

Parents involvement and barriers of programme interventions to reduce adolescent pregnancy

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ABSTRACT

Adolescent pregnancy is defined as a pregnancy between the ages of 13-19 years, adolescent pregnancy occurs around 25% of women worldwide, but this number continues to decline due to educational support, contraception and prevention strategies for adolescent pregnancy. Evidence shows that there were programme interventions to reduce adolescent pregnancy such as encouraging people to participate in comprehensive prevention of adolescent pregnancy programs and health campaign to avoid unsafe sexual relationships. This scoping review was aimed to map out available evidence related to the parents' involvement and barriers of programme intervention to reduce adolescent pregnancy. This scoping review followed the framework of Arksey and O'Malley, which consists of identifying the review questions; look for relevant evidence; selecting relevant studies; mapping the data; and mediate, conclude and report results. PRISMA flowchart was used to display the evidence search flow. The results of the review indicated that there were 12 included articles from the search process. This review emerged 3 themes: efforts to reduce adolescent pregnancy rates, support for adolescent reproductive health services, barriers to reproductive health services for adolescents. It is important encourage people to participate in comprehensive adolescent pregnancy prevention programs in including provision of information about the dangers of adolescents' pregnancy, reproductive health, and maintain positive relationship with the family.

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1. Introduction

Adolescence is a stage of development for humans that is marked by changes in physical, emotional, psychological and knowledge development. This is an important transformation stage and it is considered a period of vulnerability associated with risk behaviors such as drug abuse, unsafe sexual practices, leading to the risk of infection and unplanned pregnancy (Buratto, Kretzer, Freias, Traebert, & Nunes, 2019). According to the United Nations Population Fund (UNFPA) states that the number of adolescents in the world is estimated at 1.2 billion. Based on this number, there are 88% of them living in developing countries with a range of 49% of female adolescents living in six countries i.e. China, India, Indonesia, Nigeria, Pakistan and the United States (UNFPA, 2013). Based on the results of the Central Statistics Agency (BPS) the ratio of adolescent population in Indonesia in 2017 aged 0-17 years reached 30.5% while at the age of > 18 years amounted to 69.5% (BPS, 2018). Adolescent pregnancy can occur at the age of 13-19 years, the incidence of adolescent pregnancy is 25% of women worldwide, but this incident continues to decline due to the support of education, contraception and prevention strategies for teen pregnancy (Leftwich, 2017). Adolescent pregnancy is an international phenomenon that has yet to be resolved, this indicates the case needs public health attention (WHO, 2012).

Globally, there are 16 million female adolescents giving birth each year, accounting for 11% of all births and 95% of those births occur in low and middle income countries (Cameron, 2017). The proportion of women aged 15-19 years who gave birth to adolescents is still high in Indonesia, which is 48.0 per 1000 live births in 2010 and decreased in 2017, which was 36 per 1000 live births, out of 1000 births 36 of them were under 19 years of age (Lestari, 2017). The impact of adolescents pregnancy is failure of breastfeeding, malnutrition both before and during pregnancy, Intra Uterine Growth Retardation, Intra Uterine Fetal Death, anemia, postpartum hemorrhage, parturition, and pregnancy distress, all of which will lead to poor pregnancy care and mothers under 20 years and have a 30% higher experience mental health disorders, domestic violence, isolation and early marriage (Hadley, 2018).

One of interventions which considered to be effective to reduce teenage pregnancy rates is encouraging people to participate in comprehensive adolescent pregnancy prevention programs by provision of information about the dangers of adolescents pregnancy, reproductive health, maintaining positive communication with families (Wright et al., 2019). The prevalence of adolescent pregnancy is more common in rural areas compared to the proportion of events in urban areas. The higher incidence occurs in adolescents who are first exposed to sex in their lives, adolescents who have multiple partners and often have sex more than twice a week and those who rarely use contraceptive methods. This is significantly the incidence of adolescent pregnancy related to family factors (Ochen, Chi, & Lawoko, 2019).

Given the attachment of adolescents to the family makes parents have an important influence on future choices to prevent adolescent pregnancy. A good parental relationship before the onset of pregnancy may affect the expectations of adolescents in maintaining their pregnancy for months because of the support of their families (Madkour et al., 2013). The main member in adolescent family support is the mother, then followed by the father. It is known that the type of support most often given is love and trust. On the other hand, the role of the mother for pregnant adolescents will have an impact on nutritional status, encouragement to use contraception in the prevention of recurrent pregnancy and the existence of emotional support during pregnancy and after pregnancy (Reyna et al., 2019).

The home environment is an environment that influences adolescent development, so adolescents get a lot of experience and understanding from parents as educators and directors. Parents are teachers who give a big influence on their children, while the loss of good influence will result in adolescents losing their identity. So that the relationship with parents in general is based on the principle of mutual communication and building relationships that encourage healthy relationships. Therefore parents have a great influence on the development of adolescents as the next generation (Irianto dkk, 2018).

2. Method

The study used in this study is a scoping review that is used as a precursor to a systematic study, to be able to identify the types of evidence available in accordance with the topics discussed, look for an overview of how the research is carried out on a particular topic or area, to identify characteristics or key factors related with a concept (Munn, Z., Peters, M.D.J., Stern, C., Tufanaru, C., McArthur, A., Aromataris, 2018). This study deals with the support and obstacles of the parent involvement program in efforts to reduce teen pregnancy rates, which systematically maps the available literature on a topic, discusses key concepts, theories and sources of evidence that aim to discuss the level, scope and nature of research available in research questions. and summarizing the results of research based on evidence based in order to recommend further research (Tricco, A.C., Antony, J., Zarin, W., Strifler, L., Ghassemi, M., Ivory, J., Perrier, L., Hutton, B., Moher, D., Straus, 2015). The stages in conducting a scoping review that must be carried out are the focus of the review, using the PEOS framework (Problem, Exposure, Outcome and Study design), identifying relevant studies, selecting studies with PRISMA flowcharts, charting data and mapping data or scoping (Arksey, H., O'Malley, 2005), as follows:

a. Identify the review question or focus of the review

This review scoping review aims to find out "Support and obstacles of parent involvement program in efforts to reduce teen pregnancy rates?". The need for this literature review is a synthesis of research aimed at seeking the implementation of empowerment of family or parent community in

reducing teen pregnancy rates and identifying key concepts, gaps in research and sources of evidence to inform practices, policies and research on the implementation of family or parent communities (Pham, M.T., Rajić, A., Greig, J.D., Sargeant, J.M., Papadopoulos, A., McEwen, 2014). The review question is How do adolescent reproductive health services that involve the role of family and parents in reducing teen pregnancy rates?

b. Framework PEOS

Developing the focus of review and search strategies, researchers used Framework Population, Exposure, Outcome and Study Design (PEOS) in managing and solving the focus of review described in table 1. The use of PEOS helps to identify key concepts in the focus of the question, develop appropriate search terms to describe the problem and determine the inclusion and exclusion criteria. PEOS is used to identify elements of qualitative research questions (Halas, G.,Schultz, A.S.H., Rothney, J., Goertzen, L., Wener, P., Katz, 2015).

Table 1. Framework PEOS

Population and their problems	Exposure	Outcomes or Themes	Study Design
- Community engagement	- Adolescent pregnancy	- Perspective	All study, related to
- Community involvement	- Teenage pregnancy	- Views	community parents
- Community empowerment	- Pregnancy in adolescent	- Opinion	empowerment in reducing
- Parents community	- Adolescents in pregnancy	- Intervention	adolescent pregnancy
- Community health worker		- Programme	
		- Strategies	

c. Identifying Relevant Studies

The article search strategy was developed using several databases, which only focus on peer review articles. The use of peer review articles is expected to ensure credibility in the information contained in a scientific work that is more true, accurate and all of its contents can be used as data sources. The keywords used in searching for articles on the topic are as follows: "community empowerment" or "community engagement" or "community involvement" or "parents community" or "community health worker" and "adolescents pregnancy" or "teenage pregnancy" or "adolescents in pregnancy" or "pregnancy in Adolescents" and "Perspective" or "Views" or "Opinion" or "Intervention" or "Program" or "Strategies". The database for finding peer review articles with sources used is Pubmed, Proquest, ScienceDirect, EBSCO.

d. Study Selection

For the selection of studies determined using inclusion and exclusion criteria. The inclusion and exclusion criteria are described in table 2.

Table 2. Scoping Review Inclusion and Exclusion Criteria

Inclusion Criteria	Exclusion Criteria
- The past ten years (2009-2019)	- Review article
- In English language	- Systematic review
- Original article	- Book

The data filtering process is using PRISMA Flowchart. PRISMA is a Preferred Reporting Items for Systematic reviews and Meta-Analyses, developed to assist authors in reporting systematic reviews (SR) and Meta-Analyses (MA). PRISMA is considered appropriate because it can improve the quality of publication reporting (Peters, M.D.J., Godfrey, C.M., Khalil, H., McInerney, P., Parker, D., Soares, 2015). After obtaining evidence, a critical appraisal is performed using a form from the Critical Appraisal Skills Program (CASP) to assess the quality of the evidence. The data is filtered according to criteria that researchers determine. The stages of data filtering are as described in figure 1.

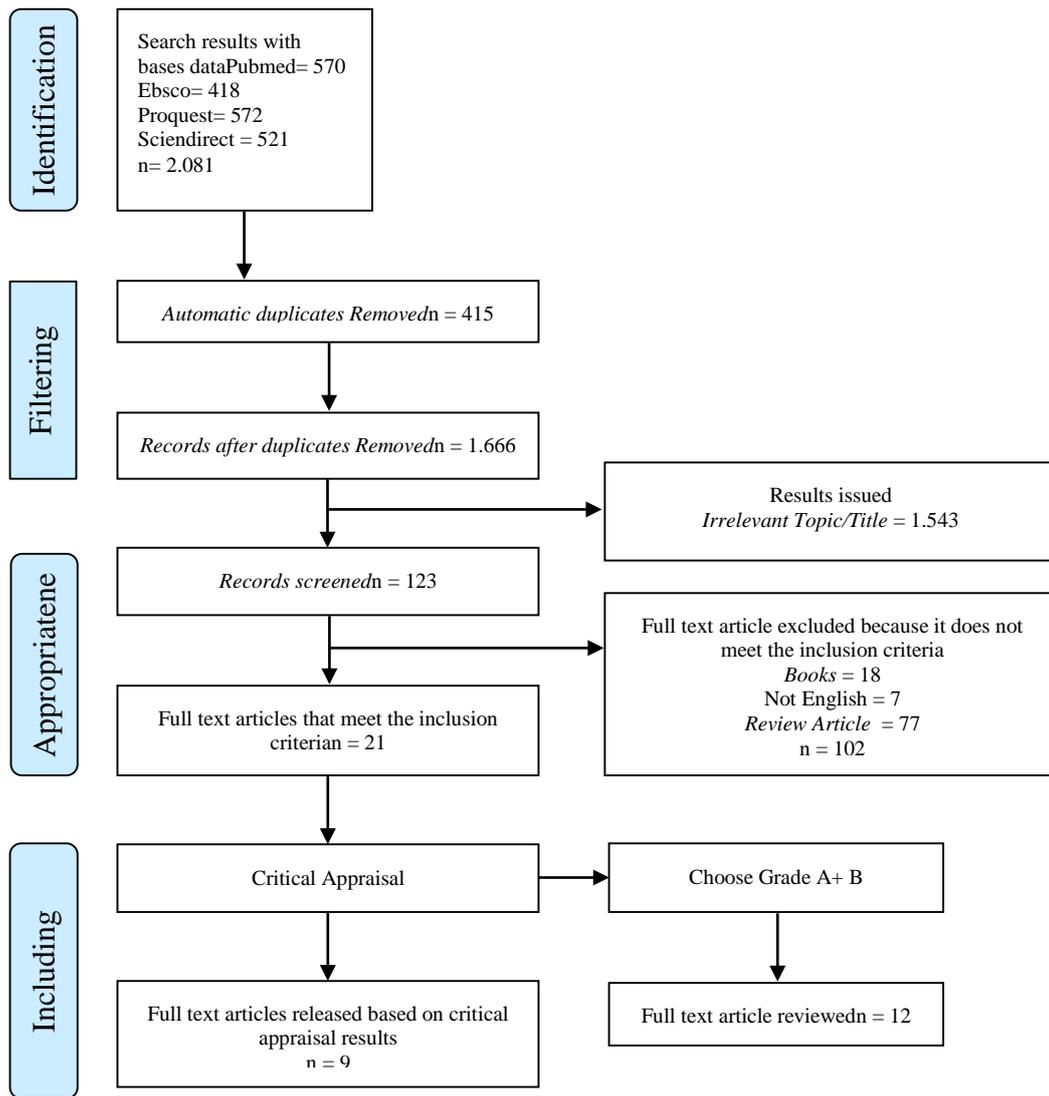


Figure 1. PRISMA Flow Chart Diagram

e. Charting Data

Table 3 displays about Charting Support Data and Barriers to the Parents Involvement Program in Efforts to Reduce Adolescent Pregnancy Rates

Table 3. Charting Support Data and Barriers to the Parents Involvement Program in Efforts to Reduce Adolescent Pregnancy Rates

No.	Title	Author / Year	Country / Level	Purpose	Research design	Sample Size	Results
1	Cultural practice and sexual risk behavior among adolescent orphans and non-orphans: a qualitative study on perceptions from a community in western Kenya	Milka J, Ian A, Jane A, Kay B and Bart van den B 2014/ <i>jurnal Bio Med Central Public Health</i>	Western Kenya Grade : A	To explore public perceptions about whether or not there are cultural factors that are able to influence sexual behavior and the risk incurred	cross sectional deskriptive qualitaf. By using focus group discusscion (FGD)	Stratified sampling was chosen from four districts. - Of the 14 FGDs will be conducted on 147 participants, in 8 FGDs with 78 teenagers, - 6 FGDs with 69 caregivers in two 25-49 years age groups	Obtained from the results of the identification of various cultural practices that are affected in adolescents for sexual risk. Poverty will affect the existence of a culture that is at risk, thus it is hoped that there will be preventive interventions that target poverty at cultural factors that are at risk in adolescents with early marriage
2	Who's that girl? Aqualitative analysis of adolescent girls' views on factors associated with teenage pregnancies in Bolgatanga, Ghana	Krug, Mevissen, Prinsen and Ruiters 2016/ <i>jurnal Reproductive Health</i>	Bolgatanga, Ghana Grade : A	To gain an understanding of teenage pregnancy from the perspective of teenage girls, regarding decision making when starting sexual activity and preventing teenage pregnancy.	Semi-structured invidual in-depth interview	1. (n = 20 teenagers aged 14-19 years) 2. (n = 5 Islamic religions) 3. (n = 15 Christianity)	The classification of the determinants is - behavior factor - environmental factor - psychosocial discovering factors - use of contraception - teen pregnancy
3	The power of culture and context on Hispanic/Latina teen pregnancy and birth in Oklahoma: provider and parent al perspectives	Monica M.Alzate, Susy Villegas and Hamisu M.Salihi 2018/ <i>Jurnal Social Work In Health Care</i>	Oklahoma Grade : A	To determine the contextual cultural factors that influence the high teenage pregnancy in Oklahoma from the perspective of providers and parents	a community based participatory research (CBPR) latino community development agency (LCDA) focus group in-depth interviews	1. (n = 33 providers) 2. (n = 14 parents)	1. Provider Knowledge of adolescent sexuality and teenage pregnancy, service needs, barriers to sexual and reproductive health 2. Parents Views of sexuality, values, and communication with adolescents, gender differences
4	Prevalence and factors associated with teenage pregnancy, Northeast Ethiopia, 2017 : A Cross-Sectional Study	Yohannes AyanawHabit, Anteneh Yalew, dan Telake Azale Bisetegn 2018/ <i>Journal of pregnancy</i>	Ethiopia Grade : B	To assess the prevalence and factors related to teenage pregnancy	community-based cross-sectional study	sample size, single population proportion formula, final sample 542 adolescents aged 15-19 years	Cultural, sexual and reproductive health factors related to sex, age of first sex, contraceptive users, reasons for contraception, pregnancy, pregnancy conditions, feelings about pregnancy
5	Srategies to build readiness in community mobilization	Bhuiya, N., House, L. D.,	Holyoke and Springfield	Explain the assessment of community preparedness to	Semistructured phone interviews	a sample of 25 community stakeholders	Attitudes, perceptions and knowledge are factors that contribute to teenage pregnancy,

	efforts for implementation in a multi-year teen pregnancy prevention initiative	Desmarais, J., Fletcher, E., Conlin, M., Perez-McAadoo, S., ... Tendulkar, S. A. (2017)	New England city Grade : A	implement adolescent pregnancy prevention initiatives and present information assessment strategies related to community mobilization		respondent-driven sampling (RDS) of adolescents aged 15-19 years were 500 adolescents	namely poverty level, lack of activities or programs for adolescents, lack of information on sexual health education, lack of parental involvement, racism in the community, lack of funds for efforts to prevent teenage pregnancy.
6	Prevalence and determinants of adolescent pregnancy in Urban disadvantaged settings across five cities	Heena B, Anna K, Mark E, Michele R, Decker, ScD, MPH., Preya L, Robert W and Sinead D 2014/ <i>journal of adolescent health</i>	5 kota (Baltimore, MD; Johannesburg, Afrika selatan,; Ibadan, Nigeria; New Delhi, India; Shanghai, Cina Grade : B	To examine risk factors for teen pregnancy in five different poor cities	Statistik deskriptif Quantitative	respondent-driven sampling (RDS) of adolescents aged 15-19 years were 500 adolescents	Determinants of teenage pregnancy are found due to dropping out of school, raised by single parents, high levels of drug use, premature sexual occurrence, lack of contraception during first sex, environmental crime and violence, low school performance, originating from low-income households, high unemployment.
7	Building Community Support Using a Modified World Caf_e Method for Pregnant and Parenting Teenagers in Forsyth County, North Carolina	Soren M. J, Grisel T, Keli L, Carrie W, Hope T, Katie L, Julie M 2018/ <i>journal pediatric adolescent gynecologi</i>	Forsyth county, North Carolina Grade :A	To identify community priorities, awareness of existing support and recognize barriers and opportunities to improve support services for pregnant adolescents and parents	A modified world caf_e Focus group semistructured	1. n = 78 professionals 2. n = 15 teen parents	Common barriers include health services, self-advocacy, access to health services, education / work, family. 1. Maximizing access and efficiency of high quality shipping 2. Emphasize adolescents themselves on advocacy.
8	Parent, Teacher, and School Stakeholder Perspectives on Adolescent Pregnancy Prevention Programming for Latino Youth	Johnson et al 2016/ <i>journal primary prevent</i>	Latino Grade : A	To examine the perspectives of parents, teachers and school stakeholders regarding the prevention of teenage pregnancy in a high school	Qualitative	1. (n = 49 participants) 2. (n = 18 parents) 3. (n = 23 teachers) 4. (n = 8 school stakeholders)	1. Reproductive health education at home 2. Considerations for schools based on reproductive health programming This finding highlights the importance of involving local communities in identifying teenage pregnancy prevention messages and strategies provided by the community with a culture of values, beliefs and preferences, as well as the capacities and preferences of teachers in schools.
9	Social Determinants of Health and Adolescent Pregnancy: An	Mannes et al 2015/ <i>journal of adolescent health</i>	Oklahoma Grade : A	To analyze the empirical relationship between social	Statistic deskriptif Longitudinal study Quantitative	N = 9204 participants	The findings support between adolescent pregnancy and some steps from social determinants of health, these findings

	Analysis From the National Longitudinal Study of Adolescent to Adult Health			determinants of health and adolescent pregnancy		provide specific support in certain areas especially in relation to education and social and community contexts, where to focus resources and interventions in adolescent pregnancy	
10	Determinants of adolescent pregnancy and access to reproductive and sexual health services for married and unmarried adolescents in rural Lao PDR: a qualitative study	Sychareun et al 2018/ <i>journal BMC pregnancy and shildbirth</i>	Bokeo and Luang Namtha provinsi northem lao Grade : A	To explore factors that contribute to teenage pregnancy and to understand the specific challenges of adolescent mothers in accessing maternal health services	Qualitative Focus group In-depth interview	Purposive sampling 6 age groups 13-19 years, n = 20 ages 12-19 n = 8 teenage mother husband n = 9 mother-in-law n = 17 health practitioners n = 12 community leaders	Adolescent barriers to sexual, reproductive health services. Barriers to accessing health services are related to socio-cultural norms, health workers' skills, costs, decision-making capacity and knowledge, lack of confidentiality.
11	Adolescents perceptions and experiences og pregnancy in refugee amd migrant communities on the Thailand-Myanmar border: a qualitative study	Asnong C, Fellmeth G, Plugge E, Wai NS, Pimanpanarak M, Paw MK, Charunwatthana P, Nosten F, McGready R 2018	Thailand–Myanmar Grade : A	To explore adolescent perceptions and experiences about pregnancy	Qualitative Focus group discusion Strategi snowball sampling	1. n = 20 pregnant teenagers 2. n = 4 husband participants, non-pregnant teens, providers	The main reasons that cause teenage pregnancy are due to culture and stigma about reproductive health issues so that knowledge about contraception and the ability to negotiate sexual behavior for unmarried adolescents is needed.
12	Iranian Adolescents girls barriers in accessing sexual and reproductive health information and service : a qualitative study	Shariati M, Babazadeh R, Mousavi SA, Najmabadi KM 2014	Iran Grade : A	To explore the experiences of young women and health service providers, government and non-government organizations, policy makers, sociologists about barriers to accessing reproductive health services	Qualitative Focus group discusion Semi structured	1. 247 teenage girls 2. 71 adults including teachers, health service providers, government and non-government organizations.	Barriers to accessing reproductive health services namely: 1. Social culture 2. The structure and administration of the health system 3. Political barriers 4. Religion

f. Mapping/Scoping

1) Geographical Characteristics

The results of a systematic search obtained twelve articles published from 2009-2019, the journals used in the twelve articles taken for scoping this review are articles with grade A and B quality. The results of article review were obtained from developing countries, namely Kenya, Ghana, Oklahoma, Ethiopia, New England City, South Africa, North Carolina, Latino, Bokeo and Luang, Iran. The twelve articles were obtained using qualitative and quantitative research studies.

2) Thematic

The results of the review found several themes that fit the focus of the review of several themes that fit the focus of the review, show on [table 4](#).

Table 4. Thematic Mapping

Themes	Sub Themes
Efforts to reduce teen pregnancy rates	<ul style="list-style-type: none"> a. Reproductive Health Education ^{2,7,8} b. Open communication between parents and children ^{2,8} c. Increase organizational readiness and resources ^{5,7} d. Community involvement ^{1,7}
Support for Reproductive Health Services in Adolescents to Reduce Adolescent Pregnancy Rates	<ul style="list-style-type: none"> a. The role of parents ^{3,8} b. The role of service providers ^{3,8,9} c. Improved health service strategy ^{5,9,10}
Barriers to Reproductive Health Services in Adolescents to Reduce Adolescent Pregnancy Rates	<ul style="list-style-type: none"> a. The high value of culture ^{6,10,11,12} b. Perception and knowledge of parents ^{3,5} c. The need for access to health services ^{4,7,10,12} d. Lack of Parent-Child Communication ^{2,3}

3. Results and Discussion

The cause of premarital sex for teenagers is due to lack of affection from the family. As a result teens will try to meet their needs by seeking attention from both friends and girlfriends even with sexual satisfaction. Premarital sex can cause pregnancy which will cause a variety of negative emotions and dissatisfaction. If adolescents get support from the family then they will experience positive emotions and be able to adjust to the situation they are experiencing ([Sonata, 2014](#)).

Patterns of communication that are open from two directions between adolescents with fathers and mothers will be able to help convey good information from parents to adolescents in explaining reproductive health issues. Ineffective parenting is the inability of parents as the primary care giver in creating, maintaining and regaining an environment that promotes optimal adolescent growth and development. Because of the need for interventions from health services with a program for parents about the introduction of parenting and the characteristics of family development with adolescents, discussion about the consequences of not fulfilling adolescent development, teaching parenting and effective communication patterns with adolescents, arranging adolescent activity schedules, use a counseling center in remaja parenting in the family ([Susanto, 2010](#)).

The review of articles obtained in support of improving adolescent and adolescent family programs based on the results of mapping scoping as follows:

1) Efforts To Reduce Teenage Pregnancy

Teenage pregnancy is a global problem that is currently faced in high, middle and low income countries. Throughout the world teenage pregnancies occur in many marginalized communities, generally driven by poverty and lack of education and employment opportunities. In some cases, girls may face social pressure to get married and so get married to have children (WHO, 2018).

a) Reproductive Health Education

Each school, most of the students have received skills-based reproductive health education by demonstrating the use of condoms, in addition to various positive experiences regarding reproductive health. Information obtained by young women about infectious diseases, HIV / AIDS, teen pregnancy, and teaching young women how to prevent infectious diseases and teenage pregnancy (Krug, Mevissen, Prinsen, & Ruiter, 2016). Emphasize teenagers to support reproductive health information. Despite the many challenges of every teenager, young people will benefit from guidance in developing skills and knowledge (Johnson et al., 2018).

Primary health education is parents, but health education needs to be school based to improve reproductive health education and support the supervision of young people in the school area. School-based reproductive health education can be done with the availability of school counselors or psychologists to communicate appropriately with teenagers (Johnson-Motoyama et al., 2016)

b) Open Communication Between Parents And Children

Healthy communication requires confidence and open expression. Open communication as a form of building trust between parents and teenagers, so that teens can share problems and ask questions and parents can trust youth decision making. The way parents can achieve comfortable communication with their teenagers is to talk like a friend in a soft voice and a subtle topic (Johnson-Motoyama et al., 2016).

c) Increase Organizational Readiness And Resources

Efforts to overcome teenage pregnancy from lack of infrastructure and health workforce resources, by providing training to each stakeholder and adding staff to support appropriate prevention efforts. So that government stakeholders need to provide funding, training and technical assistance in the form of training on adolescent pregnancy prevention programs, training on evidence-based sexual health education curricula and guidelines for selecting and implementing curriculum in accordance with culture (Bhuiya et al., 2017).

d) Community Involvement

Juma et al (2014) in his research through interviews that poverty in an area will affect risky cultural practices, so expect the prevention of teen pregnancy prevention that targets poverty and cultural factors by involving the community in all the implementation of adolescent activities, by providing knowledge about early marriage, reproductive health, treatment of teenage girls and boys, and a curfew for teenagers. Therefore prevention interventions must include the sensitivity of the community by identifying the right people to practice awareness and change behavior. That way we can reduce and eliminate the risk of pregnancy in adolescents.

2) Support for Adolescent Reproductive Health Services to Reduce Teenage Pregnancy

Many countries have taken actions aimed at preventing teenage pregnancy and in some cases supporting girls who have become pregnant. The experience of an effective program requires transformation from a narrowly focused intervention to a broad-based approach. The new paradigm must target the conditions, norms, values and structural forces that perpetuate adolescent pregnancies that require sexual access and reproductive health information and services and are not burdened with economic and social pressures, unrealized poverty (UNFPA, 2013).

a) The Role Of Parents

Reproductive health education is not only given by health workers but can be started from family or parents at home. Parents revealed that reproductive health education was positive in a school-based program and parents would try to motivate their children to participate in the program (Johnson-Motoyama et al., 2016).

Parents show concern for the welfare and future of their children. Parents acknowledge that information and knowledge about adolescent reproductive health and sexuality are obtained from close friends, personal experiences and rarely from school. The parents stated that the dangers of sexually transmitted infections, HIV and teenage pregnancy, so the need to find ways to keep teenagers from sexual intercourse. At the same time parents realize the need for information not only on education about reproductive health and sexuality, but as a tool for the future of adolescents (Alzate *et al.*, 2018).

b) The Role Of Health Care Providers

Health service providers express the need for school-based reproductive health education and express concern about students who devote inaccurate information, believe in reproductive myths that lead to misunderstandings, especially as a result of limited access to accurate information. This is expected by health service providers the need for reproductive health education to be taught initially by parents at home (Johnson-Motoyama *et al.*, 2016).

Service providers see sexuality as one aspect of the human condition and adolescent sexuality as part of normal growth. Service providers assume that the importance of education about sexuality and reproduction to live life. Most cases of teenage pregnancy are found in the characteristics that usually occur at the age of 15 years, lack of birth control at the beginning of sexual intercourse, adolescents lack information, or have misinformation or myths about reproductive health, birth control and sexuality in general (Alzate *et al.*, 2018).

c) Improving Health Service Strategies

Research conducted (Maness, Buhi, Daley, Baldwin, & Kromrey, 2016) by conducting surveys covering education, economic stability, social and community context, health and health care, and the built environment. These findings provide support especially in relation to education and the social and community context, which is to focus resources and interventions on adolescent pregnancy. Good knowledge can be started from home and school.

Support from the community is important for adolescent health, given the importance of socio-cultural norms in influencing the social health practices involved in the community environment, especially among parents and community leaders, is the key to effective interventions. This study shows the need for greater emphasis in health promotion activities that further empower individuals to become active agents of change. As well as including the development of both knowledge and communication skills in adolescents so as to be able to make decisions and create opportunities to increase youth autonomy (Sychareun *et al.*, 2018).

3) Obstacles To Reproductive Health Services In Adolescents To Reduce Adolescent Pregnancy

Teenage pregnancy that occurs worldwide because of marginalized communities, is generally driven by poverty and lack of education. Adolescents also face obstacles to accessing contraception due to laws and policy restrictions regarding the provision of contraception based on age or marital status, lack of willingness of health workers to recognize adolescent sexual health needs and the inability of adolescents themselves to access contraception due to knowledge, transportation and financial constraints (WHO, 2018).

a) High Cultural Values

Barriers to the behavior of adolescent girls in seeking information about reproductive and sexual health care are due to cultural and social conditions where there is still a dominant social stigma. Some parents believe that providing information about sexuality will lead teens to increase sexual activity (Shariati, Babazadeh, Mousavi, & Najmabadi, 2014). Sexual experiences and teenage pregnancy are now very common among teenagers. The occurrence of teenage pregnancy due to sexual intercourse of <15 years raised by a single parent or caregiver other than parents, promiscuity and environmental factors such as the existence of violence in the community (Brahmbhatt *et al.*, 2014).

Research conducted by (Asnong *et al.*, 2018) states that adolescents assume teenage pregnancy is a life event that can endanger their future. The main reason for teen pregnancy is due to cultural values and stigma about reproductive health issues so that knowledge about reproductive health and the ability to behave positively by refusing sexual intercourse for unmarried adolescents is necessary.

b) Low Parent-Child Knowledge

The experience of providers when hearing parents and adolescents about reproduction is known that knowledge is still limited, parents and adolescents do not know because they have not received education. Other aspects related to limitations in infrastructure, socio-economics and culture (limited health insurance, costs, limited language skills, work demands, lack of supervision, stigma and prejudice), lack of comprehensive sexuality education in schools, besides the existence of social isolation, low levels of education, lack of training for service providers and funding restrictions (Alzate *et al.*, 2018).

c) The Need For Access To Health Services

Service providers are also a source of information, but many teenagers do not seek reproductive health care and sexuality because of negative attitudes from health service providers, lack of confidentiality, lack of awareness of where to deliver services and information (Shariati *et al.*, 2014). Research conducted by (Habitu *et al.*, 2017) says that adolescents living in rural areas are four times more likely to experience teenage pregnancy. This happens because teenagers from rural areas are less educated and have limited access to health services.

d) Lack Of Parent-Child Communication

Teenage pregnancy usually occurs at the age of 15 years, due to the absence of control of sexual intercourse, lack of reproductive health information and adolescents get false information or myths about reproductive health. Service providers state that parents avoid talking about sexuality and limit conversations such as pregnancy, sexually transmitted infections or HIV, many parents expect and wait to sign forms for schools to talk about sexuality (Alzate *et al.*, 2018).

4. Conclusions

Teenage pregnancy is an international phenomenon that has yet to be resolved, it is expected to become a worldwide concern. Efforts to reduce the number of teenage pregnancies which until now continue to occur by encouraging people to participate in comprehensive teen pregnancy prevention programs in the form of information about the dangers of teenage pregnancy, reproductive health, establish positive communication with the family. Given the closeness of children with family makes parents have an important influence on the future to prevent teenage pregnancy. Parents are teachers who can have a big influence on their children, while the loss of good influence from parents will result in adolescents losing their identity.

5. Recommendations

Based on the results of 12 review articles, it was found that efforts can be made on the problems of adolescents who until now are still a world phenomenon, namely by providing school and family-based information, reproductive health education not only in schools but the most basic primary education is obtained at home by doing positive and open communication with parents.

6. Strengths and Limitations

The topics taken in this scoping review allow us to investigate what is currently known about the support and obstacles of parents involvement programs in efforts to reduce teen pregnancy rates. In this review there are various efforts that can be done to reduce the problems of adolescents and reviewed journals selected in developing countries so that they can be generalized. The limitation obtained in this article is because of various journals discussing efforts, support and obstacles in adolescent issues especially reproductive health. However, this review did not get a journal describing an organization or special program for teenage parents.

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