

ADOLESCENT MARRIAGE TOWARDS REPRODUCTIVE HEALTH: AN ANALYTICAL CROSS SECTIONAL STUDY

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ABSTRACT: *Adolescents under the age of 20 years old have not fully mature reproductive organs and they are still in the growth stage. adolescent's marriage does not only effect the population growth, but also effect on women's health. There are many health risks for during the adolescent marriages, such as the increasing morbidity and maternal mortality due to complications in pregnancy and childbirth, and children born with low birth weight, and mental and psychological unpreparedness. To determine the correlation between adolescent's marriage and reproductive health adolescents. This research is an analytic survey research using cross sectional design. The research was conducted in Prambanan Subdistrict that consist of 6 villages, namely Madurejo, Sumberharjo, Gayamharjo, Sambirejo, Wukirharjo, and Bokoharjo. Purposive sampling was used to get the sampling. There were 42 people aged 13-19 years old who have got married in Prambanan District. Data analysis techniques use the Kendall Tau analysis. There are 34 adolescents who has got married and included in the final adolescent category. The level of reproductive health in adolescents who got married are in category enough as many as 23 people. There is a correlation between adolescent marriages with reproductive health levels with a calculated value of 0.433 greater than the table of 0.364 and an obtaining significance value is 0.001 less than 0.05 (sig <0.05). There is a correlation between adolescent marriage and the level of reproductive health.*

Keywords: *adolescent marriage, reproductive health, adolescent*

I. INTRODUCTION

Nowadays adolescents have experienced development like adults. Adolescence is a transition period of from children to adults accompanied by physical and psychological changes. Adolescents who get married at an early age are not mature yet both medically and psychologically. The condition of reproductive health for adolescents under the age of 20 years old are not fully mature and are still in the growth stage. Adolescent marriage does not only affect to population growth, but also on women's health. Currently health risks to women during adolescent marriage result to the enhancement of morbidity and maternal mortality due to complications in pregnancy and childbirth, and children born with low birth weight, and lack of mental and psychological readiness [1].

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Pregnancy under the age of 20 years old is able to cause a risk of bleeding, anemia, pre-eclampsia and eclampsia, infection during pregnancy, and miscarriage [2] mentioned that women who get pregnant and give birth at the age of 10-14 years old have a 5x greater risk than women aged 20-24 years old. This risk has increased in the age range of 15-19 years old. Pregnancy at an early age is full of risks, in addition to the fetus of the mother is also at risk of experiencing health problems, such as premature birth. Premature baby born can experience risk of breathing, digestive, visual impairment, and cognitive impairment. In addition, the risk of health problems in babies born to mothers who are not old enough include LBW (Low Birth Weight), congenital abnormalities (congenital defects), up to fetal death. Couple will feel sad if the baby is experiencing health problems that can endanger the lives of the fetus.

A study in Latin America and the Caribbean shows that 29% of young women get married when they are 18 years old. The high prevalence of early marriage cases was recorded in Nigeria (79%), Congo (74%), Afghanistan (54%), and Bangladesh (51%). The practice of early marriage is most prevalent in Africa and Southeast Asia. Data in Southeast Asia found that there were circa 10 million children under the age of 18 years old who are married. Whereas in Africa it is estimated 42% of the child population are married before they were 18 years old. UNICEF research results in Indonesia found the incidence of marriage of 15-year-old children around 11%, while those who get married at the right age of 18 years old around 35%. In general, child marriage is more common in girls than boys, about 5% of boys get married before they are 19 years old.

Cases of early marriage in Indonesia are increasingly alarming. According to the [3], Indonesia became the country with the seventh highest child marriage rate in the world. Then, according to the 2015 National Socio-Economic Survey (Susenas), as many as 1 in 4 girls under the age of 18 years old ever got married. Then, in 2017, 2 out of 5 girls aged 10-17 years old had ever been married. This figure shows that Indonesia still needs to pay more attention to cases of early marriage cases.

Indonesia is a country with a high percentage of early marriages in the world, ranking 37th. While in ASEAN, Indonesia ranks second after Cambodia. As regulated in Law No. 1 of 1974 concerning to Marriage, the minimum age of marriage for men and women is 19 years old. However, in terms of health, the [4] campaigns for an ideal age limit for marriage both physically and mentally, which is a minimum age of 21 years old for women and 25 years old for men. Therefore, couples should take into account the ideal age for marriage, especially from the terms of health.

Data from the 2012 Indonesian Family Planning Coordinating Board (BKKBN) shows the prevalence of marriage age under 20 years old is 1,765,071 or 3.88%. In Special Region of Yogyakarta, it is still often found incidents of marriage in adolescents, especially in Sleman Regency. Sleman is a district in Special Region in Yogyakarta that occupies a high number of adolescent marriages. Based on data from Religious Court of Sleman Regency in 2012 the incidence of marriage among adolescents is quite high. The incidence of teenage marriage in Sleman Regency is 471 cases from 17 districts. From the data above, the highest marriage case in Sleman Regency is 65 cases, especially in Prambanan sub-district.

II. METHOD

This type of research is an analytic survey with cross sectional design. Researchers conduct surveys or data collection at a particular time (point time approach). The sample used in this study was 65 married young women in Prambanan District. Sampling with purposive sampling technique is the sample taken from certain considerations made by the researchers themselves, based on the characteristics or characteristics of population that have been known previously [5].

Data collected in this study are primary data and secondary data. Primary data were obtained from the distribution of questionnaires distributed to young women who are married and have permanent residence in Prambanan District. Univariate analysis is used to explain or describe the characteristics of each research variable [6]. Bivariate analysis is used to see the correlation between adolescent marriage and reproductive health. Kendall Tau formula is used as the statistical testing.

III. RESULT AND DISCUSSION

1. Univariate analysis result

Table 1. Description of respondent characteristics based on adolescent marriage age, education, occupation, gestational age, frequency of antenatal care visits, frequency of postpartum visits, newborn weight, adolescent reproductive health.

No	Respondent characteristics	Denomin ation	Percentage
1.	Marriage age		
a.	Early (10-12 years old)	3	7.10
b.	Middle (13-15 years old)	5	11.90
c.	Late (16-19 years old)	34	81.00
2.	Education		
a.	Primary education	29	69.00
b.	Secondary education	12	28.60
c.	Tertiary education	1	2.40
3	Occupation		
a.	Housewife	30	71.40
b.	Farmer	8	19.00
c.	Employee	4	9.50

No	Respondent characteristics	Denomination	Percentage
4.	Frequency of ANC visits		
a.	< 4	0	00.00
b.	≥ 4	42	100.00
5.	Gestational age		
a.	< 37 weeks	10	23.80
b.	37-40 weeks	24	57.10
c.	> 40 weeks	8	19.00
6	Newborn weight		
a.	< 2500 gram	10	23.80
b.	2500 sd 4000 gram	26	61.90
c.	> 4000 gram	6	14.30
7	Frequency of postpartum visits		
a.	< 3		
b.	≥ 3	11	26.20
		32	73.80
8	Adolescent reproductive health		
a.	Good		
b.	Sufficient	9	21.40
c.	Less	23	54.80
		10	23.80
		42	100.00

Based on table 1, it shows that the majority of respondents with the most age of marriage is the category of late adolescents as many as 34 people (81%), while the least age of marriage is the category of early adolescents as many as 3 people (7.1%). According to [1], the respondents in the late adolescents category of 16-19 years old are adolescents who are heading towards adulthood and as a starting point for reproduction marked by physical, emotional and psychological changes.

The majority of respondents with a primary school level were 29 people (69%), while the fewest respondents were respondents with a high school level of 1 person (2.4%). Employment status is an activity or daily activity of adolescents as a livelihood. Statistical data shows that the majority of adolescents do not work or only take care of the household, as many as 30 respondents (71.4%), while the respondents who worked the least as many

as 4 people (9.5%); so most of them have not been able to be economically independent [7]. This shows that adolescents who are early married have a smaller chance of getting a job that can affect decision making abilities [8]. A study by [9] states that in India, there are many unwanted girls because they are considered no more valuable than boys. They are considered to burden their families so they ask their children to get married when they are still young.

Based on ANC visits, all respondents regularly visited $ANC \geq 4$ totaling 42 people (100%). The majority of respondents who gave birth with gestational age 37-40 weeks is as many as 24 people (57.1%), while the fewest respondents who gave birth with gestational age > 40 weeks is as many as 8 people (19.0%). The majority of respondents who gave birth with newborn weight of 2500 grams-4000 grams is as many as 26 people (61.9%), while the least respondents who gave birth with newborn weight > 4000 grams is as many as 6 people (14.3%). The majority of respondents who made puerperal visits as many as 3-4 times is namely 18 people (42.9%), while the respondents who made the least number of puerperal visits as many as 1-2 times is namely 11 people (26.2%). The highest level of adolescent reproductive health is in the sufficient category is 23 people (54.8%), while the least in the category of less is 9 people (21.4%).

2. Bivariate Analysis Result

Based on the results of data analysis, it shows that the results of the analysis by Kendall's Tau test obtained a value of 0.433 with a significance of 0.001. Because the calculated value of 0.433 is greater than the table of 0.364, and the significance value obtained for 0.001 is less than 0.05 ($\text{sig} < 0.05$), this means that H_a is accepted, indicating that there is a correlation between adolescent marriages and the level reproduction health.

The results of data analysis show that there is a correlation between adolescent marriage and the level of reproductive health. According to RR [10] research, the level of adolescent education is significantly related to the decision to have early marriage. Education enhances communication with her husband and other family members, it helps young married women to develop greater confidence in making decisions about their health. The higher the education level of women, the less possibility to have early marriage [11]. Women with secondary or tertiary education are two to three times more likely to utilize antenatal, safe childbirth services [12]. Educated women can seek higher quality health services and have a greater ability to use health services to improve their health. In addition, education instills self-esteem and confidence that are very important in realizing behavioral changes related to reproductive health ([13]. It can be proven by the characteristics of respondents who have the majority of basic education levels, causing a lack of knowledge about reproductive health. The lower level of education, the less reproductive health knowledge will be. Many adolescents who get married after completing primary education and finally they become housewives. Their work will also influence the level of reproductive health as many respondents who are majority as housewives. Hence, education and employment also affect the level of adolescent reproductive health [14].

According to WHO, reproductive health is an intact physical, mental and social condition, not only free from disease or disability in all aspects but also related to the reproductive system, and its functions and processes. Adolescent reproductive health is a healthy condition that concerns to the reproductive system, function and process possessed by adolescents [15]. Adolescent marriages will experience something new related to their physical condition, where adolescents are able to accept their physical condition and use their bodies effectively but their reproductive organs is not fully mature and is still in its growth stage. Women who get pregnant at an

early age or adolescent tend to be at risk of pregnancy because they lack of knowledge and are not ready yet to deal with their pregnancy. Furthermore, a woman who gives birth at the age of less than 20 years old will have a very high risk because the physical has not reached maturity level yet. Adolescent pregnancy is very risky. Moreover, women who have early marriage are more likely to experience pregnancy complications (46% vs 44%) [16] [17]. Regular pregnancy examinations will also affect the gestational age at the time of childbirth and also affect the newborn weight. The quality of childbirth will also affect the puerperium. Women who have early marriage are more likely to have poor reproductive health compared to women who get married after age 20 years old. As a result, maternal death are still being the second leading cause of death for girls aged 15-19 years old worldwide [16]. All adolescents who become pregnant under the age of 20 years old are risk factors for 4T pregnant women (too young, too old, too often and too much). Too young is a condition that can cause an unhealthy condition of pregnant women. The results of the study are in line with the results of the 2012 Indonesian Demographic and Health Survey (SDKI) which states that 48 per 1000 women under 20 years old have given birth [15][18]. The younger the age of childbirth, the Age Specific Fertility Rate (ASFR), is likely to increase the Total Fertility Rate (TFR) because the longer the reproductive age is vulnerable [14].

Based on data from four countries, [19] found that adolescent women who get married before the age of 15 years old had their first birth on average three years earlier than girls who get married between the ages of 15-20 years old, and seven years earlier than those who get married between the ages of 21-25 years old. Adolescent age when they get married has a significant and positive influence on a woman's reproductive health status, that is, the earlier age at marriage causes poor reproductive health [16]. Based on research conducted by [20], it is stated that fourteen adolescent mothers give birth, but the babies weighing is too small or under 2.5 kilograms at birth. Three of these baby girls were born with serious disabilities, including intellectual disabilities, deafness, and missing limbs. All children who were born with a disability live together and are cared by their parents, and none received adequate medical treatment at the time of the study. Women who give birth during adolescence deal with a higher risk of maternal morbidity and mortality, and their babies are at higher risk for negative outcomes [19] [21] [22].

IV. CONCLUSION

The majority of adolescent marriages are included in the late adolescent category, as many as 34 people. The level of reproductive health in married adolescent is sufficient, as many as 23 people. There is a correlation between adolescent marriage and the level of reproductive health in Prambanan District, Sleman Regency with the calculated value of 0.433 greater than the table of 0.364 and the significance value obtained of 0.001 less than 0.05 (sig <0.05).

V. REFERENCES

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