

Study of early marriage in perspective of health in the coal mining region

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Abstract: Early marriage is an individual who married at the age of 18-19 years. Early marriages occur for several reasons, including the factor of parents, economics, education and culture. Early marriage has an impact on a person, especially a woman's reproductive health. Therefore, it is necessary to study which aims to determine the study of early marriage in the perspective of health in a coal mining region in 2013. The design of this study used a qualitative research, using a case study approach with key informants according to criteria of 96 respondents offenders early marriage. Data collection was conducted in-depth interviews of the actors of early marriage. Early marriage in the mining area due to the tradition that has always influenced by economic, educational factors, and parental factors. The views of parents who have a college education to middle and upper economic case for early marriage to avoid the conversation around and in order to avoid the bad things that happen to a child informants, highly educated parents with economic medium early marriage because her son had not wanted to go back to school and to support their families, parents with low education middle and upper economic early marriage happens to be involved in the wrong crowd and less educated parents with middle class economy due to negative things avoid and their matchmaking. Therefore, the need for improved communication, information and education related to early marriage and its impact on the reproductive health of the parties involved.

Key words: *Early marriage; Health; Coal mining*

1. Introduction

The phenomenon of early marriage or the marriage of underage lately in Indonesia so raised and received wide attention from all walks of life. Underage marriage in Indonesia is not something new, and has long been a lot going on, with different backgrounds: the economy, culture and traditions, religious understanding, low levels of education, pregnant first, until the temporal trend (Landung et al., 2009).

The results of the UNICEF study in Indonesia in 2002, found the incidence of child marriage was 15 years old ranged 11%, while the right to marry at the age of 18 years by about 35%. From Riskesdas 2013 states that 2.6% first marriage occurred in less than 15 years of age and 23.9% were married at the age of 15-19 years. The practice of early marriage is most prevalent in Africa and Southeast Asia. In Southeast Asia the data obtained that approximately 10 million children under 18 years of age are married, while in Africa an estimated 42% of the child population, married before the age of 18 years (UNICEF, 2002).

Early marriage in Indonesia occurred in both rural and urban areas in Indonesia, which covers various economic strata with diverse backgrounds (Sjafi, 2012).

Based on the survey population data Indonesia 2007, in some regions shows that a third of the total

number of recorded marriages performed by couples under 16 years of age. The number of cases of early marriage in Indonesia reach 50 million people with an average age of marriage of 19 years. Even in some rural areas, weddings are often performed immediately after the girls get their first period (Landung et al., 2009).

Early marriage gives a greater risk in young women especially fitting aspects of reproductive health. Things that need attention in early marriage is a complication that occurs during pregnancy and childbirth as this will cause the child to be born and the possible risk and contributed increase mortality in mothers and infants. Early marriage would also have implications for the backwardness of knowledge hamper the educational process caused marriage (Landung et al., 2009).

Family Planning National Coordinating Berau (BKKBN) data rate of early marriage in urban areas in 2012 was 26 out of 1000 marriages, the ratio rose in 2013 to 32/1000 wedding. The ratio is inversely proportional to the reality in rural areas declined from 72/1000 67/1000 marriage be marriage in 2013.

Deputy Family Welfare and Family Empowerment, Dr. Sudibyo Ali Musa (2012), revealed South Kalimantan is one of the provinces that an early marriage among the highest number of national / marriage age in this area are younger than the other provinces.

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At the moment South Kalimantan ranks second after West Java province in the largest number of early marriage. Based BKKBN data, the number of teenage family in South Kalimantan are 2483 people with early marriages amount reaches 18% of the total number of adolescents aged 14-16 years.

2. Material and method

This study used a qualitative approach presented in descriptive exploratory. Primary and secondary data collected with data collection done through a questionnaire, in-depth interviews, direct observation, and document review. The primary data obtained directly through in-depth interviews to key informants and informant triangulation, while secondary data obtained from the study of documents, books, laws related to marriage.

The research location is selected cities/districts Barito Kuala, Banjar, Tapin, Sungai Atasan Utara, Sungai Atasan Tengah, Sungai atasan Selatan, Tabalong, Tanah Laut, Tanah Bumbu, and Kotabaru. The study carried out for eight months, from April until November 2014.

Informants of this study are purposive sampling techniques. To obtain information or data from informants most ready and happy to provide answers the questions. Information include: (a) the offender under the age of marriage; (b) the parents or relatives actors underage marriages; (c) scholars in the environment perkwinan underage offenders; (d) community leaders in environmental actors underage marriage; (e) health workers in environmental actors underage marriage; (f) section

Affairs Urais Regency / City, Districts religion affairs office, and the registrar of marriage officer.

Determining the location and informants in certain districts will consider: (1) the data underage marriages highest (2) mountainous regions, coastal, or urban. Secondary data and primary data collected by:

- 1) Observation or direct observation study to look at the geography, religious social, economic, customs, education and health.
- 2) In-depth interviews to obtain data from informants who know about the marriage of underage actors or parties related to underage marriages.
- 3) Focus Group Discussion (FGD) or focus groups conducted to gather information and perceptions of various stakeholders in the background, and the social, health and underage marriage laws. Discussants are community leaders, health workers, section urais, and the prince.
- 4) Study Documents including the collection of supporting documents such as laws or regulations relating to marriage, health, customary law, and so forth.

3. Result

Based on the result of calculation the study samples are 96 adolescents and obtained data as follows:

Based on the results of research conducted in the mining region of South Kalimantan is obtained as listed in Table 1 below.

Table 1: Classification of health effects that arise during pregnancy in adolescents who commit early marriage in the mining region in 2013

No.	Classification	Number	Percentage (%)
1	Experiencing physical health effects during pregnancy	92	95,83
2	Not affected by physical health during pregnancy	4	4,17
Total		96	100

Source: The results of the questionnaire respondents in the mining region of South Kalimantan in 2013

This table shows that of the 96 respondents who did early marriage and get pregnant, 92 respondents (95.83%) experiencing affected by physical health problem during pregnancy. From the results obtained, the teenager who did early marriage and then pregnant in District Cempaka Banjarbaru very risky to experience the impact of physical health during pregnancy.

The health impact that arises during pregnancy is anemia. From the research conducted showed the results of a complaint stating the occurrence of anemia in the Table 2. Table 2 Identify the problem of anemia during pregnancy in adolescents who experience early marriage in the mining region of South Kalimantan in 2013.

Table 2: The obtained percentage of the symptoms experienced by respondents during pregnancy showed the incidence of anemia during pregnancy

No.	Ccomplaint	Number	Percentage (%)
1	Weak	50	52.08
2	Listless	49	51.04
3	Not excited	39	40.63
4	Feeling dizzy	66	68.75
5	Shortness of breath	14	14.58
6	Endurance decreases	34	35.42
7	Fainting	5	5.21

Source: The results of the questionnaire respondents in the mining region of South Kalimantan in 2013

Of the 7 symptoms of anemia over the sequence of events obtained from the highest to the lowest, namely, often feel a headache 66 complaints (68.75%), feeling weak 50 complaints (52.08%), feeling lethargic 49 complaints (51, 04%), do not get excited 39 complaints (40.63%), decreased body resistance 34 complaints (35.42%), shortness of

breath 14 complaints (14.58%), and the incidence of fainting 5 complaints (5.21%).

The health impacts that arise during pregnancy other than anemia is poisoning pregnancy. From the research conducted for the complaint can be seen results that show the occurrence of pregnancy poisoning on an existing table below:

Table 3: Identification of problem incidence of pregnancy poisoning during pregnancy in adolescents who experience early marriage in the mining region of South Kalimantan in 2013

No	Complaint	Number	Percentage (%)
1	High Blood Pressure	53	55.21
2	Excessive swelling in the feet and hands	41	42.71
3	Ear buzzing	18	18.75
4	Excessive vomiting or frequent	63	65.63
5	Severe headaches	15	15.63
6	Heart beats faster	24	25

Source: The results of the questionnaire respondents in the mining region of South Kalimantan in 2013

Based on the results of research on pregnancy poisoning complaints of respondents found that the

largest percentage of that, the incidence of excessive vomiting or frequent 63 complaints (65.63%).

Table 4: Classification of health effects that arise during childbirth in adolescents who commit early marriage

No.	Classification	Number	Percentage (%)
1.	Experiencing physical health effects of childbirth.	87	90.62
2.	Not affected by physical health during childbirth.	9	9.38
Total		96	100

Source: The results of the questionnaire respondents in the mining region of South Kalimantan in 2013

Problems of physical health effects that occur during childbirth in Sub Cempaka the number of respondents 96 people found 87 people (90.62%) who experienced physical health effects of childbirth. Health symptoms that arise during

childbirth, which resulted in the physical health effects of childbirth on the research done, showed in the Table 5.

Table 5: Identification of health problems at the time of delivery to adolescents who experience early marriage in the mining region of South Kalimantan in 2013

No.	Interferences	Number	Percentage (%)
1	Bleeding during childbirth (24 hours at delivery)	33	34.38
2	The process of delivering long: The birth of the first child of more than 2 hours	49	51.04
3	Occurs rips external genitalia	72	75
4	Infection during childbirth: high body temperature or fever at 2 times the examination conducted 24 hours after delivery with an interval of 6 hours	9	9.38
5	Poisoning with symptoms of pregnancy after delivery seizures in new mothers	5	5.21

Source: The results of the questionnaire respondents in the mining region of South Kalimantan in 2013

After doing research the incident occurred rips external genitalia and in the event that the highest percentage i.e. 72 events (75%). Rips external genitalia and in this it almost happened to all child labor, especially in the first delivery (Rosida L, 2010). It is obvious impact on the marriage of young

people who were respondents in this study, because almost all of the respondents had their first child so that the sum of the events rips genitals inside and outside is very high.

Table 6: Classification of health impact that arise after childbirth to adolescents who experience early marriage

No.	Classification	Number	Percentage %
1.	Experiencing physical health effects after childbirth.	59	61.46
2.	Not affected by physical health after childbirth.	37	38.54
Total		96	100

Source: The results of the questionnaire respondents in the mining region of South Kalimantan in 2013

Physical health problems after childbirth in the District Cempaka the number of respondents 96

people found 59 people (61.46%) affected by physical health impact after childbirth.

Impact on the physical health of the mother after giving birth is a disorder that occurs in women after childbirth called baby blues syndrome. Health symptoms that arise during childbirth, which

resulted in the physical health effects after the birth of the research done, showed in the Table 7.

Table 7: Identification of health problems after childbirth in adolescents who experience early marriage in the mining region of South Kalimantan in 2013

No.	Symptom	Number	Percentage (%)
1	Sad	12	12,5
2	Easy cry	9	9,38
3	choleric	6	6,25
4	Anxious	15	15,63
5	Sleep disorders	36	37,5
6	Dusturbances of appetite	41	42,71
7	Tend to blame themselves	4	4,17
8	Feeling herself incapable of running self	1	1,04

Source: The results of the questionnaire respondents in the mining region of South Kalimantan in 2013

Based on the results of research on the incidence of health problem after childbirth obtained the

largest percentage of that, a disturbance of appetite 41 complaints (42.71%).

Table 8: Classification of physical health effects that appear in the baby after birth

No.	Classification	Number	Percentage (%)
1.	Experiencing physical health effects after the baby is born.	17	17,71
2.	Not affected by the physical health of the baby after birth..	79	82,29
Total		96	100

Source: The results of the questionnaire respondents in the mining region of South Kalimantan in 2013

Obtained affected the physical health of the baby after birth were 17 respondents (17.71%) The abnormalities showed on Table 9.

Table 9: Identification of health problems in infants at birth in the mining region in 2013

No.	Health Problem	Number	Percentage (%)
1	Low birth weight	17	17,71
2	After the baby was born dead	1	1,04

Source: The results of the questionnaire respondents in the mining region of South Kalimantan in 2013

Table 9 shows the incidence of low birth weight in babies born of the respondents were married and pregnant at age <20 years were 17 respondents (17.71%). The incidence of low birth weight in babies born is one of the effects of anemia on when the mother was pregnant. Low birth weight (LBW), namely, babies born weighing less than 2,500 grams (Damayanti, 2012). Additionally, anemia in pregnancy is at high risk for LBW (Simanjuntak, 2009).

4. Discussion

Based on in-depth interviews with informants related to the question of whether you know the health information on marriage age limit? Where did you get that information? respondents

"Well, how old that is ready to marry I do not know, our culture if found a soul mate so it is better married rather than make a sin. But about basic mating age limit I do not know".

Age 20 to 24 years old is the best age to marry and to the integrity of the household. The age range is also best to care for her first child. Was at the time married early adulthood are aged 20 before 30 years for women, while for men is 25 years. Because of the biological and psychological ripe, so that the physical

to have children already quite mature. This means that the risk of having children with disabilities or death is not great (Evi, 2011).

Based on the obtained information related to the questions about the respondents had received counseling about the risks of early marriage or not respondents

"Yes, I have heard that early marriage not good for health, but since our grandparent early marriage did not made any problem, early marriage prevent abortion and have many sexual partner"

Women who marry at a young age are at risk of becoming pregnant and giving birth is higher. Marriage adolescence adversely affects the quality of the family, both in terms of psychological unpreparedness in the face of social and economic problems of households (Maryatun, 2013).

The impact of early marriage in addition to the psychological health also have an impact on physical health such as the difficulty of labor, premature birth, low birth weight, and disability in children (Ratriana et al., 2012).

In addition, early marriage will have an impact on physical health (Simanjuntak, 2009):

- a. Anemia in pregnant women
- b. The combination reproductive organs are not ready to get pregnant and anemic increased

pregnant poisoning occurrence of pre eclampsia or eclampsia.

- c. Processing of conception product that lives from the uterus through the vagina to world.

After delivery the risk does not mean missing, while the risks that can occur in women after childbirth is (L Rosida 2010):

- a. Secondary bleeding. Bleeding that occurs more than 24 hours and 6 weeks after childbirth.
- b. Syndrome baby blues (Post partum blues). Mild depression experienced by women after childbirth. The condition of the baby blues syndrome affects 50% -75% of women after childbirth.

In addition to the effects experienced by his mother, early marriage would also have an impact on the baby such as:

- a. The possibility of birth is not enough gestation. Preterm birth less than 37 weeks.
- b. Congenital defects mother influenced the lack of knowledge about pregnancy, poor nutrition knowledge, antenatal care (ANC) less, maternal psychological state is less stable.
- c. Intra Uterine Fetal Death
- d. Babies who are born weighing less than 2,500 grams.

Based on the information obtained on the question asked respondents about whether you've given immunization in health centers respondents

" If i am not mistake i have been given TT injection twice before marriage , thay said it will make me healthy "

TT vaccine (tetanus toxoid) is recommended in women primarily to prevent neonatal tetanus and should be given to women who did not complete the 3 times the basic immunization or booster 10 years.

Pre-marital examination can also avoid the spread of diseases that are transmitted through sexual intercourse, such as syphilis, gonorrhoea, HIV, and hepatitis.

If a woman who wanted to have children, then the ultrasound scan can see whether a woman suffering from cysts, uterine, or tumor. If any abnormalities or infections should be cleaned first because it can disrupt the process of pregnancy. In addition, Pap smear (if a woman is sexually active before) and immunity to disease status (rubella, toxoplasmosis) should also be checked.

TT immunization should be done about a month before the wedding so that when the mother was pregnant and gave birth can be protected from tetanus.

TT besides given to women of childbearing age before marriage, is also given to mothers who are pregnant when first trimester. Then followed a second TT 4 weeks after immunization first TT. It would be better if TT is given at least 2 weeks before delivery.

The high rates of early marriage is triggered by low economic ability or economic hardship. Poverty that cause parents can not send their children to a higher level education, to relieve the burden on the family (Putra, Teguh Surya, 2013).

In addition to the economic and cultural factors, education, concerns of parents, the media, and customs are also factors that lead to early marriage. Economically, early marriage occurs because the circumstances of families living in poverty, to ease the burden on parents then mated with the female children who are considered capable (Sumbulah, Umi., And Faridatul, Jannah, 2012).

5. Conclusion

Based on interviews with respondents showed that women who have early marriage are at risk for reproductive health problems that can affect before pregnancy, during pregnancy and after pregnancy. It also affects the baby is born.

6. Acknowledgement

Respondents were there on the data obtained from religion affairs office not all have the exact address so requires a longer time in finding the respondent. In addition, there are respondents who fit the criteria but to follow her husband moving to other address, resulting in the researchers needed more time to look for suitable replacements respondents.

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