had no right to say no'.

Figure 9. Indonesia pathway to adolescent pregnancy 6 – financial marriage leading to pregnancy



*** Financial/cultural marriage

Of the five girls in this pathway, one was 17 when she was married but falsified her age (registered as 19 years old) so she could be legally married through a civil wedding. Another girl had a religious marriage only, as she was only 15 years old (underage) at the time. The other three participants did not elaborate on the type of marriage they entered but were 15-16 years old when they were married.

Sexual debut. All girls had their sexual debut after marriage and most reported feeling it was their 'duty' to have sex with their husband. Most sex was initiated by the husband. Only one girl mentioned that while she was still dating her now-husband, she was able to tell him that she did not want to get pregnant immediately after marriage, because she felt that she was still young:

I'm still young, I don't know how to take care of children.

(ID0402)

The girl recalled that her partner had told her at the time that it was fine with him, but beyond that, there was no further discussion about the topic. After marriage, her husband practised withdrawal consistently for the first year, but then decided on his own to stop without discussing it with the girl. She did not ask him why and just let it be. Unlike the other participants in this pathway, this participant dated her prospective husband for a year before they were married.

Contraceptive knowledge, access and use. Most participants had basic knowledge about puberty and reproduction from science and religious classes at school. Yet, before marriage, they reported having limited or no knowledge about contraceptives. One girl had learned about different types of contraception from the Internet for a school assignment, while another reported hearing about condoms and pills from friends. Girls belonging to this pathway typically learned more about contraception around the time they got married or pregnant for the first time. One girl reported learning more about contraception from a pregnancy book.

During interviews, participants knew about hormonal and barrier contraceptive methods, although they did not elaborate on how they learned about these methods.

Three girls did not use contraception before marriage and their reasons varied. One girl did not want to use contraceptives as she and her partner planned to get pregnant. Two other girls described not wanting to get pregnant immediately after marriage; one of these girls said she did not use contraception for fear of side effects (e.g. the belief that contraceptives could "dry the womb"). The other was forbidden by her husband and mother to use contraceptives. Instead, her husband practised withdrawal for about two years until she felt ready to get pregnant.

Two participants reported using contraception injections when they got married to delay their first pregnancy. However, one girl stopped using injections shortly after marriage when her husband asked her to because he wanted to have children. The girl was afraid that he would divorce her if she expressed that she did not want to get pregnant yet. The other girl continued to use injections until she and her husband divorced four months after marriage.

At the time of their interviews, most girls had some knowledge about hormonal and barrier contraceptive methods, learned mostly from friends and the Internet (e.g. Facebook). Three participants were using or had previously used contraception to delay a second pregnancy. One girl had an IUD inserted immediately after she gave birth. Another had suffered a miscarriage, and her husband suggested that she use injections to allow her body time to heal before trying for a second pregnancy.

Pregnancy. Most participants in this pathway described their pregnancy as planned, although in three cases, it was largely the husband who wanted to have children. One girl recalled using injections with her first husband (whom she never wanted to marry) but not using contraception with her second (current) husband (whom she married by choice). Her second husband wanted to get pregnant immediately because he was ashamed that he was over 30 years old and did not have any children yet. The girl recalled:

I already told him [I didn't want a baby yet], but he told me 'What about the others around us? Over there, already [with child]. My younger schoolmate there, also already [with child].' ... [My parents] not yet [wanting grandchildren], but my in-laws wanted us to have a child. ... My father-in-law said, 'You've already been married a couple of years, why don't you have a child?'. (ID0103)

On the contrary, one girl had an unplanned pregnancy even though she did not want to get pregnant so soon after marriage. She was not equipped to control the timing of her pregnancy because she was afraid that using contraceptives would dry her womb and so she never sought them out.

Relationship outcomes. Two participants' initial financial marriages ended in divorce. One girl remarried and was pregnant by her second husband during the interview. She was happy with her second husband but described not having her parents' support when she decided to divorce her first husband:

About the decision to get divorced, it was my decision alone. My parents kept saying, 'You can't get divorced, it's embarrassing, you just got married and already want to divorce.' But I insisted, I just want to divorce, for one and a half years [before they were finally divorced]. (ID0103)

The other girl was a single mother and no longer communicated with her ex-husband.

The remaining girls were still married and reported mixed satisfaction with their current relationship. For example, one girl described her struggles living with her husband's family:

I want to be happy ... to own a house with him [my husband]. I just want to own a house, so I can be free. Everything is our belongings. ... The reason I want own a house is because I don't want to stay in my in-laws' house. ... They like to interfere with our marriage, and it makes me uncomfortable. I don't know what will happen in the future. If they change, maybe. But my husband insisted for us to stay at his parents' house because his mother is old. (ID0405)

Education. Only one participant in this pathway had finished high school; the remaining four had stopped school for varied reasons. One girl stopped going to school before marriage due to financial constraints, another had stopped school and was working when she met her future husband, and a third girl completed middle school and reported that generally, women in her village only finish middle school and then get married. All three had no intention of returning to school. Meanwhile, one girl did not want to participate in a practical work programme in regular school and enrolled instead in the Paket C Program, while another expressed wanting to obtain her high school certificate through the Paket C Program but not being allowed by her husband.

Discussion

Our study aimed to understand the pathways to adolescent pregnancy in Indonesia and identify contributing drivers. Through analysis of the timeline interviews six pathways were identified, each with a consistent set of salient features. Three pathways captured the experiences of girls who conceived after marriage motivated by her financial circumstances, parents' fears for her reputation, or initiated by the couple wanting to move to the next step in their life together. A further three pathways captured the experiences of pregnancy prior to any marriage following consensual, pressured, or forced sex.

Crosscutting factors contributing to adolescent pregnancy in Indonesia

The identified pathways highlighted drivers of adolescent pregnancy which are common across the groups, including: the acceptability of child marriage, harmful gender norms that stigmatize adolescent sexuality and premarital sex and support gender-based violence, and late comprehensive contraceptive information and support.

Acceptability of child marriage and stigma of premarital pregnancy

Community acceptance of child marriage facilitated the three post-marital pregnancy pathways. Child marriage was viewed as a justifiable means to gain greater financial security for a girl and reduce economic pressure on her family. Although this was a small proportion of the sample, this finding is consistent with other research findings. Strong social norms in support of child marriage remain prevalent in some Indonesian communities (Grijns and Horii, 2018; Widyastari, Isarabhakdi, and Shaluhiyah, 2020). A study in South Sulawesi found that one-fourth of adults and one-third of adolescents

agreed with the view that girls aged 18 and above who are not yet married are a burden to their families (Wibowo et al., 2021). Acceptance of child marriage has been found more likely among women with lower education and based in rural areas (Rumble et al., 2018).

Child marriage is also viewed as a way to regulate "immoral" behaviour and protect the honour of a girl and her family (Grijns and Horii, 2018; Giorgio et al., 2020). In the study, some parents pre-emptively married off their daughter to avoid the social consequences of an unmarried girl engaging in "forbidden" (premarital) sex (Bennett, 2005, 2014). Meanwhile, for young couples in romantic relationships, love marriage was viewed as the most acceptable way of taking the next step in their relationship while adhering to religious and sociocultural ideals.

In the event of a premarital pregnancy, participants and their families viewed marriage as the only socially acceptable "solution". Nationally, about one in four Indonesian women aged 20-24 conceive before marriage (Harvey et al., 2022), and the dominant view that marriage is the only way to "legitimize" a premarital pregnancy in Indonesia has been well documented (Bennett 2001; Choe, Thapa, and Achmad, 2001; Horii, 2020). In the study, participants highlighted that a girl's reputation is compromised if the man who got her pregnant refuses to take responsibility through marriage. The findings are consistent with other studies, that once pregnant, girls often had little or no control over the decision to marry (Astuti, Hirst, and Bharj, 2020; Asriani, 2020). When negotiating sex, boyfriends often suggested they would take responsibility for premarital pregnancy, with child marriage being viewed as a 'solution'. This is consistent with research emphasising the central role of stigma and shame in shaping attitudes and decision-making related to sexuality, reproduction, and marriage in Indonesian society (Bennett, 2005; Davies and Bennett, 2015). These views are likely to be reinforced by the new criminal code that bans sex outside of marriage (Mao, 2022).

Despite this common view of marriage as a ‘solution’, less than a third of participants in the premarital pregnancy pathways who were married described their marriage positively when interviewed. Separation and divorce were common among those in the forced sex pathway. The findings suggest that child marriage following premarital sex or pregnancy may not yield the positive relationship or life outcomes that parents and some girls hope for.

Partner and family expectations of pregnancy following marriage

Partner and family expectations of pregnancy following marriage discouraged contraceptive use and contributed to many pregnancies. Some participants expressed that girls wanted to get pregnant after marriage because it was expected of them, could prevent boredom or loneliness, and was a way to become “complete as a woman”. These findings affirm what Parker referred to as the “sacred triangle of sex, marriage, and reproduction” (Parker, 2008). In Indonesia, aside from regulating sexuality, the main goal of marriage is reproduction, and young people are brought up to aspire to these ideals (Parker, 2008). The findings also resonate with those of Bennett and Arai, that for girls from resource-constrained backgrounds, motherhood can present a “meaningful life option” (Arai 2009, p.139), especially when being a mother is a highly valued source of social identity (Bennett, 2014). In such cases, there is “no apparent incentive for delaying motherhood.” (Bennett, 2014, p.77)

Although marriage was viewed as the acceptable time for couples to engage in sex and for girls to receive information about sex and contraception, married girls who did not want to get pregnant were not supported to use contraceptives. Some were given contraceptive information by mothers, healthcare workers, or marriage officiants, but it was rarely used, often because the husband or the couple’s families desired a pregnancy. This helps explain the quantitative findings in other research that most married adolescents do not use contraceptives, and those who do, typically do so after the first child for birth spacing and limiting (Mas’udah, Pristya, and Andarmoyo, 2021). Consistent with this, acceptability of contraception

after the first birth was clear across the sample. Many participants received information and support from healthcare providers on modern methods after their first birth.

Harmful gender norms and sexual violence

Many participants’ narratives featured harmful norms that were supportive of traditional gender roles around sex, including male dominance and female submission. Girls who had more involvement in the decision to marry (i.e. couple-initiated marriages) were more likely than girls who were less involved in the decision (i.e. reputational and financial marriages) to report having wanted, consensual sex with their partners, and planning their pregnancy. Girls in financial and reputational marriage pathways often reported having sex with their husbands because they considered it “a wife’s duty.” A in Lombok, Indonesia, found similar patterns, noting the prevalence of idealized sexual scripts that depicted a husband’s right to have sex with his wife and a wife’s obligation to fulfil her husband’s sexual desires (Bennett, 2005). While male sexuality is expected, female sexuality is highly stigmatized, and sex within marriage is presumed to be consensual and intended mainly for reproduction (Bennett, 2005; Parker, 2008). Bennett further argued that these traditional constructions of femininity and female sexuality perpetuate early marriage practices which are in turn, closely associated with adolescent childbearing (Bennett, 2014).

Harmful gender norms supportive of gender-based violence were also evident in the narratives of girls who got pregnant following unwanted or pressured or forced sex. In narratives of unwanted or pressured sex, girls resisted their boyfriends’ repeated advances but eventually relented, many out of fear that their boyfriend would be upset or leave them if they refused. Meanwhile, depictions of male partners’ persistence in convincing or pressuring girls to have sex, and in more extreme cases, raping girls who were drunk or drugged, were illustrative of men’s sense of sexual entitlement. Studies in Indonesia have noted similar power dynamics between adolescent girls and their boyfriends,

with girls unable to refuse their partners' requests for sex for comparable reasons (Parker, 2008; Shaluhiah and Ford, 2014), and girls' apparent lack of skills to negotiate (Asriani, 2020; Bennett 2014). Toward preventing gender-based violence, there is a need for community interventions that promote gender equality by transforming gender norms that perpetuate the subordination of women and girls and repress female sexuality (Hayati et al., 2011; UNFPA 2020). In addition, as others have emphasized, there is an urgent need to establish policy mechanisms that protect girls from sexual violence and enable victims of sexual violence to pursue legal action (Asriani, 2020). It will be critical to ensure that the newly passed anti-sexual violence law (Aljazeera, 2022; Pawestri and Mann, 2022) – which outlaws sexual violence both within and outside marriage and requires abusers to pay restitution and authorities to provide mental health and psychosocial support for victims – is enforced and bolstered by clear implementation protocols on the ground.

In a divergent set of cases, adolescent girls engaging in consensual premarital sex and couple-initiated marriages described more equitable sexual relationships and greater satisfaction with their eventual marriage. However, these couples were still impacted by stigma surrounding premarital sex, and the expectations that the boyfriend would take responsibility for contraception or subsequent pregnancy.

Barriers to accessing and using SRH knowledge, supplies and services

Girls faced barriers to accessing and using SRH knowledge, supplies, and services. These barriers ranged from the individual level (e.g. lack of knowledge and understanding), relationship level (e.g. power imbalance in relationships), to community and societal levels (e.g. laws that impair girls' access to SRH information, supplies, and services).

Many girls belonging to the outside-union pregnancy pathways expressed that they did

not want to be married or pregnant yet. Often, girls did not expect to get pregnant, even those who knew that unprotected sex could lead to pregnancy. Most participants mentioned receiving some (though not always accurate) information about sex from their friends and the Internet, and limited, often only basic information about puberty and reproduction in classes at school. This is in line with findings from the 2017 Indonesia Demographic and Health Survey (DHS), that most youth discussed reproductive health with their friends and rarely learned about family planning in schools (BPS et al., 2018). In addition, the participants reproduced disapproving attitudes typically held by parents and teachers that when it came to unmarried young people, information about sex and contraception was not yet needed or appropriate." This was particularly important for girls who experienced consensual premarital sex, where improved access to contraceptives may have prevented their pregnancy. During follow-up, participants highlighted that the sexuality education they received did not clarify that contraception can also be used before marriage. Thus, unmarried girls often dismissed contraception information as irrelevant to them.

While there is an existing national law that mandates the provision of sexuality education for young people in Indonesia, recent reviews have emphasized that no country in the Asia-Pacific region currently delivers comprehensive sexuality education (CSE) in line with international standards (UNFPA, 2021; UNFPA, UNESCO, and IPPF ESEAOR, 2020). Furthermore, two laws – the Criminal Code (KUHP, under Article 283) and the 2009 Population Development and Family Development Law (under Article 26) – constrain the provision of contraception information and prohibit the provision of contraception supplies and services to adolescents and unmarried individuals (Marcoes, 2018). Across pathways, many girls in the study reported learning more about their modern contraceptive options from midwives (along with support to initiate use) only after they were married and had given birth.



The overall lack of timely and accurate information and the prevalence of myths about contraception interacted with power imbalances within relationships and affected girls' ability to access and use contraceptives. Consistent with a prior study (Utomo and Utomo 2013), this study found that contraception decisions were more often made or strongly influenced by boyfriends or husbands and parents or in-laws after marriage. While many girls had heard of condoms, they did not fully understand what they were or how to use them (as also observed among Indonesian young people by Shaluhayah and Ford, 2014) and lacked the skills to negotiate contraceptive use with their partners.

Also, although abortion is illegal and highly stigmatized, many participants who had a premarital conception considered or attempted abortion, many through ineffective and unsafe methods learned through word of mouth and based on myths. Only three participants successfully aborted, yet knowledge of abortion was common among our sample. These findings are consistent with a quantitative study that found that many Indonesian women seek induced and often unsafe abortion (Giorgio et al. 2020).

Our findings underscore the need to strengthen Indonesia's CSE curriculum at both the primary and secondary school levels, and to explore platforms for CSE outside of school to reach as many adolescents with accurate SRH information before and as they engage in sexual relationships. The findings also highlight discordance between current laws and adolescent girls' lived realities and needs.

Strengths and limitations

Conducting the study in two Indonesian provinces, and across rural and urban settings allowed the study to capture a range of experiences and develop a better understanding of Indonesian girls' lived realities of adolescent pregnancy. However, further qualitative inquiry in other geographical areas would be valuable, as Indonesia is widely diverse.

The individual pathways to adolescent pregnancy were outlined during timeline interviews with participants where each determined for themselves the important milestones in their personal story. The follow-up interviews after preliminary analysis served as a member-check to validate the findings, check participants' understanding, and "fill in the gaps."

The phone-based approach to the follow-up interviews was modified from in-person group workshops in response to COVID-19 exposure risk and restrictions that were in place while conducting of the study. An in-person follow-up may have yielded different insights to complement the main data collection.

This study only engaged with girls, and many of the findings relate to the expectations of their partners. Further studies are required to help shed light on the perspectives of young men, parents, and service providers, such as midwives and teachers.

Adolescent girls' recommendations for programmes and policy

During follow-up interviews with 19 participants, girls provided their recommendations on how best to help girls like them:

Use interpersonal and informal approaches to sexuality education

Our follow-up interview participants felt that it would be good if the approach to in-person sexuality education in school is interpersonal and informal. Girls felt that it would likewise be good to separate girls from boys during sex education discussions so that girls will not be shy or embarrassed to ask questions and have follow-up counselling sessions with people who have good understanding of these topics. Alternatively, girls suggested that there can be dedicated sessions for girls only.

Some follow-up participants seemed to prefer for discussions to occur outside of school, as casual, small peer group discussions or chat sessions, preferably with a group of people who the girl already knows and feels comfortable with. They also suggested making information and education campaign materials (e.g. cartoons, infographics, videos) available online/through social media (e.g. Facebook, TikTok, Twitter, Instagram).

Engage girls' mothers and friends, use real-life experiences and scenarios

Our participants indicated that girls' mothers or female friends are still considered some of their best sources of information about sexual and reproductive health. However, though girls preferred to learn from their mothers, there was recognition that girls are often embarrassed to discuss SRH topics with their parents. Girls were more likely to get information from friends. Several follow-up participants emphasized that girls are more likely to pay attention and learn from real-life accounts of peers' risk-taking

experiences and consequences, or using relatable scenarios (e.g. a girl is pregnant outside of marriage; explain how or why this could happen and how it could have been avoided).

Girls also identified midwives and other healthcare workers as other potential sources of information but acknowledged that while some midwives and healthcare workers are friendly and give information freely, others can be judgemental, making girls feel embarrassed to ask questions.

Use social media to disseminate information about SRH

Some girls felt that it is best for girls to learn about SRH in school (e.g. from an expert or resource person), though others felt that it would be awkward to learn about such topics in the school setting. Several participants felt that making on-demand materials available online (e.g. videos uploaded to social media) is a more relatable way of reaching young people (compared to attending formal lessons or lectures in a school setting), since this was the 'safest' option for adolescents (i.e. they would not feel afraid or embarrassed). Another suggestion was to hold awareness-raising events where famous doctors or personalities or influencers are invited, or to engage influencers to make informative videos so young people will pay more attention to the materials.

Teach girls about puberty, menstrual health, sex, pregnancy, contraception and sexual violence

In terms of content, follow-up participants felt that girls need to learn more about puberty, sex, menstrual health, personal hygiene, how someone gets pregnant, how to prevent pregnancy, and what is considered sexual violence and harassment (i.e. so that girls will be more aware and be more wary of other people). In terms of contraception, participants indicated that girls need to learn how to use condoms properly, how to be comfortable using condoms, and, for those who do not want to use condoms, how to use natural family planning methods and know their menstrual cycles better.

The participants also believed that it is important for girls to learn that “married life is not easy” and “married life is not always beautiful” so that girls can also see that marriage is not a “solution” and say no to marriage if they want to.

Provide girls with counselling

Participants also felt that girls need to learn that “not all boys are good.” In relation to this, participants suggested that girls need counselling so they can learn more about how to assert themselves in their relationships (e.g. how to break up with boys, how to say no when they don’t want to have sex), how to avoid unplanned pregnancy, and how to buy and use a condoms and other contraceptives if they want to.

Teach boys and parents also

Specifically for boys, the participants felt that boys need to learn how to be more responsible when they are in relationships with girls and how to respect girls’ decisions. Participants also felt that it is important for boys to learn more about the consequences of their actions (e.g. pressuring or forcing girls to have sex). A few girls suggested that it might be helpful to ask boys to imagine that someone else had done the same thing to their sister or their mother, so that they will find it easy to relate.

In terms of helping girls to have more say regarding if and when to marry, it was acknowledged that it is difficult for very young adolescent girls to refuse if their parents want them to marry. Because of this, programmes aimed at reducing child marriage and early union should be provided not only for girls, but also their parents.

Make contraceptives available in online and private spaces

Some participants suggested that it would be good to make contraceptive options available online, so girls don’t have to purchase them in stores. Several participants pointed out that these days, condoms are easy to purchase online, but girls were often too shy/embarrassed to buy them in a store. One girl suggested that it would be helpful to have a store that sells condoms specifically for girls, so that they will not feel ashamed to go there.

Provide support to girls who experience forced sex or rape

Girls need help in reporting rape to relevant authorities, and they need to be supported by family, friends, and counsellors so they will not feel afraid or ashamed. Participants suggested that it would be good if there is a dedicated organization that can provide girls with assistance/guidance and a safe space to share their experiences, along with a guarantee that their stories will be kept confidential. Girls also felt that it would be good to have a support group in villages where girls can speak up about their experiences.

However, the participants recognized that not all girls will choose to report it, and that even if they do not, they still need support from their family and friends.

Implications for research and practice

Our findings highlight many drivers of adolescent pregnancy in Indonesia, and the diversity of girls’ lived realities that lead to adolescent pregnancy in two provinces. Participant pathways represented six different typologies, all of which will be best addressed by tailored intervention approaches.

The findings suggest that reducing unplanned adolescent pregnancy is a critical step toward eliminating child marriage. This will require attending to harmful gender norms, increasing girls’ communication skills and agentic power in intimate relationships, engaging men and boys in critically examining gendered sexual scripts, and fostering equal power between partners in relationships. It will likewise be important for interventions to highlight “a woman’s worth” beyond childbearing. Toward this end, it will be important to engage girls’ families and community members, increase access to and support for alternative trajectories to girls’ self-fulfilment, and focus on developing gender transformative norms regarding how men view and treat women in relationships. It is also imperative to establish and enforce clear legal and social consequences for perpetrators of gender-based violence.

The study identified the need to ensure that sexuality education provided to adolescents is comprehensive, gender transformative and incorporates in-depth learning opportunities and dialogue on healthy, respectful relationships, consent, and life skills. There is clearly a need to improve girls' contraceptive knowledge, including the types of methods, how to use them, and the effectiveness or failure rates of each method, as well as a need to support girls to assert their sexual and reproductive preferences in their relationships. Related to this, a need to clarify messaging around the use of contraception at individual, relationship, community, and societal levels was also apparent, including emphasizing the relevance of using contraception outside marriage or union, and addressing myths and misconceptions regarding contraception and abortion.

Alongside CSE strengthening and information and education campaigns, it will be equally important to ensure accessibility and availability of contraception for young and unmarried women by addressing the current legal, structural, and community-level barriers that constrain provision of information and prohibit the provision of supplies and services to adolescents and unmarried individuals. As the

findings also underscored, barriers to contraceptive use – particularly relating to power dynamics within intimate relationships – and sexual violence will also need to be addressed through gender transformative programming, policies, and advocacy.

This study recommends future quantitative research that explores the prevalence of different pathways to adolescent pregnancy at national and subnational levels, and the prevalence of relationship outcomes following adolescent pregnancy (e.g. dual parenthood, single parenthood, intimate partner violence, separation or divorce). These will assist in mapping out critical intervention points and designing and implementing interventions and programmes tailored to girls' specific contexts. Future qualitative research could focus on developing a better understanding of young people's alcohol use behaviour and its links to sexual violence, and male partners' or husbands' motivations for pregnancy (i.e. why it is important to them to have children soon after marriage), their knowledge and attitudes regarding different contraceptive methods, and whether spousal age gap influences couples' contraceptive use.



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