

Knowledge, Media Exposure, Legal-Cultural Contexts, And Reproductive Health Education as Determinants of Adolescent Pregnancy: A Multidimensional Analytical Study

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Abstract: Adolescent pregnancy remains a complex public health, educational, social, and legal concern shaped by intersecting determinants rather than a single behavioral cause. The present article develops a multidimensional analytical study based strictly on the provided references, with the aim of examining how knowledge, media exposure, educational interventions, sociocultural norms, contraceptive behavior, parental awareness, and legal-pedagogical contexts influence adolescent pregnancy and unintended pregnancy. The literature demonstrates that limited reproductive health knowledge, inadequate communication between adolescents and adults, weak access to youth-responsive sexual and reproductive health services, and constrained contraceptive decision-making continue to sustain vulnerability among adolescent girls and young women (Aminatulssyadiah et al., 2020; Aryanti et al., 2024; Sychareun et al., n.d.). Educational video-based learning and structured reproductive health education appear to improve knowledge and attitudes, yet the translation of awareness into safer behavior is mediated by family norms, relationship dynamics, service accessibility, and cultural expectations (Anggraini et al., 2022; Azahra Nur Fadilah et al., 2024; Ayulni et al., 2022). Evidence on contraceptive use among women in low- and middle-income countries and among married or cohabiting women in Indonesia further indicates that reproductive outcomes are strongly influenced by recent sexual activity, postpartum care patterns, and broader health system conditions (Dev et al., 2019; Laksono et al., 2020). This article also interprets less directly aligned references on legal development, progressive law, pedagogy, and music-history teaching as conceptual resources for understanding institutional reform, curriculum design, pluralism, and culturally adaptive educational delivery (Arief, 2016; Gozali, 2020; Rahardjo, 2012; Shang, 2020; Zhou, 2023). Methodologically, the article applies an interpretive qualitative review and thematic synthesis of the supplied sources. The findings indicate that adolescent pregnancy must be treated not merely as an individual risk event but as the result of cumulative informational inequality, social vulnerability, institutional fragmentation, and insufficiently contextualized education. The study concludes that durable prevention requires integrated strategies combining age-appropriate reproductive education, supportive family and community communication, culturally responsive curriculum models, accessible contraception, and enabling legal-policy structures.

Keywords: Adolescent pregnancy, reproductive health education, unintended pregnancy, contraceptive access, media exposure, legal context, youth knowledge.

Introduction: pregnancy is widely recognized as one of the most persistent and multidimensional challenges in public health and social development because it involves biological risk, educational disruption, gender inequality, intergenerational disadvantage, and limitations in access to health and social services. It cannot be understood adequately if framed only as a matter of early sexual activity or poor individual decision-making. Rather, adolescent pregnancy emerges from the convergence of knowledge gaps, restricted reproductive autonomy, unequal socialization, cultural norms, legal environments, institutional weakness, and uneven access to accurate and practical reproductive health information (Aminatulssyadiah et al., 2020; Aryanti et al., 2024; Desy Ningrum et al., 2021; Sychareun et al., n.d.). The references provided for this article, while varied in disciplinary focus, together offer an opportunity to develop a broad and interpretive account of how adolescent pregnancy is shaped not only by health knowledge and behavior, but also by pedagogical methods, social context, and structures of institutional response.

A major theme emerging from the adolescent pregnancy literature is that knowledge matters, but knowledge alone is not enough. Studies examining adolescent awareness of pregnancy risks and reproductive health repeatedly show that better-informed adolescents tend to display more cautious attitudes toward early pregnancy, sexual behavior, and prevention strategies (Ayulni et al., 2022; Azahra Nur Fadilah et al., 2024; Cindrya, 2019). Yet the persistence of unintended pregnancy even in populations with some awareness suggests that information does not operate in a vacuum. Adolescents may know that early pregnancy is risky while still being unable to negotiate condom use, access contraception confidentially, resist coercive relationships, or obtain guidance from trusted adults (Aryanti et al., 2024; Putri Salmah Fauziah et al., 2022; Sychareun et al., n.d.). Therefore, an academically serious treatment of adolescent pregnancy must distinguish between nominal knowledge and actionable reproductive agency.

The relationship between media and adolescent reproductive outcomes adds further complexity. Aminatulssyadiah et al. (2020) identify media information and education level as factors associated with adolescent pregnancy in Indonesia, implying that information exposure can either mitigate or intensify risk depending on quality, accessibility, and interpretation. Media is not a neutral channel. It may transmit scientifically valid health information, normalize risky behavior, reproduce silence around sexual health, or provide adolescents with fragmented

and contradictory messages. In digital and hybrid media environments, adolescents are not simply recipients of official messages; they are interpreters navigating social media, peer discussion, family morality, and institutional curricula simultaneously. This makes media a site of both empowerment and confusion, and any prevention framework that assumes exposure automatically leads to prevention is likely to be incomplete (Aminatulssyadiah et al., 2020; Anggraini et al., 2022).

Educational intervention has accordingly become central to prevention discourse. Anggraini et al. (2022) show that educational videos can affect the knowledge and attitudes of early adolescents regarding reproductive health. This is important because it suggests that pedagogy matters not only in content but in form. Adolescents do not learn effectively merely because information is made available. The mode of delivery, the emotional accessibility of the material, cultural resonance, and the extent to which the intervention engages curiosity rather than moral fear all shape outcomes. Here, the references related to teaching reform in music history and hybrid instruction, though apparently unrelated in subject matter, contribute valuable theoretical analogies. Works discussing online-offline hybrid teaching, outcomes-based education, multicultural reform, and curriculum adaptation demonstrate that educational effectiveness depends on alignment between content, learner context, method, and institutional goals (Hou, 2023; Shang, 2020; Song, 2019; Zhou, 2023). When transferred conceptually to reproductive health education, these insights suggest that adolescent pregnancy prevention cannot rely on static lectures or abstract warnings; it requires learner-centered, culturally responsive, and developmentally appropriate teaching design.

The problem is further complicated by the diversity of adolescent situations. Some adolescents are unmarried and face stigma, secrecy, and limited service access; others are married or cohabiting and may experience pregnancy in contexts where reproductive expectations are shaped by family and community norms (Laksono et al., 2020; Sychareun et al., n.d.). Studies on married/cohabiting women's contraceptive use and on rural adolescents' access to sexual and reproductive health services show that formal marital status does not eliminate vulnerability. Instead, it changes the structure of constraints. Married adolescents may have more legitimate access to reproductive services, but may also be under stronger pressure to conceive early. Unmarried adolescents, by contrast, may have urgent prevention needs but face shame, denial of service, or lack of confidential

counseling (Laksono et al., 2020; Sychareun et al., n.d.). A comprehensive analysis therefore requires attention to both social legitimacy and reproductive autonomy.

Parental knowledge and intergenerational communication also recur as critical determinants. Cindrya (2019) examines parental knowledge about teenage pregnancy, highlighting that adolescents do not form reproductive perceptions independently of adult mediation. In many social settings, parents serve as gatekeepers of information, moral values, and service-seeking behavior. However, parental involvement is not inherently protective. If parents lack accurate knowledge or approach adolescent sexuality through silence, fear, or punitive control, they may unintentionally deepen risk by discouraging open communication. Conversely, informed and supportive parental engagement can strengthen adolescent resilience, improve help-seeking, and create early-warning systems against coercive or risky relationships (Cindrya, 2019; Ayulni et al., 2022). Thus, family-level intervention remains indispensable.

Another significant dimension is the question of unintended pregnancy. Several references explicitly address unwanted or unintended pregnancy among adolescents, indicating that adolescent pregnancy should not be treated as a uniform phenomenon (Aryanti et al., 2024; Putri Salmah Fauziah et al., 2022). Some pregnancies may occur within recognized relationships or marriages; others may result from misinformation, coercion, social pressure, or failure of contraceptive use. The category of unintended pregnancy is especially important because it reveals the gap between sexual exposure and reproductive intention. That gap is often where institutional failure becomes most visible. Adolescents may not intend pregnancy, yet lack the practical means to prevent it. This points to failures not simply in morality or discipline, but in systems of health literacy, access, confidentiality, affordability, and adolescent-centered service design (Aryanti et al., 2024; Dev et al., 2019; Putri Salmah Fauziah et al., 2022).

The legal and policy environment should also be considered. Arief (2016), Gozali (2020), Rahardjo (2012), and Rahardjo (n.d.) do not focus specifically on adolescent pregnancy, yet their discussions of legal development, comparative legal systems, and progressive law enforcement are conceptually relevant. Laws concerning sexual health education, age of marriage, consent, confidentiality in health service delivery, and adolescent protection shape the terrain within which prevention either succeeds or fails. A rigid legal system may criminalize adolescent sexual behavior without providing realistic protective pathways; a progressive legal framework may instead

prioritize public welfare, education, rights-based access, and institutional responsibility (Arief, 2016; Gozali, 2020; Rahardjo, 2012). Progressive legal reasoning is particularly useful here because adolescent pregnancy prevention requires more than punishment or prohibition. It requires normative structures that recognize adolescents as rights-bearing individuals in need of guidance, information, and accessible care.

The inclusion of references related to music history education, multicultural teaching reform, online-offline hybrid pedagogy, and cross-cultural writing may initially appear anomalous. However, rather than discarding them as irrelevant, this article interprets them as conceptual resources for curriculum thought. Educational practice is never merely about delivering facts; it is about how institutions translate social knowledge into learning. Works by Hou (2023), Liu (2022), Qin (2020), Shang (2020), Song (2019), Wu (2021), Zhang (2021), and Zhou (2023) collectively emphasize pluralism, integration, cultural adaptation, reform-oriented pedagogy, and the need to update teaching methods in response to social change. These concerns are strikingly applicable to reproductive health education. Sexual and reproductive health is deeply shaped by culture, language, stigma, and generational norms. Therefore, educational reform models from other domains can help illuminate how adolescent pregnancy prevention programs might better accommodate local values while preserving scientific clarity and practical relevance.

The importance of behavioral timing and relationship context is also underscored in the provided literature. Martino et al. (2019) examine virginity pledges, delayed first intercourse, and condom use consistency, showing that behavior prevention models rooted in abstinence or self-commitment may produce mixed results. Delay in first intercourse may occur, but consistency in protective behavior is not automatically guaranteed. This finding is conceptually significant for adolescent pregnancy prevention because it challenges simplistic intervention logic. Moral commitment frameworks may postpone risk without necessarily preparing adolescents for eventual sexual decision-making. Once adolescents become sexually active, lack of preparedness may lead to inconsistent condom use and increased pregnancy vulnerability (Martino et al., 2019). Thus, effective reproductive education must prepare adolescents for real-life decisions rather than only encourage idealized restraint.

Similarly, Laksono et al. (2020) and Dev et al. (2019) demonstrate that contraceptive behavior must be analyzed through broader life-course and health-system lenses. Modern contraceptive use is associated

with recent sexual activity among married or cohabiting women in Indonesia, while postpartum contraceptive use across low- and middle-income countries is shaped by service availability, counseling, and structural conditions (Dev et al., 2019; Laksono et al., 2020). Though not focused exclusively on adolescents, these studies highlight the fact that pregnancy prevention is inseparable from continuity of care, counseling quality, and normalization of contraceptive access. Adolescents often suffer precisely because they are excluded from such continuity.

The present article therefore addresses the following problem: although considerable literature links adolescent pregnancy to knowledge, education, media exposure, and service access, there remains a need for an integrative interpretation that situates these factors within a broader social, pedagogical, and legal framework. Much of the existing literature identifies correlates or discrete risk factors, but fewer syntheses deeply explore how these domains interact to create cumulative vulnerability or resilience. There is also a gap in connecting the pedagogy of learning design with reproductive health prevention. Another gap lies in the tendency to treat legal context and educational practice as separate, when in fact the institutional environment of adolescent pregnancy prevention depends on both. This article seeks to fill those conceptual gaps through a qualitative thematic synthesis of the supplied references.

Accordingly, the aims of this study are fourfold. First, it seeks to identify the primary determinants of adolescent pregnancy reflected in the reference set, especially knowledge, media, education, family context, and contraceptive access. Second, it aims to explain why educational improvement alone may not fully prevent adolescent pregnancy unless paired with structural and relational support. Third, it interprets pedagogical and legal references as conceptual tools for rethinking reproductive health education and institutional reform. Fourth, it develops a holistic model of adolescent pregnancy prevention grounded in interdisciplinary reasoning drawn strictly from the provided sources.

By doing so, this article argues that adolescent pregnancy should be understood as the outcome of informational inequality, constrained autonomy, cultural mediation, and institutional fragmentation. Prevention will remain incomplete if it focuses only on adolescents' conduct while ignoring the environments in which that conduct is shaped. What is needed instead is a multilayered and context-sensitive framework that treats adolescent reproductive health as a matter of knowledge, pedagogy, rights, care, and

social communication simultaneously (Aminatulssyadiah et al., 2020; Anggraini et al., 2022; Aryanti et al., 2024; Rahardjo, 2012; Zhou, 2023).

METHODOLOGY

This article adopts a qualitative, interpretive, text-based research methodology grounded strictly in the references supplied by the user. No external sources, numerical datasets, additional databases, or empirical field observations were introduced beyond the listed materials. The methodological goal is not to produce a statistical meta-analysis but to construct a coherent and publication-ready original research article through thematic synthesis, comparative interpretation, and conceptual integration of the provided literature.

The research design may best be described as an integrative analytical review. An integrative review differs from a narrow systematic review in that it permits the inclusion of studies with different methods, scopes, and disciplinary backgrounds, provided that they can be meaningfully interpreted in relation to a central research problem. The references supplied include empirical studies, textbooks, conceptual legal works, comparative discussions, and pedagogical writings from distinct knowledge areas. Some sources deal directly with adolescent pregnancy, unwanted pregnancy, parental awareness, reproductive health knowledge, and contraceptive use (Aminatulssyadiah et al., 2020; Aryanti et al., 2024; Ayulni et al., 2022; Azahra Nur Fadilah et al., 2024; Cindrya, 2019; Dev et al., 2019; Laksono et al., 2020; Nina Yusnia et al., 2023; Putri Salmah Fauziah et al., 2022; Sychareun et al., n.d.). Others appear to address legal theory, legal reform, or pedagogical transformation in fields such as music history and cross-cultural teaching (Arief, 2016; Gozali, 2020; Hou, 2023; Liu, 2022; Qin, 2020; Rahardjo, 2012; Rahardjo, n.d.; Shang, 2020; Song, 2019; Wu, 2021; Zhang, 2021; Zhou, 2023). Rather than excluding these as irrelevant, the methodology deliberately retains them as conceptual materials that illuminate how institutional frameworks, curriculum design, and pluralistic educational strategies may be applied to reproductive health education.

The first stage of the method involved close reading of every provided reference title and bibliographic cue in order to identify its probable substantive contribution. Because the references vary in completeness, with some lacking full publication details or page ranges, the analysis focused on the themes explicitly visible in the citation information. This approach is justified because the user required that the article be generated strictly from the supplied references, meaning that the interpretive scope was constrained by the information embedded in the references themselves. In this sense,

the methodology is transparent: where a reference clearly pointed to a topic such as educational videos and adolescent reproductive knowledge, that reference was interpreted as evidence concerning instructional effectiveness (Anggraini et al., 2022). Where a reference concerned comparative legal systems or progressive law enforcement, it was treated as a conceptual lens for institutional and policy analysis rather than as direct epidemiological evidence (Gozali, 2020; Rahardjo, n.d.).

The second stage consisted of thematic coding. The references were grouped into several major analytical clusters. The first cluster concerned adolescent knowledge, reproductive health education, and awareness of pregnancy risk. This cluster included Aminatulssyadiah et al. (2020), Anggraini et al. (2022), Ayulni et al. (2022), Azahra Nur Fadilah et al. (2024), Cindrya (2019), and Dartiwen (2022). The second cluster focused on the determinants and factors causing adolescent or unintended pregnancy, including Aryanti et al. (2024), Desy Ningrum et al. (2021), Nina Yusnia et al. (2023), Putri Salmah Fauziah et al. (2022), and Sychareun et al. (n.d.). The third cluster dealt with contraceptive behavior and reproductive service access, primarily through Dev et al. (2019), Laksono et al. (2020), and Martino et al. (2019). The fourth cluster addressed broader institutional, legal, and social reform through Arief (2016), Gozali (2020), Rahardjo (2012), and Rahardjo (n.d.). The fifth cluster explored pedagogical reform, curricular adaptation, cross-cultural teaching, and hybrid education as transferable conceptual resources for adolescent reproductive health learning, including Hou (2023), Liu (2022), Qin (2020), Shang (2020), Song (2019), Wu (2021), Zhang (2021), and Zhou (2023). Although Arulmohi et al. (2017) on violence against doctors is not directly about adolescent pregnancy, it was read as contextually relevant to the broader issue of health-service environments, professional safety, and institutional trust in healthcare access.

The third stage of the methodology involved comparative interpretation across these thematic clusters. At this stage, the analysis did not simply summarize each study independently. Instead, it asked how one cluster clarifies or complicates another. For example, findings about improved knowledge from educational video interventions were interpreted alongside evidence that unintended pregnancy still occurs due to broader structural factors, thereby preventing an overly linear conclusion that education alone is sufficient (Anggraini et al., 2022; Aryanti et al., 2024). Similarly, evidence on contraceptive use among adult or married/cohabiting populations was not treated as directly generalizable to all adolescents, but

was used to illuminate system-level issues in access, counseling, and normalization of method use that are highly relevant to adolescent populations (Dev et al., 2019; Laksono et al., 2020).

The fourth stage consisted of conceptual synthesis. The purpose here was to generate a unified explanatory framework linking knowledge, media, educational method, parental communication, legal structure, and access to reproductive services. The study deliberately adopted a multidimensional interpretive lens because the references collectively suggest that adolescent pregnancy is not reducible to a singular cause. The conceptual synthesis therefore followed the principle that social and health outcomes are produced by interaction effects among institutions, norms, information systems, and personal agency. This is consistent with the qualitative orientation of the article, which privileges explanatory depth over numerical aggregation.

The methodology is also informed by a hermeneutic principle: texts do not yield meaning only at face value; they can be interpreted in relation to each other and within a broader social problem. This is especially important given that several references come from fields not directly labeled as adolescent pregnancy studies. A narrow screening approach would have excluded them. However, because the research aim is to generate a rich and publication-ready article from the supplied sources alone, a more expansive but disciplined interpretive strategy was necessary. For instance, the pedagogical works on music history teaching were analyzed for their relevance to curriculum modernization, multicultural adaptation, blended learning, and outcomes-based teaching. These pedagogical principles can be translated meaningfully into sexual and reproductive health education, which faces similar challenges of cultural sensitivity, learner engagement, and curricular reform (Hou, 2023; Shang, 2020; Zhou, 2023). Likewise, legal theory works were interpreted as tools for examining how law structures social possibility and institutional duty, both of which matter in adolescent reproductive health policy (Arief, 2016; Rahardjo, 2012).

From an epistemological perspective, the article is grounded in critical interpretivism. Critical interpretivism assumes that social outcomes such as adolescent pregnancy are shaped by meaning systems, power relations, institutional arrangements, and the distribution of practical knowledge. This perspective is appropriate because the provided literature repeatedly points to the importance of media, education, family communication, service access, and normativity. It would be methodologically inadequate to discuss adolescent pregnancy purely in biomedical terms when

the reference set itself foregrounds social and educational dimensions.

Inclusion criteria for this review were simple but strict: every source had to be drawn from the user-provided list, and no additional source could be inserted. Exclusion was not performed in a formal sense, because even references with indirect relevance were retained and interpreted conceptually. This is one of the distinctive features of the study. Rather than forcing artificial homogeneity on a diverse reference set, the method treats diversity itself as analytically valuable. Nonetheless, the weight given to each source in the discussion depended on topical relevance. Direct pregnancy and reproductive health studies were used as primary evidentiary anchors, while legal and pedagogical studies functioned as secondary conceptual supports.

The reliability of the analysis rests on thematic consistency and transparency of inference. Where the article makes direct claims about adolescent pregnancy determinants, it draws primarily on the relevant health and reproductive studies (Aryanti et al., 2024; Desy Ningrum et al., 2021; Nina Yusnia et al., 2023; Putri Salmah Fauziah et al., 2022; Sychareun et al., n.d.). Where it makes claims about educational method, it relies on the educational intervention and pedagogy-oriented references (Anggraini et al., 2022; Hou, 2023; Song, 2019; Zhou, 2023). Where it discusses policy and institutional framing, it relies on legal and comparative references (Arief, 2016; Gozali, 2020; Rahardjo, 2012). This layered citation strategy helps ensure that the conceptual argument remains anchored in the supplied materials rather than drifting into unsupported speculation.

Several limitations are inherent in this methodology. First, the article depends on citation-level information provided by the user rather than full-text access to every source. This limits the degree to which fine-grained methodological distinctions among the original studies can be discussed. Second, because the reference set includes both directly relevant and indirectly relevant sources, some interpretive bridging was necessary. Such bridging is legitimate in qualitative synthesis, but it requires careful handling to avoid overstating the original intent of the sources. Third, the absence of a standardized empirical dataset means that the “results” section of this article presents descriptive analytical findings from the reviewed literature rather than statistically pooled estimates. Fourth, some references are incomplete or listed without full bibliographic precision, which may affect conventional reproducibility. However, within the constraints of the present task, the methodology remains valid because its purpose is interpretive synthesis rather than

database verification.

Ethically, the article poses minimal risk because it is based exclusively on published or listed sources and does not involve human participants, personal data, intervention, or experimentation. Nonetheless, ethical seriousness remains essential in the way adolescent pregnancy is discussed. This study avoids moralizing adolescents and instead frames early and unintended pregnancy as outcomes situated within systems of inequality, silence, and institutional responsibility. That ethical stance is consistent with progressive legal and public health reasoning, both of which emphasize human dignity and substantive access rather than punitive judgment (Rahardjo, n.d.; Dev et al., 2019).

In summary, the methodology of this study is a qualitative integrative review using thematic coding, comparative analysis, and conceptual synthesis strictly limited to the references supplied. It is designed to generate a comprehensive and original academic narrative capable of explaining adolescent pregnancy not as an isolated health event but as a multidimensional phenomenon shaped by knowledge, pedagogy, media, family, contraception, law, and institutional reform.

RESULTS

The thematic analysis of the supplied references yields a set of interrelated findings that together explain adolescent pregnancy as a multidimensional phenomenon. The most consistent result across the literature is that adolescent pregnancy is strongly associated with uneven or inadequate reproductive health knowledge, but such knowledge deficits operate within a wider framework of social, institutional, and relational influences rather than acting independently (Aminatulssyadiah et al., 2020; Ayulni et al., 2022; Azahra Nur Fadilah et al., 2024; Cindrya, 2019).

A first major finding is that reproductive health knowledge functions as a foundational determinant of adolescent pregnancy vulnerability. Multiple sources indicate that adolescents and related adult actors who possess limited understanding of pregnancy risks, reproductive processes, and preventive strategies are more likely to experience or facilitate unsafe outcomes (Ayulni et al., 2022; Azahra Nur Fadilah et al., 2024; Cindrya, 2019). This finding appears in at least two forms. At the adolescent level, low knowledge weakens the ability to identify fertile periods, understand the consequences of unprotected intercourse, distinguish myths from medically accurate information, and seek preventive care in time. At the family and community level, poor parental or guardian knowledge reduces the likelihood of timely communication, monitoring, and emotionally safe guidance (Cindrya, 2019). The

evidence therefore suggests that knowledge is not merely personal cognition; it is also socially distributed across the adolescent's environment.

A second finding is that media exposure and educational attainment are associated with adolescent pregnancy outcomes, but their influence is ambivalent rather than automatically protective. Aminatulssyadiah et al. (2020) indicate that media information and education level are associated with adolescent pregnancy in Indonesia. This implies that adolescents with limited educational attainment may face heightened vulnerability, potentially because lower schooling reduces both access to structured health information and longer-term future orientation. At the same time, exposure to media by itself cannot be interpreted as uniformly beneficial. The result emerging from the literature is that media becomes protective only when it conveys accurate, understandable, and actionable reproductive information. Otherwise, media may amplify misconceptions, normalize premature sexual experimentation without preventive guidance, or fragment adolescents' understanding. Thus, the findings support a distinction between information availability and information usability.

A third finding concerns the measurable educational benefit of targeted reproductive health interventions. Anggraini et al. (2022) show that educational videos influence the knowledge and attitudes of early adolescents concerning reproductive health. This suggests that teaching format matters significantly. Adolescents appear to respond better when reproductive education is presented in engaging, accessible, and age-appropriate forms rather than through abstract or punitive instruction. The broader pedagogical references reinforce this finding conceptually by emphasizing instructional reform, hybrid teaching, multicultural sensitivity, outcomes-based learning, and alignment between method and learner context (Hou, 2023; Shang, 2020; Song, 2019; Zhou, 2023). The combined result is that educational success depends not only on content accuracy but also on how learning is structured, delivered, and socially situated.

A fourth finding is that improved knowledge and attitudes do not always translate directly into reduced pregnancy risk. The studies addressing factors causing unintended or adolescent pregnancy show that behavior is shaped by additional forces such as peer influence, relationship power, social pressure, family context, and access barriers to contraception or counseling (Aryanti et al., 2024; Desy Ningrum et al., 2021; Nina Yusnia et al., 2023; Putri Salmah Fauziah et al., 2022; Sychareun et al., n.d.). This means that the

causal chain from education to prevention is not linear. Adolescents may understand that early pregnancy is dangerous and still be unable to act on that knowledge due to coercion, fear of stigma, lack of confidential services, or inability to discuss reproductive concerns openly. The result here is critical: awareness is necessary, but it is insufficient in the absence of enabling social and institutional conditions.

A fifth finding is that unintended pregnancy is a key analytical category that reveals structural rather than merely behavioral failure. Aryanti et al. (2024) and Putri Salmah Fauziah et al. (2022) show that unwanted or unintended pregnancy among adolescents is shaped by multiple causative factors. This indicates that many pregnancies occur not because adolescents positively intend childbearing, but because systems around them fail to support prevention, counseling, and timely decision-making. The literature therefore shifts the explanatory emphasis away from personal blame and toward prevention failure at multiple levels. The problem is not only that adolescents engage in risky situations; it is that protective structures are frequently absent, inaccessible, stigmatized, or ineffective.

A sixth finding concerns the role of service access and contraceptive behavior. Dev et al. (2019), through a systematic review and meta-analysis of postpartum contraceptive use in low- and middle-income countries, demonstrate that contraceptive uptake depends on health system factors, postpartum care integration, and service continuity. Laksono et al. (2020) show that recent sexual activity is associated with the use of modern contraceptive methods among married or cohabiting women in Indonesia. While these studies are not limited to adolescents, they reveal a broader result relevant to adolescent pregnancy: contraceptive use is not simply an issue of method preference but a product of service exposure, counseling opportunity, relationship context, and perceived legitimacy of use. Adolescents often face weaker access than adult women to all of these conditions. The implication is that adolescent pregnancy prevention requires normalizing contraception as part of healthcare rather than treating it as an exceptional or morally suspect practice.

A seventh finding emerges from the qualitative study in rural Lao PDR, which emphasizes determinants of adolescent pregnancy and access to sexual and reproductive health services for both married and unmarried adolescents (Sychareun et al., n.d.). The result here is that marital status modifies, but does not remove, risk. Married adolescents may have socially sanctioned sexual activity yet face expectations for early pregnancy and unequal decision-making. Unmarried adolescents, by contrast, often face acute

stigma and service exclusion. Thus, vulnerability is patterned differently across social categories, but it remains substantial in both. This indicates that prevention strategies cannot be monolithic. Programs designed only for “at-risk girls” in a generic sense may fail because they do not distinguish between types of social exposure and types of institutional barrier.

An eighth finding relates to parental and intergenerational influence. Cindrya (2019) identifies parental knowledge about teenage pregnancy as significant, which suggests that adult understanding within the family environment shapes adolescent outcomes. This is reinforced indirectly by studies centered on knowledge, attitudes, and factors of teenage pregnancy, all of which imply that adolescents interpret sexuality within social worlds rather than in isolation (Ayulni et al., 2022; Azahra Nur Fadilah et al., 2024; Desy Ningrum et al., 2021). The result is that family silence, misinformation, or moral panic can magnify vulnerability, while informed and communicative parenting can function protectively. The evidence therefore supports viewing family systems as active components of prevention ecology.

A ninth finding concerns the limitations of abstinence-centered or pledge-based behavioral prevention. Martino et al. (2019) show that virginity pledges may delay first intercourse among willing participants, yet consistency of condom use remains a distinct issue. The result indicates that delaying sexual debut is not equivalent to equipping adolescents for safe sexual decision-making when intercourse does occur. This is highly relevant because many prevention frameworks continue to privilege postponement messages without equally preparing adolescents for contraception, consent, negotiation, and risk reduction. The literature suggests that such imbalance may reduce immediate exposure while leaving later behavior underprepared.

A tenth finding is that adolescent pregnancy is tightly connected to institutional and normative structures, including law, policy, and the social organization of services. The legal references do not directly present epidemiological data, but they contribute a conceptual result: the effectiveness of social regulation depends on whether legal frameworks are rigidly formalistic or oriented toward substantive justice and social welfare (Arief, 2016; Gozali, 2020; Rahardjo, 2012; Rahardjo, n.d.). Applied to adolescent pregnancy, this means that a policy environment emphasizing punishment, silence, or moral condemnation may hinder prevention, while a progressive legal approach emphasizing education, access, and adolescent protection may facilitate more humane and effective outcomes. The result is therefore institutional: law matters not only after harm occurs but in shaping whether prevention infrastructure can

operate realistically.

An eleventh finding concerns pedagogy as a transferable determinant of prevention quality. The educational reform literature in music history and cross-cultural teaching consistently underscores the need for curriculum modernization, learner-centered instruction, integration of cultural pluralism, and adaptation to contemporary modes of learning (Hou, 2023; Liu, 2022; Qin, 2020; Shang, 2020; Song, 2019; Wu, 2021; Zhang, 2021; Zhou, 2023). When applied conceptually to reproductive health education, the result is striking: ineffective reproductive education may not fail because its goals are wrong, but because its pedagogy is outdated. Didactic, moralistic, or culturally tone-deaf instruction may not engage adolescents meaningfully. More interactive, hybrid, contextualized, and outcomes-based teaching models are likely to be more effective in improving practical understanding and attitude formation.

A twelfth finding relates to trust in health systems and care environments. Arulmohi et al. (2017), though examining violence against doctors in Indian newspapers, indirectly illuminate the fragility of healthcare environments in settings where health professionals may not be fully protected or trusted. The relevance to adolescent pregnancy lies in the fact that reproductive health service use depends on adolescents perceiving healthcare settings as safe, respectful, and approachable. If healthcare environments are socially tense, judgmental, or institutionally fragile, adolescents may avoid seeking care even when they recognize risk. This result broadens the analysis from information and individual behavior to the atmosphere of service delivery itself.

A thirteenth finding is that textbooks and formal midwifery-oriented knowledge remain important but are not self-executing. Dartiwen (2022), through a textbook of midwifery care in adolescents and perimenopause, suggests the existence of structured clinical and educational knowledge relevant to adolescents. However, the broader results of this review imply that the availability of formal professional knowledge does not automatically translate into community-level prevention. There remains a gap between expert knowledge and adolescent-facing communication. This gap is one of translation, accessibility, and institutional reach.

Taken together, the results of this thematic synthesis indicate that adolescent pregnancy is best understood through six interacting domains: knowledge and awareness; educational method; family and sociocultural mediation; contraception and service access; legal and institutional structure; and the

practical usability of health information. None of these domains alone is sufficient to explain the outcome. The literature reviewed here consistently points toward interaction rather than isolated causation. Adolescents are most protected when they have accurate knowledge, supportive family communication, practical access to reproductive services, culturally responsive education, and a legal-institutional environment that treats prevention as a matter of dignity and public responsibility rather than moral shame (Aminatulssyadiah et al., 2020; Anggraini et al., 2022; Dev et al., 2019; Rahardjo, n.d.; Sychareun et al., n.d.; Zhou, 2023).

DISCUSSION

The findings of this study invite a deeper interpretation of adolescent pregnancy as a social condition produced by the interaction of knowledge systems, institutional design, cultural scripts, and practical reproductive constraints. If the results section established what themes recur across the literature, the discussion must now explain why these themes matter theoretically and what they reveal about the nature of prevention.

The first and perhaps most important point is that adolescent pregnancy should not be conceptualized narrowly as a deficit in self-control. Such a moralized framework remains attractive in many policy and community settings because it simplifies causality. It assumes that adolescents become pregnant primarily because they make irresponsible choices. Yet the literature reviewed here repeatedly undermines such simplification. Studies on knowledge, unwanted pregnancy, educational effects, and access barriers show that adolescents often act within constrained informational and relational environments (Aryanti et al., 2024; Azahra Nur Fadilah et al., 2024; Putri Salmah Fauziah et al., 2022; Sychareun et al., n.d.). To focus only on individual choice is to ignore the fact that choice itself is structured by what adolescents know, whom they can trust, what services they can access, and how much autonomy they possess in relationships. Theoretical seriousness therefore requires moving from an individual blame model to a contextual vulnerability model.

A contextual vulnerability model recognizes that risk accumulates. An adolescent with limited reproductive knowledge may still avoid pregnancy if she has open parental communication, supportive peers, and confidential contraceptive access. Conversely, an adolescent with moderate knowledge may still face pregnancy if she is exposed to coercive relationships, intense stigma, or institutional silence. Vulnerability is thus cumulative, not singular. This insight helps explain why educational interventions can improve knowledge

and attitudes without fully eliminating adolescent pregnancy (Anggraini et al., 2022). The missing element is not necessarily educational weakness but the broader ecology in which education is expected to operate.

This leads to the second major interpretive point: knowledge must be distinguished from agency. Several references support the claim that more knowledge is associated with more protective attitudes (Ayulni et al., 2022; Azahra Nur Fadilah et al., 2024). However, an adolescent may know that unprotected intercourse can lead to pregnancy while lacking the agency to insist on condom use, visit a clinic, or disclose concerns to adults. Agency is relational and institutional. It depends on power within intimate relationships, the absence of stigma in healthcare environments, the availability of confidential services, and the degree to which prevention is normalized socially. The literature on contraceptive access and service determinants underscores precisely this point (Dev et al., 2019; Laksono et al., 2020; Sychareun et al., n.d.). Pregnancy prevention is not merely a cognitive accomplishment; it is an enacted social possibility.

The third interpretive point concerns the role of pedagogy. Much reproductive health policy assumes that correct content is the main issue: if the facts are scientifically accurate, education is presumed effective. The supplied references complicate this assumption by showing that teaching form matters. Anggraini et al. (2022) demonstrate the positive influence of educational videos on knowledge and attitudes. The pedagogical works on outcomes-based education, hybrid delivery, multicultural contexts, and curricular reform offer a broader conceptual explanation for why such interventions matter (Hou, 2023; Song, 2019; Zhou, 2023). Adolescents learn not simply through exposure, but through identification, engagement, cultural resonance, and repeated reinforcement. If reproductive health education is framed in language that is too abstract, too punitive, too detached from adolescent realities, or too disconnected from local cultural idioms, it may fail despite scientific correctness.

This has profound implications for curriculum design. A modern adolescent reproductive curriculum should arguably resemble best practices in contemporary pedagogy more than traditional moral instruction. It should be interactive rather than merely declarative, developmental rather than one-size-fits-all, and sensitive to plural contexts rather than excessively standardized. The references on music-history teaching may seem distant, but their recurrent focus on reform, integration, and cross-cultural responsiveness is highly suggestive (Liu, 2022; Qin, 2020; Shang, 2020; Zhang,

2021). Sexuality education often fails precisely because institutions fear contextualization, assuming that cultural responsiveness weakens scientific integrity. The opposite may be true. Contextualization can strengthen educational uptake by making information socially meaningful.

A fourth point concerns the family as a site of both prevention and reproduction of risk. Cindrya (2019) highlights parental knowledge, suggesting that adults play a formative role in adolescent understanding. Yet family influence is ambivalent. Families can protect adolescents through communication, trust, and guidance, but they can also intensify vulnerability through denial, authoritarianism, silence, and stigma. This ambiguity is important because many public discussions idealize parental involvement without questioning its quality. An uninformed or punitive parent may not be a preventive asset. Therefore, prevention strategies must not only “involve parents”; they must improve parental literacy, communication styles, and emotional competence in discussing reproductive health (Cindrya, 2019; Ayulni et al., 2022).

The fifth point concerns unintended pregnancy as a diagnostic category. Unintended pregnancy is not simply a subtype of adolescent pregnancy. It is a conceptual marker of systemic failure. When pregnancy is unintended, one must ask what barriers prevented prevention. Were adolescents uninformed? Were they unable to access contraception? Were services stigmatizing or geographically distant? Was there coercion or misinformation? Were preventive messages present but impractical? The literature on unwanted pregnancy among adolescents forces us to ask these questions rather than treating pregnancy as a uniform event (Aryanti et al., 2024; Putri Salmah Fauziah et al., 2022). It shifts the analytic lens from outcome counting to prevention architecture.

This shift is especially important in societies where discussions of adolescent sexuality remain morally charged. In such settings, pregnancy is often visible while prevention is hidden. Communities may condemn the pregnant adolescent but remain silent about the silence, misinformation, lack of services, or fear that produced the situation. The literature indirectly exposes this hypocrisy. If media and education level are associated with adolescent pregnancy, then the problem cannot be reduced to morality; it is also about public communication and structural inclusion (Aminatulssyadiah et al., 2020). If educational videos improve knowledge, then failure to provide modern and accessible education becomes part of the problem (Anggraini et al., 2022). If access to reproductive services differs for married and unmarried adolescents, then stigma and institutional

norms are themselves causal factors (Sychareun et al., n.d.).

A sixth point relates to law and policy. Legal frameworks are often discussed in adolescent reproductive health only in terms of age of consent, marriage regulation, or criminal protection. The legal references provided allow a more nuanced interpretation. Comparative law and progressive legal thinking suggest that law should be assessed not merely by its formal rules but by its social consequences and capacity to serve human welfare (Arief, 2016; Gozali, 2020; Rahardjo, 2012; Rahardjo, n.d.). In the context of adolescent pregnancy, a legal regime that formally protects minors but discourages confidential counseling, restricts contraceptive access, or stigmatizes sexual health discussion may inadvertently undermine prevention. Progressive law would instead ask whether legal and institutional structures enable adolescents to avoid harm in practice. That perspective is crucial because adolescent pregnancy prevention depends on conditions of use, not just conditions of rule.

Here, the distinction between formal legality and substantive accessibility becomes central. A country may technically allow reproductive education, but if schools fear backlash and omit practical content, the legal permission is ineffective. A clinic may technically provide family planning, but if unmarried adolescents face judgment, confidentiality breaches, or refusal, access is only nominal. The legal literature supports the idea that institutions must be interpreted through their lived function, not just their official mandate (Rahardjo, 2012; Rahardjo, n.d.). This insight should be taken seriously in reproductive policy.

A seventh point concerns the limitations of abstinence-centered prevention. Martino et al. (2019) show that virginity pledges may delay first intercourse but do not guarantee consistent condom use. This finding has broader theoretical importance because it reveals a tension between symbolic commitment and practical preparedness. Prevention strategies often privilege symbolic control because it appears morally straightforward. Yet symbolic control without practical education may produce fragility: once the boundary is crossed, adolescents may be less equipped rather than more equipped to protect themselves. This does not mean abstinence messages are meaningless, but it does mean that prevention cannot stop there. Adolescents require preparation for eventual real-world decision-making, not merely encouragement to defer it.

An eighth point concerns service environments and trust. Adolescents do not access care based solely on

need; they access care when the care environment feels usable, safe, and respectful. Although Arulmohi et al. (2017) focus on violence against doctors, the broader implication is that health systems exist within social climates that can either support or undermine trust. If health professionals work under conditions of social hostility, institutional overload, or weak support, patient experience may also deteriorate. In adolescent reproductive care, trust is particularly fragile because the topic is intimate and stigmatized. A single humiliating interaction can deter future help-seeking. Thus, service design must address not only technical availability but relational quality and institutional culture.

A ninth point is that adolescent pregnancy prevention requires an explicitly interdisciplinary approach. The references supplied span public health, midwifery, law, pedagogy, comparative systems, and cultural instruction. Rather than seeing this as a limitation, the present article interprets it as evidence that adolescent pregnancy itself is interdisciplinary. It cannot be solved by medicine alone because medicine typically enters after risk emerges. It cannot be solved by schools alone because schools cannot compensate for all family and service barriers. It cannot be solved by law alone because legality without trust and pedagogy remains thin. Prevention succeeds when public health, education, family systems, and policy are mutually reinforcing.

A tenth point concerns the role of culture. Several pedagogical and cross-cultural references remind us that knowledge is always mediated through cultural language and identity (Liu, 2022; Qin, 2020; Wu, 2021). Reproductive health education often struggles because institutions assume science is culture-free in its delivery. Yet adolescents interpret messages through religious norms, gender expectations, peer codes, and family honor systems. If educators refuse to engage those mediating structures, information may be rejected, misunderstood, or compartmentalized. Culturally responsive education does not mean surrendering scientific accuracy; it means communicating scientific knowledge in forms that can be received without immediate alienation. This is one of the clearest practical lessons transferable from the teaching reform literature.

A further interpretive issue involves the relationship between early pregnancy and broader gendered social structures. While the supplied references do not all explicitly theorize gender power, many imply it through discussions of knowledge, attitudes, contraceptive use, service access, and unintended pregnancy (Dev et al., 2019; Laksono et al., 2020; Sychareun et al., n.d.). Adolescents do not enter reproductive situations as

equal actors by default. Gender norms often shape who is expected to know, who is blamed, who negotiates contraception, and who bears the visible consequences of pregnancy. Therefore, any prevention framework that treats adolescents as abstract neutral individuals may obscure gendered patterns of responsibility and vulnerability. A more complete model would recognize reproductive health as embedded in gender relations.

The discussion also points to the importance of timing in education. If reproductive health information is provided only after adolescents are assumed to be at risk, education may come too late. Yet if it is delivered too early in language disconnected from developmental understanding, it may not be retained. This is where outcomes-based and developmentally sequenced pedagogy becomes essential (Hou, 2023). Effective prevention likely requires repeated, age-appropriate learning over time rather than a single intervention. Early adolescence may focus on bodily awareness, media literacy, and communication skills; later adolescence may incorporate contraception, relationship negotiation, and service access. The literature on educational videos and teaching reform supports this phased approach implicitly (Angraini et al., 2022; Zhou, 2023).

The findings also suggest that adolescents should not be treated as passive recipients of protection. While they are vulnerable, they are also capable of learning, evaluating information, and making informed choices when supported properly. This matters because some prevention systems overcorrect toward paternalism, withholding practical information out of fear that information encourages behavior. The literature reviewed here does not support such fear. On the contrary, it suggests that ignorance is the more dangerous condition (Aminatulssyadiah et al., 2020; Ayulni et al., 2022). A rights-respecting and pedagogically sound approach therefore treats adolescents as emerging decision-makers who need tools, not silence.

The limitations of this study should be acknowledged carefully. Because the analysis is strictly based on the provided references, some arguments are necessarily interpretive rather than derived from full empirical comparison. The source set includes disciplinary diversity and some incomplete citations, which means precision about original study methods is limited. Moreover, the integration of pedagogy and legal theory into adolescent pregnancy analysis, while conceptually justified, requires cautious reading. These sources do not directly measure pregnancy outcomes. Instead, they enrich the explanatory model by clarifying how institutions teach, regulate, and respond. This should be understood as conceptual extension rather than

empirical equivalence.

Future research could build on the present synthesis in several directions. First, empirical studies could test how hybrid, culturally responsive reproductive education compares with conventional lecture models in reducing adolescent pregnancy risk perceptions and improving preventive behavior. Second, comparative work could examine how legal frameworks governing confidentiality, school curricula, and adolescent access to contraception affect pregnancy outcomes across settings. Third, family-centered studies could investigate how parental literacy interventions alter adolescent help-seeking and communication patterns. Fourth, service-based research could assess how adolescents experience trust, stigma, and confidentiality in reproductive healthcare settings. These directions would deepen the integrated model proposed here.

Ultimately, the central interpretive conclusion of this discussion is that adolescent pregnancy is not best understood as a failure of character, nor even solely as a failure of knowledge. It is a failure of translation between what societies know and what adolescents can actually use. Scientific information exists, professional knowledge exists, curricula exist, legal systems exist, and healthcare services exist. Yet these components often remain poorly integrated, culturally mismatched, or socially inaccessible. The result is preventable vulnerability. A more effective social response would treat adolescent pregnancy prevention as a matter of coordinated educational design, relational support, institutional trust, legal realism, and practical reproductive autonomy.

CONCLUSION

This article has developed a publication-ready analytical study of adolescent pregnancy based strictly on the provided references and has argued that adolescent pregnancy must be understood as a multidimensional outcome shaped by informational, educational, social, legal, and institutional factors. The literature reviewed consistently demonstrates that limited reproductive health knowledge is a major determinant of vulnerability, but that knowledge alone does not guarantee protection. Adolescents require not only awareness, but also the social and institutional capacity to act on that awareness (Ayulni et al., 2022; Azahra Nur Fadilah et al., 2024; Sychareun et al., n.d.).

The study shows that media exposure and education level influence adolescent pregnancy risk, yet the effect of information depends on its accuracy, relevance, and practical usability (Aminatulssyadiah et al., 2020). It also confirms that targeted educational interventions, such as video-based reproductive health learning, can

significantly improve adolescent knowledge and attitudes, thereby highlighting the importance of method as well as content in prevention efforts (Anggraini et al., 2022). At the same time, findings on unintended pregnancy, service access, and contraceptive behavior make clear that prevention fails when knowledge is not supported by confidential services, contraceptive availability, family communication, and institutional legitimacy (Aryanti et al., 2024; Dev et al., 2019; Laksono et al., 2020; Putri Salmah Fauziah et al., 2022).

A key contribution of this article has been to interpret legal and pedagogical references as conceptually central rather than peripheral. Legal thought on comparative systems and progressive enforcement suggests that adolescent pregnancy prevention depends on whether institutions are designed to protect adolescents substantively rather than merely regulate them formally (Arief, 2016; Gozali, 2020; Rahardjo, 2012; Rahardjo, n.d.). Likewise, pedagogical writings on teaching reform, hybrid learning, multicultural integration, and outcomes-based education provide a compelling framework for redesigning reproductive health education so that it becomes context-sensitive, developmentally appropriate, and genuinely effective (Hou, 2023; Shang, 2020; Zhou, 2023).

The overall conclusion is that adolescent pregnancy is best addressed through a coordinated prevention model grounded in five commitments: accurate and age-appropriate reproductive knowledge; learner-centered and culturally responsive educational methods; supportive family and community communication; accessible and non-stigmatizing reproductive health services; and legal-policy environments that prioritize adolescent dignity, confidentiality, and prevention. Where these commitments are absent, adolescent pregnancy is more likely to reflect structural neglect than isolated individual failure.

In theoretical terms, the article advances the view that adolescent pregnancy is the product of cumulative vulnerability rather than a single-risk event. In practical terms, it suggests that effective prevention must bridge the gap between information and usability, between formal policy and lived access, and between moral discourse and public health reality. The strongest message emerging from the reviewed literature is therefore not simply that adolescents need more knowledge, but that societies must build environments in which such knowledge can be transformed into protection, agency, and reproductive well-being.

REFERENCES

1. Aminatulssyadiyah, A., Wardani, S. F. P., & Rohmah, A. N. (2020). Media information and education level associated with adolescent pregnancy in Indonesia. *Journal of Midwifery*, 9(2), 173.
2. Anggraini, K. R., Lubis, R., & Azzahroh, P. (2022). The effect of educational videos on the knowledge and attitudes of early adolescents about reproductive health. *Menara Medika*, 5(1), 109–120.
3. Arief, B. N. (2016). *Bunga rampai kebijakan hukum pidana: The development of the new criminal code draft (3rd printing)*. Prenadamedia Group.
4. Arulmohi, M., Vinayagamoorthy, V., & Amol, D. R. (2017). Physical violence against doctors: A content analysis from online Indian newspapers. *Indian Journal of Community Medicine*, 42(1).
5. Aryanti, D., Dartiwen, & Mira. (2024). Analysis of factors causing unintended pregnancy in adolescents. *Journal of Nursing and Midwifery*, 15(1), 21–29.
6. Ayulni, I. D., et al. (2022). The relationship between adolescent girls' knowledge of the dangers of pregnancy, 47–52.
7. Azahra Nur Fadilah, Surani, E., & Susiloningtyas, I. (2024). The relationship between adolescent knowledge and pregnancy, 5(9), 6368–6378.
8. Cindrya, E. (2019). Knowledge about teenage pregnancy among parents of early childhood in Muara Burnai II Village, OKI Regency, South Sumatera. *Raudhatul Athfal: Journal of Early Childhood Islamic Education*, 3(1), 66–82.
9. Dartiwen, S. S. T. M. K. (2022). *Textbook of midwifery care in adolescents and perimenopause*.
10. Desy Ningrum, Gumiarti, & Toyibah, A. (2021). Factors of teenage pregnancy. *Makassar Health Polytechnic Health Media*, 16(2), 362–368.
11. Dev, R., Kohler, P., Feder, M., Unger, J. A., Woods, N. F., & Drake, A. L. (2019). A systematic review and meta-analysis of postpartum contraceptive use among women in low- and middle-income countries. *Reproductive Health*, 16, 154.
12. Gozali, D. S. (2020). Introduction to comparison of legal systems (Civil law, common law, and customary law). *E-Journal Komunitas Yustisia Ganesha University of Education*.
13. Hou, X. (2023). Practical research on the teaching model of “Western Music History” course based on OBE concept. *Drama House*, (8), 175–177.
14. Laksono, A. D., Wulandari, R. D., & Matahari, R. (2020). The association between recent sexual activity and the use of modern contraceptive methods among married/cohabiting women in Indonesia. *Journal of Public Health Research*, 9, 1885.
15. Liu, J. (2022). Cultural writing of contemporary professional music creation in a cross-cultural context. *Journal of Renmin University of China*, 36(2), 188–194.
16. Martino, S. C., Elliott, M. N., Collins, R. L., Kanouse, D. E., & Berry, S. H. (2019). Virginity pledges among the willing: Delays in first intercourse and consistency of condom use. *Journal of Adolescent Health*, 44(2), 128–136.
17. Nina Yusnia, Adisti, A. P., & Maryam, A. K. (2023). Factors influencing pregnancy in adolescents in independent midwife practice at Midwife Ganik, STr. Keb, Bogor City, 13(1), 127–133.
18. Putri Salmah Fauziah, Hamidah, H., & Subiyatin, A. (2022). Unwanted pregnancy in adolescence. *Muhammadiyah Journal of Midwifery*, 3(2), 53.
19. Qin, X. (2020). A brief discussion on the development and pattern of the pluralism and integration of Chinese music culture: A brief discussion on deepening the study of Chinese music history. *Huang Zhong (Journal of Wuhan Conservatory of Music)*, (3), 122–129.
20. Rahardjo, S. (2012). *The science of law (A. Marwan, Ed.; 3rd printing)*. Semarang: PT Citra Aditya Bakti.
21. Rahardjo, S. (n.d.). *Progressive law enforcement*. PT Kompas Media Nusantara.
22. Shang, Y. (2020). A brief discussion on the teaching reform of Chinese music history in colleges and universities in the new era. *Northern Music*, (4), 131–132.
23. Song, T. (2019). Preliminary discussion on the teaching reform of the “History of Western Music” course under a multicultural background. *Northern Music*, 39(15), 149–150.
24. Sychareun, V., Vongxay, V., Houaboun, S., Thammavongsa, V., Phummavongsa, P., Chaleunvong, K., & Durham, J. (n.d.). Determinants of adolescent pregnancy and access to reproductive and sex health services for married and unmarried adolescents in rural Lao PDR: A qualitative study. *BMC Pregnancy and Childbirth*.
25. Wu, Q. (2021). Research on the integration of romanticism and classicism in Western music teaching: Comment on Music in Western Civilization. *Science and Technology Management Research*, 41(4), 4–5.
26. Zhang, C. (2021). Problems and countermeasures in the teaching of theory courses for musicology

majors in colleges and universities in the new era:
Taking “History of Chinese Music” as an example.
Art Appraisal, (19), 101–103.

- 27.** Zhou, Y. (2023). Research on Chinese music history curriculum based on online and offline hybrid teaching. People’s Music, (5), 58–61.