Child Marriage Solution Model

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Abstract. This research aimed to describe the solution model for child marriage. This research took place in Malang Regency. The subjects in this research were married couples who married at the age of children, parents from the woman’s side (wife), and community leaders. Research data obtained through observation and in-depth interviews, then analyzed with interactive techniques. The impact of child marriage that occurred in Malang Regency caused the family to not function properly, so a solution was needed to overcome it. “Gerakan Sadar Kespro” was a solution model for the phenomenon of child marriage by integrating education, health, counseling, and life skill development services. “Gerakan Sadar Kespro” was implemented in two stages of intervention, including prevention intervention and intervention on the impact of child marriage. Integration of education and health services was a preventive strategy to prevent the practice of child marriage. At the stage of the impact on child marriage, the integration between counseling services and the development of life skills was in the domain of curative strategies for perpetrators of child marriage and their parents.

Keywords: Child marriage, Preventive and curative, “Gerakan Sadar Kespro” model.

1 Introduction

Marriage is a demographic dimension, in addition to fertility, mortality, and migration, and become the cause of population growth. Population growth is a problem when it is viewed from the demographic, economic, social, cultural, health, and psychological perspectives. Marriage in the demographic context becomes very interesting when it is correlated with the Age of First Marriage (UKP) which marks a person entering the first reproductive period. On the other hand, the event of marriage becomes a problem when the Age of First Marriage (UKP) has not reached the age that has been legally determined according to Law Number 1 of 1974 concerning Marriage. Such conditions will give rise to the phenomenon of Children Marriage.

The Council on Foreign Relations (CFR) study stated that child marriage is common in several countries, including South Asia (46.8%), Sub-Saharan Africa (37.3%), Latin America (29%), and East Asia & Pacific (17.6%). The phenomenon of child marriage in general often occurs in developing countries, while in developed countries only a few cases are found [1]. Indonesia is one of the countries with the highest percentage of child marriage in the world (ranked 37) and the second highest in ASEAN after Cambodia [2]. Riskesdas data in 2010 mentioned that 41.9% of the Age of First Marriage (UKP) are in the age group of 15-19 years and in the age group of 10-14 years, 4.8% are married. In addition, the 2012 IDHS data, stated the percentage of married women under the age of 20 (13%) with a median age of marriage of 20.1 years in urban areas and a median UKP in rural areas is lower (19.7%) [3].

The phenomenon of child marriage often causes demographic, reproductive health, economic and social impacts. From the demographic aspect, child marriage will increase the level of fertility. The research of Imron stated that older age at marriage affects fertility rates directly in the form of a shorter time for a woman to experience the risk of giving birth and an indirect effect in the form of decreased fertility. On the other hand, mental-psychological and economic unpreparedness is often the cause of divorce among couples due to domestic violence and poverty [4].

The research of Djamilah mentioned that child marriage resulted in divorce [5]. Meanwhile, Alfiyah’s research found the fact that the poverty line in the “low-income” group encouraged child marriage with the excuse of helping the family’s economic problems. This condition was exacerbated by the lack of knowledge about reproductive health in the form of an understanding of healthy pregnancy and childbirth [6].

Meanwhile, other findings of the economic impact on young couples included the existence of a new “poverty cycle”. Most of the incidences of child marriage occurred in poor families due to low levels of education. This condition caused children who were married to be dependents of the family so that parents had a double burden. This condition continued from
Child marriage has an impact in the field of education, it is the high dropout rate. Hariastuti’s research in Malang Regency and Bondowoso Regency, revealed that 61% of married women under 16 years old, they did not continue their education because they took care of the household [8]. Meanwhile, Mubasyaroh’s research revealed that child marriage was able to make children vulnerable to domestic violence, as well as increase maternal morbidity and mortality due to complications of pregnancy and childbirth. Child marriage couples were in uncertain conditions in social status, resulting in wrong adjustment [9].

Due to the impact caused by the incidence of child marriage and based on the results of previous studies, a solution model is needed to overcome child marriage. This research aimed to describe the impact of child marriage and describe the solution model for child marriage.

2 Research Methods

This research was carried out in Malang Regency, East Java. The subjects in this research were married couples who married at the age of children, parents from the woman’s side (wife), and community leaders. Research data obtained through observation and in-depth interviews, then analyzed with interactive techniques.

3 Results and Discussion

3.1 Social impact

In Malang Regency, parents were proud when they succeeded in getting their children married and avoided people’s talk when their daughters went out and brought their boyfriends/girlfriends home, even staying at home. Such actions were included in the category of deviant behavior because they were contrary to the values and norms in society. These deviations included nonconforming actions, including behavior that was not in accordance with existing social norms [10]. The attitude of residents who talked about the neighbor’s children who often brought their boyfriends/girlfriends home and even stay at home was a form of social control.

Social control is a planned or unplanned process, aimed at inviting, guiding or forcing citizens to comply with social norms [11]. The form of social control that is often carried out by citizens is persuasive social control. Persuasive social control is emphasized on efforts to invite or guide community members to comply with social norms.

Verbal violence is often done by husbands when there are problems involving daily needs. As a result of verbal violence between husband and wife, children become victims because they feel afraid and then cry when they see their father and mother fighting. The practice of violence by husbands against their wives is a factor in patriarchal culture, where men dominate women. Patriarchal culture considers women as the second man. Violence perpetrated by men against women comes from the power of men and men also want to maintain power [12].

As consequences of the practice of violence that often occurred in the household of child marriage couples in Malang Regency, the desire to divorce often arised, but the presence of children was a consideration to cancel the intention to divorce and re-strengthen the marriage. This condition was closely related to the value of children in a family. According to Hoffman, Thronton, and Sweet, children’s value was represented as socio-psychological satisfaction for parents. Children were also a means of avoiding socio-cultural pressure, including controlling divorce [13].

Informants actually still wanted to continue their education after marriage but were constrained by economic problems. In addition, the low level of education was the result of child marriage. Child marriage also caused high dropout rates for young couples, especially from the female side. Hariastuti’s research revealed that 61% of women who married before the age of 16 years, they did not continue their education because of taking care of the household [8].

3.2 Economic Impact

According to the informants, income and expenses did not match after marriage. The cost of daily necessities increased. An urgent need, then encouraged families of child marriage in Malang Regency to owe debts to their closest relatives. Scott explained the subsistence farmers’ survival efforts, one of which was maximizing social networks outside the family through debt mechanisms [14]. On the other hand, the needs of children were still borne by their parents. Although the desire to live independently existed, it still could not get out of parental domination. Most of the incidences of child marriage occured in poor families due to low levels of education.

This caused children who were married to be dependents of the family, especially the parents of the woman (wife). As a result, parents had a double burden. Apart from having to support their families, they also had to support new family members. This condition continued from generation to generation from one generation to the next so that structural poverty was formed [5].

The parents of women were motivated to immediately marry off their daughters with the consideration that they would be used as workers to continue the work of the in-laws. In rural farming communities had a subsistence economic style. The subsistence economy was a condition where farmers did not want to take risks, but prioritize safety. This condition was motivated by fears of experiencing food shortages because life was so close to the poverty line [14].

One of the risks avoided by subsistence farmers was the increasing need for capital, especially for the fulfillment of labor. Therefore, subsistence farmers tried to limit the use of labor resources in the farming sector. Rural farmers applied the principle of rejection of labor, which meant refusing the presence of workers from
outside, so they only used labor from within their own family, it was their son-in-law [15].

3.3 Health Impact

Wives of child marriage couples in Malang Regency often experienced medical problems, especially during childbirth. As for the obstacles that arose, where when the wife was about to give birth, the condition of the membranes had broken so that a caesarean section was needed. The condition of the immature uterus caused disturbances during the pregnancy process, it was the membranes rupture when the womb had just entered the age of 8 months. The condition of babies who had not been yet fully perfect for birth (premature) required medical treatment and might be incubated for one week in the hospital.

In addition, breast milk is only given for 1 month because the child had to fast before the hernia surgery. After the hernia surgery was complete, the child did not want to drink breast milk. Existing milk was left out. Wives also often miscarried in their first pregnancy so the baby died at birth. Afriani’s research revealed that child marriage could increase maternal morbidity and mortality due to complications of pregnancy and childbirth [16].

3.4 Psychological Impact

Psychologically, there were often differences of opinion with parents regarding where to live. Parents wanted their children and in-laws to stay at their parents’ house (matrilocal). However, the child wanted to independently manage his own household. Marriage in the end raised the attitude of the husband’s moral responsibility to earn a living for the family, even though he was still young. From the wife’s side, she also often regretted getting married at a child’s age because her life became more constrained and she could not play freely with her friends anymore. The wife was relatively often depressed because they were not ready to raise children.

Major depression due to early marriage could occur in different personality conditions, such as withdrawing from relationships. Couples became quiet and did not want to hang out. Being severely depressed in open personality since childhood, they were driven to do strange things to vent their anger. Mubasyaroh’s research revealed that child marriage couples were in an uncertain condition in social status because when they hang out with their parents. This would cause them to experience mal adjustment, it was the inability to adapt to change [9].

3.5 Child Marriage Solution Model

Based on the results of the research, as well as the data that had been extracted, both through observation techniques and in-depth interviews, it had been revealed that the practice of child marriage had a negative impact on the wife, husband, and family. Several impacts, such as social, cultural, health, and psychological impacts were experienced by perpetrators of child marriage, both from the husband and wife side, including parents. The principle of integration in the implementation of the “Gerakan Sadar Kespro” model was the integration between education, health, health, and life skills services. These three services were the main services in intervening the perpetrators of child marriage. The “Gerakan Sadar Kespro” was divided into 2 (two) main activities, including the intervention to prevent child marriage.

There are 2 (two) groups that will be intervened, including youth and local communities, as well as cross-sectoral stakeholders. Adolescents and local communities were selected for intervention related to the subject of child marriage were teenagers, so it was very appropriate if in the context of prevention, it was teenagers and local youth communities. Before targeting youth and local communities, it was necessary to first identify the characteristics of the Malang Regency area.

In order to intervene with youth and local communities, several strategic and operational steps had been taken, including identifying local communities. After identifying, the local community was strengthened through education (capacity building/ToT and peer education) and reproductive health. As a follow-up to capacity building and ToT, KIE forum will be formed as an effort to sustain the model.

All of these activities had to receive cross-sectoral support. This meant that this model did not actually create a new program, but strengthened existing programs with a cross-sectoral integration system, such as KUA through the Prospective Bride Course (suscatin), the Health Department through the PKPR program, BKKBN through the PIK-R and BKR programs, PKBI through the community. Peers, and the Department of Education through Formal Education and Non-Formal Education. Cross-sectoral support in the form of facilitators, advocates, motivators, and resource persons in every stage of the model, starting from need assessment, advocacy, and model testing or model implementation.

In the next stage, interventions were carried out on the impact of child marriage, both for the perpetrators of child marriage and the parents of the perpetrators of child marriage. For perpetrators of child marriage, they were trained on quality family development. In addition, it was strengthened by life skills in the form of daily living skills, personal/social skills, and occupational skills. In addition, economic empowerment through skills training, especially for women. Meanwhile, the curative strategy for parents was realized through counseling services (parenting) and life skill development (economic empowerment). It was described in detail in the following graph.
4 Conclusion

Impact on social, economic, health and psychological changes. Departing from these impacts, it was necessary to have a solution model to overcome these impacts. The solution model offered in this research was the “Gerakan Sadar Kespro” which integrated education, health, health, and life skills services.

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References