

## The Effect of Social Service Accessibility and Health Service Accessibility on Parenting Self-Efficacy of Teenage Mothers

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### Abstract

Parenting self-efficacy is one of the important aspects of the quality of parenting, especially in teenage mothers who face various socioeconomic challenges. This study aims to analyze the effect of social service accessibility and health service accessibility on parenting self-efficacy in teenage mothers. This study used a quantitative approach with a survey method and involved 40 respondents of teenage mothers who had children under five years of age. The results of the analysis showed that both accessibility of social services ( $P < 0.005$ ) and accessibility of health services ( $P < 0.001$ ) separately had a significant effect on parenting self-efficacy. Mothers with low accessibility to social services were 8.67 times more likely to have low parenting self-efficacy, while mothers with low accessibility to health services were 13.81 times more likely to experience the same. These findings indicate the importance of social and health services as part of an inclusive social protection and social development strategy towards strengthening individual and family capacity. Improving access and quality of these services is key in supporting adolescent mothers to carry out their parenting roles more confidently and effectively.

**Keywords:** *Parenting Self-Efficacy; Adolescent Mothers; Social Service Accessibility; Health Service Accessibility; Social Protection; Social Development*

### Introduction

Improving the quality of human resources is one of the strategic efforts to improve Indonesia's Human Development Index (HDI). To achieve this, social development and social protection are two important pillars in creating sustainable community welfare. Social development is a planned change process that aims to improve welfare through interventions in individuals, communities, and government policies (Midgley, 2014). Meanwhile, social protection includes policies and programs designed to reduce social vulnerability, strengthen community resilience, and ensure access to basic needs (Asian Development Bank, 2001; Wibowo & Machdum, 2023).

ADB points out that investment in child protection is an efficient and sustainable way to increase better opportunities and fairer economic growth, especially in the Asia Pacific region (Schönbeck et al., 2004). In line with Midgley's perspective that strengthening human resources is a key factor in realizing sustainable prosperity. Midgley (2014) emphasizes that knowledge and skills are important aspects of social development. In the implementation of social protection, one group that requires special attention is adolescents. In the Asian region, Indonesia ranks third with the largest youth population in the world, after India and China (United Nations World Youth Report, 2018; Dimitrova & Wiium, 2021). In 2022, the adolescent population in Indonesia accounts for 24.2 percent (66.7 million people) of the total population (Central Bureau of Statistics, 2022). According to Eaton et al. (2008; Papalia et al., 2009), adolescents are faced with various threats to their physical and mental health. In their transition to adulthood, adolescents are vulnerable to various challenges such as family conflict, neglect, difficulty in obtaining decent work, and health insurance. One of the challenges faced by Indonesia in relation to adolescents is the high rate of young marriages.

Based on child marriage data from the National Socio-Economic Survey (SUSENAS) Central Bureau of Statistics, the number of child marriages in Indonesia is quite high, reaching 1.2 million incidents (Coordinating Ministry for Human Development and Culture, 2023). In addition to being a serious social issue, the high rate of child marriage also has an impact on the adolescent birth rate in Indonesia. Indonesia's adolescent birth rate aged 15-19 years/*Age Specific Fertility Rate* (ASFR 15-19) is still fluctuating. In 2022 the teenage birth rate increased significantly from the previous year's 20.49 to 22.8. The transition to motherhood for adolescent girls is often associated with additional challenges compared to older new mothers (Mohammadi et al., 2016). Another consequence is a higher risk of complications or even death during pregnancy and childbirth. Their children are also more prone to low birth weight, stunting, and higher mortality rates in infancy and childhood (AB et al., 2022; Irwansyah et al., 2016; Jeha et al., 2015; Jutte et al., 2010; Siantar et al., 2021; Welch et al., 2024).

Adolescent mothers have the same rights to adequate education, health, and social support. Therefore, it is necessary to build strategic efforts to improve their knowledge, skills, and beliefs in their abilities as parents, or what is referred to as parenting self-efficacy. Parenting self-efficacy is a reflection of the extent to which parents consider themselves capable of performing various tasks associated with the parenting role (Coleman & Karraker, 1997). Parenting self-efficacy is important for social welfare because parents have a major role in fulfilling children's well-being. Children's growth and development will depend on the care and stimulation provided by their parents. If self-efficacy is built and the ability of teenage mothers in parenting is optimal, children will be able to develop optimally and become potential human resources in the future.

In understanding parenting self-efficacy, Coleman & Karakker (1998; Benedetto & Ingrassia, 2018) adopted Bandura's theory regarding four main factors that influence self-efficacy. The first factor is mastery experiences, which are direct in completing parenting tasks and interacting daily with children. Then the second factor is vicarious experiences, where seeing others similar to us completing tasks can increase the belief that we are also capable of doing so. The third factor is social persuasion in the form of support, encouragement, or motivation from others that can strengthen self-efficacy, while criticism or negative words weaken self-efficacy. Finally, physiological and affective states such as stress, fatigue, or high anxiety can reduce self-efficacy.

Factors from both the parent, as well as external factors such as the child and social context, are known to have a relationship with parenting self-efficacy (Fang et al., 2021). Indirect experience can be obtained by mothers through support from the surrounding environment. Experience or knowledge related to childcare can be obtained either from family, neighbors, or cadres who have experience. Assistance, counseling, information, and education obtained by parents through their access to social programs influence parenting self-efficacy (Meiranny & Arisanti, 2024; Sulistyawati, 2016). Based on access to

health services research, education from health workers in hospitals about feeding practices has a correlation with parenting self-efficacy (Salonen et al., 2009).

One of the provinces with the highest absolute number of child marriages in Indonesia is West Java with an estimated 273,000 cases (Central Bureau of Statistics et al., 2020). West Java is also the province with the highest percentage of mothers under 21 years old, amounting to 64,536 people or 20.4 percent of the national total (Ministry of Population and Family Development/BKKBN, 2024). Garut Regency is the second highest district after Bandung Regency in the population of mothers under 21 years old in West Java, with a total of 5,798 people. Various programs have been implemented to prevent child marriage, but early marriages still occur. This condition then leads to the condition of teenage mothers. Unfortunately, attention to teenagers who have married and become mothers is still limited. Current government policies do not specifically address teenage mothers. Therefore, the purpose of this study is to analyze the effect of social service accessibility on parenting self-efficacy of adolescent mothers and the effect of health service accessibility on parenting self-efficacy of adolescent mothers.

### **Methodology**

This study uses a quantitative approach with a cross-sectional design. This method is used to ascertain whether a cause actually has a certain impact in general (Rubin & Babbie, 2017). Respondents in this study amounted to 40 people selected through accidental sampling technique, with the following inclusion criteria: (1) maximum age of 21 years; (2) having biological children aged 0-5 years; (3) living in Garut Regency; (4) willing to participate in the study; and (5) able to communicate in Indonesian or the local language used in the study.

This study analyzes social service accessibility, and social service accessibility as independent variables, and parenting self-efficacy as the dependent variable. The survey method was conducted by distributing questionnaires that included statements to reveal the effect of social service accessibility, and social service accessibility on parenting self-efficacy of teenage mothers in Garut Regency, which was conducted on April 2025. The questionnaire used in measuring parenting self-efficacy is The Parenting Sense of Competence Scale (Gilmore & Cuskelly, 2009). The results of measuring parenting self-efficacy are divided into two categories, namely low ( $\leq 39.2$ ) and high ( $> 39.2$ ). The questionnaire used in measuring the accessibility of social services and accessibility of health services is the Access to Service Instrument (Zandam et al., 2017). The results of measuring the accessibility of social services are divided into two categories, namely low ( $\leq 57.9$ ) and high ( $> 57.9$ ). The results of measuring the accessibility of health services are divided into two categories, namely low ( $\leq 58.8$ ) and high ( $> 58.8$ ). Bivariate data analysis used the Somers test.

### **Results**

The characteristics of the respondents in this study showed that the youngest age of the respondents was 15 years old and the oldest was 21 years old. The average age of respondents was 19 years. The average age at marriage was 16.8 years. Most respondents had one child, with an average age of the last child of 13.8 months. This shows that many of the respondents married and had children at a very young age.

Table 1. Description of Respondent Characteristics

	Age of Respondent (years)	Age at marriage (years)	Number of children	Age of the last child (month)
Lowest	15	12,8	1	1
Highest	21	19,4	2	52
Average	19	16,8	1	13,8
Mode	20	18	1	24

The results of the descriptive analysis showed that there were more respondents with low parenting self-efficacy (n = 21) compared to those with high parenting self-efficacy (n = 19). Table 2 shows that most of the respondents had the latest education at the junior high school level. Most of the respondents who had low efficacy had elementary school education (71.4%, n=5) and the main job as a housewife.

Table 2. Demographic Characteristics and Parenting Self-Efficacy of Respondents

Demographic Characteristics	Category	Parenting Self-efficacy			
		Low (n=21)		High (n=19)	
		n	%	n	%
Mother's Education	Elementary School	5	71,4	2	28,6
	Junior High School	11	45,8	13	54,2
	High School	5	55,6	4	44,4
Mother's Occupation	Housewife	21	55,3	17	44,7
	Employee	0	0	2	100
Husband's Occupation	Not Working	3	100	0	0
	Freelancers	15	51,7	14	48,3
	Self-employed	3	42,9	4	57,1
	Employee	0	0	1	100
Family Income	< 1.000.000	9	56,3	7	43,8
	1.000.000 - 2.000.000	9	50	9	50
	2.000.001 - 3.000.000	3	60	2	40
	3.000.001 - 5.000.000	0	0	1	100
Housing Status	Private House	1	33,3	2	66,7
	Parent's/In-law's House	19	59,4	13	40,6
	Rental House	1	20	4	80

Based on the husband's occupation, all respondents with a non-working husband (100%) had low parenting self-efficacy. Meanwhile, the majority of respondents with self-employed husbands had high parenting self-efficacy (57.1%). More than half of the respondents with a family income of less than IDR 1,000,000 (56.3%) had low parenting self-efficacy. Most of the respondents still lived in their parents' or in-laws' houses (n = 32), and 59.4 percent of them had low parenting self-efficacy.

**Table 3. Effect of Social Service Accessibility and Health Service Accessibility on Parenting Self-Efficacy**

Variables	Category	Parenting Self-efficacy				P	Somers'd	OR (95% CI)
		Low		High				
		n	%	n	%			
Accessibility of Social Services	Low	13	81,3	3	18,8	<0,001	0,470	8,67 (1,90-39,44)
	High	8	33,3	16	66,7			
Accessibility of Health Services	Low	13	86,7	2	13,3	<0,001	0,530	13,81 (2,50-76,33)
	High	8	32	17	68			

Based on the results of the effect test calculations in Table 3, it can be seen that the accessibility of social services and the accessibility of health services each have a significant influence on parenting self-efficacy ( $P < 0.001$ ). The results of the Somers test of social service accessibility and parenting self-efficacy show 0.470, which indicates that there is an influence at a moderate level with a positive direction. This means that the higher the accessibility of social services, the higher the level of self-efficacy of respondents in caring for their children. The risk estimation results showed that mothers with high social service accessibility had a tendency of high parenting self-efficacy 8.67 times greater than those with low accessibility (OR = 8.67; 95% CI: 1.90-39.44).

The strength of the influence between accessibility of health services and parenting self-efficacy has a coefficient value of 0.530, which shows the strength of influence at a moderate level with a positive direction of influence. It can be interpreted that the higher the accessibility of health services, the higher the possibility of mothers having good self-efficacy in parenting. Reinforced by the Odd Ratio test results which show 13.81 with a Confidence Interval of 2.50-76.33. This condition shows that every time there is an increase in health service accessibility, there is a tendency to increase parenting self-efficacy in respondents by 13.81. The results of this study indicate that the accessibility of health and social services is an important aspect that can increase respondents' self-efficacy in caring for their children.

**Table 4. Effect of Accessibility of Social Services, Accessibility of Health Services on Parenting Self-Efficacy Based on Demographic Characteristics**

Variables	Demographic Characteristics	Category	P	Somers'd	OR (95% CI)
Accessibility of Social Services	Mother's Education	Primary	0,127	0,400	1,67 (0,82-3,41)
		Secondary	<0,001	0,517	10,27 (2,00-52,65)
	Family Income	< 1.000.000	0,258	0,270	3,13 (0,38-25,57)
		1.000.000 - 2.000.000	0,003	0,570	16,00 (1,32-194,6)
		>2.000.000	0,014	0,706	4,00 (0,73-21,84)
	Housing Status	With Parents/In-laws	0,002	0,473	9,43 (1,60-55,45)
Separate Living		0,414	0,333	5,00 (0,15-166,59)	
Accessibility of Health Services	Mother's Education	Primary	0,51	0,545	2,00 (0,75-5,32)
		Secondary	<0,001	0,527	12,5 (2,09-74,81)
	Family Income	< 1.000.000	0,001	0,630	21,00 (1,50-293,25)
		1.000.000 - 2.000.000	0,023	0,471	10,00 (0,86-117,02)
		>2.000.000	0,221	0,429	2,50 (0,86-7,31)
	Housing Status	With Parents/In-laws	0,002	0,473	9,43 (1,60-55,45)
Separate Living		0,221	0,632	7,00 (1,14-42,97)	

Table 4. shows the effect of social service accessibility and health service accessibility on parenting self-efficacy based on respondents' demographic characteristics. Among respondents with secondary education, accessibility of social and health services separately had a significant effect on parenting self-efficacy ( $P < 0.001$ ). The risk estimation results showed that respondents with secondary education with high accessibility to social services were 10.27 times more likely to have high parenting self-efficacy compared to those with low accessibility (OR = 10.27; 95% CI: 2.00-52.65). Similarly, respondents with secondary education who had high accessibility to health services tended to have 12.5 times greater parenting self-efficacy (OR = 12.5; 95% CI: 2.09-74.81). In contrast, in the group of respondents with primary education, neither social nor health service accessibility showed a significant effect on parenting self-efficacy ( $P > 0.05$ ).

Based on family income, the impact of social service accessibility on parenting self-efficacy was found among respondents with family income of IDR 1-2 million and IDR >2 million ( $P < 0.05$ ). However, in the family income group of IDR <1 million, accessibility of social services did not have a significant effect on parenting self-efficacy ( $P = 0.258$ ). Interestingly, different results were shown by the accessibility of health services. A significant effect was found among respondents with a family income of IDR <1 million ( $P = 0.001$ ), with a tendency for parenting self-efficacy to be 21 times higher (OR = 21.00; 95% CI: 1.50-293.25). Meanwhile, in the group of respondents with income IDR >2 million, no significant effect of health service accessibility on parenting self-efficacy was found ( $P = 0.221$ ).

Based on housing status, both accessibility of social services and health services had a significant influence on parenting self-efficacy among respondents living with parents or in-laws ( $P = 0.002$ ), with the strength of the influence being at a moderate level (Somers'd = 0.473). Respondents living with parents or in-laws were 9.43 times more likely to have high parenting self-efficacy when they had good accessibility to social and health services, compared to those with low access (OR = 9.43; 95% CI: 1.60-55.45). In contrast, in the group of respondents who lived separately from their parents or in-laws, there was no significant effect between the accessibility of both types of services and parenting self-efficacy ( $P > 0.05$ ).

## Discussion

The results of this study indicate that accessibility of social services and accessibility of health services each have a significant effect on parenting self-efficacy in adolescent mothers. These results indicate that the better a mother's access to social and health services, the higher the level of self-efficacy in carrying out her parenting role ( $P < 0.001$ ). In other words, the level of compatibility between service resources and user needs is optimal enough to strengthen adolescent mother's parenting self-efficacy. These results are in line with the service accessibility framework proposed by Levesque et al., (2013), access not only indicates the existence of services, but also reflects the ability of individuals to seek, reach, use, and benefit from these services. This finding also supports the basic principles of social protection according to the Asian Development Bank (2011), specifically the principle of adequate coverage, that social services as one of the social protection efforts must be able to reach all levels of society to reduce vulnerability. In this context, improving education and health through social services and health services is a key priority in social protection, as emphasized by the United Nations Economic and Social Commission for Asia and the Pacific (2011), especially in the Asia Pacific region.

The high odds ratio indicates the importance of ensuring accessibility of social and health services for adolescent mothers. Specifically, the analysis shows that adolescent mothers with high accessibility to social services are 8.67 times more likely to have high parenting self-efficacy compared to mothers with low accessibility. This confirms the importance of social programs such as social assistance (*Program Keluarga Harapan*- Family Social Assistance Program, conditional cash transfer, food assistance), *Kampung Keluarga Berkualitas*- Community-based Villages Development, *Bina Keluarga*



*Balita* (BKB)- Toddler Family Development Program, as well as counseling or socialization from the government, which not only provide information about parenting but also build mother's parenting self-efficacy. In addition, social program activities are generally routine, so it is expected that the benefits received will be sustainable. Access to these social programs will provide space for mothers to get advice from staff regarding family functioning, family health, and positive parenting practices. This is one of the significant environmental factors in increasing parental self-efficacy (Harris et al., 2020; Rifat & Ratnasari, 2023; Salonen et al., 2011). Conversely, low accessibility of social services, such as difficult-to-reach distances and costs, limited information, or slow service processes will reduce the potential for service utilization. Mothers miss out on opportunities to gain supportive knowledge and skills that can help them deal with parenting challenges. On the other hand, social services also provide opportunities for mothers to interact with cadres, social workers, and fellow mothers of children under five. The relational function is one of the supporters of increasing parenting self-efficacy in mothers who have toddlers (Sevigny & Loutzenhiser, 2010). Unfortunately, social services specifically for adolescent mothers are still very limited. This study shows that the accessibility of social services has a crucial role in increasing mother's self-efficacy in parenting.

Other results show that mothers who have high accessibility to health services are 13.81 times more likely to have high parenting self-efficacy. This finding highlights that the function of health services is not limited to monitoring child growth and development, immunization, or handling certain health conditions. Accessibility to health services such as Posyandu, Puskesmas, midwife practices, regional public hospitals, private hospitals, and polyclinics had an impact on mother's confidence in parenting. Good accessibility to health services makes it easier for mothers to obtain information and support to understand their children's needs and provide appropriate responses (Weiss et al., 2016). Health facilities that are easily accessible in terms of distance and cost are important aspects for teenage mothers. Interaction with health workers is also a form of social persuasion that supports the formation of parenting self-efficacy in adolescent mothers. Educational interventions from health facilities are also one of the significant attributes of parenting self-efficacy (Jiaying et al., 2023; Zhang et al., 2023). Such interventions can be provided at health facilities in the form of learning forums related to basic child health, question-and-answer forums with health workers, and communication forums between parents presented in face-to-face and online platforms. Structured programs delivered by health workers can guide parents by focusing on understanding and responding to children's needs (Barlow & Underdown, 2005; Whittaker & Cowley, 2012). This accessibility to medical or educational resources makes the mother more confident in the decisions she makes for her child, and increases her confidence in carrying out her role.

Theoretically, the findings of this study are consistent with Bandura's concept of self-efficacy (1997), where vicarious experience and social persuasion influence a person's belief in their abilities. In this context, accessibility to social and health services can provide space for learning from the experiences of others, as well as support and motivation from others that strengthen mother's beliefs in their ability to care for children (Benedetto & Ingrassia, 2018; Fang et al., 2021; Fierloos et al., 2023). Social and health programs such as social assistance, socialization related to parenting, *Bina Keluarga Balita* (BKB)- Toddler Family Development Program, *Posyandu*- Integrated Health Post, and *Puskesmas*- Community Health Center not only provide assistance or education, but also interaction spaces that allow teenage mothers to ask questions and share experiences. Overall, these findings reinforce Bandura's theory (1997) that indirect experience and social persuasion gained through social services and health services are important sources in the formation of self-efficacy. Thus, strategies to improve the parenting self-efficacy of adolescent mothers need to be directed at expanding access, improving the quality of service interactions, and creating safe and sustainable spaces for social persuasion.

Levesque et al. (2013) state that accessibility includes various factors that affect a person's ability to reach services, whether physical, economic, social, or cultural. Socioeconomic conditions are a

challenge faced by teenage mothers. Many of the mothers have not completed formal education, are unemployed, and live with their parents or in-laws. This situation illustrates the limitations in resources that mothers can utilize to support their parenting role. Previous research has shown that adolescent mothers with low educational backgrounds and economic conditions tend to have low parenting self-efficacy (Coleman & Karraker, 2000). In contrast, better socioeconomic status allows mothers to meet children's needs, manage stress, and increase parenting self-efficacy (Pratiwi & Yustitia, 2024; Sari, 2020).

The findings of this study show that the impact of social service accessibility and health service accessibility on parenting self-efficacy is significant for adolescent mothers with secondary education ( $P < 0.001$ ). An increase in the accessibility of social or health services obtained by adolescent mothers with secondary education increased the likelihood of having high parenting self-efficacy by more than 10 times. In contrast, for mothers with primary education, neither social nor health service accessibility had a significant effect on parenting self-efficacy ( $P > 0.05$ ). According to Ampu (2021), education level is related to the extent to which mothers understand important information needed to improve the welfare and health of themselves and their children. Mothers with higher education are generally better able to understand information about child growth and development, realize the benefits of services, and are more responsive to external support. The higher the level of education, the more developed the way of thinking and openness to new things.

Meanwhile, mothers with lower levels of education often experience limited literacy, motivation, or responsiveness in utilizing services, even though these services are available. In this condition, adolescent mothers with primary education tend to be more closed in accessing services and have difficulty understanding the information provided, so their parenting self-efficacy does not develop optimally. This finding suggests that education level has a role in optimizing the impact of accessibility of available services. Therefore, it is necessary to strengthen access and quality of education, especially for adolescent girls, so that they can fulfill the 12-year compulsory education. The prevention of dropping out of school due to early marriage or teenage pregnancy also needs to be integrated with comprehensive adolescent protection and empowerment policies.

There are differences in the effect of accessibility of social services and accessibility of health services on parenting self-efficacy based on family income level. The impact of social service accessibility on parenting self-efficacy was significant in the group of mothers with family incomes of IDR 1-2 million and  $> 2$  million rupiah. In contrast, the effect of accessibility of health services had a significant effect on parenting self-efficacy in the group of mothers with family income IDR  $< 1$  million and IDR 1-2 million. In the IDR  $< 1$  million family income group, mothers who had high accessibility to health services tended to have 21 times greater parenting self-efficacy than those with low access.

This condition can be explained by the different needs felt by each income group. As stated by Pinem (2016) differences in income levels between families can affect the fulfillment of life needs, so health needs are also influenced by the income of each family. Mothers from families with income  $< 1$  million are more likely to have obstacles in fulfilling their basic needs. So they need more support in meeting the needs of physical aspects such as nutrition, immunization, and child health. Health services that are directly related to the physical needs and basic welfare of children are more beneficial to this group. Limited economic capacity also creates a tendency for families to rely on public services, especially free or subsidized health services, because they have no alternative. So once access to health improves, the impact on parenting self-efficacy is huge.

Meanwhile, in the middle-income group of IDR 1-2 million, both social services and health services showed significant effects. This condition illustrates that this group is in a transitional position, where the need for both types of services becomes equally important in improving parenting self-efficacy.



As for the group of mothers with family income IDR >2 million, they are relatively better able to fulfill basic needs independently. Family income that is close to or exceeds the Garut Regency minimum wage, which is IDR 2,328,555, makes their support needs shift from physical aspects to social services that work on educational aspects related to emotional, social, and cognitive parenting. This makes the accessibility of social services a major supporting factor in increasing confidence in parenting.

As for the housing status, the effect of accessibility of social services and health services on parenting self-efficacy is known to be significant in mothers who live with parents or in-laws. It can be interpreted that living with parents or in-laws can provide additional support for teenage mothers in carrying out their roles. The economic, mental, and knowledge conditions of teenage mothers are still unstable, making them more likely to depend on family (Rahayu & Basoeki, 2018). So support from families who live in the same house can increase the positive influence of accessibility of both social and health services on parenting self-efficacy.

Pratiwi & Yustitia's (2024) research also showed that mothers who live with parents or in-laws tend to get interference from parents or in-laws in their childcare, in contrast to mothers who live separately. While this interference can be ambivalent, it can also be a form of practical support that increases a mother's confidence in parenting. Interestingly, although descriptively most mothers living with parents or in-laws had low parenting self-efficacy, the analysis showed that this group showed a significant increase in parenting self-efficacy when they had better access to social and health services. This suggests that the presence of family facilitates more effective utilization of external support, so that access to services has a stronger impact on this group.

In contrast, there was no significant effect of either social services or health services on mothers living separately. This means that services such as Posyandu, Puskesmas, social assistance, Toddler Family Development Program (BKB), did not significantly contribute to improving parenting self-efficacy in this group. This could be due to the absence of direct support figures such as parents, which makes it more difficult for them to respond or utilize external services. They may feel more isolated and face parenting challenges without direct help from their immediate environment. Therefore, community-based interventions, cadres, or peer support may be more needed for mothers living apart.

## Conclusion

The results showed that accessibility of social services and accessibility of health services separately had a significant effect on parenting self-efficacy in adolescent mothers. High accessibility to each service provides information, education, and social support that plays an important role in building mother's confidence in carrying out their parenting role. The easier the access to these services, the greater the mother's confidence in carrying out her parenting role. Therefore, expanding accessibility and strengthening interactions within services are key strategies to improve parenting self-efficacy. In addition, this study also shows that the variables of education, family income, and housing status (living with parents or separately) act as mediating variables that influence the effect between service accessibility and parenting self-efficacy.

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