

The Impact of Physical and Psychological Health of Early Married Behaviors in Adolescents

(Case Study in Aluh-Aluh Sub-District Banjar District)

Meitria Syahadatina Noor¹, Husnul Fatimah²), Fauzie Rahman³, Nur Laily³, Fahrini Yulidasari⁴

¹Master Programme in Public Health, Faculty of Medicine, Lambung Mangkurat University, South Kalimantan, Indonesia

²Specialization in Health Policy Administration for Public Health Study Program, Faculty of Medicine, Lambung Mangkurat University, South Kalimantan, Indonesia

³Department of Health Policy Administration, Public Health Study Program, Faculty of Medicine, Lambung Mangkurat University, South Kalimantan, Indonesia

⁴Department of Nutrition, Public Health Study Program, Faculty of Medicine, Lambung Mangkurat University, South Kalimantan, Indonesia

Corresponding Email: Husnulfatimah6498@gmail.com

ABSTRACT

Early marriage is a marriage performed by women under the age of 16. Aluh-Aluh Subdistrict obtained 69 early marriages in 2017 at the highest number in Banjar Regency. Early marriage is one of the causes of perinatal death, abortion, obstetric fistula, cervical cancer, high-risk pregnancy, stress, anxiety, and household harmony. The purpose of this study is to explain the relationship between early marriage with abortion, risky pregnancy, anxiety, and domestic harmony on early marriages in Aluh-Aluh Sub-District, Banjar Regency. This study used an observational analytic design with a cross sectional research design. The study population was 211 married mothers in 2017. The sampling technique in this study was using a purposive sampling with a minimum sample size of 50 people. The results showed that there was no relationship between early marriage and the incidence of abortion (p -value = 1,000) and risky pregnancy (p -value = 0.229) from a physical impact. Furthermore, early marriage also has no relationship with anxiety (p -value = 0.133) as a psychological impact. Meanwhile, domestic harmony has a homogeneous result so statistical tests cannot be carried out. The conclusion of this research is that there is no relationship between early marriage with the incidence of abortion, risky pregnancy, and anxiety in women in Aluh-Aluh Sub-District, Banjar District.

Keywords: Early marriage, abortion, risky pregnancy, anxiety, domestic harmony

INTRODUCTION

Marriage Law Number 1 of 1974 states that early marriage is a marriage that occurs before the age of 16 for women and before 19 years for men.¹ Based on data from the United Nations Children's Fund (UNICEF) in 2016, it shows that around 15 million girls in the world marry before the age of 18 each year. Meanwhile in Indonesia, 1 in 7 girls are married before the age of 18. Indonesia is one of the 10 countries with the highest absolute rate of early marriage, namely 1,408,000 women aged 20 to 24 years at the time studied had married before the age of 18.² The results of the Indonesian Demographic and Health Survey (IDHS) in 2017 stated that the percentage of women of childbearing age adolescents aged 15-24 years who are married is 72%.³ Data from the Population and Family Planning Board (2014) South Kalimantan Province is the second province with the most cases of early marriage with a percentage of 9% after Central Java with a percentage of 52.1%.⁴

Starting from January to December 2017, the number of underage marriages in South Kalimantan was 445 people. Banjar Regency is the district with the second highest number of early marriages in South Kalimantan after Hulu Sungai Tengah Regency with 103 people.⁵ Based on the results of data from the Ministry of Religion of Banjar Regency (2018), 69 perpetrators of early marriage from January to December in 2017 in Aluh-Aluh District, which is the highest number in all sub-districts in Banjar Regency.⁶ Early marriage is one of the causes of perinatal death. Early marriage also

increases the risk of abortion, obstetric fistula, cervical cancer and other problems.^{7,8} Djamilah and Kartikawati's research (2014) states that the impact of child marriage is related to reproductive health, namely high-risk pregnancies.⁹ Another impact felt by women who marry early is the threat of mental health such as anxiety and stress.¹⁰ Early marriage also has an impact on household disharmony, this is due to immature psychological conditions, so it tends to be unstable and emotional in dealing with married life.¹¹ Based on the description above, research was carried out related to Physical and Psychological Health Impacts of Early Marriage Behavior in Aluh-Aluh District, Banjar Regency. The purpose of this study is to explain the relationship between early marriage and the physical and psychological impact on the perpetrators of early marriage in Aluh-Aluh District, Banjar Regency, namely the impact of abortion, risky pregnancy, anxiety and household harmony.

METHOD

The study was conducted using a cross sectional design with purposive sampling technique in determining the sample. The number of samples is 50 respondents. This research was conducted in Aluh-Aluh District in January-May 2019. The research instrument was a questionnaire to measure variables of early marriage, abortion, anxiety, and household harmony. The bivariate analysis used was fisher exact because it did not meet the requirements of the chi-square test.

RESULT AND DISCUSSION

Univariat Anaysis

Table 1. Distribution of Frequency of Early Marriage, Abortion, Pregnancy at Risk, Anxiety, and Domestic Harmony experienced by Respondents.

Variable	Respondents	
	Amount (N)	Percentage (%)
Early Marriage		
Yes	7	14
No	43	86
Abortion		
Yes	5	10
No	45	90
Risky Pregnancy		
Risky	31	62
Not Risky	19	38
Anxiety		
Anxious	10	20
Not Anxious	40	80
Domestic Harmony		
Out of Harmony	0	0
Hamonis	50	100

Source: Primary Data Research Results in 2019

Table 1 shows the distribution of the frequency of marriages and the impact experienced by women in Aluh-Aluh Subdistrict, Banjar Regency, of the 50 respondents (100%) there are 7 respondents (14%) who did early marriage and 43 respondents (86%) who did not marry early.

In the abortion variable, the results showed that out of 50 respondents (100%) there were 45 respondents (90%) who did not experience an abortion, and there were 5 respondents (10%) who had experienced an abortion. Abortion is the termination of pregnancy before the fetus is able to live outside the uterus, namely before 20 weeks of gestation with a fetal weight below 500 grams.¹² Based on the field findings, miscarriage occurred in women of all ages, from 16 years to 37 years, 2 of them had another pregnancy after abortion and until the birth process, and the rest were still hesitant to get pregnant again.

In the risky pregnancy variable, the results showed that out of 50 respondents (100%) there were 19 respondents (38%) who were not at risk, and there were 31 respondents (62%) who were at risk. A risky pregnancy is a condition when abnormal changes occur which

can directly result in morbidity and mortality for both mother and baby.¹³ Pregnant women who are at risk are pregnant women who have risk factors and have a high risk of pregnancy.¹⁴

On the anxiety variable, the results showed that of 50 respondents (100%) there were 40 respondents (80%) who did not experience anxiety, and there were 10 respondents (20%) who experienced anxiety. According to Stuart & Sundeen (2001), anxiety is an emotional response caused by uncertain and non-specific things that can lead to feelings of discomfort and feeling threatened.¹⁵ The anxiety referred to in this study is the psychological condition of women from post-marriage to the present with regard to their social relationships with people around them. In the household harmony variable, the results show that all respondents (100%) have a harmonious household. The aspects of a harmonious family according to Hawari (1997) include religious life, time with family, communication, respect, and levels of conflict.¹⁶ From the findings in the field, it was found that all respondents felt that their relationship with their husbands in the household was fine and there were no significant problems that could make the household disharmonious.

Bivariate Analysis

Table 2. Results of Statistical Tests between Early Marriage and Abortion

Early Marriage	Abortion				p-value
	Yes		No		
	N	%	N	%	
Yes	0	0	7	100	1.000
No	5	11,63	38	88,37	
Total	5	10	45	90	

Source: Primary Data Research Results in 2019

The test used is the fisher exact test because in the analysis of these variables the expected frequency value is less than 5 and more than 20% (51). Based on table 2 the results of the study show a p-value = 1,000, so that Ho's decision is accepted ($p > 0.05$), which means that there is no relationship between early marriage and the incidence of abortion.

Based on table 2. abortion in this study was found only in respondents who did not marry early due to other causes that did not refer to the age of marriage. There are several causes that can be obtained based on table 5.4, one of which is fatigue. According to Widodo (2007) fatigue will increase the risk of spontaneous miscarriage for mothers who travel by vehicle. Physical activity is also a cause of abortion, however, excessive physical activity or trauma has little potential to cause miscarriage.¹⁷

According to Manuaba (1998) teenage pregnancy has complications in the reproductive or physical aspects, namely having a miscarriage.¹⁸ However, according to Farrer (2001), various factors cause spontaneous abortion, including fetal factors, maternal factors and external factors.¹⁹ Therefore, a woman's age at marriage cannot be a single factor in the occurrence of abortion, besides that women who marry early may experience pregnancy when they are 16 years old and above so that early marriage cannot be an indicator of an early age to get pregnant. This is in accordance with research conducted by Qubro (2018) which shows a p-value = 0.128, which means that there is no relationship between maternal age and the incidence of abortion. The results of this study explain that early marriage does not determine a person having an abortion.²⁰

Table 3. Results of Statistical Tests between Early Marriage and Risky Pregnancy

Early Marriage	Risky Pregnancy				p-value
	Risky		Not Risky		
	N	%	N	%	
Yes	6	85,7	1	14,3	0.229
No	25	58,1	18	41,9	
Total	31	62	19	38	

Source: Primary Data for 2019

The test used is the fisher exact test because in the analysis of these variables the expected frequency value is less than 5 and more than 20% (51). Based on table 3, it shows the p-value = 0.229, so that Ho's decision is accepted ($p > 0.05$), which means that there is no relationship between early marriage and risky pregnancy.

The results of this study indicate that there are 85.7% of women who experience risky pregnancies and early marriage, then there are 58.1% of women who experience risky pregnancies but do not marry early. This shows that both women who marry early and who are not married early have a high frequency of experiencing risky pregnancies, this is evidenced by the findings which show that the most frequent pregnancy risk experienced by respondents is to be given an infusion based on the results of filling in the

Roehjati poedji score regarding risk any pregnancies experienced by the respondent.

According to Manuaba (1998), pregnancy of adolescent will cause a high-risk pregnancy.¹⁸ However, in another theory, according to Sarwono (2010) there are many risk factors in pregnancy other than being too young, one of which is nutrition of pregnant women.¹¹ If linked to this study, there is a possibility that respondents who married early do not have a risk of pregnancy as Sarwono's theory, for example, they have sufficient nutrition, so that the respondent's content is not problematic. This is consistent with the research of Prianita (2011) which shows that maternal age does not affect the way of delivery of pregnancy, postpartum hemorrhage, sepelopelvic disproportion, neonatal asphyxia and perinatal mortality because there are other factors that affect maternal and perinatal outcomes.²¹

Table 4. Statistical Test Results between Early Marriage and Anxiety

Early Marriage	Anxiety				p-value
	Anxious		Not Anxious		
	N	%	N	%	
Yes	3	42,9	4	57,1	0.133
No	7	16,3	36	83,7	
Total	10	20	40	80	

Source: Primary Data for 2019

The test used is the fisher exact test because in the analysis of these variables the expected frequency value is less than 5 and more than 20% (51). The results of the fisher exact test showed a p-value = 0.133, so that Ho's decision was accepted ($p > 0.05$), which means that there is no relationship between early marriage and anxiety. This is because the respondent feels that he does not have household problems that cause him to worry about the continuity of the relationship with his husband based on table 4 so that the anxiety that is felt is only a reaction to his current state which in the short term can change. Therefore, most respondents, namely 40 respondents (80%) did not experience anxiety.

The theory of Walgito (2004) does explain that marriages that are too young cause many unwanted problems because their

psychological aspects are immature, such as anxiety and stress.¹⁰ However, according to Maramis (1985), anxiety will arise when a person is unable to deal with stressful situations that can threaten his feelings and abilities. Sources of anxiety are frustration, conflict, pressure, and crisis, so they are not related to a person's age.²²

Based on the results of this study, there is no relationship between early marriage and anxiety. If it is related to the theory above, it can be concluded that the anxiety experienced by respondents who married early was not due to early marriage, but because of other factors. Likewise, respondents who married early but were not worried because there was no conflict, feelings of guilt due to early marriage or various factors from the theory already mentioned.

A person who experiences anxiety will experience complaints of worry, a bad feeling, fear of his own thoughts, irritability, feeling tense, not calm, restless, easily startled, sleep disturbances, stressful dreaming, impaired concentration and memory.¹⁷ However, this will be overcome with coping. Coping is a process that a person goes through when resolving stressful situations and a person's response to conditions that threaten him both physically and psychologically.²³, while coping mechanisms

are all efforts directed at stress management, including direct resolution efforts.²⁴ Patients who have good self-control will manage their emotions and take appropriate action when faced with certain situations with adaptive coping mechanisms.²⁵ Based on this, there is a possibility that respondents are able to do coping which can suppress their anxiety so that the results of the study show that most respondents do not experience anxiety.

Tabel 5. Statistical Test Results between Early Marriage and Household Harmony

Early Marriage	Domestic Harmony				p-value
	Out of Harmony		Harmony		
	n	%	n	%	
Yes	0	0	7	100	-
No	0	0	43	100	
Total	0	0	50	100	

Source: Primary Data for 2019

The results showed that out of 7 respondents (100%) married early, all of them also had harmonious families. Then, there were 43 respondents who did not get married early who were all harmonious. The results of statistical tests with a confidence level of 95% to see the relationship between early marriage and household harmony cannot be analyzed because they do not meet the requirements.

The results showed that both women who were married early and who were not married early had a harmonious family relationship, this can be related to the variable anxiety. Most of the respondents did not experience anxiety as many as 40 respondents (80%) so that their family relationships were fine.

Gunarsa (2000) states that a harmonious home atmosphere between individuals, the presence of children from the results of marriage and the economic conditions of the family affect the harmony of the house.²⁶ Likewise, according to Hurlock (2014), the level of family income has an effect on family stability and happiness.²⁷ In addition, family harmony is influenced by the integrity of the family, the compatibility of the relationship between husband and wife and the existence of calm. This harmony is characterized by an orderly home atmosphere, not prone to conflict, and sensitivity to household needs.²⁸

According to Nick (2002) a harmonious family is a fun and positive place to live, because family members have learned several ways to treat each other well. Family members can support each other, give affection and have an attitude of loyalty, communicate openly

between family members, respect each other and enjoy togetherness.²⁹ Therefore, there are many factors that respondents feel that they feel that their family is harmonious, without the influence of early marriage. This is in accordance with Guswantoro's research (2018) that there is no implication of underage marriage on the formation of a harmonious family. Because a harmonious family is formed when the fulfillment of basic human needs has been met.³⁰

CONCLUSION

Based on the results of the study, it was concluded that there was no relationship between early marriage and the incidence of abortion, risky pregnancy, and anxiety in Aluh-Aluh Subdistrict, Banjar Regency, and it was found that all respondents (who married early or did not marry early) had harmonious family relationships.

ACKNOWLEDGMENTS

We would like to thank the public health study program, Medical Faculty, Lambung Mangkurat University for providing direction and support until the completion of all the process of making this research report. We do not forget to also say to related parties, namely the Banjar District Health Office, KUA of Aluh-Aluh District, and village officials who have given permission and direction in field activities for data collection.

REFERENCES

1. World Health Organization. Child marriages: 39.000 every day. 2013; [online] diakses pada <http://www.who.int/mediacentre>, diakses tanggal 18 Januari 2018.
2. UNICEF. State of the world's children. United States of America; 2016.
3. Survei Demografi Kesehatan Indonesia; 2017.
4. BKKBN. Pernikahan Dini Pada Beberapa Provinsi di Indonesia. KRR: Jakarta; 2014.
5. Kementerian Agama, Jumlah peristiwa nikah rujuk kantor wilayah Kementerian Agama Provinsi Kalimantan Selatan bulan Januari-November 2017. Kementerian Agama Provinsi Kalimantan Selatan, 2018.
6. Kementerian Agama. Jumlah peristiwa nikah rujuk kantor wilayah Kementerian Agama Kabupaten Banjar bulan Januari-Desember 2017. Kementerian Agama Kabupaten Banjar. Banjar; 2018.
7. UNPFA. Child marriage fact sheet. 2015; [online]. Diakses pada www.unpfa.org, diunduh tanggal 29 April 2019.
8. USAID. Preventing child marriage: protecting girls health. 2006; [online]. diakses pada www.usaid.gov, diunduh 29 April 2009
9. Djamilah, Kartikawati R. Dampak perkawinan anak di indonesia. Jurnal Studi Pemuda. 2014; 3(1): 1-16.
10. Walgito, Bimo. Bimbingan dan Konseling perkawinan. Yogyakarta: Yayasan penerbitan Fakultas Psikologi UGM; 2004.
11. Sarwono SW. Psikologi Remaja. Jakarta: Rajawali; 2006.
12. Bennett, Ruth V, Brown. Link K Myles Textbook for Midwife. 13th ed. Edinburg; 1997.
13. Wiknjosastro H. Ilmu Kebidanan. Jakarta: Yayasan Bina Putra; 2009.
14. Departemen Kesehatan RI. Pedoman Pelayanan Antenatal. Jakarta: Depkes RI; 2006
15. Stuart, Sundeen. Buku Saku Keperawatan Jiwa (Edisi ketiga). Jakarta: EGC; 2001.
16. Hawari, D. Psikometri Alat Ukur (Skala) Kesehatan Jiwa. Jakarta: FKUI; 2009.
17. Darmawati. Mengenali abortus dan faktor yang berhubungan dengan kejadian abortus. Idea Nursing Journal. 2017; 2(1): 12-18.
18. Manuaba. Ilmu Kebidanan, Penyakit Kandungan Dan Keluarga Berencana Untuk Pendidikan Bidan. Jakarta: EGC; 1998.
19. Farrer H. Perawatan Maternitas Edisi 2. Jakarta: EGC; 2001.
20. Qubro DZ. Hubungan antara usia dan paritas ibu dengan kejadian abortus di Rumah Sakit Abdul Moeloek Bandar Lampung [skripsi]. Bandar Lampung: Universitas Lampung; 2018.
21. Prianita AW. Pengaruh faktor usia ibu terhadap keluaranmaternal dan perinatal pada persalinan primigravida di RS dr.Kariadi Semarang periode tahun 2010 [skripsi]. Semarang: Universitas Diponegoro; 2011.
22. Maramis WF. Catatan Ilmu Kedokteran Jiwa. Surabaya: Airlangga University Press; 2005.
23. Rasmun. Stress Koping dan Adaptasi. Jakarta: PT Sagung Seto; 2011.
24. Stuart WG. Prinsip dan Praktek Keperawatan Kesehatan Jiwa Edisi Indonesia. Singapore: Elsevier Singapore Inc; 2016.
25. Goleman D. Social Intellegent. Jakarta: Gramedia Pustaka Utama; 2015.
26. Gunarsa SD. Psikologi Untuk Keluarga. Jakarta: BPK Gunung Mulia; 2000.
27. B. Hurlock, Elizabet. Psikologi Perkembangan. Jakarta: PT. Raja Grafindo Persada; 2014.
28. Suardiman. Konseling Perkawinan. Yogyakarta: Yayasan Fakultas Psikologi UGM; 1990.
29. Nick et al. Keluarga Kokoh dan Bahagia. Batam: Interaksara; 2002.
30. Guswantoro J. Implikasi perkawinan di bawah umur terhadap keharmonisan rumah tangga (Studi Kasus di Desa Gandatapa Kecamatan Sumbang Kabupaten Banyumas) [skripsi]. Purwokerto: Institut Agama Islam Negeri Purwokerto; 2018.