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A HOLISTIC APPROACH TO HANDLING ADOLESCENT PREGNANCY: A CASE STUDY AT RSUDZA BANDA ACEH

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ABSTRACT

Adolescent pregnancy remains a significant public health issue in Indonesia. This study aims to examine a holistic approach to the case of a 16-year-old pregnant adolescent at Dr. Zainoel Abidin General Hospital (RSUDZA) Banda Aceh. The study employed a descriptive qualitative method with a case study design. Data were collected through clinical observation, interviews, and a review of medical records. The findings indicate that adolescent pregnancy poses complex medical, psychological, and social risks, including anaemia, the potential for postpartum mood disorders (e.g., postpartum blues), and social pressure. A holistic, multidisciplinary approach has proven effective in addressing both medical and social aspects comprehensively. The study concludes that healthcare services should implement an integrated holistic support system to improve the management of adolescent pregnancy cases.

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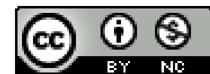


INTRODUCTION

Adolescent pregnancy is one of the most complex and multidimensional reproductive health issues. Adolescents who become pregnant are in a vulnerable position due to their lack of physical, psychological, emotional, and social maturity necessary to undergo the processes of pregnancy, childbirth, and parenting. According to the World Health Organization (WHO), adolescents are individuals aged 10–19 years. Pregnancy within this age range is considered high-risk and contributes to increased maternal and infant mortality rates, obstetric complications, and psychosocial disorders (Kartikasari, Ummah, & Wahyu, 2022).

Adolescent pregnancy remains a widespread issue globally. In Indonesia, the prevalence is notably high, with 58.56% of adolescent females reported to have experienced pregnancy. Each year, the number of adolescent pregnancies in Indonesia

continues to rise (Dewi, Yuria, & Gustina, 2021). According to the 2018 Basic Health Research report, 46.4% of 7,728 adolescent girls aged 10 to 19 in Indonesia had experienced pregnancy (Riskesdas, 2018).

According to data from the 2023 Indonesian Health Survey (SKI), 3.5% of girls aged 10–14 who had ever been married had experienced pregnancy. Additionally, 24.6% of girls in this age group were currently pregnant at the time of the survey, indicating a concerning trend of active pregnancies among very young adolescents. Meanwhile, in the 15–19 age group, 71.6% of married adolescent girls had experienced pregnancy, and 12.8% were pregnant during the survey period. With a weighted sample of 1,565 respondents, these findings highlight that adolescent pregnancy remains a highly prevalent phenomenon in Indonesia (Kemenkes RI, 2023).

Similar trends are observed internationally. In Ethiopia, 79.6% of women aged 20–24 had experienced pregnancy during adolescence. Malawi and other countries in Sub-Saharan Africa report similar patterns, often associated with limited access to antenatal care. In the Midwestern United States, many adolescent girls are inactive in seeking reproductive health information, while in the Imo Region of Nigeria, only a small number are aware of emergency contraception. Studies in South Africa reveal that adolescent mothers frequently face stigma from teachers, healthcare providers, and the wider community. Across both Indonesian and international contexts, adolescent mothers tend to be drop out of school, unmarried, unemployed, and financially dependent on their families. Their unstable emotional development adds to the challenge of taking on the responsibilities of early motherhood. Medically, adolescent pregnancy is commonly linked to complications such as anaemia, low birth weight, premature birth, and hypertension (Rohmah et al., 2020).

Adolescent pregnancy refers to pregnancy occurring in females between the ages of 13 and 19. The percentage of pregnant adolescents in Indonesia is 58.56%. Evidence from other countries also shows high rates of adolescent pregnancy (Dewi, Yuria, & Gustina, 2021). Each year, the number of adolescent pregnancies in Indonesia continues to increase. Similar trends have been observed in Malawi. In Sub-Saharan Africa, adolescent pregnancy is associated with low utilization of antenatal care. Moreover, adolescent girls in the Midwestern United States, are generally inactive in seeking information related to adolescent pregnancy. Meanwhile, only a few adolescent girls in the Imo Region of Nigeria are aware of emergency contraception. A study conducted in South Africa found that women who became pregnant during adolescence tended to receive negative stigma

from teachers, families, healthcare staff, and the community. These young pregnant adolescents are generally still in high school, unmarried, unemployed, and financially dependent on their parents. Their emotional development, which is often unstable, makes it difficult for them to take on the role of a young mother. In addition, adolescent pregnancy is associated with anaemia, low birth weight, premature birth, and hypertension (Rohmah et al., 2020).

This social health issue poses a major challenge for referral centres such as RSUDZA. Age is often correlated with physical maturity and cognitive ability. Pregnancy in women under the age of 20 tends to lead to various obstetric complications such as preeclampsia, intrauterine growth restriction (IUGR), premature birth, and anaemia. Pregnant adolescents often struggle to maintain their pregnancies properly (Rohmah et al., 2020).

Various policy recommendations have been proposed to address adolescent pregnancy, including raising the minimum legal age of marriage through amendments to the marriage law, integrating reproductive health education into school curricula, and providing youth-friendly health services at primary and secondary health facilities. However, the implementation of these policies still faces challenges, particularly in terms of public dissemination, the availability of trained personnel, and cultural resistance (Putri, 2025).

This study aims to analyse the holistic approach used in managing adolescent pregnancy at RSUDZA Banda Aceh by comprehensively examining the medical, psychological, social, and spiritual aspects. This research is expected to contribute to the development of a healthcare service model that is more responsive to the needs of adolescent mothers in Indonesia.

RESEARCH METHODS

This study employed a descriptive qualitative approach with a case study design (Notoatmodjo, 2016). This approach was used to comprehensively describe the medical, social, and psychological conditions of an adolescent patient experiencing pregnancy, as well as to examine how a holistic approach was applied in managing the case at RSUDZA Banda Aceh.

The study population included all pregnant adolescents who received care at RSUDZA between January and March 2024. Interviews with the patient and her family were conducted in February 2024. The sample consisted of a single case involving a 16-

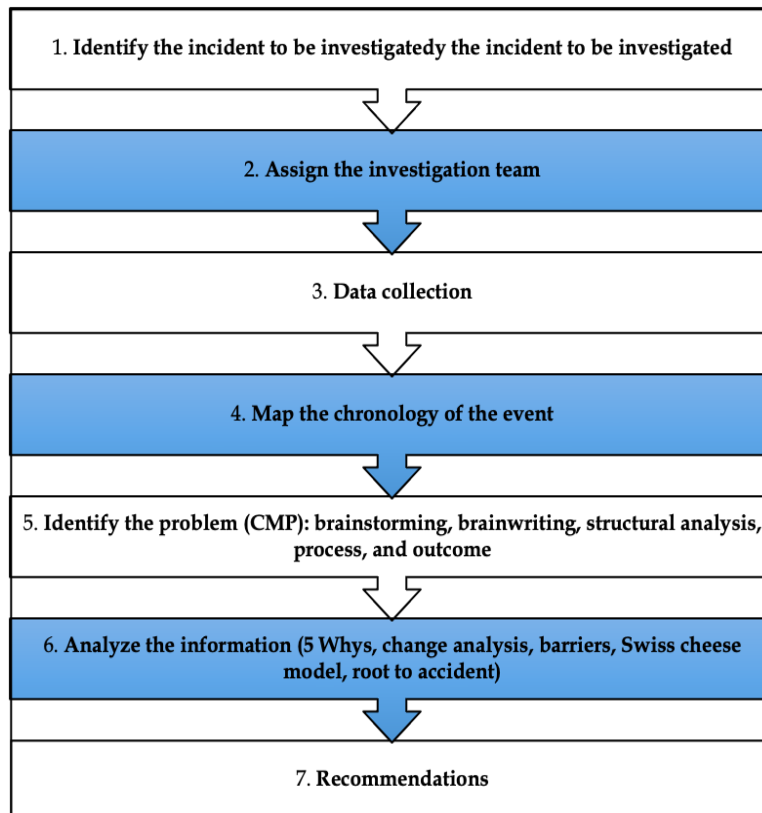
year-old adolescent with a high-risk pregnancy who underwent holistic management. The sample was selected purposively as the case represented the complexity of adolescent pregnancy issues.

The primary research instruments included medical records, semi-structured interviews with the patient and her family, and participatory observations of the medical management and patient education processes. Data validity was ensured through source triangulation (patient, family, and healthcare providers) and methodological triangulation (interviews, documentation, and observation). Reliability was ensured through data verification by a team of doctors, psychologists, and spiritual counsellors involved in the patient's care.

Data were analysed qualitatively using a thematic approach. Each finding was categorized into major themes such as clinical conditions, socioeconomic factors, family support, and forms of holistic intervention.

Root Cause Analysis Steps

Root cause analysis consists of seven steps that must be followed, as illustrated in the diagram below:



RESULTS

The case analysed in this study involves a 16-year-old adolescent girl who presented to the Emergency Unit of RSUDZA, Banda Aceh, with complaints of abdominal cramps and blood spotting. She was pregnant with her first child (G1P0) at 35–36 weeks of gestation based on her last menstrual period. The patient married at age 15 to a 30-year-old man introduced by her older brother. She had only completed junior high school.

Physical and laboratory examinations revealed microcytic hypochromic anaemia with a haemoglobin level of 8.3 g/dL and a haematocrit of 25%, along with signs of genital infection (fluor albus). Ultrasound indicated a single live fetus with an estimated fetal weight (EFW) of 1741 grams and biometric measurements suggestive of intrauterine growth restriction (IUGR). Vaginal examination showed a soft posterior cervix with 1 cm dilation and the fetal head floating. The case was diagnosed as an adolescent pregnancy with obstetric complications including anaemia, preterm labour, and IUGR.

A caesarean section (C-section) was performed to prevent labour complications such as prolonged delivery, birth canal laceration, or postpartum haemorrhage due to anaemia.

Following the C-section, the baby was delivered alive and crying, although underweight due to IUGR. The mother remained in stable condition post-surgery and was close monitored to manage risks related to anaemia. She and her family were provided with comprehensive education on postpartum care, breastfeeding, and newborn care. The patient also received psychological counselling to prevent postpartum mood disorders (e.g., baby blues), along with spiritual support and long-term contraceptive education.

During the interview, the patient stated, “At first, I was scared and confused because I wasn’t ready to become a mother”. Her mother added, “We didn’t know what to do, but we followed the midwife’s advice to go to the general hospital”. These statements reflect the emotional vulnerability of the adolescent patient and the family’s heavy dependence on healthcare guidance. This finding aligns with previous studies suggesting that adolescent mothers often enter parenthood without adequate psychological preparedness, influenced more by external pressures than informed personal choice.

The patient’s risk of preterm labour is consistent with previous research indicating that adolescent mothers are more likely to deliver before 37 weeks of gestation. This is linked to the immaturity of the reproductive system, psychological stress, and lack of

readiness to access quality antenatal care (ANC). In this case, the patient attended only two visits with an OB/GYN and seven visits with a midwife, with no documented counselling regarding the risks of early pregnancy.

DISCUSSION

Antenatal care (ANC) is the care provided to pregnant women throughout pregnancy regularly, followed by corrective measures for any abnormalities found, by established antenatal care service guidelines (Rufaridah, 2019). ANC services for pregnant women should follow the Maternal and Child Health (MCH) service guidelines, which recommend at least six ANC visits during pregnancy: two in the first trimester, one in the second trimester, and three in the third trimester (Huda & Amru, 2025).

The ANC program experienced by the patient was not fully responsive to the specific needs of adolescents. Standard ANC services do not yet include premarital counselling, parenting education, or comprehensive psychological assessments. The quality of ANC plays a crucial role in preventing stunting, low birth weight (LBW), and neonatal complications (Suarayasa, 2021). Research in Indonesia indicates that suboptimal ANC visits are correlated with an increased risk of short birth length and stunting (Hamid, Pakhri, & Adam, 2021).

From a medical perspective, this case illustrates that adolescent pregnancy carries a high risk for various obstetric complications, including anaemia. Anaemia during pregnancy increases the risk of preterm birth, postpartum haemorrhage, and limited oxygen supply to the fetus, which can result in low birth weight (LBW). Adolescent females typically have lower iron reserves and increased nutritional needs because their bodies are still developing, making pregnancy a compounding factor (Ariningtyas, Pratiwi, Alif, & Alda, 2023).

From a psychosocial standpoint, the patient showed high vulnerability to emotional disturbances. She discontinued a beauty course she had enrolled in due to her early marriage and pregnancy. The decision to marry was influenced by her family, and the patient appeared unaware of the long-term consequences of her new role as a mother. This reinforces findings that adolescent pregnancy is often the result of decisions influenced by social, cultural, and economic pressures rather than rational individual considerations.

Management of this case was carried out using a holistic approach. The patient and her family received education on the medical risks of adolescent pregnancy, infant

care, the importance of breastfeeding, and the dangers of postpartum depression (e.g., baby blues). This education was complemented by spiritual guidance and psychological counselling delivered by a multidisciplinary team. This strategy aligns with WHO's model for managing pregnancies with complex social issues.

Social stigma toward adolescent mothers is a significant issue discussed in this case. Goffman stated that individuals with attributes deemed deviant from social norms, such as adolescent mothers, are subjected to negative labelling that affects their social identity (Goffman, 2009). In the local Acehnese culture, early marriage may be accepted within traditional customs, but adolescent pregnancy remains a significant psychological burden, especially when not supported by emotional readiness and social support.

Economic hardship is also a root problem in this case. Neither the patient nor her husband had a stable job and they relied on their families for support. A study showed that poor families tend to marry off their daughters early in hopes of reducing household economic burdens (Suci & Sulistyaningrum, 2024). However, rather than solving the problem, this strategy exacerbates poverty because adolescent pregnancy contributes to school dropout, limited access to employment, and economic dependency (Taher, 2022).

The patient completed her education up to junior high school and did not continue to senior high school. After leaving school, she enrolled in a beauty course, but was unable to complete it due to early marriage and subsequent pregnancy. Based on the results of a systematic review, it is evident that adolescent pregnancy is caused by five interrelated factors. These include a family history of adolescent pregnancy, particularly involving older sisters and mothers; peer influence combined with insufficient psychological control from parents; psychological pressure and engagement in risky behaviours such as substance use and early sexual activity; dropping out of school or failure to pursue higher education; and a family background involving incarcerated members or dysfunctional conditions such as broken homes. These findings indicate that adolescent pregnancy is a multifactorial and complex phenomenon, influenced not only by biological aspects but also by psychological, social, and familial environments (Sholihah, Widiasih, & Solehati, 2019).

From a legal standpoint, this case highlights the weak implementation of Law Number 16 of 2019 on Marriage, which sets the minimum legal age for marriage at 19 years. Although the regulation is in place, marriage dispensations can still be granted by the court at the request of parents. Without strict oversight mechanisms, this policy continues to allow early marriages, as in the case of this patient.

Another challenge faced is the lack of cross-sectoral integration in providing support to adolescent mothers. In this case, a holistic approach was applied by the medical team at RSUDZA, but there was no documented involvement of social services or women's empowerment institutions to assist the patient in terms of economic and educational support. Community-based service models that involve schools, religious leaders, and social agencies have proven to be more effective in assisting adolescents facing pregnancy.

The patient is also at risk for psychological disorders or postpartum depression. Studies show that strong social support from partners and families can reduce the risk of postpartum mood disorders. Therefore, educating husbands and families is essential to ensure their involvement in the mother's postpartum adaptation process (Annisa & Natalia, 2023).

This case illustrates that adolescent pregnancy is not merely a medical issue, but a social problem requiring a multidisciplinary approach. Successful interventions involve patient and family education, psychosocial support, and spiritual reinforcement. However, in the long term, policy reform in primary care services and increased school involvement in reproductive health promotion are needed.

The SWOT analysis of this case reveals that the main strength lies in the availability of holistic obstetric services at RSUDZA. However, the weaknesses include the lack of knowledge among the patient and her family, as well as ANC services that fail to address social aspects. Opportunities exist in the form of healthcare worker training and school-based education, while threats arise from the patient's emotional unpreparedness to assume the role of a mother.

Therefore, addressing adolescent pregnancy requires an integrated and sustainable healthcare system involving all social actors—from hospitals, families, and schools to government institutions. This comprehensive approach will enhance the quality of life for pregnant adolescents and help break the cycle of poverty that is structurally perpetuated through early marriage and pregnancy.

CONCLUSION AND RECOMMENDATIONS

The management of adolescent pregnancy cannot be carried out partially, as it involves various aspects of physical, emotional, social, and spiritual health. This case study demonstrates that a holistic approach, implemented in a multidisciplinary manner by the RSUDZA Banda Aceh team, can have a positive impact on the readiness of young

mothers to face childbirth and their role as parents. This is evidenced by the successful delivery through a cesarean section, with both the mother and baby in good condition post-delivery. Holistic management can significantly "heal" the patient, as her quality of life improves alongside the support provided for both social and religious issues related to her condition.

Medical services combined with psychosocial education, spiritual support, and family counselling have proven effective in enhancing the patient's understanding of the risks of adolescent pregnancy and the importance of self-care and child care after childbirth. Nevertheless, this case also highlights ongoing challenges in cross-sector integration, particularly in providing economic support and ensuring the continuity of the patient's education.

It is recommended that Type A hospitals like RSUDZA develop a formal and comprehensive social obstetric service system and encourage the establishment of cooperative networks between hospitals, schools, social services, and religious institutions. Local governments also need to strengthen preventive efforts through reproductive health education in secondary schools and community outreach about the dangers of early marriage and pregnancy.

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