



**SOCIAL COGNITIVE THEORY IN PREDICTING SOCIAL NEED FOR
ADOLESCENT PREGNANT: QUALITATIVE STUDY**

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ABSTRACT

Mental health disruptions among pregnant adolescents significantly impact maternal and fetal outcomes. Pregnant teenagers frequently face difficulties in accessing adequate social support due to social stigma from families, communities, and healthcare providers. Key internal beliefs and maternal self-efficacy are essential in anticipating adverse outcomes during pregnancy. This study aims to explore the construction of social needs among adolescent pregnant women through the lens of Albert Bandura's Social Cognitive Theory (SCT). A qualitative design with an interpretative phenomenological approach was employed. Participants were five young mothers who experienced pregnancy under 20 years old in Bandung City, recruited via purposive sampling. Data were collected through online, semi-structured, in-depth interviews and analyzed using Creswell's thematic analysis framework, guided by SCT constructs. Reporting followed the COREQ guidelines. The study identified five main themes mapped into SCT constructs: 1) emotional dynamics and cognitive responses, characterized by psychological shock and guilt (personal/cognitive factors); 2) accessibility needs and social environment support from nuclear family and partners (environmental facilitators); 3) social stigma and judgmental interactions in healthcare settings (environmental barriers); 4) coping mechanisms shifting from avoidance to spiritual reliance and maternal self-efficacy (individual behavior & self-efficacy); and 5) socioeconomic vulnerability requiring peer support and financial empowerment (environmental & behavioral reinforcement). The social needs of pregnant adolescents encompass emotional acceptance from families, stigma-free and youth-friendly antenatal care services, financial security, and peer support networks. Strengthening environmental support systems directly enhances maternal self-efficacy, fostering adaptive coping behaviors and promoting positive perinatal mental health outcomes.

Keywords: adolescent pregnancy; maternal self-efficacy; mental health; social need; social cognitive theory

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INTRODUCTION

Adolescent mental health is frequently compromised when an adolescent experiences pregnancy. Although mental health issues have been widely investigated, discussions specifically focused on the psychosocial needs of pregnant adolescents remain underexplored, despite substantial evidence indicating their heightened vulnerability during and following pregnancy (Youseflu et al., 2023). Adolescent pregnancy remains a persistent global issue and a major public health challenge, particularly in developing countries, including Indonesia. According to data from the National Population and Family Planning Board (BKKBN, 2024), the Age-Specific Fertility Rate (ASFR) for females aged 15–19 years in Indonesia was recorded at 18 per 1,000 women, with a substantial proportion of young pregnancies carrying high risks of maternal and perinatal complications.

Global empirical evidence consistently demonstrates that pregnant adolescents are disproportionately susceptible to affective disorders, particularly anxiety and depression (Rivera, 2024), as well as stress and low self-esteem compared to adult women (Chávez et al., 2026). The psychosocial conditions surrounding adolescent pregnancy exacerbate the risk of unintended pregnancies (Laurenzi et al., 2020). Furthermore, adolescent mothers undergo a dual developmental

transition—navigating adolescence while transitioning into motherhood—which amplifies both physical and psychological vulnerabilities (Romeo, 2010). This phase is often accompanied by social isolation and strained parental relationships, especially among adolescents from socioeconomically disadvantaged backgrounds (Venkatesh et al., 2014). Low educational attainment, limited familial support, vocational strain, and cohabitation without marriage represent critical risk factors correlated with depressive symptoms, anxiety, and diminished self-esteem (Chávez et al., 2026).

The adverse outcomes of adolescent pregnancy can be mitigated when expectant mothers receive robust social support. Evidence confirms that pregnant adolescents rely more heavily on social support systems than their adult counterparts. Adequate support is correlated with lower levels of depression and stress, as well as superior parenting competencies. In addition, pre-pregnancy adolescent connectedness has been shown to be positively associated with post-pregnancy educational attainment (Humberstone, 2018). The transition into motherhood demands physical, psychological, social, and cognitive readiness; however, the vast majority of adolescents assume caregiving roles without adequate preparation (Kotoh et al., 2022). Consequently, pregnant adolescents are compelled to develop decision-making capacities to resolve their emerging challenges.

To cope with negative environmental responses, many pregnant adolescents withdraw from unsupportive surroundings as a protective mechanism against ridicule and moral reprimand. Most seek alternative forms of support, avoid social interactions, engage in prayer, and rely on faith for divine protection (Kotoh et al., 2022). Achieving effective behavioral change requires pregnant adolescents to understand the interplay and reciprocal interactions among all factors that govern behavior. Under Albert Bandura's Social Cognitive Theory (SCT), human development is conceptualized as the result of a triadic reciprocal causation between cognitive/personal factors, behavioral patterns, and environmental influences (Nursanti et al., 2025; Yunita et al., 2025). The interrelationships among constructs within the SCT framework provide a robust theoretical lens to explain how fulfilling social needs can drive positive maternal behaviors to enhance mental health. Therefore, this study aims to explore the social needs of pregnant adolescents through the perspective of Social Cognitive Theory.

METHOD

This study employed a qualitative design utilizing a phenomenological approach. The fundamental philosophical and methodological rationale for this approach is that phenomenological inquiry seeks to provide deep insights into individual experiences through the description, understanding, and interpretation of participants' lived realities (Lamaro et al., 2021 as cited in Mabetha et al., 2022). Lived experiences are shaped by specific life circumstances that are inherently tied to social, cultural, and political contexts (Flood A, 2010). Thus, interpretative phenomenology was applied to elucidate how young mothers who experienced adolescent pregnancy perceive social support and articulate their social needs.

The study was conducted within the working area of the Kujangsari Public Health Center (Puskesmas Kujangsari), Bandung City. Participant recruitment was performed using a purposive sampling method based on specific inclusion criteria: young mothers who experienced pregnancy at under 20 years of age, possessed adequate communication skills, and were willing to participate in the interview until completion. Based on preliminary records from the coordinating field midwife, seven adolescent mothers were initially identified during their visits to Puskesmas Kujangsari for family planning services or infant immunization visits. However, only five participants were willing to participate in the study and provided their informed consent. In-depth interviews were conducted virtually in July 2026. The online format was mutually agreed upon by the researchers and participants due to geographical accessibility barriers and participants' requests for identity confidentiality. The interview instrument comprised demographic inquiries and semi-structured

questions focused on the core themes: the lived experiences of young mothers during their prior pregnancies, as well as key constructs of Social Cognitive Theory, including self-efficacy, sociostructural factors, and goals that shape behavior. Interviews were conducted by the primary researcher, assisted by a technical facilitator who ensured the fidelity of audio recordings and session documentation. Both Indonesian and Sundanese languages were utilized during the 30- to 45-minute interviews, supported by a digital audio recording device. Prior to data analysis, all recorded audio files were transcribed verbatim.

This study adopted Social Cognitive Theory as its conceptual analytical framework. Data analysis was systematically organized to interpret field notes, interview transcripts, and observations into meaningful scientific findings (Qomaruddin & Sa'diyah, 2024). The analytical stages adhered to the Miles and Huberman framework, encompassing data reduction, data display, and conclusion drawing/verification. Data reduction served to select, focus, and consolidate core and urgent data while discarding non-pertinent information, thereby organizing and refining the corpus to allow rigorous conclusions to be drawn. Subsequently, the data were presented through narrative descriptions illustrating the phenomenon of social needs as mapped across behavioral, personal/cognitive, and environmental domains. Continuous synthesis was performed throughout the data collection phase to maintain an iterative understanding of the findings. Research reporting strictly complied with the Consolidated Criteria for Reporting Qualitative Research (COREQ) checklist.

Ethical clearance was granted by the Health Research Ethics Committee of Universitas 'Aisyiyah Bandung under Approval Number: 1573/KEP.01/UNISA-BANDUNG/IV/2026. Participants were provided with comprehensive explanations regarding the study objectives, benefits, interview protocols, procedural rules, confidentiality safeguards, voluntary participation, and study compensation. Verbal informed consent was subsequently obtained and recorded. The informed consent protocol also delineated data access restrictions, reinforcing guarantees of voluntary engagement, secure audio recording, encrypted data storage, and the dissemination protocol of research findings. All participants consented to participate, acknowledged their understanding of the research objectives, and permitted the recording of their narratives.

RESULT

This study was conducted at Puskesmas Kujangsari, Bandung City. Out of seven eligible candidates identified, five mothers consented to participate. All five participants had experienced childbirth at under 20 years of age. Their demographic characteristics are detailed in Table 1.

Table 1.

Respondent characteristics (n=5)

No. of Partisipan	Age	Education Level	Number of Antenatal Visit	Place of Delivery	Parity
P1	16	Elementary	> 4	Hospital	1
P2	18	Junior High School	> 4	Hospital	1
P3	17	Senior High School	> 4	Hospital	2
P4	19	Senior High School	> 4	Public Health Care	1
P5	18	Junior High School	< 4	Hospital	2

Data analysis followed Creswell's thematic analysis framework: verbatim transcripts were read iteratively and comprehensively, followed by data reduction and the extraction of significant statements and codes. These codes were subsequently categorized inductively into major themes reflecting the core lived experiences of the participants. The analytical process yielded five major themes and nine sub-themes illustrating the psychosocial realities and empirical social needs of pregnant adolescents.

Table 2.
Thematic Matrix of Lived Experiences and Social Needs Among Pregnant Adolescents

Theme	Sub-Theme	SCT Construck
1. Theme 1: Emotional dynamics and cognitive responses to adolescent pregnancy	1. 1. Psychological shock and anxiety stemming from unintended pregnancy 1. 2. Profound guilt and diminished self-esteem	Personal / cognitive factors
2. Theme 2: Accessibility needs and social environmental support	2. 1. Nuclear family protection and acceptance as the primary foundation 2. 2. The role of partner acceptance in establishing emotional stability	Environmental factors
3. Theme 3: Experiences of social stigma and healthcare provider interactions	3.1. Social isolation and negative stereotyping from the community 3.2. Communication barriers and perceived judgmental attitudes in healthcare facilities	Environmental factors / Behavioral interactions
4. Theme 4: Coping strategies and self-efficacy exploration	4.1. Social withdrawal (avoidance coping) as a self-protection mechanism 4.2. Internal behavioral adaptation anchored in spiritual faith and hope	Individual Behavior & Self-Efficacy
5. Theme 5: Socioeconomic vulnerability and adolescent empowerment needs	5.1. Constrained financial access for maternal and perinatal healthcare 5.2. The need for peer-led maternal health education (peer support networks)	Environmental & Behavioral Reinforcement

Description of Themes

Theme 1: Emotional Dynamics and Cognitive Responses to Adolescent Pregnancy

All participants reported severe emotional distress upon first confirming their pregnancy. Psychological shock, pervasive apprehension regarding the future, and profound guilt toward their families precipitated severe psychological distress.

"When I found out I was pregnant, my feelings were completely mixed; I was terrified of my parents and confused about what the future would hold. I just wanted to hide from everyone." (P1, 16 years old)

Theme 2: Accessibility Needs and Social Environmental Support

Support from the nuclear family (predominantly mothers) and partner acceptance constituted the most critical determinants of participants' emotional well-being. Positive family acceptance effectively reframed perceived external threats into constructive psychological acceptance.

"Initially, my parents were furious, but in the end, my mother was the one who guided me the most and accompanied me to the public health center. Without my mother, I don't know whether I would have been able to cope or not." (P3, 17 years old)

Theme 3: Experiences of Social Stigma and Healthcare Provider Interactions

Participants faced severe environmental adversity in the form of community gossip and social stigmatization due to being pregnant at school age. Furthermore, participants perceived hesitation and critical judgment from certain healthcare personnel when accessing clinical services.

"Whenever I walked outside, I often felt scrutinized and talked about by neighbors. Sometimes, during health checkups, I also felt awkward around the healthcare staff because I was so young." (P2, 18 years old)

Tema 4: Strategi Koping dan Eksplorasi Self-Efficacy

When confronting social stigma and maternal role transitions, participants demonstrated a

progressive development of self-efficacy. Initial coping mechanisms characterized by social withdrawal (avoidance) gradually shifted toward adaptive behavioral adjustments centered on spiritual surrender and dedication to fetal well-being.

"I mostly stayed at home to avoid the ridicule. All I could do was pray, asking Almighty God for protection so that my baby would be healthy and safe." (P4, 19 tahun)

Theme 5: Socioeconomic Vulnerability and Adolescent Empowerment Needs

Economic dependence on parents or partners who lacked stable employment represented a major structural barrier to securing adequate nutrition and delivery preparedness. Participants articulated an urgent need for youth-friendly informational support and sustainable financial assistance.

"Having financial assistance for checkups and delivery would give me peace of mind. We don't have a steady income yet, so we are completely dependent on our parents." (P5, 18 years old)

The emerging themes and sub-themes were integrated into an operational framework conceptualizing the social needs of pregnant adolescents through the theoretical constructs of Social Cognitive Theory, as depicted in Figure 1.

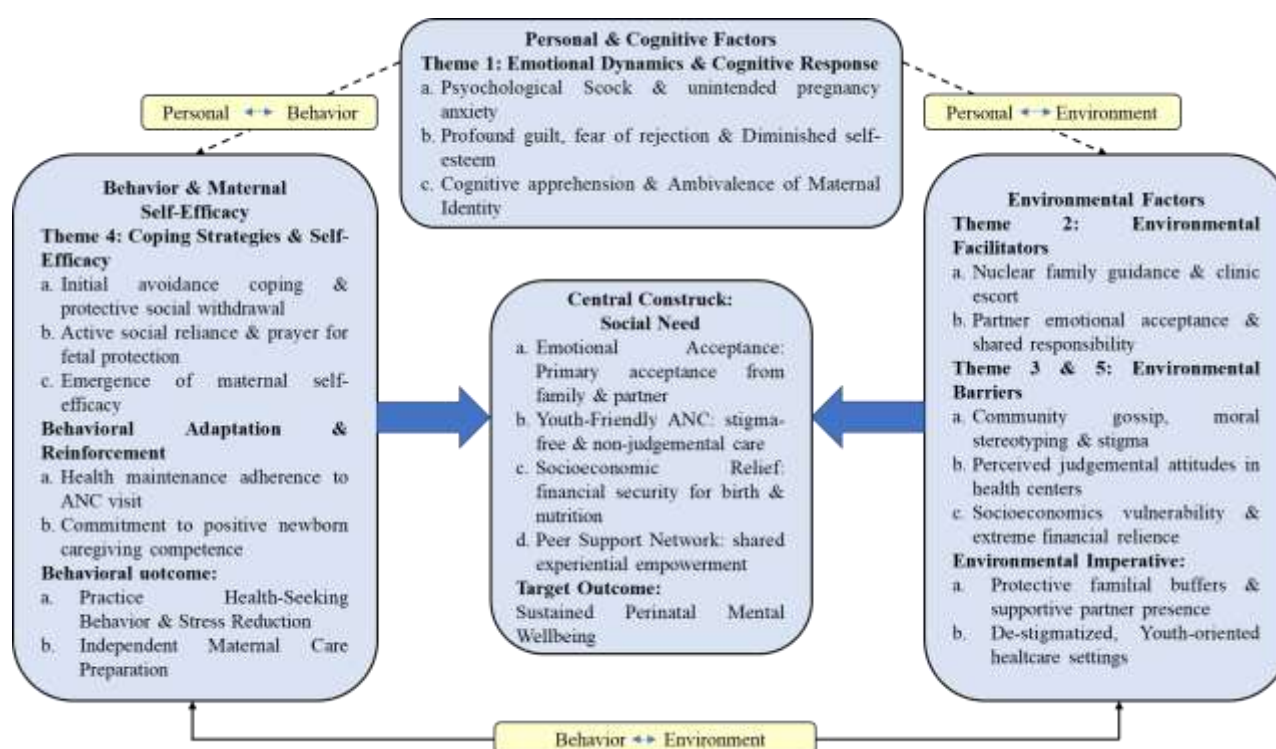


Figure 1. Triadic Reciprocal Determinism Model of Adolescent Pregnant Women's Social Needs (Grounding Albert Bandura's Social Cognitive Theory/SCT to Thematic Empirical Findings)

DISCUSSION

This phenomenological study explored the social needs of pregnant adolescents in Bandung City through the lens of Social Cognitive Theory (SCT). Grounded in the principle of reciprocal determinism, the mental health trajectories and health behaviors of pregnant adolescents are shaped by continuous, bidirectional interactions among internal personal/cognitive processes, coping behaviors, and the social environment. The findings demonstrate that pregnancy during adolescence induces severe affective strain. This finding aligns with Chávez et al., (2026), who observed that adolescent pregnancy significantly elevates the risks of anxiety, stress, and low self-esteem due to neurocognitive and emotional immaturity. Self-esteem is recognized as an essential psychological asset that governs autonomy, future-oriented agency, and an adolescent's ability to negotiate sexual boundaries (Labid et al., 2026). The concurrent transition of undergoing pubertal maturation while

assuming maternal roles exacerbates cognitive burden when evaluating the social ramifications of pregnancy. Unintended pregnancies further compound these negative repercussions across adolescent social networks, including families, peers, and broader communities (Fauziah et al., 2021).

These findings corroborate the work of Sunnu et al., (2025), which indicated that adolescent reactions to pregnancy confirmation predominantly involve aversion, distress, and immediate considerations of pregnancy termination. Furthermore, once familial awareness occurs, interpersonal relationships with parents, peers, and neighbors frequently become acutely strained (Sunnu et al., 2025). Such intense emotional dynamics require adolescent mothers to mobilize cognitive resources to preserve psychological equilibrium. Cognitive responses—defined as mental processes governing information acquisition, processing, storage, and retrieval—play a paramount role in sustaining daily functioning across health management, developmental transitions, and illness contexts (Isiaka F, 2024).

Interestingly, cognitive adaptations observed by Yousefi et al., (2025) revealed that despite profound adversity (such as societal stigma, emotional instability, scarce support, economic strain, and somatic concerns), adolescent mothers can demonstrate positive resilience, maternal gratification, emotional bonding, personal growth, and improved spousal relationships. These lived experiences underscore that strengths-based psychosocial support models are imperative. Within the SCT paradigm, a punitive and unsupportive social environment suppresses adolescent self-efficacy, thereby reinforcing avoidance and social withdrawal behaviors. Consequently, healthcare facilities must establish inclusive, youth-friendly maternal and child health (MCH) services. In accordance with Ngqola & Prinsloo (2025), enhancing healthcare provider competencies through structural training, delivering comprehensive sexual and reproductive health education, and tailoring clinical services to adolescent needs are critical imperatives to improve maternal health outcomes.

Despite experiencing severe environmental stressors, participants in this study developed adaptive coping mechanisms and exhibited spiritual reliance. Psychological resilience is a pivotal determinant in managing internal and external stressors during pregnancy (Jumiati et al., 2025). In adopting coping behaviors, most participants proactively assumed parenting responsibilities, exhibited agency in confronting adversity, and strove to secure the welfare of their offspring (Madelo & Plaza, 2021). The adoption of spiritually anchored coping strategies and hope served as principal drivers in cultivating self-efficacy. Spirituality extends beyond aesthetic dimensions; it represents an essential care necessity, an integral component of human well-being, and a core pillar of holistic healthcare (Abbas et al., 2024) 1). Currently, there is an expanding scholarly consensus emphasizing the integration of spirituality into maternity care. Studies by Nursanti et al. (2025) and Youseflu et al. (2023) confirmed that elevated self-efficacy in young mothers is positively correlated with self-care agency and postpartum parenting competencies. In this regard, verbal persuasion and moral reinforcement from the nuclear family act as decisive catalysts in elevating self-efficacy. Maternal Self-Efficacy (MSE) denotes an individual's perceived competence, confidence, and internal conviction in performing infant care routines, embracing the maternal identity, and upholding self-worth. Parenting efficacy among young mothers can be raised by enhancing resilience and social support as the strongest predictor (Hermita et al., 2025). 2017). In addition to self-efficacy, emotional regulation plays a central role in fostering adolescent resilience.

Support from the nuclear family (especially mothers) and male partners served as an indispensable social buffer, mitigating the detrimental psychological impacts of pregnancy-related distress. As highlighted by Mabetha et al., (2022) and Laurenzi et al., (2020), psychosocial interventions anchored in primary familial support systems are highly effective in maintaining the mental stability of pregnant adolescents. Concurrently, addressing socioeconomic vulnerabilities through financial aid and peer-support empowerment programs is essential to safeguard the continuity of maternal and child healthcare. These socio-structural needs are corroborated by Senaratne et al., (2025), who

found that deficient social support, restricted educational access, and clinical barriers critically impair educational trajectories among adolescent mothers. Because educational attainment is a critical determinant of future socioeconomic mobility, its disruption directly perpetuates long-term economic instability among young mothers. Rwigema (2026), pervasive social stigma, unassisted child-rearing burdens, and the absence of vocational programs constitute major structural impediments. Managing adolescent pregnancy therefore demands integrated, multi-sectoral interventions—encompassing youth-friendly reproductive health services, institutional policies facilitating school re-entry, and structured vocational training. These strategic initiatives represent crucial investments in human capital development to drive broader socioeconomic advancement.

CONCLUSION

Preserving mental health is an urgent imperative for adolescent mothers starting from the earliest detection of pregnancy. As a holistic dimension of health, social needs must be adequately addressed to protect maternal mental well-being. Viewed through the lens of Social Cognitive Theory, sustaining perinatal mental health begins with cultivating maternal self-efficacy, optimizing supportive sociostructural facilitators, and systematically addressing environmental barriers. By addressing these psychosocial demands and mitigating structural impediments, pregnant adolescents can achieve adaptive coping mechanisms and successfully safeguard their mental health.

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