

Evaluation of Early Marriage Prevention in Adolescent Children: A Descriptive Qualitative Study of the Implementation of Maturing Marital Age in Kotabaru, Indonesia

Evaluasi Pencegahan Pernikahan Dini pada Anak Usia Remaja: Studi Kualitatif Deskriptif tentang Implementasi Pendewasaan Usia Perkawinan di Kotabaru, Indonesia

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Abstract

Introduction: Early marriage of girls increases the risk of death and morbidity in mothers and babies, including stunting. Several policies and programs to mature or increase the age of marriage have been implemented to eliminate this practice, but early marriages are still found. **Purpose:** This research thoroughly examines the evaluation of the program's implementation for maturation and increasing the age of marriage for adolescent children. **Method:** A qualitative descriptive method was used as a research design, and six participants were recruited to study the maturation program and increase the age of marriage between the main participants and triangulation participants. Participants triangulate the validity and reliability of information. Data or information collection uses interviews, which are reported as narrative descriptions and analysed using an interactive analysis model for coding. **Results:** We found three research results on the reasons why there are still early marriages among adolescent children: (1) various limitations in the transformation of maturation programs and increasing the age of marriage; (1) the implementation of the program to increase the marriage age according to students has not met expectations; and (3) adolescent children who marry early are still found after graduating from school. **Conclusion:** The experience of adolescent children who took part in the maturation program and increasing the age of marriage felt that it did not meet expectations. Adolescent children still marry early after graduating from high school. Education efforts on early marriage and its impact need to be evaluated and improved from the input, process and output aspects of the implementation of the Maturity and Marriage Age Increase programme so that it is attractive and in line with the expectations of teenagers.

Abstrak

Latar belakang: Pernikahan dini anak perempuan meningkatkan risiko kematian dan kesakitan pada ibu dan bayi, termasuk stunting. Beberapa kebijakan dan program pendewasaan atau peningkatan usia nikah telah dilakukan untuk menghilangkan praktik tersebut, namun masih ditemukan pernikahan dini. **Tujuan:** Penelitian ini mengkaji secara mendalam evaluasi pelaksanaan program pendewasaan dan peningkatan usia pernikahan pada anak remaja. **Metode:** Metode deskriptif kualitatif digunakan sebagai desain penelitian dan merekrut enam partisipan untuk mengkaji program pendewasaan dan peningkatan usia pernikahan sebagai partisipan utama dan partisipan triangulasi. Partisipan triangulasi validitas dan reabilitas informasi. Pengumpulan data atau informasi menggunakan wawancara yang dilaporkan dalam bentuk narasi deskripsi dan dianalisis menggunakan analisis interaktif model untuk pengkodean. **Hasil:** Kami menemukan 3 hasil penelitian alasan masih ada pernikahan dini pada anak remaja: (1) berbagai keterbatasan transformasi program pendewasaan dan peningkatan usia pernikahan; (2) pelaksanaan, program peningkatan usia pernikahan yang dirasakan siswa belum sesuai harapan; dan (3) anak remaja menikah dini masih ditemukan setelah lulus sekolah. **Simpulan:** Pengalaman remaja yang mengikuti program pendewasaan dan peningkatan usia pernikahan merasa belum sesuai harapan. Anak remaja masih melakukan nikah dini setelah lulus sekolah menengah atas. Upaya edukasi pernikahan dini dan dampaknya perlu dievaluasi dan diperbaiki dari aspek input, proses dan output pelaksanaan program pendewasaan dan peningkatan usia pernikahan, sehingga menarik dan sesuai harapan anak remaja.



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Introduction

Early marriage is a significant child health and rights issue in many low- and middle-income countries (Kyari & Ayodele, 2014; Marphatia et al., 2017). Early marriage is a marriage carried out by a teenage couple under the age of 19 years. Physically, physiologically, and psychologically, this adolescent has been unable to bear the marriage responsibility (Muhajarah & Fitriani, 2022; Sumara et al., 2017). Meanwhile, the Nations Children's Fund (UNICEF) defines Child Marriage (CM) as marriage that occurs at the age of < 18 years (UNICEF, 2021), which is widely recognised in international human rights treaties as a harmful and discriminatory global practice. Academics and international activists have called on countries to establish prohibitions on early marriage and not allow marriages under 18 (Human et al., 2013; Walker, 2012).

The increasing focus on early marriage is becoming a global development issue, indicating concern over the potential impact on public health. The incidence of early marriage has a negative health impact on mothers and children. Increased risk of death in mothers and babies caused by pregnancy complications, risk of transmission of sexually transmitted diseases, cervical cancer, stunting, and malnutrition in children born (Fitriani et al., 2022; Umami, 2019; Marphatia et al., 2017). Girls who marry early are more likely to experience domestic violence (Kidman, 2017; Qamar et al., 2022), and early also affects their psychological well-being (John, 2019; John, Kapangu, 2023).

The prevalence of child marriage in the world is still high; although it has decreased in the last decade from 25% to 21%, many countries are still experiencing stagnation and even increasing. About one in five girls are married in childhood worldwide. Girls are older than boys by six to one, and 5–20 times more girls are married as children than boys in various countries (UNICEF, 2020; Malhotra & Elnakib, 2021). As many as 90% of child marriages are a burden on low and middle-income countries around the world. The highest prevalence is found in Sub-Saharan Africa (37%), followed by South Asia (30%) (Malhotra & Elnakib, 2021). In addition, the impact of COVID-19 is estimated by UNFPA-UNICEF to hamper efforts to end child marriage. It is likely to lead to an additional 13 million preventable child marriages between 2020 and 2030 (UNFPA-UNICEF, 2020).

Indonesia is the eighth highest country in the world in terms of child marriage registration, with one in nine women married before the age of 18; 16% of girls in Indonesia are married before the age of 18, and 2% are married before the age of 15 (UNICEF, 2019). According to a 2020 report by the Central Bureau of Central Statistics, 18-year-old married adolescent children in Indonesia rank second (23%) among ASEAN countries after Cambodia (Yelvianti & Handayani, 2021). Meanwhile, South Kalimantan Province has a relatively high early marriage age, reaching 39.53%. It is still very high compared to the target of reducing the number of early marriages in 2020-2024 to 8.74% (Kemenkes, 2022). This study focuses on an in-depth study of the implementation of marriage age maturation in Kotabaru, Indonesia, where one of the government-owned high schools found that early marriage is still high. The two academic years, 2019/2020 and 2020/2021, saw an increase in the age of marriage for 17-19 years from 19.3% to 24.5% after graduating from school.

However, a program to increase and mature the age of marriage has been implemented by the Government through the Community Health Center, including at the school. The Indonesian Government has set regulations limiting the age of marriage and stopping early marriage. The first marriage is at least 21 years old for women and at least 25 years for men (Budastra, 2020). This program aims to provide understanding and awareness to adolescents so that in planning a family, they can consider various aspects of family life in terms of health, economics, psychology, and religion (Farrer, 2020; Sari & Saragih, 2018). In addition, this program is an implementation that in

2016, the elimination of child marriage by 2030 as an international commitment based on goal 5 on gender equality in the Sustainable Development Goals (SDGs) (United Nations, 2020).

However, the reality is that the practice of adolescent marriage is still increasing, and society still adheres to social norms rather than considering the various adverse effects of early marriage on children, both the reproductive and psychological health of children. Therefore, this study aims to examine in depth the program of implementing maturation and increasing the age of marriage for adolescents. The results of the study can provide an evaluation as a contribution to the improvement of the implementation of this program in the evaluation of aspects of inputs, processes, and outputs so that the implementation of the following program can decrease, even eliminate, early marriage in children.

Method

This type of research uses qualitative descriptive studies. These studies were used to explore the implementation of marriage age-increasing programs to prevent early marriage. The study uses a management approach, namely input, process, and output. Information collection and data processing will occur from January to February 2023 in Kotabaru Regency, Kalimantan Islands, Indonesia.

Participants recruited with inclusion criteria play a role in the Early Marriage Age Improvement Program, are willing to participate, and agree to informed consent research with purposive sampling techniques. This criterion is necessary to allow exploration of the supporting and inhibiting aspects of increasing the age of marriage in adolescents. We selected 6 participants consisting of one leading participant as the Early Marriage Improvement Program Manager (P1) and five triangulation participants (P1-P5) for validity and reliability consisting of a counseling counselor, Head of the Public Health Center, and three students from State High School 1 Hampang, Kotabaru Regency which has been directly involved in the program to increase the age of early marriage. This relatively small number of participants is sufficient for qualitative studies because the depth and saturation of data can be achieved.

Information collection is carried out through in-depth interview techniques (depth interview) and field notes (field notes). This technique is used to explore participants' experience in increasing the age of early marriage in depth. Interviews were conducted with open-ended and semi-open-ended questions. Interviews are recorded and transcribed sentence by sentence for analysis.

The data analysis used is an interactive model from Miles and Huberman, consisting of data collection, data reduction, data presentation (data display), and conclusion drawing or verification (conclusions). We seek and infer important statements and essential phrases called "themes" and describe participants' statements. Finally, through important themes, we obtained a qualitative descriptive implementation of increasing the age of marriage. This research has received an ethical approval letter with Number 445/KEP-UNISM/II/2023 from Universitas Sari Mulia, Indonesia, as protection of participants' rights and obligations. Participant information is kept confidential.

Result

Participant Characteristics

Six participants in this study described the implementation of increasing the age of marriage. The participants were adolescents aged 17-18, while the other participants aged between 32-36 with 11-

13 years of work experience consisted of midwives, those in charge of pharmacies, and counselling guidance teachers. All live in the Kotabaru regency of Kalimantan Islands, Indonesia.

Theme 1: Limitations of Marriage Age Increase Program Transformation

This theme describes the program manager communicating or conveying information about the program to increase the age of marriage, which still needs to be improved, so it is not according to the expectations of adolescents. One of the prominent participants revealed the implementation that had been followed for the marriage age maturation program. *"... Because we are still limited in facilities and infrastructure, we only deliver it in lecture methods and also video displays containing reproductive health problems and also some PowerPoint slides to be shown to adolescent children ..."* (P1).

Some triangulation participants emphasised that there are still many things that need to be improved in socialisation. Here are the statements of two triangulation participants, 1 (P2) and 4 (P5). *"... Delivery is an important process in communication that must be considered so that the purpose of the delivery reaches the recipient of the message so that the expected results are as desired"* (P2). *As for the media used, it is revealed that: "learning using LCD and computers like PowerPoint like that"* (P2).

The above statement is supported by the triangulation of 4 participants, which shows that the program delivery method is still interesting. *"... already quite good, it just might need to be further improved, so that it is not too interesting"* (P5).

The research results from several participants showed that the delivery given was quite good. Oh my, it is too interesting because it uses a lecture method that tends to make listeners feel bored quickly. As a result, the information on the marriage age increase program not provided by the program manager can be well understood by adolescent children.

Theme 2: Implementation of the Program to Improve the Marriage Felt by Students

Some adolescent participants explained the stages of implementing the program to increase the marriage age. *"The stages of program implementation, what do they mean... yes, mother? It is like getting married at an early age, what does that mean... Mother. If you are over 20 years old, that means yes..."* (P2). *It is like getting married at an early age, what does that mean, mom, does it mean marrying at the age of over 20 years ...* (P2). *Here are the expressions from other participants. "... So, yesterday's stages started from us attending counselling..., then after counselling, we were briefed to tell other friends to postpone marriage until the age of 20 and above ..."* (P3). *"... From the explanation presented yesterday, the stages are such as delaying marriage until the age of 20 years and over for men or women..."* (P4).

The inflammatory speech indicates that adolescents are primarily aware of the educational content of the program to increase the age of marriage. However, to clarify the program implementation procedures, the program manager must still emphasise the importance of delaying early marriage or increasing the age of marriage.

Program scheduling in high school obtained information from critical participants. Participants stated, *"The scheduling is still coordinating with the Public Health Department and also the school so that this program can continue to be carried out on an ongoing basis..."* (P1). *"... Usually we hold activities three times a year, Mother..."* (P1).

In triangulation 4 (P5), participants disclosed other information. *"... Yes, Mother, this activity has been carried out three times, namely at the beginning of last year (in 2022), mid-year, and also in November" (P5). "Yesterday it was done, and thank God it went smoothly, according to the desired expectations" (P6).*

The in-depth interview results illustrate that the scheduling process has been carried out. However, activities and schedules still need to meet the guidelines for adolescent care health service activities; namely, the program should be implemented once each.

In addition to this information being studied, other parties' involvement is essential in managing this program. The goal is to ensure the smooth running of this program. The interview revealed that: *"... other parties involved in this program include counselling guidance teachers, school principals, health workers or related program managers, especially midwives, then the head of the Community Health Center" (P1). "... Many other activities are outside this program. Therefore, the schedule is bumped into many other activities, and other program managers must also schedule to manage this program (P1).*

Information from the primary participant supported by the Head of the Center for Public Health as a triangulation participant said, *"... So, the executors of this activity are sometimes only the real Midwives. Incidentally, the manager of the Adolescent Care Health Service program who is responsible is a Midwife; other essential program managers should participate in carrying it out, such as nurses, doctors, nutritionists, environmental health experts, and health promotion personnel. We are limited in human resources and programs in many Community Health Centers, and one person handles more than one program, so finally, adolescent care health service activities are not optimal for energy distribution" (P6).*

The results of the study, based on in-depth interviews of key participants and heads of Community Health Centers, illustrate the need for better collaboration across programs. This situation is due to limited human resources and many programs at the Community Health Center, so implementing the program to increase the age of marriage could be better. The availability of facilities and infrastructure supporting the services of this program in efforts to prevent early marriage in adolescents has an important role. Obstacles to implementing this program include infrastructure, program support facilities, and funds.

Theme 3: Early Married Adolescent Children Still Found After School Graduation

The interviews with key participants showed: *"... We have carried out this program from 2019 until now, but in 2020, due to the COVID-19 pandemic, the program went home..." (P1). "... The statement of the counselling guidance teacher last night, students who have graduated and then immediately carried out marriage, thank God, have decreased..."(P1). Triangulation participants provided support that: "... Because this program has been implemented for two years, but during the Covid-19 pandemic it was not carried out due to social scale restrictions, so students married early after graduating from school..." (P5).*

Findings from in-depth interviews sourced from the main participants and triangulation participants stated that this program has been implemented in this high school since 2019/2020. However, in 2020, there was an increase in early marriage, 38.7%, due to the COVID-19 pandemic, so implementing this program could have been more optimal. The decrease in early marriage was seen from 2021/2022 to 24.5%.

Discussion

Eliminating early marriage is a direct target of Sustainable Development Goal (SDG) number five. It is also important to achieve other SDGs set by the United Nations (UN) (Batyra & Pesando, 2021). Indonesia has agreed to this commitment at the health service level and has implemented it at the community level through the Community Health Center. Adolescents have a forum for adolescent care health services. Adolescent maturation programs are implemented and evaluated at the senior high school level.

Delivery of information about the Marital Age Maturity program

The transformation or delivery of the marriage age increase program is part of the counselling for adolescent health services that the Community Health Center has run. The results illustrate the limitations of the material transformation of the marriage age increase program, which includes only lectures and video viewing and still needs to use a teenager-centred method. Thus, it feels less effective because it does not match expectations and needs to be more active. This situation affects the success of counselling or information delivery of this program. Rombean et al. (2021) explained that the delivery of the correct information to build effective communication must be adjusted to the needs of the message recipient, feel the benefits directly, use language that is easy to understand, the material is not too difficult to understand and in delivering the material should use teaching aids.

The method of delivering the marriage age increase program using only the lecture method indicates that it could be more effective. Effective information delivery, if not only using the lecture method, should be student-centred. These methods include group discussions, brainstorming, role-playing, and demonstration methods using props (Notoatmodjo, 2020). Research by Belinda & Surya (2021) and Murtiyarini et al. (2019) uses the pocket book method, a medium of information, especially about more comprehensive material. The appearance of an attractively packaged pocketbook makes the subject interested in reading, so it can indirectly increase knowledge. In addition, programs must implement facilities and infrastructure as a complete and varied extension medium. Ervina et al. (2019) and Sistiarani et al. (2023) explained that infrastructure or media facilities are critical in carrying out extension activities such as office stationery, teaching aids, brochures for the delivery of materials, and vehicles used to support the success of Extension Workers or Officers in the community. The limited implementation of the program to increase the age of marriage, if not corrected, has implications for the need for more understanding in children about the impact of early marriage and reproductive health. Studies in rural areas in Indonesia's North Sumatra province show that early marriage is associated with low knowledge. Young women who have low knowledge, 63.3%, and 36.7% are requested by parents (Liesmayani et al., 2022). Lack of knowledge has implications for violations of the human rights of adolescents by still practising early marriage in the community.

Implementation of the program to improve the marriage felt by students

The most critical stage in the public policy process is implementation to achieve program objectives and outcomes or impacts. This qualitative study obtained information on the program implementation followed by students, but not all followed. The form of program implementation that provides counselling to postpone early marriage and share it with friends is still not appropriate, has yet to reach all students in an effort to prevent early marriage, and lacks good collaboration between cross-programs.

The cause of this program has yet to be maximised due to the lack of extension workers, infrastructure, and costs (Kemenkes, 2022). The program should be implemented as part of the counselling activities for adolescent care health services supervised by the District Health Office and coordinated by the Provincial Health Office in Indonesia. In addition, this program is carried out in collaboration with the National Family Planning Coordinating Board—extension service places, such as Community Health Centers. The marriage age increase program can be for non-medical personnel, doctors, midwives, or nurses who have been trained and carried out once every month, with stages of planning as preparation, implementation, and evaluation (BKKBN, 2018). Various obstacles to this program are essential to evaluate, and solutions to reduce adolescents in early marriage are needed to achieve the SDG program for eliminating early marriage implemented globally, including in Indonesia (United Nations, 2020).

Adolescent Children Marry Early After Graduating High School

The results of in-depth interviews evaluating the implementation of maturation programs and increasing the age of marriage with the output of early marriage in adolescents increased. The number of adolescent children who engage in early marriage had declined before the pandemic, but there was an increase during the COVID-19 pandemic. Adolescent children were found to marry early after graduating from high school. Data on early marriage of adolescent children aged 17-19 years there were 24.5% in one of the high schools in Kotabaru District in 2021/2022. This figure exceeds the target of reducing early marriage among adolescents in Indonesia, which is only 8.74% in 2020-2024 (BKKBN, 2018). In addition, program evaluation does not involve all implementing members determining the success of each activity according to the program from the National Family Planning Coordinating Board in 2018.

This program indicates that the main output is not on target, namely maturation and increasing the age of marriage for adolescents ≥ 20 years (Kemenkes, 2022). This means that people still tend to follow local culture and society, and the Government's appeal not to marry early, at the age of 19 years and under, has not been implemented. The study by Batyra and Pesando (2021) supports the findings that changes to minimum age laws for marriage have not been effective in reducing early marriage in Benin, Mauritania, Kazakhstan, and Bhutan, where child marriage shows little evidence of decline across groups. In addition, it was also found that global progress in various countries in establishing laws prohibiting child marriage, but law enforcement is still inadequate in many situations (Kohno et al., 2020).

Decisive cultural factors cause early marriage in several regions of Indonesia. In some of our societies, there is still a culture that requires menstruating girls and working boys to marry because they are considered adults. If parents do not immediately marry off their children, it is considered a disgrace to the family. Some cultural communities also consider marriage at a young age a tradition that must be maintained and preserved because it is a legacy of our ancestors (Bawono et al., 2020). Meanwhile, men, as is always the case, can marry with parental consent at the age of 19. However, parents are also allowed to ask the court to issue a "dispensation" that gives legal permission for underage girls and boys to marry (Wijaya, 2020).

For this program to be effective, there must be better enforcement and supervision to postpone early marriage to fulfil the rights of adolescents (Batyra & Pesando, 2021). The results of the study by Khotimah et al. (2021) found that the determining factor for the decline in the marriage rate of girls aged 15-19 years is the existence of a document stating the end of early marriage as a

written rule that requires the community to obey it, adolescent knowledge increases. Along with the educational success they have completed and continue the socialisation of marriage, physical, mental, work, or mental unpreparedness. Box office adolescent children who want to postpone marriage and the experience of other family members who are not ready to marry at a young age in creating an ideal family are used as reasons for adolescent children to postpone marriage. Thus, these efforts are needed to achieve the termination of early marriage in adolescents as part of the SDGs.

Conclusion

This finding provides information on the Marriage Age Maturity program as an effort to prevent early marriage still needs to be improved. This situation occurs because the delivery of material does not attract students, and the impact of students needs to understand the importance of delaying early marriage. Adequate management or extension workers do not carry out this program and need sectoral cooperation, so activities are not carried out according to schedule every month. As a result, early marriage in children does not decrease, even increases. However, the manager has collaborated well with school managers to implement the program. The results of this study contribute to recommendations on the need for planning supporting facilities and providing adequate extension workers to improve program implementation and achieve the goal of reducing and ending early marriage in children. This program has yet to involve parents, religious leaders, and indigenous leaders to accelerate achieving goals. It is necessary to agree and commit to stopping early marriage from all elements of society and Government so that the legal regulation of marriage age above 20 years is achieved.

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