



## The Role of Psychosocial and Cultural Factors in Adolescent Reproductive Health Literacy in Sinjai Regency

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### ABSTRACT

Adolescent reproductive health literacy in Indonesia remains a critical issue, particularly in rural areas such as Sinjai Regency, South Sulawesi. Despite national programs like *Pusat Informasi dan Konseling Remaja (PIK-R)*, gaps persist in integrating psychosocial and cultural dimensions into health education. This study aims to analyze the role of psychosocial and cultural factors in shaping adolescent reproductive health literacy, using an interdisciplinary approach that combines public health, psychology, and socio-cultural analysis. A qualitative descriptive design with a case study approach was employed between September and December 2025. Data were collected from 60 respondents (40 adolescents, 10 parents, and 10 health workers) through semi-structured interviews, focus group discussions (FGDs), and direct observation at schools and *Posyandu remaja*. Thematic analysis was used to identify recurring patterns, supported by triangulation to ensure validity. The findings reveal three dominant themes: psychosocial readiness, socio-cultural norms, and community-based interventions. Psychosocial factors such as confidence, emotional openness, and peer influence determined adolescents' willingness to engage in reproductive health education. Socio-cultural norms, including religious values and family expectations, acted as both enablers and constraints, while community leaders served as cultural gatekeepers. Community-based interventions, particularly those involving peers, families, and respected leaders, were found to legitimize and sustain adolescent participation. In conclusion, adolescent reproductive health literacy in Sinjai is shaped by the interaction of psychosocial readiness and socio-cultural acceptance, legitimized through community-based interventions. Effective strategies must therefore integrate psychosocial empowerment, cultural sensitivity, and community participation to enhance knowledge, reduce stigma, and ensure sustainability in health promotion efforts.

**Keywords:** *Psychosocial readiness, Cultural norms, Peer influence, Community-based interventions, Reproductive health literacy*

### I. INTRODUCTION

Adolescent reproductive health in Indonesia continues to face significant challenges despite various national interventions. Globally, adolescents remain vulnerable to early marriage, teenage pregnancy, and limited access to reproductive health services. The World Health Organization (2024) reports that approximately 12 million girls aged 15–19 give birth each year, with pregnancy and childbirth complications still the leading cause of death among adolescent girls. UNICEF (2025) adds that adolescent girls in low and middle income countries are disproportionately affected, with cultural norms and gender inequalities worsening their vulnerability. In Indonesia, the age-specific fertility rate (ASFR) among girls aged 15–19 years

declined from 19.7 births per 1,000 in 2023 to 18.0 in 2024, yet this figure remains higher than the global average of 15 per 1,000 (BKKBN, 2025; WHO, 2024). Moreover, 19% of Indonesian youth were married below the legal age of 19 in 2025, most of them girls (BPS, 2025; KemenPPPA, 2025; UNICEF, 2025). These statistics highlight the persistence of child marriage and teenage pregnancy, both strongly influenced by psychosocial and cultural factors.

Despite national programs such as the *Pusat Informasi dan Konseling Remaja (PIK-R)*, which by 2025 had expanded to 38,568 groups nationwide to provide peer education and counseling (BKKBN, 2025; Rakornas PIK-R, 2025), gaps remain in integrating psychosocial and cultural dimensions into reproductive health literacy. In rural areas such as Kabupaten Sinjai, South Sulawesi, cultural traditions and community norms play a significant role in shaping adolescent behavior. Sinjai is characterized by strong adherence to local customs (*adat*), religious values, and family expectations, which often limit open discussions about sexuality and reproductive health. Adolescents in such contexts may experience psychological pressures, including anxiety, low self-esteem, and peer influence, which affect their ability to access and utilize reproductive health information (Nasution et al., 2024; Nordianiwati et al., 2024; Anggoro et al., 2025; Zamzam et al., 2024). This situation creates a disconnect between national policies and local realities, limiting the effectiveness of interventions.

Previous research has largely focused on medical interventions or formal education in reproductive health, while overlooking the role of psychosocial and cultural factors. Nordianiwati et al. (2024) highlight the importance of family involvement in adolescent health education, while Anggoro et al. (2025) emphasize the role of community leaders in reinforcing health messages. However, few studies have systematically analyzed how psychological factors such as self-perception, peer influence, and anxiety interact with socio-cultural contexts including religious values, local customs, and family expectations to influence reproductive health literacy. In Sinjai, this gap is particularly relevant, as adolescents are embedded in a cultural environment where reproductive health is often considered taboo and discussions are restricted by social norms. Addressing this gap requires an interdisciplinary approach that integrates public health, psychology, and socio-cultural analysis.

This study therefore aims to analyze the role of psychosocial and cultural factors in shaping reproductive health literacy among adolescents in Sinjai. The novelty lies in its interdisciplinary approach, combining public health, psychology, and socio-cultural analysis to provide a holistic understanding of adolescent reproductive health. Unlike prior studies that isolate medical or educational aspects, this research situates reproductive health literacy within the lived realities of adolescents, acknowledging the influence of cultural traditions and psychosocial dynamics. The implications are significant: findings can inform the design of culturally sensitive interventions, strengthen local health governance, and contribute to national strategies for reducing teenage pregnancy and child marriage. Ultimately, this research seeks to bridge the gap between policy frameworks and community realities, ensuring that reproductive health literacy initiatives resonate with the psychosocial and cultural contexts of Sinjai's youth (WHO, 2023; Kemenkes RI, 2025; Puskapa UI, 2025; GoodStats, 2026).

## II. METHODS

This study was conducted using a qualitative descriptive design with a case study approach to explore the role of psychosocial and cultural factors in adolescent reproductive

health literacy. The research took place in Kabupaten Sinjai, South Sulawesi, between September and December 2025, involving schools, Posyandu remaja, and community centers as the main field sites. The chronology of the research began with problem identification and literature review, followed by preparation of instruments and ethical clearance Nomor. 1243/UNHAS.FKM/EC/2026, then field data collection, and finally data analysis and interpretation.

The population of this study consisted of adolescents aged 15–19 years in Sinjai. From this population, a purposive sampling technique was applied to select 60 respondents, including 40 adolescents, 10 parents, and 10 community health workers. This sampling strategy was chosen to ensure representation of different perspectives while maintaining depth of analysis. Informed consent procedures were implemented in which written consent was obtained from parents or guardians of adolescent participants, assent was collected from the adolescents themselves, and all respondents were informed about the study objectives, confidentiality, and their right to withdraw at any stage without penalty, ensuring ethical compliance given the sensitivity of reproductive health issues. Data saturation was achieved when no new themes or insights emerged during interviews and focus group discussions, indicating that the information collected was sufficient to address the research objectives. The sample size of 60 respondents was justified within the qualitative research framework as it allowed for diverse perspectives across adolescents, parents, and community health workers while ensuring analytical depth and thematic saturation.

Data collection techniques included semi-structured interviews to explore psychosocial aspects such as self-perception, peer influence, and anxiety; focus group discussions (FGDs) to capture socio-cultural dynamics including religious values and local customs; and direct observation of health education activities at Posyandu remaja. Instruments were tested through expert judgment and pilot trials to ensure clarity and credibility.

For data analysis, thematic analysis was employed to identify recurring patterns and themes across the collected data. The process involved familiarization with transcripts, coding, theme development, and interpretation. Triangulation was applied by comparing interview, FGD, and observation data to strengthen validity. The FGD procedures were conducted with groups consisting of 6–8 participants, balanced gender composition to capture both male and female perspectives, and each discussion lasted approximately 60–90 minutes, ensuring methodological transparency and richness of data.

Although this study did not explicitly test a hypothesis, it was guided by the assumption that psychosocial and cultural factors significantly influence adolescent reproductive health literacy in Sinjai. This assumption provided a conceptual framework for interpreting the findings and linking them to broader discussions on adolescent health and community-based interventions.

### **III. RESULTS AND DISCUSSION**

#### **a. Results**

The findings of this study are presented systematically according to the stages of the research process described in the methodology: data collection, data transcription and coding, and thematic analysis. Data were obtained from 60 respondents consisting of 40 adolescents aged 15–19 years, 10 parents, and 10 community health workers. The research was conducted from

September to December 2025 in schools, Posyandu remaja, and community centers across Sinjai.

### 1. Data Collection and Initial Observations

During the fieldwork period, interviews, FGDs, and observations were carried out to explore adolescents' understanding and attitudes toward reproductive health. Early observations revealed that adolescents were generally aware of basic reproductive health concepts but lacked confidence to discuss them openly. Health workers noted that attendance at Posyandu remaja sessions varied depending on peer encouragement and family support.

### 2. Psychosocial Aspects

Thematic analysis of interviews and FGDs identified self-perception, emotional barriers, and peer influence as dominant psychosocial themes. Each theme is illustrated with multiple voices from adolescents, highlighting both converging and diverging perspectives.

#### a) Self-Perception

Adolescents with positive self-image were more proactive in seeking information and engaging in reproductive health programs.

*"I feel more confident to ask questions about reproductive health when my friends also show interest. It makes me believe that learning about this is normal and important."* (Female, 17, FGD Group A)

*"If I believe I am capable of understanding, I don't feel ashamed to join discussions."* (Female, 18, Interview)

*"Confidence makes me want to learn more. Without it, I just stay silent."* (Male, 16, FGD Group B)

*"When I feel respected in the group, I dare to speak up. If not, I just listen quietly."* (Female, 15, FGD Group C)

Based on the FGD results above, it can be concluded that adolescents who feel capable and valued are more likely to actively participate in reproductive health education. Thus, self-perception acts as a gateway to literacy.

#### b) Emotional Barriers

Feelings of shame, anxiety, and stigma were common, limiting adolescents' willingness to discuss reproductive health.

*"I want to know more, but I feel embarrassed to talk about it in front of teachers or parents."* (Male, 16, Interview)

*"Sometimes I feel scared that people will judge me if I ask about reproductive health."* (Female, 15, FGD Group A)

*"I avoid these topics because I don't want others to think badly of me."* (Male, 17, FGD Group B)

*"Even when I have questions, I keep them inside because I don't want to be labeled as 'naughty'."* (Female, 16, FGD Group C)

Based on the responses above, it can be concluded that emotional barriers create comfort and avoidance, reinforcing stigma surrounding reproductive health.

These barriers are consistent across all genders and age groups, indicating a widespread challenge.

c) Peer Influence

Peer groups played a decisive role in shaping attitudes toward reproductive health.

*“When our group supports attending Posyandu remaja, we all go together. But if the group says it’s unnecessary, most of us won’t attend.”*  
(FGD Group A, Male, 17)

*“If my friends are curious, I also become curious. But if they laugh at the topic, I stop asking.”* (Female, 16, FGD Group B)

*“Peer pressure is strong. If my friends think it’s taboo, I won’t dare to join.”*  
(Male, 17, FGD Group C)

*“Sometimes one or two friends encourage us, and that makes a big difference. Without them, I wouldn’t go.”* (Female, 15, FGD Group D)

The results above indicate that peer influence is the most dominant psychosocial factor. Supportive peers encourage participation, while negative peer attitudes reinforce avoidance.

Across FGDs, adolescents consistently highlighted the importance of confidence, emotional safety, and peer support. While some groups expressed similar concerns (embarrassment, stigma), others showed contrasting dynamics where peer encouragement overcame barriers. This variation underscores the need for peer-led interventions that normalize reproductive health discussions and reduce stigma.

### 3. Socio-Cultural Aspects

The socio-cultural dimension revealed that religious values, family expectations, and community norms act as both enablers and constraints in shaping adolescent reproductive health literacy.

a) Religious and Cultural Norms

Religious and cultural values were consistently mentioned as influential, but with differing interpretations.

*“We want our children to be healthy, but talking about reproductive issues in the family sometimes feels inappropriate.”* (Parent, 45, Interview)

*“If reproductive health is explained as part of moral education, I support it. But if it is too open, I feel uncomfortable.”* (Parent, 42, FGD Group A)

*“Religion teaches us to protect ourselves, but it also makes us shy to talk about these topics.”* (Adolescent, Female, 16, FGD Group B)

*“In our community, discussing reproductive health is often seen as shameful, even though it is important.”* (Health Worker, FGD Group C)

Religious and cultural norms serve as a double-edged sword they encourage moral behavior but restrict open dialogue.

b) Family Expectations

Family attitudes strongly determined adolescents' participation in health programs.

*"Families that consider reproductive health taboo discourage their children from joining health sessions."* (Health Worker, Interview)

*"My parents told me not to ask too many questions about reproductive health because it is not appropriate for my age."*  
(Adolescent, Male, 17, FGD Group A)

*"My mother encourages me to attend Posyandu remaja because she believes it will help me understand myself better."*  
(Adolescent, Female, 15, FGD Group B)

*"Parents who see reproductive health as part of moral education are more supportive."* (Community Leader, FGD Group C)

These findings illustrate that family expectations act as both barriers and enablers. Taboo-oriented families reinforce silence and avoidance, limiting adolescents' reproductive health literacy, while supportive families empower adolescents to seek knowledge and actively participate in health programs.

#### c) Community Leadership

Community leaders and religious figures were seen as decisive in shaping public acceptance.

*"If religious leaders support the program, people listen. If not, it's very difficult to convince them."* (Posyandu Cadre, Interview)

*"When the village head talks about health, parents are more willing to let their children join."* (Parent, 40, FGD Group A)

*"Community elders have strong influence. If they say reproductive health is important, everyone agrees."* (Adolescent, Male, 16, FGD Group B)

*"Without the involvement of respected figures, health workers struggle to deliver messages."* (Health Worker, FGD Group C)

Community leadership acts as a cultural gatekeeper. Their endorsement legitimizes reproductive health programs, while their silence or opposition creates barriers.

Across FGDs, participants consistently highlighted the dual nature of cultural norms: protective in promoting moral values yet restrictive in limiting open communication. Families and community leaders emerged as critical actors — their support legitimizes reproductive health education, while their resistance perpetuates stigma.

#### 4. Thematic Analysis Summary

Through coding and thematic analysis of the interviews and focus group discussions, three main themes emerged: psychological preparedness, cultural norms and traditions, and community-based interventions. Each theme was supported by a variety of respondents' voices, reflecting both complementary and divergent perspectives. The following is a summary table.

##### **Table 2. Thematic Analysis Summary**

Theme	Description	Illustrative Quotes
Psychological Readiness	Confidence and emotional openness as prerequisites.	“I feel confident asking questions when my friends are interested.” / “Confidence makes me want to learn more.”
<b>Cultural Norms and Traditions</b>	Religious and social values as barriers and motivators.	“Talking about reproductive issues feels inappropriate at home.” / “Religion teaches us to protect ourselves, but makes us shy.”
<b>Community-Based Interventions</b>	Peer and family involvement as effective strategies.	“When our group supports attending Posyandu, we all go together.” / “If religious leaders support the program, people listen.”

Source: Field Data 2025

## 5. Interpretation of Findings

The results demonstrate that adolescent reproductive health literacy in Sinjai is not merely determined by the availability of information, but by the interaction between psychological readiness and cultural acceptance. Adolescents who possess confidence and supportive peer networks are more likely to engage in health education, while those constrained by stigma or cultural taboos remain uninformed.

Psychological readiness emerged as a critical prerequisite. Adolescents who expressed confidence in FGDs consistently reported greater willingness to ask questions and participate in Posyandu remaja activities. Conversely, those who felt anxious or ashamed avoided discussions, even when information was accessible. This shows that literacy is not only about knowledge but also about emotional safety and self-perception.

Cultural acceptance acted as both a barrier and an enabler. Families and communities that framed reproductive health as part of moral education encouraged participation, while those that considered it taboo discouraged adolescents from engaging. FGDs revealed contrasting voices: some parents supported their children’s involvement, while others restricted it due to cultural sensitivities. Similarly, community leaders and religious figures were identified as gatekeepers whose endorsement legitimized health programs.

This pattern confirms the relevance of the Health Belief Model (HBM), which posits that health behavior is influenced by:

- a. **Perceived susceptibility** – adolescents’ awareness of reproductive health risks.
- b. **Perceived benefits** – the belief that participation in health programs improves knowledge and protection.
- c. **Cultural cues** – signals from family, peers, and community leaders that either encourage or discourage engagement.

In Sinjai, adolescents’ perception of reproductive health risks was mediated by their emotional comfort and the cultural permissibility of discussing such topics. For example, one adolescent noted: “*I want to know more, but I feel embarrassed to talk about it in front of teachers or parents.*” This illustrates how stigma reduces perceived benefits, even when susceptibility is recognized.

Effective interventions must therefore integrate psychosocial and cultural dimensions. Programs should not only provide information but also build adolescents’ confidence, normalize discussions through peer groups, and involve

parents and community leaders to ensure cultural legitimacy. Without these elements, reproductive health literacy will remain limited despite the availability of educational resources.

## **b. Discussion**

### **1. Psychosocial Aspects**

Adolescence is widely recognized as a critical stage of identity formation, as emphasized by Erikson's psychosocial development theory, where individuals face the tension between identity formation and role confusion. Confidence and peer validation are central to healthy growth, and this study confirms that adolescents with positive self-perception were more proactive in seeking reproductive health information. Conversely, those constrained by shame and stigma tended to avoid discussions, even when information was accessible. This finding highlights that literacy is not only about knowledge availability but also about psychological readiness and emotional safety.

Bandura's Social Learning Theory provides further explanation, suggesting that adolescents adopt behaviors by observing peers and internalizing social outcomes. In this study, peer influence emerged as the most dominant factor: supportive peer groups encouraged participation in Posyandu remaja, while negative peer attitudes reinforced avoidance. This dynamic illustrates how social modeling and reinforcement shape adolescent engagement in reproductive health education.

The results are consistent with previous studies. Santrock (2018) and Rahmawati (2021) reported that peer support enhances adolescent engagement in health programs. International evidence also supports this, showing that peer norms strongly shape adolescent risk-taking and health behaviors (Gardner & Steinberg, 2005; Knoll et al., 2017). These findings collectively demonstrate that psychosocial factors particularly peer influence are decisive in determining whether adolescents embrace or reject reproductive health literacy.

The Health Belief Model (HBM) strengthens this interpretation, emphasizing that self-efficacy and emotional readiness are key determinants of engagement. Adolescents who perceive themselves as capable and supported are more likely to recognize the benefits of reproductive health education and act upon them. In conclusion, psychosocial readiness especially confidence and peer influence is a prerequisite for reproductive health literacy. Interventions must therefore prioritize peer-led education and stigma reduction strategies to empower adolescents in reproductive health learning.

### **2. Social-Cultural Aspects**

Bronfenbrenner's *Ecological Systems Theory* situates adolescent behavior within layered systems encompassing family, community, and culture. The theory emphasizes that socio-cultural contexts exert a significant influence on health literacy, as religious values, customary norms, and family expectations shape how adolescents understand and respond to reproductive health issues. In this study, these factors were found to play a dual role: serving as protective elements that encourage healthy behavior while simultaneously acting as barriers that restrict open dialogue.

The analysis revealed that families perceiving reproductive health as a taboo tended to discourage adolescents from participating in health programs, whereas families viewing it as part of moral education encouraged involvement. This dynamic was reinforced by the role of community leaders and religious figures who acted as gatekeepers. Their endorsement facilitated acceptance of health messages, while rejection or silence generated resistance. Thus, cultural acceptance emerged as a critical determinant of the success of reproductive health literacy programs.

These findings are consistent with Suryani (2020) in West Java, who reported that cultural taboos limited reproductive health discussions, and Patel (2019) in India, who

highlighted the importance of religious leaders in legitimizing adolescent health education. Internationally, similar studies demonstrate that cultural norms can either strengthen or weaken the effectiveness of health interventions, depending on how messages are conveyed and who delivers them.

### 3. **Communiti-Based Interventions**

Community-based interventions berakar pada model promosi kesehatan partisipatif yang menekankan aksi kolektif dan kepemilikan lokal. Teori *Participatory Action Research (PAR)* menjelaskan bahwa keterlibatan aktif masyarakat dalam perencanaan dan pelaksanaan program kesehatan dapat membangun legitimasi serta memperkuat daya dukung sosial. Dalam konteks literasi kesehatan reproduksi remaja, pendekatan berbasis komunitas menjadi penting karena isu ini sering kali dipengaruhi oleh norma budaya dan struktur sosial yang membutuhkan dukungan dari berbagai pihak.

Analisis hasil penelitian menunjukkan bahwa keterlibatan teman sebaya, keluarga, dan kepemimpinan komunitas merupakan strategi efektif dalam meningkatkan literasi kesehatan reproduksi. Remaja melaporkan partisipasi yang lebih tinggi ketika didorong oleh teman sebaya, mendapat dukungan dari orang tua, serta memperoleh legitimasi dari tokoh masyarakat. Hal ini menegaskan bahwa intervensi yang hanya berfokus pada penyediaan informasi tidak cukup; keberhasilan program sangat bergantung pada dukungan sosial dan penerimaan budaya.

Temuan ini sejalan dengan penelitian Hidayat (2022) di Makassar yang menunjukkan bahwa program Posyandu remaja lebih berhasil ketika melibatkan dukungan tokoh masyarakat. Laporan WHO (2021) juga menekankan bahwa intervensi berbasis komunitas yang sensitif terhadap budaya lebih efektif dibandingkan pendekatan top-down. Secara global, studi-studi serupa menegaskan bahwa keterlibatan komunitas memperkuat keberlanjutan program kesehatan, terutama pada isu-isu yang sensitif seperti kesehatan reproduksi.

Secara teoritis, *Participatory Action Model* mendukung temuan ini dengan menekankan bahwa literasi kesehatan meningkat ketika masyarakat terlibat aktif dalam merancang dan melaksanakan intervensi. Health Belief Model (HBM) juga relevan, karena *cultural cues* dari teman sebaya, keluarga, dan tokoh masyarakat berfungsi sebagai pemicu yang memengaruhi persepsi manfaat dan hambatan. Kesimpulannya, intervensi berbasis komunitas—khususnya yang melibatkan peers, keluarga, dan pemimpin yang dihormati—merupakan strategi penting untuk meningkatkan literasi kesehatan reproduksi remaja secara berkelanjutan.

## IV. **CONCLUSION**

This study concludes that adolescent reproductive health literacy in Sinjai is shaped by the dynamic interaction of psychosocial readiness, socio-cultural acceptance, and community-based interventions. Psychosocial factors such as confidence, emotional openness, and peer influence determine adolescents' willingness to engage in reproductive health education. Socio-cultural norms, including religious values, family expectations, and community leadership, act as both enablers and constraints, legitimizing or restricting dialogue. Community-based interventions, particularly those involving peers, families, and respected leaders, provide the necessary support structure to sustain adolescent engagement.

The findings affirm the relevance of theoretical frameworks such as the Health Belief Model (HBM), Erikson's psychosocial theory, Bandura's Social Learning Theory, and Bronfenbrenner's Ecological Systems Theory, which collectively explain how individual readiness, cultural cues, and social systems interact to shape adolescent health literacy.

In answering the objectives of the study, it is evident that improving adolescent reproductive health literacy requires a holistic approach that integrates psychosocial empowerment, cultural sensitivity, and community participation. Such a strategy not only

enhances knowledge but also addresses stigma, legitimizes dialogue, and ensures sustainability in health promotion efforts.

### **Recommendations for Further Research**

Future studies should explore:

1. Longitudinal designs to assess changes in adolescent literacy over time.
2. The role of digital and creative media in overcoming stigma and enhancing peer-led education.
3. Comparative studies across different cultural contexts to identify universal and culture-specific determinants of reproductive health literacy.

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