



## **Maqāṣid, Maṣlaḥa, and Legal Pluralism: Islamic Law's Governance of Adolescent Marriage After Premarital Pregnancy**

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### **Abstract**

Premarital pregnancy continues to drive adolescent marriage in Indonesia where religious, customary, and state norms intersect. This study examines how marriages following premarital pregnancy are governed in North Halmahera and identifies the conditions under which negotiated compromises protect or harm young families. Using a qualitative case study, we conducted in-depth interviews with clerics, customary leaders, officials, adolescents, and parents, observed community proceedings, and analyzed local documents; thematic and cross-case analysis with triangulation and reflexivity ensured credibility and ethical safeguards. Cases cluster among adolescents aged fifteen to nineteen with incomplete schooling and financial strain, and decision windows compress rapidly once pregnancy becomes known. Proximal and structural drivers include gaps in sexuality education, limited parent–child communication, peer and media influence, low practical religious literacy, and poverty. Three honor-restoring mechanisms recur: swift marriage, customary acknowledgment through *penebusan*, and judicial dispensation. Outcomes diverge: when safeguards for consent, psychosocial readiness, maternal and child health, continued education, and civil documentation are embedded, reintegration improves; when compromises focus on ritual display alone, risks accumulate and legal identity gaps persist. The analysis refines legal pluralism in practice by showing how *maqasid*- and *maslaha*-oriented reasoning legitimates harm-reduction pathways and explains subdistrict variation by leader networks and administrative capacity. The study offers a micro-process model and recommends locally coherent sexuality education, culturally anchored premarital counseling, integrated referral systems, clear documentation routes, and measured use of dispensation.

**Keywords:** premarital pregnancy, adolescent marriage, legal pluralism, harm reduction, *maqasid*-based reasoning

## **Introduction**

Indonesia has witnessed a complex divergence in trends related to premarital pregnancy and underage marriage: national rates of child marriage show signs of decline, yet several rural areas report rising instances closely tied to unplanned pregnancies and “honor-restoring” imperatives. Recent studies indicate that cultural acceptance of premarital pregnancy in some communities, combined with pressured social norms, often channels young couples—especially girls—into early marriage (Ayuandini et al., 2023; Sofiana & Sunni, 2021). Across Southeast Asia, comparative evidence suggests that traditional norms continue to shape attitudes toward marriage and pregnancy despite policy reforms and modernization, underscoring the persistence of moral regulation in private life (Harvey et al., 2022; Liem et al., 2023).

Legal pluralism adds a further layer of complexity. In many Indonesian districts, local religious authority and customary (adat) norms influence how communities treat premarital pregnancy, frequently validating rapid marriage and shaping court decisions on dispensations for underage couples (Yetta et al., 2024; Horii, 2020; Widiyanto et al., 2024). These interplays between state law, religious interpretations, and adat can generate disparities between formal and informal marriage sectors and, in practice, may prioritize communal honor over individual legal protections (Insani et al., 2024; Simatupang, 2023). In such contexts, the pressures exerted by community leaders and family expectations often push families to hastily marry off young women to mitigate stigma, a pattern that aligns with broader regional findings (Ayuandini et al., 2023; Harvey et al., 2022; Liem et al., 2023).

Against this background, the central research problem addressed here is twofold. First, the study seeks to explain the drivers, meanings, and consequences of marriages involving pregnant women in an Eastern Indonesian setting where legal pluralism is pronounced. Second, it aims to understand how religious authorities, adat leaders, state officials, couples, and families negotiate solutions under doctrinal disagreement and social pressure. The analytical challenge is to examine how mechanisms of “honor restoration” operate in practice—whether they act as pathways to social reintegration or, conversely, reproduce vulnerabilities for young mothers and their children.

A general solution space is visible in contemporary policy and community practice. Recommended approaches include locally grounded sexuality education, strengthened premarital counseling roles for religious and customary leaders, economic empowerment for affected families, and local regulatory guidance that recognizes plural legal orders while promoting integrated case handling. These strategies converge with broader frameworks in family and marriage studies in which stigma management, social reintegration, and harm-reduction logics are mobilized to reduce the adverse effects of societal pressure on young parents (Levy et al., 2020; Cherewick et al., 2021). Together, they suggest that effective responses must be both normatively sensitive and institutionally coordinated.

Prior legal and jurisprudential scholarship offers specific avenues for addressing dilemmas created by premarital pregnancy. Maqāṣid-oriented reasoning and tools from uṣūl al-fiqh—such as qiyās, istiḥsān, and istiṣlāḥ—are used to weigh benefits and harms (maṣlaḥa—

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mafsada), orienting decisions toward the protection of lineage, the welfare of mother and child, and social cohesion. Such approaches can guide context-aware judgments in plural settings, aligning religious interpretation with public-interest considerations and with protective aims for adolescents. By articulating transparent criteria for permissibility, timing, and safeguards, these juridical tools help clarify when “honor-restoring” marriage is ethically defensible and when it risks entrenching inequality.

A complementary set of solutions is socio-institutional and preventive. Evidence from Indonesia highlights the value of adolescent sexuality education, structured counseling, and improved parent–child communication in reducing risky behaviors and unintended pregnancies, especially when programs are adapted to local moral vocabularies and delivered through trusted institutions (Cherewick et al., 2021; Levy et al., 2020). In Eastern Indonesia—particularly North Maluku and North Halmahera—religious and adat infrastructures can be leveraged to deliver such interventions, provided they remain attentive to gendered vulnerabilities and avoid coercive practices (Sainun et al., 2024; Yetta et al., 2024; Liem et al., 2023). These measures are consistent with harm-reduction principles that aim to preserve social belonging while protecting the rights and well-being of adolescents.

The literature most closely aligned with the solutions proposed here emphasizes negotiated compromise across legal orders. Community repertoires—adat mediation, ritual sequencing before formalizing a union, and symbolic adat exchanges—are often mobilized to harmonize divergent religious opinions and maintain cohesion (Yetta et al., 2024; Widiyanto et al., 2024). Yet, the same repertoires can be deployed in ways that instrumentalize law and sideline women’s interests when honor is prioritized over consent and capacity (Insani et al., 2024; Simatupang, 2023). Comparative Southeast Asian research similarly documents how traditional norms condition the terms of social reintegration for adolescent mothers, with stigma management acting as a powerful motivator of hurried decisions (Harvey et al., 2022; Liem et al., 2023). This body of work points to a research gap: beyond prevalence and doctrinal statements, there remains limited, place-based evidence on the micro-processes by which local actors broker real-time compromises, justify their choices, and activate (or neglect) concrete safeguards.

Accordingly, this study aims to elucidate the drivers and negotiated practices surrounding marriage following premarital pregnancy in North Halmahera, an Eastern Indonesian locale where Islam coexists with robust adat institutions (Sainun et al., 2024). The novelty lies in integrating maqāṣid-informed analysis with an empirically grounded account of community repertoires to clarify when “honor-restoring” arrangements function as harm reduction and when they risk reproducing harm. The scope encompasses the perspectives of religious authorities, adat leaders, officials, couples, and families, and it situates local patterns within national and regional debates about legal pluralism, stigma, and adolescent well-being (Ayuandini et al., 2023; Sofiana & Sunni, 2021; Yetta et al., 2024; Horii, 2020; Widiyanto et al., 2024; Insani et al., 2024; Simatupang, 2023; Harvey et al., 2022; Liem et al., 2023; Levy et al., 2020; Cherewick et al., 2021). While the qualitative, exploratory design does not advance a formal hypothesis, it proceeds from the expectation—grounded in the cited literature—that negotiated solutions in plural legal settings will reflect a shifting balance among lineage

protection, stigma management, and welfare safeguards. The study's contribution is to provide systematic, context-sensitive evidence capable of informing policy and program design that both respects community cohesion and upholds protections for adolescents and young families.

## **Literature Review**

Scholarship on honor oriented cultures shows that premarital pregnancy is frequently read as a collective affront that endangers family standing and social trust. In the Indonesian context families respond with strategies that seek rapid moral repair, most commonly by arranging swift marriage for the pregnant adolescent, soliciting public forgiveness, and involving religious leaders to validate the process within local custom and communal expectations (Ayuandini et al., 2023). These practices are designed to signal accountability and restore relational equilibrium, yet they do not resolve the structural conditions that precipitated the pregnancy and they can reposition risk rather than reduce it for the young mother.

Evidence from Indonesia and comparable low and middle income settings links these strategies to substantial health, educational, and psychosocial consequences. Adolescent pregnancy carries higher risk of obstetric complications relative to older maternal age groups, and early union formation often coincides with school exit, truncated skills development, and long term economic dependence due to disrupted educational pathways (Indarti et al., 2020; Duru et al., 2021). Psychosocial research documents diminished self esteem, elevated exposure to domestic violence, and persistent social isolation that are aggravated by stigma and by uneven access to services for young mothers who are judged to have breached moral norms (Cherewick et al., 2021). These combined risks counsel caution toward any approach that treats marriage as a simple cure for dishonor without parallel safeguards for health, education, and protection.

The governance landscape in Indonesia complicates these dynamics through legal pluralism that links statutory law with Islamic jurisprudence and with customary law known as adat. Judicial and administrative actors often work at the intersection of these normative orders. Studies show that in some jurisdictions judges and registrars accommodate locally dominant interpretations in order to address community expectations, which can legitimate marriage for underage couples in specific cultural contexts even as it generates tension with national standards designed to protect youth rights and delay marriage (Horii, 2020; Setiawan, 2023; Azwar et al., 2024). Enforcement becomes uneven when formal and informal marriage pathways coexist and when communal honor is prioritized over individual protections, producing disparities that burden adolescent girls who already face constrained bargaining power within their families and communities (Mursyid & Yusuf, 2022; Insani et al., 2024; Simatupang, 2023).

Within this plural order religious councils and adat bodies do not merely comment on cases but often steer the very sequence of decisions. Their guidance influences whether dispensation is sought, what conditions are attached, and how families stage reconciliation rituals that display compliance with communal values. The result is a governance field where social reintegration is possible yet contingent on the preferences of local elites and on the

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repertoire of accepted practices, which may or may not contain robust checks for consent and readiness. Comparative Southeast Asian research indicates that similar patterns are found where traditional norms continue to shape the meaning of adolescent pregnancy and the moral economy of marriage despite legal reforms, with community actors exerting strong pressure to marry in order to seal a moral breach and to stabilize relations between families (Harvey et al., 2022; Liem et al., 2023; Yetta et al., 2024; Widiyanto et al., 2024).

Jurisprudential diversity across the major Sunni schools further structures possible responses. Classical sources indicate that Shafi'i and Hanafi authorities may accept marriage during pregnancy under specified conditions that typically include clarity of lineage and the consent of both parties. Maliki and Hanbali traditions often express more restrictive views that give weight to the social implications of unwed pregnancy and to the protection of lineage, which can lead to the recommendation to defer union formation (Antori et al., 2024). Contemporary fatwas sometimes navigate these positions by introducing conditional flexibility in circumstances where social acceptance pressures are acute, with the stated aim of securing stability for mother and child while acknowledging stigma as a practical constraint that communities must manage (Antori et al., 2024; Ayuandini et al., 2023). These interpretive moves reflect a living jurisprudence that engages both textual authority and local realities.

The determinants literature complements doctrinal analysis by tracing the proximate and structural factors associated with premarital pregnancy among adolescents. Studies identify the quality of parent child communication as a consistent correlate. Where families lack open channels for sexual health discussion, unintended pregnancy is more likely, whereas supportive communication can enable help seeking and delay sexual debut through trust and guidance (Poudel et al., 2023; Effendi et al., 2021). School based sexuality education emerges as another protective factor when programs are culturally attuned, delivered by trained educators, and inclusive of boys and girls. Such programs correct misinformation, build negotiation skills, and connect students to services (George et al., 2021; Harvey et al., 2022). Economic precarity saturates these processes by constraining access to care and by increasing vulnerability to exploitative relationships, while uneven religious literacy among youth can amplify rule focused messaging at the expense of ethical reasoning and pastoral counsel that would otherwise channel adolescents toward supportive adults (George et al., 2021; Harvey et al., 2022).

Regional specificities in Eastern Indonesia illuminate how these factors are filtered through local institutions. In North Maluku and in districts such as North Halmahera, religious authorities and adat councils co govern marriage practices in ways that integrate doctrine with customary expectations. This co governance can strengthen social cohesion by providing culturally resonant pathways to address breaches of moral codes, yet it also poses challenges for girls and young women who bear the brunt of sanction when pregnancy occurs before marriage (Sainun et al., 2024). The authority of clerics, penghulu, and adat elders reaches deeply into family decision processes and thereby shapes whether marriages proceed, on what timeline, and with which symbolic and procedural elements, frequently anchoring legitimacy in ritual practices and public acknowledgment rather than in formal legal standards alone (Yetta et al., 2024; Liem et al., 2023; Widiyanto et al., 2024).

These institutional realities intersect with frameworks from family and marriage studies that highlight stigma management, social reintegration, and harm reduction. Stigma management refers to strategies that individuals and families adopt to minimize exclusion and to reclaim valued social identities following a perceived transgression. For adolescent mothers stigma can block return to school, restrict access to services, and narrow future marital prospects, with cascading effects on mental health and life chances (Levy et al., 2020). Social reintegration points to the institutional and communal mechanisms that re-admit stigmatized persons to ordinary participation, while harm reduction frames policy choices that seek to lower adverse consequences without presuming immediate transformation of upstream drivers. When combined these frameworks invite context-aware measures that protect mother and child, sustain educational participation, and enable economic opportunity while systematically tempering punitive responses that isolate adolescents from supportive networks (Cherewick et al., 2021).

The literature describes a set of community repertoires through which doctrine, law, and practice are woven into decisions about marriage after pregnancy. These include mediation by religious and adat leaders, sequencing of rituals prior to the contract to demonstrate contrition and readiness, and the exchange of symbolic adat items that signify restored relations between families. Such repertoires can reconcile divergent interpretations of religious texts and can de-escalate conflict by channeling attention toward a shared future. At the same time they can be mobilized to advance marriage quickly, sometimes at the expense of careful assessment of consent, capacity, and access to health and social support for the adolescent involved. This dual potential produces outcomes that range from protective to harmful depending on how negotiation is structured and whose interests prevail at each stage of decision making (Insani et al., 2024; Simatupang, 2023; Yetta et al., 2024; Widiyanto et al., 2024).

Programmatic implications flow from this evidence. School-based sexuality education that resonates with local moral vocabularies can reduce risk behaviors and create entry points for students to seek timely guidance. Parent education that improves communication skills equips caregivers to address adolescent questions without shame, thereby lowering the likelihood of secretive behavior that escalates risk. Economic supports and flexible learning pathways help pregnant adolescents and young mothers continue education and reduce dependence. Community-based counseling and youth groups offer peer affirmation and connect adolescents to services in an environment that counters stigma. Within legal and religious institutions clearer safeguard criteria can be articulated for any marriage that follows pregnancy, including assessments of consent, psychosocial readiness, and guaranteed access to maternal health and social support, so that legal pluralism aligns more reliably with adolescent protection and public interest goals (George et al., 2021; Poudel et al., 2023; Effendi et al., 2021; Levy et al., 2020; Cherewick et al., 2021).

At the level of jurisprudence these programmatic steps are consistent with approaches that foreground *maslahah* and the careful weighing of benefits and harms. *Maqāṣid* oriented reasoning provides a principled basis for evaluating when a proposed marriage truly secures welfare for mother and child and when it is likely to institutionalize disadvantage. The doctrinal tools of *qiyas*, *istihsan*, and *istislah* can be used to craft guidance that is faithful to religious

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aims while responsive to evidence about adolescent development, public health, and educational trajectories. Contemporary fatwas that introduce conditional flexibility under intense social pressure can be strengthened by explicit safeguards and by coordination with civil authorities and service providers so that the path of honor restoration does not foreclose the rights of the adolescent to health, education, and protection from violence and coercion (Antori et al., 2024; Ayuandini et al., 2023).

Despite the breadth of existing research, important gaps persist. Many studies document prevalence, determinants, and outcomes, but fewer trace the micro process through which local actors broker compromise during dispensation and marriage decisions related to premarital pregnancy. The negotiations among religious authorities, adat leaders, state officials, couples, and families occur within asymmetrical power relations and shifting moral vocabularies that can be difficult to capture with cross sectional or aggregate designs. As a result the mechanisms that determine whether plural legal orders produce protective or harmful outcomes remain under specified at the level of concrete practice. Scholars have called for ethnographic and process tracing methods that follow decision making in real time, record how doctrines are cited and translated in lived settings, and identify the conditions under which harm reduction and reintegration succeed across diverse localities in Eastern Indonesia and beyond (Duru et al., 2021; Sainun et al., 2024).

The synthesis that emerges from this literature is clear. Premarital pregnancy in honor oriented settings often triggers strategies that prioritize rapid marriage and public reconciliation, yet the long term implications for adolescent health, education, and psychosocial well being demand that communities and institutions look beyond reputational repair toward holistic protection and support (Ayuandini et al., 2023; Indarti et al., 2020; Duru et al., 2021; Cherewick et al., 2021). Legal pluralism is both a resource and a challenge. It enables locally legitimate solutions but also opens space for uneven enforcement and for the sidelining of adolescent rights where honor takes precedence over consent and capacity (Horii, 2020; Setiawan, 2023; Azwar et al., 2024; Mursyid & Yusuf, 2022; Insani et al., 2024; Simatupang, 2023). Jurisprudential diversity and adaptive fatwa practice create pathways for context responsive decisions while underscoring the importance of transparent safeguards for the vulnerable (Antori et al., 2024; Ayuandini et al., 2023). Determinants such as parent child communication, sexuality education, economic stress, and religious literacy point toward prevention and reintegration strategies that operate across home, school, and community and that are implementable within the institutions of Eastern Indonesia where religious and customary authorities remain central to marriage governance (George et al., 2021; Harvey et al., 2022; Poudel et al., 2023; Effendi et al., 2021; Sainun et al., 2024; Yetta et al., 2024; Liem et al., 2023; Widiyanto et al., 2024). Addressing the identified gaps through close observation of negotiation and decision processes will deepen understanding of how legal and moral authority interact in specific places and will inform policy that harmonizes community cohesion with the protection and flourishing of adolescents and young families.

## **Research Method**

This study uses a qualitative case study to examine how marriages following premarital pregnancy are negotiated within a legally plural and culturally embedded setting in Eastern Indonesia. A qualitative case study suits morally sensitive and complex social phenomena because it enables close attention to context, lived experience, and meaning making, and it surfaces motivations and coping strategies that surveys often miss. This choice follows guidance that such designs are effective for sensitive topics and plural legal environments, including stigma surrounding premarital pregnancy (Ketye et al., 2024).

The research is situated in North Halmahera, North Maluku. The unit of analysis is the community process through which actors respond to premarital pregnancy, from problem recognition to deliberation, deployment of doctrinal and customary resources, and decision making on marriage and safeguards. Embedded perspectives include religious authorities, adat leaders, officials, service providers, adolescents and their families, alongside local regulations, guidance, and case materials.

Sampling is purposive and theoretically driven. Participants are recruited through institutional gatekeepers and refined by snowball referral to ensure direct involvement in or close knowledge of recent cases. Inclusion requires participation in decisions on marriage after pregnancy within the past three years or professional responsibility for counseling, adjudication, or registration. Because minors are often involved, consent from guardians and assent from adolescents are obtained after clear explanation of aims, procedures, risks, and the right to withdraw at any time without consequence (Duru et al., 2021). Confidentiality and anonymity are prioritized to prevent social or familial repercussions, with secure handling of identifiers and careful scheduling and locations for interviews (Beesten & Bresges, 2022). Trust is built through transparent communication and respectful pacing so that participants feel safe throughout the process (Overman et al., 2025).

Data are collected through semi structured interviews, participant observation where permissible, and document review. Interview guides retain a common core while adapting prompts to actor roles in order to elicit narratives on decision pathways, justificatory language, pressures, safeguards, and perceived outcomes. Observations focus on meetings, counseling and mediation, and relevant ritual preparations. Documents include local rules, fatwa excerpts, court information on dispensations where accessible, and community materials on procedures. Instruments are piloted for clarity and sensitivity. With permission, interviews are recorded; if recording is risky, detailed notes are taken. Data are encrypted, pseudonymized at transcription, and stored with controlled access.

Analysis integrates inductive and deductive procedures. Researchers read transcripts and fieldnotes holistically, conduct open and axial coding, and organize patterned meanings through thematic analysis, supported by analytic memos that track decisions and rival explanations (Cherewick et al., 2021). Within case and cross case comparisons examine variation in processes and refine propositions that extend beyond single instances (Lindborg et al., 2024). Credibility is strengthened through triangulation across interviews, observations,



and documents, and through explicit reflexivity that records how researcher identities and assumptions may shape access, rapport, and interpretation (West et al., 2021).

Trustworthiness is further supported by analyst triangulation on a subset of transcripts, an audit trail covering sampling, instrument revisions, coding changes, and synthesis, and targeted member reflections where safe and feasible. Ethical risk management is continuous and centers on voluntary participation, privacy, the right to skip questions, and referral options for health, counseling, or legal services upon request.

Limitations include the focus on depth rather than statistical generalization, reliance on retrospective self report, access constraints for some proceedings, and concentration on one district. These are mitigated through triangulation, attention to disconfirming evidence, and thick description of context. Overall, the design aligns research questions, sampling, data collection, analysis, and ethics to generate credible, context sensitive findings that inform policy and theory on adolescent pregnancy, stigma management, and marriage governance in plural legal settings (Ketye et al., 2024; Duru et al., 2021; Beesten & Bresges, 2022; Overman et al., 2025; Cherewick et al., 2021; Lindborg et al., 2024; West et al., 2021).

## **Result**

### **Case profiles and drivers**

Across the sample, premarital pregnancies and subsequent marriages were concentrated among adolescents aged fifteen to nineteen who had not completed secondary school. Many respondents reported household financial strain and limited access to youth-friendly health or counseling services. Once a pregnancy became known, decision windows compressed markedly, with families moving from discovery to marriage arrangements within weeks to a few months. Families consistently framed rapid marriage as a mechanism to restore honor, quiet gossip, and clarify lineage and legal identity for the child.

Synthesis of interview accounts points to a constellation of proximal and structural drivers. Adolescents and parents described gaps in sexuality education and discomfort discussing reproductive health at home, which discouraged early help-seeking. Schools offered uneven or sporadic content, and adolescents cited peers and social media as primary sources of information and norms. Leaders across religious and customary institutions observed that low practical religious literacy among youth reduced their inclination to consult trusted adults when risks emerged. Economic precarity, including transport costs and opportunity costs of continued schooling, was frequently invoked as a reason families accepted an early transition to marriage and parenthood. Taken together, a large adolescent population meets limited guidance and porous supervision, producing a steady inflow of premarital pregnancies that families seek to regularize quickly under social pressure.

### **Decision-making arenas and honor-restoring mechanisms**

Marital decisions were negotiated across overlapping arenas that included parents and close kin, religious officials, penghulu, adat authorities, and, when age thresholds required, the

religious court. These arenas were linked, not sequentially isolated: families often consulted clerics and adat elders while informally sounding out registrars or court officers about procedural options. Three compromise repertoires recurred across cases and frequently overlapped. First, swift marriage following pregnancy disclosure was treated as the default corrective pathway. Second, adat “penebusan” by the man’s family, conducted before or alongside the ceremony, functioned as an acknowledgment of responsibility and as a bridge to interfamily reconciliation. Third, judicial dispensation authorized under-age unions in emergencies, aligning social expectations with legal flexibility.

Interviews with leaders in these arenas indicate a shared pragmatic orientation even amidst doctrinal differences. Religious figures emphasized case-by-case judgment that weighed scriptural guidance, the protection of lineage, and community peace. Adat elders stressed the importance of visible contrition and symbolic repair to re-establish trust between families. Court and administrative officials highlighted child protection, documentation, and the reduction of public conflict as grounds for expedited processes. Across institutions, urgency was routinely framed as a moral good when pregnancy preceded marriage. At the same time, influential voices argued that compromise must be paired with prevention, calling for roles for religious and customary institutions in premarital counseling, youth education, and clearer pathways to services.

### **Outcomes, tensions, and system-level consequences**

The immediate effect of these mechanisms was reputational repair and a return to social equilibrium. Families reported relief once a date was set, reconciliation rituals completed, and the couple publicly acknowledged as legitimate. Yet several tensions were evident. Gendered burdens were stark: girls bore the brunt of moral sanction and compressed timelines, often with limited voice in assessing psychological readiness or the economic feasibility of early marriage. Boys’ schooling interruptions were typically shorter and more reversible, while girls’ trajectories more often involved permanent school exit and rapid assumption of domestic responsibilities. Psychosocial consequences for young mothers included stress associated with secrecy before disclosure, anxiety about social reintegration, and strains in early marital relationships.

Health and administrative consequences also surfaced. Young mothers reported pregnancy or delivery complications requiring referral, and service access was uneven across localities. Where marriages proceeded informally or registration lagged, children’s legal identity remained unclear, complicating access to birth certificates, schooling, and social protection. Local officials acknowledged that many cases were resolved privately and never entered the formal docket, which made retrospective correction difficult and placed a continuing bureaucratic burden on families.

These outcomes were shaped by the presence or absence of safeguards built into the negotiated compromises. Where premarital counseling was offered, adolescents reported greater confidence and more realistic expectations about parenting and conflict management. Coordination with health providers facilitated timely antenatal care. Flexible schooling arrangements enabled some young mothers to continue education, mitigating later economic

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strain. Clear communication on documentation requirements reduced downstream administrative obstacles. Conversely, when negotiations focused narrowly on ritual completion and public display of contrition, safeguards for consent, health, education, and legal identity were more likely to be neglected, producing accumulated disadvantages for young mothers and infants.

Variation across subdistricts was pronounced. In places with denser and better coordinated religious and adat networks, procedures were clearer, counseling more consistent, and disputes less likely to escalate. Ritual repertoires were standardized and more explicitly linked to documentation steps. Where institutional networks were weaker, timelines were more ad hoc, reliance on kin bargaining heavier, and postmarital follow-up rarer. Differences in denominational composition shaped acceptable repertoires and tolerance for delayed marriage, while economic differences influenced school continuation and access to care. Equity concerns emerged where families with less social capital struggled to obtain counseling, secure dispensation, or navigate registration, producing uneven protection within the same district.

### **Emerging community responses and policy directions**

Across interviews and observations, a shift from purely curative solutions toward prevention was visible. Communities began organizing youth forums that offered regular, stigma-light spaces for discussion of reproductive health and relationships, often co-facilitated by young clinicians and locally respected figures. Digital outreach was employed to match adolescents' media habits, with short, values-consistent messages aimed at correcting misinformation and signposting services. Parents and teachers advocated for accessible family counseling to defuse panic at disclosure, broaden perceived options beyond immediate marriage, and normalize open dialogue at home.

Leaders across religious and customary institutions expressed readiness to participate jointly in prevention and counseling initiatives, noting that such collaborations carry strong local legitimacy and can reduce conflict around case handling. At the policy level, respondents recommended district regulations that mandate timely marriage registration, specify structured dispensation procedures, and integrate safeguard checks for consent, psychosocial readiness, and service linkage. They also prioritized simple, well-publicized pathways for birth registration and for updating civil records to protect children's legal identity. Suggestions included formalizing premarital counseling modules within religious and customary settings, establishing liaison roles between clinics and community leaders to coordinate antenatal and postnatal care, and creating flexible education options that allow pregnant students and young mothers to continue schooling. Finally, interviewees emphasized the importance of a data system that can track case volumes across formal and informal pathways without exposing families to stigma, enabling more accurate planning for prevention and support.

In synthesis, the results depict a legally plural field in which rapid, negotiated settlements—swift marriage, adat penebusan, and dispensation—restore social order under pressure. Short-term stability is most protective where compromises are coupled with preventive education, coordinated institutional support, and robust documentation. Absent such safeguards, adolescent health risks, educational loss, and psychosocial stress tend to

accumulate, and inequities widen across localities. The emerging community strategies and proposed policy instruments illustrate a feasible path to harmonize communal honor practices with the protection and flourishing of adolescents and young families.

## **Discussion**

The results illuminate how adolescent marriages following premarital pregnancy are governed through locally adaptive compromises that operate across religious, customary, and state arenas. These compromises are framed by actors as morally urgent and socially protective, which refines theories of legal pluralism in practice and aligns with harm reduction frameworks that prioritize the welfare of mothers and children over strict prohibition when social pressures are acute. Local decision makers repeatedly invoke *maqāṣid* and *maslaḥa* reasoning to legitimate swift marriage, adat acknowledgments, and dispensations as the least harmful course under the circumstances, thereby translating doctrinal principles into context sensitive pathways that seek to prevent broader social injury while clarifying lineage and stabilizing interfamily relations (Kasim & Daud, 2022; Ayuandini et al., 2023). These dynamics underscore that effective governance in plural legal settings requires interpretive flexibility, procedural imagination, and cultural sensitivity rather than a single statutory script. They also support recent jurisprudential arguments that *maqāṣid al sharia* can guide a principled balance between protection of lineage and the welfare and justice claims of mothers and minors in cases that involve adolescent pregnancy (Widiyanto et al., 2024). In policy terms, this calls for adaptive frameworks that are responsive to local values while safeguarding the health and rights of adolescents and infants, consistent with public health and legal guidance that emphasizes harm reduction and child protection in plural legal environments (Qurniyawati et al., 2022).

At the same time, the findings both converge with and extend national and cross national evidence. They converge in confirming the salience of honor norms and social expectation as proximate engines of rapid marriage, the concentration of cases among adolescents with incomplete schooling, and the importance of economic precarity and fragmented sexuality education as upstream drivers of risk (Ayuandini et al., 2023; Ratnaningsih et al., 2022; Closson et al., 2022; Poudel et al., 2023; Effendi et al., 2021). They extend prior research by detailing how the same repertoire of corrective actions produces different outcomes depending on the density of leader networks, the degree of coordination between religious and customary institutions, and the strength of local administrative capacity. These micro processes explain why two communities that both employ swift marriage, symbolic adat payments, and dispensations can diverge in educational continuity, psychosocial recovery, and documentation outcomes. The analysis also draws attention to an administrative seam that is less visible in aggregate studies. Informal marriages and delayed registration leave some infants without secure legal identity, which in turn impedes access to schooling and social protection. This seam invites a policy response that pairs the legitimacy of local settlements with simple, well signposted routes for civil documentation.

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The evidence further clarifies the relationship between negotiated compromise and adolescent well being. When compromises are accompanied by safeguard checks for consent, psychosocial readiness, maternal health, and school continuation, trajectories tend to tilt toward reintegration with fewer long term harms. When compromises focus narrowly on ritual completion and public signaling, safeguards are more likely to be neglected, and risks accumulate. This conditional pattern is consistent with the harm reduction lens that values incremental improvements in safety and opportunity even when upstream determinants cannot be fully addressed in the short term (Kasim & Daud, 2022; Ayuandini et al., 2023). It also aligns with public health scholarship that frames adolescent pregnancy and child marriage as challenges that require layered responses that protect minors, promote maternal and child health, and preserve lineage without sacrificing rights (Widiyanto et al., 2024; Qurniyawati et al., 2022).

Policy and practice implications follow directly from these observations and from the literature on culturally coherent interventions. Locally grounded sexuality education that is taught in schools and reinforced through youth forums, religious gatherings, and customary settings can correct misinformation, expand trusted pathways to counsel, and reduce reliance on peer and media narratives that normalize early sexual activity. Evidence suggests that such programs are more effective when they are congruent with local moral vocabularies and when they include a parent component that strengthens communication skills and reduces panic at disclosure, thereby improving decision quality and protecting educational trajectories for girls who become pregnant (Yusuf et al., 2025; Poudel et al., 2023; Effendi et al., 2021). Premarital counseling led by ulama or adat authorities can institutionalize safeguard checks that are currently uneven. These checks include systematic assessment of consent, readiness for partnership and parenting, linkages to antenatal and postnatal care, and planning for continued education. Because counseling is embedded in institutions that already carry normative authority, it is more likely to be accepted than externally imposed protocols and can standardize protective content across cases while respecting local values (Yusuf et al., 2025). Integrated referral systems that connect adolescents and families to health, legal, and social protection services can translate negotiated decisions into safeguarded pathways. Clear and low friction documentation routes are essential to close the administrative seam identified in the results and to protect the legal identity of infants, and bundled referral models have been shown to support better health and educational outcomes when calibrated to local service ecologies (Gourlay et al., 2024; Poudel et al., 2023).

Dispensation practice also benefits from a harm reduction orientation. Rather than treating all emergency marriages as equivalent, procedural thresholds can require verification of consent, a minimal period for counseling, and a plan for educational continuation where feasible. Such thresholds operationalize maqāṣid informed reasoning by making explicit the conditions under which speed serves welfare rather than undermines it (Widiyanto et al., 2024; Qurniyawati et al., 2022). Locally owned monitoring, for example district review of dispensation trends and of informal settlements, can improve accountability without public shaming. Finally, prevention should be co produced across institutions. The results show that joint initiatives by clerics, adat leaders, and health workers are perceived as legitimate and

practically feasible, a finding that resonates with evidence that culturally sensitive strategies outperform generic programming that overlooks community dynamics (Ayuandini et al., 2023; Yusuf et al., 2025).

The discussion must also acknowledge boundaries and directions for future research. The analysis privileges depth in one district and relies in part on retrospective self report, which introduces risks of recall and desirability bias. Triangulation with observation and documents and attention to disconfirming cases mitigate but do not remove these risks. The findings nonetheless offer portable propositions about the mechanisms that connect legal pluralism, stigma, and institutional capacity to adolescent outcomes. Future work should test these propositions through comparative designs that vary leader networks, denominational composition, and administrative strength. Comparative studies can specify which elements of the compromise repertoire are most protective and under what conditions they fail. Longitudinal cohort designs are needed to track educational, health, and psychosocial trajectories of adolescents who marry after pregnancy relative to alternative pathways and to assess the durability of benefits from sexuality education, counseling, and integrated referrals over time (Kuri Morales et al., 2023). Process evaluations of district regulations and documentation reforms would further clarify implementation barriers and the extent to which administrative integration reduces downstream legal identity problems.

A further agenda lies in jurisprudential ethnography and youth centered inquiry. Observational studies of counseling and deliberation can map how doctrinal citations are mobilized in practice and how *maslaḥa* arguments are weighed against deterrence in elite forums and community meetings, complementing text based analysis with evidence of lived decision making (Kasim & Daud, 2022). Participatory research with adolescents can clarify how they perceive risk, trust, and authority across family, school, religious, and digital spheres and can help redesign messages that are both value congruent and developmentally attuned to the ways young people seek information and support (Closson et al., 2022; Poudel et al., 2023).

In conclusion, the study shows that communities already practice a form of harm reduction through negotiated compromise that seeks to reconcile honor, lineage, and welfare when premarital pregnancy occurs. Whether these compromises protect or harm adolescents depends on whether safeguard checks and service linkages are institutionalized and whether administrative pathways secure legal identity. Policies that pair locally coherent sexuality education, culturally anchored premarital counseling, and integrated referrals with clear documentation routes can harmonize social cohesion with adolescent rights and maternal and child health. Such an approach is consistent with the welfare oriented spirit of *maqāṣid* and *maslaḥa*, with public health imperatives, and with comparative evidence on the value of culturally sensitive intervention strategies (Ayuandini et al., 2023; Yusuf et al., 2025; Poudel et al., 2023; Gourlay et al., 2024; Widiyanto et al., 2024; Qurniyawati et al., 2022; Ratnaningsih et al., 2022; Closson et al., 2022).

## **Conclusion**

This study shows how marriages that follow premarital pregnancy in North Halmahera are governed through negotiated compromises that span religious, customary, and state arenas. Families, clerics, adat leaders, and officials converge on three recurrent mechanisms—swift marriage, customary acknowledgment through *penebusan*, and legal dispensation—that together restore social equilibrium, clarify lineage, and reduce stigma. These practices are not merely ritual; they embody a locally adaptive logic of harm reduction in which urgency is framed as a moral good and *maqāṣid*- and *maṣlaḥa*-oriented reasoning guides choices under pressure. At the same time, the analysis demonstrates that the protective value of these compromises depends on whether explicit safeguards for consent, psychosocial readiness, maternal and child health, education, and civil documentation are embedded in the process.

Empirically, the phenomenon is concentrated among adolescents with incomplete schooling in households facing economic strain, and decisions often move from pregnancy discovery to marriage within weeks. Proximal drivers include limited sexuality education, weak parent–child communication, and peer and media influence; structural drivers include poverty and uneven institutional capacity. Outcomes diverge. Where premarital counseling, coordinated health care, flexible schooling options, and clear registration pathways are present, families report smoother reintegration and fewer long-term disadvantages. Where negotiations focus narrowly on public ritual and reputational repair, girls face compressed timelines, durable school exit, health risks, and lingering administrative barriers for their children.

The discussion situates these results within broader debates on legal pluralism in practice and public health. The study refines theory by showing how doctrinal pluralism is operationalized through context-sensitive *ijtihād* that balances lineage protection with welfare. It identifies a critical administrative seam at the interface of customary settlements and civil registration, explaining why infants can be left without secure legal identity even when communities achieve social reconciliation. It also documents an encouraging shift from solely curative responses toward prevention through youth forums, family counseling, and digital outreach that speak in local moral vocabularies and are co-owned by clerics, adat leaders, and health workers.

The study's principal implications are concrete. First, sexuality education that is coherent with local values and delivered through schools, youth forums, and religious or customary platforms can widen trusted channels for help-seeking and reduce reliance on misinformation. Second, premarital counseling led by religious and customary authorities can institutionalize safeguard checks for consent, readiness, health linkage, and educational continuity. Third, integrated referral systems and simple, well-signposted documentation routes are essential to translate compromise into safeguarded pathways and to close the registration gap that disadvantages infants and young mothers. Finally, dispensation practice should adopt procedural thresholds that verify consent and require minimal counseling and service linkage, aligning speed with protection rather than substituting it.

The study contributes to the literature in four ways. It offers a micro-process model that traces decision sequences from discovery to follow-up and specifies where safeguards can be

activated or lost. It bridges jurisprudential theory and community practice by showing how *maqāṣid* and *maslaḥa* are invoked in real cases. It brings an Eastern Indonesian perspective that clarifies how denominational composition and leader networks condition outcomes within a single district. It identifies an administrative problem—informal unions and delayed registration—with practical solutions that do not undermine local legitimacy.

Limitations include a single-district focus and reliance on retrospective self-report for some evidence. These are mitigated by triangulation across interviews, observation, and documents, but they delimit statistical generalization. Future research should pursue comparative studies across districts with different institutional ecologies to test which elements of the compromise repertoire are most protective, longitudinal cohort designs to track health, education, and psychosocial trajectories, jurisprudential ethnographies that observe doctrinal reasoning in action, and youth-centered participatory research to redesign prevention messages and supports that are both value-congruent and developmentally tuned.

In sum, the study demonstrates that communities already practice a form of principled flexibility when responding to premarital pregnancy. The central task for policy is to preserve the social legitimacy of these negotiated pathways while institutionalizing safeguards that secure adolescent rights, maternal and child health, educational opportunity, and legal identity. Doing so aligns local values with national protection goals and offers a pragmatic route to better outcomes for young families.

### **Declaration of conflicting interest**

The author(s) declare that there is no potential conflict of interest with respect to the research, authorship, and/or publication of this article. The study was conducted independently, without any financial, institutional, or personal relationships that could have inappropriately influenced its outcomes or interpretations.

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