



## **Guiding the Behavior of Young Women in Family Planning and Prevention of Anemia through Peer Group Empowerment as an Effort to Prevent Stunting**

**Nawawi Manaf**

Universitas Bengkulu, Indonesia | [nmanaf@unib.ac.id](mailto:nmanaf@unib.ac.id)

*Received: 01-04-2023. Reviewed: 15-04-2023. Accepted: 30-04-2023*

### **Abstract**

The problems of young women are anemia, child marriage and reproductive health. The prevalence of anemia in young women in Indonesia increased from 26.4 % to 48.9%. It is necessary to form a peer group to become a peer companion which aims to increase knowledge, attitudes and actions regarding family planning, age delay marriage, reproductive health and prevention of anemia by applying booklet media and Fe Tablet consumption monitoring cards. The target audience is 50 young women in SMP 9 Bengkulu City and 50 young women in Kupang City. Assistance is carried out for 4 months (August-November 2020) using the small group method. There was an increase in the knowledge score of 13.98 points ( $p=0.0001$ ) before and after the mentoring activities. Increased knowledge scores in Bengkulu City (12.11 points) and in Kupang City (15.32 points). There was a significant increase in attitude scores of 0.73 points ( $p=0.0001$ ). Before and after mentoring activities in Bengkulu City (0.67 points) and in Kupang City (0.40 points) and young women became obedient in consuming Fe tablets. The school, in collaboration with health workers, needs to continue to empower Peer Groups to provide assistance with small group methods to improve adolescent health, prevent anemia, and prevent giving birth to stunted children in the future .

**Keywords:** Peer Group, young women, family planning, anemia, stunting

### **Introduction**

Adolescence is a transitional period marked by physical, emotional and psychological changes. These changes make adolescents a group that is vulnerable to various problems. Reproductive health problems that are often faced by adolescents are pregnancies outside of marriage, unwanted pregnancies and child marriage. An increase in cases of child marriage will increase teenage pregnancies. National figures show 22 provinces in Indonesia with early marriage rates above the national rate (10.82 % ), one of which is Bengkulu Province (13.2%) (BPS, 2020). Approximately 2% of female adolescents aged 15-24 years and 8% of male adolescents have had pre-marital sexual intercourse. As many as 11% of them admitted to having unwanted pregnancies (BKKBN, 2017a). The results of research in the working area of the Pujon Health Center in Malang Regency found that 41.4 % of mothers who married teenagers were mothers who experienced pregnancy (Asmamaw & Negash, 2023).

Another problem in young women is iron anemia. The 2013 Riskesdas report showed a 26.4% prevalence of anemia at the age of 5-14 years, then increased to 48.9% in 2018 (Ministry of Health RI, 2018). Several research results show a high prevalence of anemia in young women. The results of research at SMP Negeri 4 Banjar Baru found that 51% of young women had anemia (Tobey et al., 2023), at SMA Negeri 8 Pekanbaru, there were 59.5% of young women who had anemia (Willis & Marcantonio, 2023), at SMPN 02 Rambah Hilir, Rokan Hulu Regency, 74.2%, at SMPN 19 Bengkulu City, it is 62%.

The government program to overcome and prevent anemia in young girls (Willis & Marcantonio, 2023) is by giving Fe tablets through the Puskesmas, then the Puskesmas distributes them to schools by dropping Fe tablets once a month at the beginning of the month as many as 4 tablets, with a dose of 1 tablet per week. In Bengkulu Province in 2018 only 35.1 % of young women received Fe tablets. Data from the Bengkulu City Health Office in 2017 recorded that the average Hb level for female adolescents was 13.1 gr.

Pregnancy at a young age and a state of anemia will have a negative impact on the nutritional status of the fetus and baby. Toddlers born to women who marry in their teens are significantly more at risk of having stunted children (Dahir et al., 2023). The WHO Framework (2012) outlines the risk factors for stunting in toddlers. Maternal factors include poor nutrition before pregnancy, child gestation, maternal mental health, premature birth, Intra Uterine Growth Restriction (IUGR), short birth spacing and hypertension are the first contributing factors. The second factor causing stunting is not providing early initiation of breastfeeding (IMD), non-exclusive breastfeeding, and weaning that is too fast (Kachingwe et al., 2023). Adolescent girls who experience pregnancy generally have a thin and very thin Body Mass Index (BMI) and are in a state of Chronic Energy Deficiency (KEK) and anemia (Namasivayam et al., 2023). Low BMI, CED and Anemia in young women are associated with a lack nutritional intake which has an impact on low weight gain if you experience pregnancy which can result in a high incidence of premature birth which is one of the factors for stunting in toddlers (Pradhan & Mondal, 2023).

Young women are an important target in preventing stunting through good family planning, maintaining health so they don't experience anemia and chronic energy deficiency, and understanding stunting prevention efforts from an early age. One step that is quite strategic to generate motivation towards improving good behavior in accordance with the concept of health is the strategy of community empowerment (empowerment) and community participation (Nuwamanya et al., 2023). The influence of peer groups (Peer Group) in adolescence is very strong. Teenagers often gather and interact in their peer groups, resulting in dynamics and mutual influence within the group. With the interactions and dynamics that develop in peer groups, good communication is formed, adolescents can formulate, improve and enhance their communication through the groups they have (Oliveira et al., 2023). The purpose of this community service activity is to foster and empower Peer Group Friends as a nutrition companion to increase knowledge, attitudes and actions of young women regarding family planning, delaying the age of marriage, reproductive health and prevention of anemia as an effort to prevent stunting in two coastal areas Indonesia, namely the City of Bengkulu and the City of Kupang, East Nusa Tenggara.

## **Literature Review**

## ***Guiding the Behavior of Young Women in Family Planning and Prevention of Anemia through Peer Group Empowerment as an Effort to Prevent Stunting***

Data from the World Health Organization (WHO) in 2018 reported that the prevalence of stunting in Indonesia was the third highest in the Southeast Asia region (Juarez & Lopez, 2023). During the 2005-2017 period, the average prevalence of stunting under five in Indonesia was 36.4 %. Basic Health Research Reports for 2010, 2013 and 2018 show that the prevalence of stunting is still high, tends to stagnate and does not decrease to reach the WHO threshold (<30%). Indonesia with 34 provinces, 13 provinces include the prevalence of stunting in the severe category, and 12 provinces include the serious category. The lowest prevalence of stunting is in DKI Jakarta, DI Yogyakarta, Bali and the Riau Islands to the highest in East Nusa Tenggara (42.6 % ) (Hunter et al., 2023).

Stunting can start from the condition of young women who experience nutritional and health problems which have an impact on nutrition and health problems for the next generation (Corrêa et al., 2023). The nutritional problems that many young women experience are anemia and chronic energy deficiency. PSG results in Indonesia in 2017 found 32% of female adolescents were at risk of chronic energy deficiency (KEK), in Bengkulu Province it was 28.4% and in NTT Province it was 38.2%. The prevalence of short and very short young women increased from 31.6 % (2016) to 35.5% (2017) (Gabain et al., 2023). If this condition is not corrected, then in the future there will be more and more pregnant women who have short stature with a chronic lack of energy which will have an impact on increasing the prevalence of stunting under five in Indonesia. In pregnant women, the condition of pregnancy is too young (adolescent), too old, too frequent births, and too close birth spacing will have an impact on problems in the first 1000 days of life. The gestational age of mothers who are too young (under 20 years) is at risk of giving birth to babies with low birth weight (LBW). LBW babies affect around 20% of stunting (Sadler et al., 2022).

### **Research methods**

Based on the situation analysis, the solution to solving the problems faced by partners uses the mentoring method by a peer group of peers as an effort to prepare healthy young women who understand family planning and prevention of anemia to prevent stunting from an early age. The target audience for the activity were 100 young women consisting of 50 young women at SMP 9 Padang Serai District, Bengkulu City and 50 young women at Middle School 16, Pasir Panjang District, Kupang City. Teenagers will be accompanied by providing education about the nutritional needs of adolescents, maturing the age of marriage, consumption of Fe tablets to prevent anemia. Community service was carried out in August-December 2020 in two coastal areas of Indonesia, namely in the Padang Serai Health Center, Padang Serai Village, Bengkulu City and the working area of the Pasir Panjang Health Center, Pasir Panjang Village, Kupang City. Activities carried out from August to December 2020. The steps for community service activities include:

1. Planning
  - a. Taking care of permits for community service activities at SMP 9, Padang Serai District, Bengkulu City and SMP 16, Pasir Panjang District, Kupang City.
  - b. Development of nutritional education media for the nutritional needs of adolescents, maturity of marriage age and reproductive health, as well as consumption of Fe tablets

for young women in preventing anemia in the form of booklets, leaflets and Fe consumption monitoring cards.

- c. Coordination with local government. Coordinate with Nutrition Officers and Community Health Center leaders, and the School and UKS teachers to plan training activities and foster Peer Group Peers.
- d. Recruitment of 10 Peer Groups of Peers each 5 Peer Groups at SMP 9 Padang Serai District, Bengkulu City and 5 Peer Groups at Middle School 16, Pasir Panjang District, Kupang City as companions for young women who meet the criteria, namely: have an Android cellphone, are willing to become peer groups and get parental approval, and attend training.

## 2. Organizer .

organizing stage begins with socialization activities and the signing of a commitment to support the implementation of community service activities between UKS teachers, Puskesmas leaders, puskesmas health workers and Peer Groups. Next, a Peer Group group of 10 people was formed who was empowered as an effort to prevent stunting from a young age . Each Peer Group accompanies 10 young women by conducting home visits and communication activities through the WhataApp Group (WAG).

## 3. Peer Group Training and Development.

Peer Group training and coaching is carried out for 3 days to strengthen the role of the Peer Group and increase the Peer Group's ability to mentor young female peers. Measuring the Peer Group's ability to provide assistance is measured by a structured questionnaire by comparing the results before and after the training.

## 4. Intervention.

The next stage is peer mentoring for young women according to the number of targets for each (small group). Assistance is carried out by way of home visits and discussions at the WAG for 4 months. Each Peer Group is responsible for accompanying 10 peers (adolescent girls). Distribution of Fe and Multivitamin tablets to young women.

## 5. Intersectoral Coordination .

At this stage, the community service team empowers peer group peers. The team conducted audiences with the Puskesmas and School Leaders regarding the implementation of activities and coordinated regarding assistance from the puskesmas and assistance from UKS Teachers for the continuation of the Stunting Free Village program.

## 6. Monitoring and Evaluation.

At this stage an evaluation of the activities that have been carried out at SMP 9, Padang Serai District, Bengkulu City and SMP 16, Pasir Panjang District, Kupang City, will be carried out.

## 7. Evaluation of Program Implementation and Success.

Evaluation activities in the implementation of community service activities include:

- a. Evaluation of inputs, with indicators of success, namely: identified problems of young women, formed peer groups of peers, identified 100 activity targets, available educational media to be used during community service activities. Produced the minutes of the signing of the commitment to support the implementation of community service

## ***Guiding the Behavior of Young Women in Family Planning and Prevention of Anemia through Peer Group Empowerment as an Effort to Prevent Stunting***

- b . Process Evaluation, with indicators of success, namely: Peer Group friends actively participating in training and coaching activities in assisting young women for stunting prevention.
  - c. Output Evaluation, with indicators of success, namely: an increase in knowledge, attitudes and abilities of peer groups, implementation of mentoring activities for young women by peer groups of peers, agreed on Follow-up Plans to go to Stunting-Free Villages in Bengkulu City and Kupang City.
8. Socialization of the results of community service activities on television and radio.
- a . Broadcast on Radio Verbum Kupang on December 16 2020, 09.00-12.00 WITA.
  - b . Broadcast on Radio Tirilok Kupang on December 17 2020, 08.00-10.00 WITA, <http://www.tirilok.com/apk>.
  - c . Talk Show on TVRI Kupang on December 17 2020, 18.00-19.00 WITA.

## **Results**

### **Peer Group Training**

Results of 3 days of training for 10 Peer Group peers to equalize perceptions and increase knowledge and attitudes about family planning, delaying the age of marriage , reproductive health and prevention of anemia as an effort to prevent stunting. The training also aims to strengthen the role of Peer Group Friends and increase the ability of Peer Group Friends in providing assistance to young women.

Increased knowledge of young women before and after assistance was carried out to 50 young women at SMP 9, Padang Serai District, Bengkulu City and 50 teenagers at SMP 16, Pasir Panjang District, Kupang City. Before ( $p=0.157$ ) and after ( $p=0.694$ ) peer group mentoring activities were carried out, knowledge scores were homogeneous in both cities . There was a significant increase in knowledge scores before and after mentoring activities in Bengkulu City (12.11 points) and in Kupang City (15.32 points). Overall, the increase in knowledge score was 13.98 points ( $p=0.0001$ ).

Improving the attitude of young women before and after Community Service was carried out at SMP 9, Padang Serai District, Bengkulu City and at SMP 16, Pasir Panjang District, Kupang City. Before ( $p=0.604$ ) and after ( $p=0.233$ ) the peer group mentoring activities were carried out, the attitude scores were homogeneous in both cities. There was a significant increase in attitude scores before and after mentoring activities in Bengkulu City (0.67 points) and in Kupang City (0.40 points). Overall, the increase in attitude scores was 0.73 points ( $p=0.0001$ ).

## **Discussion**

### **Peer Group Training**

Based on the results of changes in knowledge and attitudes of the peer group before and after there was no difference between knowledge scores and homogeneous attitude scores in the two cities. This community service activity formed peer groups in each activity location as many as 10 young women. Peer groups that had attended the 3- day training showed an increase in knowledge and attitudes about family planning material, age delay marriage, reproductive health and prevention of anemia as an effort to prevent stunting. This peer group can be

empowered and needs to be continuously fostered to socialize the need for stunting prevention through family planning, maturing the age of marriage, and preventing anemia in young women. Youth cadres play an important role in preventing teenage pregnancy behavior, therefore the involvement of adolescents in providing promotions to peers (peer group) is important in changing behavior. The results of the study prove the importance of vulnerability to peer influence in the development of adolescent sexual behavior. Peers influence the development of behavior about teenage pregnancy. Youth cadres have a great influence on peers (social power) (Boateng et al., 2023).

### **Changes in Young Women's Behavior**

Based on the results of changes in the knowledge of young women there is a difference between before and after mentoring by a peer group. The results of this community service activity were in line with activities in Pontianak which showed that there was an increase in knowledge ( $p = 0.001$ ) and adherence ( $p = 0.02$ ) of adolescents in consuming Fe tablets before and after education (Asmamaw et al., 2023). This shows the importance of health education activities to increase the knowledge, attitudes and actions of adolescents in consuming iron tablets. Various research results prove that education with various media and methods is effective in increasing the knowledge of young women. The results of research in the city of Bandung found that the remembering! Has a significant effect on young women's knowledge of REALIZE! (Ursache et al., 2023). The results of the study in Pontianak showed that there was an increase in the knowledge and compliance of adolescents in consuming Fe tablets through education with the Edu -Anemia application (Lastinger et al., 2023).

Actions of young women were measured by adherence to consuming Fe tablets and Multivitamins. The results of the community service showed that before accompanying young women, almost all of them had never consumed Fe tablets. During the mentoring, almost all young women consumed Fe tablets once a week and once during menstruation. To increase adolescent adherence in consuming Fe tablets, an individual approach is needed, adolescents need to be supervised in consuming Fe tablets so they do not experience anemia. Adolescents need to get a good understanding to follow the proper government recommendations regarding the Provision of Blood Supplement Tablets (TTD) to Young Women and Women of Reproductive Age that take one (1) Fe tablet per week, or once every seven (7) days according to the Letter Circular of the Ministry of Health of the Republic of Indonesia of 2016. Supervision of consumption of Fe tablets at home is carried out by parents or family, while at school it is carried out by teachers and peers.

The results of community service activities show an increase in the knowledge and attitudes of adolescents regarding family planning, maturing the age of marriage and preventing anemia as an effort to prevent stunting. Material on family planning and maturing the age of marriage needs to be conveyed to young women so that they understand the importance of preparing themselves as future mothers, so that teenage pregnancies which are unwanted pregnancies do not occur. Prevention of unwanted pregnancies in adolescents has long been the focus of public health research worldwide. Adolescent pregnancy causes serious problems not only for girls, but also for their families and society (Moshi & Tilisho, 2023).

Teenage pregnancy has an impact on the high risk of babies to be born experiencing premature and stunting, prone to bleeding, abortion, starting from sin and at risk of giving the

## ***Guiding the Behavior of Young Women in Family Planning and Prevention of Anemia through Peer Group Empowerment as an Effort to Prevent Stunting***

wrong parenting style to children due to limited knowledge . Teenagers with the age of first marriage 15-19 years 42.2% gave birth to short children compared to mothers aged 20 years and over at 37.2%. About 35% of Indonesian children experience their first pregnancy under the age of 15 both in urban and rural areas. Meanwhile, the number of children who got pregnant for the first time at the age of 16 was 40.37 %, which is the highest percentage. This shows the growth of toddlers as an outcome of the mother's reproductive health status before conception and during pregnancy (Komai, 2023). Teen pregnancy prevention strategies can be started from increasing knowledge, building positive attitudes of individual adolescents and personal development (Brindis et al., 2023). These teenage pregnancy prevention strategies contribute to reducing the risk of teenage pregnancy reaching 82% of all teenage marriages in the United States and several states (Philibert & Lapierre, 2023). The purpose of the adolescent pregnancy prevention strategy is to seek to increase understanding, abilities and skills regarding adolescent reproductive health (KRR).

Teenage pregnancy rates because of the risk of giving birth to babies with low birth weight, premature delivery and asphyxia, which have the potential to experience complications. Outcome of stillbirth is 50% higher in pregnancies under 20 years compared to 20 - 29 years. 60% higher infant mortality occurs in teenage pregnancies than in babies born to older mothers. 63% of teenage pregnancies are in conditions of poverty. Teenage mothers are at risk for postpartum depression and other mental health problems. Teenage mothers are also likely not to breastfeed their babies. 20 % ! Teenage mothers have low productivity and their partners also have low productivity and are unemployed. At the age of 30, around 22% of teenage pregnant women are likely to live in poverty compared to mothers who are pregnant at the age of 24 and over (Ross & Porter, 2014).

The government has implemented several programs to prevent teenage pregnancy, but the results have not been optimal in preventing teenage pregnancy. Some of the programs include the Marriage Age Maturity Program (PUP), the Generation Planning Program, the Central Program! Youth Counseling Information and Youth Family Development Program (BKR). The PUP program aims to postpone marriage until the minimum age is ready to start a family, namely 25 years for men and 21 years for women. The Genre Program aims to realize "Tough Youth", namely, maturing the age of marriage and avoiding the "Triad KRR" (Maturity of Age for Marriage, Sexuality and Drugs) and being able to develop life skills. The program aims to provide information and counseling services on Marriage Age Maturity, eight family functions, KRR Triad, life skills and Genre. The BKR program aims to prepare family life for adolescents by cadres with the hope that it can help parents understand adolescents, adolescent problems and how to communicate with adolescents.

### **Conclusion**

Training and mentoring of 10 youth cadres can increase knowledge and attitudes about family planning, delaying the age of marriage, reproductive health and prevention of anemia as an effort to prevent stunting. Peer Group mentoring of 100 young women can increase the knowledge, attitudes and actions of young women. The school in collaboration with health workers needs to continue to empower Peer Groups to conduct health education on the importance of family planning, maturing the age of marriage and preventing anemia as an effort

to prevent stunting. Educational institutions need to increase stunting prevention and control by activating youth in schools, campuses and the community.

## References

- Asmamaw, D. B., & Negash, W. D. (2023). Unmet need for family planning and associated factors among adolescent girls and young women in Ethiopia: a multilevel analysis of Ethiopian Demographic and Health Survey. *Contraception and Reproductive Medicine*, 8(1). <https://doi.org/10.1186/s40834-022-00211-x>
- Asmamaw, D. B., Tafere, T. Z., & Negash, W. D. (2023). Prevalence of teenage pregnancy and its associated factors in high fertility sub-Saharan Africa countries: a multilevel analysis. *BMC Women's Health*, 23(1). <https://doi.org/10.1186/s12905-023-02169-7>
- Boateng, A. A., Botchwey, C. O. A., Adatorvor, B. A., Baidoo, M. A., Boakye, D. S., & Boateng, R. (2023). A phenomenological study on recurrent teenage pregnancies in effutu municipality- Ghana.the experiences of teenage mothers. *BMC Public Health*, 23(1). <https://doi.org/10.1186/s12889-023-15074-3>
- Brindis, C. D., Gutmann-Gonzalez, A., & Decker, M. J. (2023). Teenage pregnancy: Trends, predictors, prevention efforts, and future directions. In *Encyclopedia of Child and Adolescent Health, First Edition* (Vol. 1). <https://doi.org/10.1016/B978-0-12-818872-9.00019-4>
- Corrêa, E. M., Gallo, C. de O., Antunes, J. L. F., & Jaime, P. C. (2023). The tendency of stunting among children under five in the Northern Region of Brazil, according to the Food and Nutrition Surveillance System, 2008-2017. *Jornal de Pediatria*, 99(2). <https://doi.org/10.1016/j.jped.2022.07.006>
- Dahir, G., Kulane, A., Omar, B., & Osman, F. (2023). We have almost accepted child spacing. Let's wait on family planning and limiting children': Focus group discussions among young people with tertiary education in Somalia. *Sexual and Reproductive Healthcare*, 35. <https://doi.org/10.1016/j.srhc.2023.100828>
- Gabain, I. L., Ramsteijn, A. S., & Webster, J. P. (2023). Parasites and childhood stunting – a mechanistic interplay with nutrition, anaemia, gut health, microbiota, and epigenetics. In *Trends in Parasitology* (Vol. 39, Issue 3). <https://doi.org/10.1016/j.pt.2022.12.004>
- Hunter, L. A., Rao, A., Napierala, S., Kalinjila, A., Mnyippembe, A., Hassan, K., Bertozzi, S. M., Mfaume, R., Njau, P., Liu, J. X., & McCoy, S. I. (2023). Reaching Adolescent Girls and Young Women With HIV Self-Testing and Contraception at Girl-Friendly Drug Shops: A Randomized Trial in Tanzania. *Journal of Adolescent Health*, 72(1). <https://doi.org/10.1016/j.jadohealth.2022.08.013>
- Juarez, L., & Lopez, P. (2023). The impact of a rural clinic expansion on the fertility of young rural women in Mexico. *Review of Economics of the Household*. <https://doi.org/10.1007/s11150-023-09649-7>
- Kachingwe, O. N., Phillips, D. R., Jaszynski, M., Hillig, E., Chavez, R., Tellei, J., & Aparicio, E. M. (2023). 'I told him I'm gonna get it': intimate partner birth control communication among homeless young women. *Culture, Health and Sexuality*, 25(2). <https://doi.org/10.1080/13691058.2021.2025431>
- Komai, E. (2023). Constituting "Problems" through Policies: A WPR Approach of Policies Governing Teenage Pregnancy in France. *Social Policy and Society*, 22(2). <https://doi.org/10.1017/S1474746421000373>
- Lastinger, J., Enengl, S., Neururer, S., Leitner, H., Oppelt, P., & Stelzl, P. (2023). Teenage Pregnancies in Austria - An Epidemiological Study on Prevalence and Perinatal



***Guiding the Behavior of Young Women in Family Planning and Prevention of Anemia through Peer Group Empowerment as an Effort to Prevent Stunting***

- Outcome. *Geburtshilfe Und Frauenheilkunde*, 83(2). <https://doi.org/10.1055/a-1911-1996>
- Moshi, F. V., & Tilisho, O. (2023). The magnitude of teenage pregnancy and its associated factors among teenagers in Dodoma Tanzania: a community-based analytical cross-sectional study. *Reproductive Health*, 20(1). <https://doi.org/10.1186/s12978-022-01554-z>
- Namasivayam, V., Dehury, B., Prakash, R., Becker, M., Anand, P., Mishra, A., Singhal, S., Halli, S., Blanchard, J., Spears, D., & Isac, S. (2023). Understanding the rise in traditional contraceptive methods use in Uttar Pradesh, India. *Reproductive Health*, 20(1). <https://doi.org/10.1186/s12978-022-01547-y>
- Nuwamanya, E., Babigumira, J. B., & Svensson, M. (2023). Cost-effectiveness of increased contraceptive coverage using family planning benefits cards compared with the standard of care for young women in Uganda. *Contraception and Reproductive Medicine*, 8(1). <https://doi.org/10.1186/s40834-022-00206-8>
- Oliveira, E. C. F. de, Baêta, T., Cotta, R. C. F., & Rocha, A. L. L. (2023). Use of 52-mg Levonorgestrel-Releasing Intrauterine System in Adolescents and Young Adult Women: 3-Year Follow-Up. *Journal of Pediatric and Adolescent Gynecology*, 36(1). <https://doi.org/10.1016/j.jpog.2022.09.001>
- Philibert, L., & Lapierre, J. (2023). Strategies for Preventing Teenage Pregnancy and Improving the Lived Experience of Motherhood among Adolescents in Haiti: A Qualitative Study. *Journal of Midwifery and Reproductive Health*, 11(1). <https://doi.org/10.22038/JMRH.2022.63935.1856>
- Pradhan, M. R., & Mondal, S. (2023). Predictors of contraceptive use among young married women in India: Does pregnancy history matter? *Journal of Obstetrics and Gynaecology Research*, 49(1). <https://doi.org/10.1111/jog.15479>
- Sadler, K., James, P. T., Bhutta, Z. A., Briend, A., Isanaka, S., Mertens, A., Myatt, M., O'Brien, K. S., Webb, P., Khara, T., & Wells, J. C. (2022). How Can Nutrition Research Better Reflect the Relationship Between Wasting and Stunting in Children? Learnings from the Wasting and Stunting Project. *Journal of Nutrition*, 152(12). <https://doi.org/10.1093/jn/nxac091>
- Tobey, E., Jain, A., & Mozumdar, A. (2023). Differences in Quality of Care of Family Planning Services Received by Age and Contraceptive Continuation Among Young Mothers in India. *Journal of Adolescent Health*, 72(1). <https://doi.org/10.1016/j.jadohealth.2022.08.024>
- Ursache, A., Lozneanu, L., Bujor, I., Cristofor, A., Popescu, I., Gireada, R., Mandici, C. E., Găină, M. A., Grigore, M., & Matasariu, D. R. (2023). Epidemiology of Adverse Outcomes in Teenage Pregnancy—A Northeastern Romanian Tertiary Referral Center. *International Journal of Environmental Research and Public Health*, 20(2). <https://doi.org/10.3390/ijerph20021226>
- Willis, M., & Marcantonio, T. L. (2023). Sexual consent norms in a cross-sectional national sample of the UK. *Journal of Public Health (Oxford, England)*, 45(1). <https://doi.org/10.1093/pubmed/fdab361>