Health, Psychology and Economic Status: Impact of Early Marriage

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Abstract

BACKGROUND: Early marriage is a global problem that harms teenagers. The occurrence of early marriage in rural areas is a common practice.

AIM: This study aims to determine the impact of early marriage on aspects of health, psychology, and economic status comprehensively based on the causes of early marriage in rural area.

METHODS: This study used a cross-sectional study design. The sampling unit of this study was early marriage families from three sub-districts in the Ponorogo district, namely Sawoo, Ngrayun, and Pulung. The number of samples used as many as 75 families. The variables in this study consisted of health, husband’s psychology, wife’s psychology, and economic status. The statistical test used polychoric Principle Component Analysis (PCA) analysis to obtain health, psychological and economic status variables derived from several indicators.

RESULTS: The results of this study indicate that in the healthcare variable, it appears that most of the respondents do not experience bleeding, do not have abdominal pain, and do not hurt on contact. Based on the emotion variable, the wife is more emotional than the husband. The results of polychoric PCA are based on scores that are divided into two categories. The results of the polychoric PCA analysis show that most of the early married couples have worse health and economic conditions, namely, 55% and 65%, respectively. Meanwhile, in the psychological condition of husband and wife, most of them have good conditions, namely, 75% and 83%.

CONCLUSION: The impact of early marriage which shows poor results is on the health and economic aspects.

Introduction

Early marriage is a global problem that has a negative impact on adolescents [1], [2], [3]. Based on law number 16 of 2019, it is stated that early marriage is a marriage that occurs before the age of 16 for women and before 19 years for men [4].

The prevalence of early marriage in the world reaches 12 million per year [5]. Data in Indonesia show that in the past 10 years, early marriage in Indonesia has decreased by 3.5%. However, this decline still requires systemic and integrated efforts to achieve the target of 8.74% in 2024 and 6.94 percent in 2030 [6]. East Java is one of the provinces with a high percentage of early marriages in Indonesia. The number of early marriages in Ponorogo Regency has increased by 100% in 2020 [7]. Based on the area of residence, rural (16.87%) has a higher early marriage rate than urban areas (7.15%) [8].

The occurrence of early marriage in rural areas is a common practice. This is the influence of low educational conditions and community traditions [9]. Society considers early marriage does not have a significant effect on their lives. Based on research that has been carried out, the impact of early marriage includes the nutritional status of infants, early pregnancy, school dropouts, and economic welfare [10], [11], [12]. The research complements previous research, related to the impact of early marriage on aspects of adolescent women’s physical health and psychology of early marriage partners. This study aims to determine the impact of early marriage on aspects of health, psychology, and economic status comprehensively based on the causes of early marriage in rural area.

The previous studies looked at the impact of early marriage partially. This study looks at the impact of health, psychology, and economics comprehensively. This can be used as a basis for making policies to improve the quality of early marriage families.

Methods

This study uses a cross-sectional study design, with the sampling unit being early marriage families, who are married in 2019-2021.
Collecting data using probability sampling technique, namely, using cluster random sampling in each sub-district.

The measurement variable used a questionnaire. The variables in this study consisted of health, husband’s psychology, wife’s psychology, and economic status. The health variable comes from five indicators, namely, the smoothness of menstruation, pain in the genitals, abdominal pain, and bleeding [13]. The psychological variables of husband and wife each come from indicators of confidence, emotion, stress, shame, and regret [14]. The economic status variable consists of four indicators, namely, employment status, the main source of income, parental assistance, and saving [15], [16].

This study uses polychoric Principle Component Analysis (PCA) to obtain health, psychology, and economic status variables derived from several indicators.

This research has passed the ethical test from the Ethics Committee of the Faculty of Health Sciences, Universitas Muhammadiyah Ponorogo with the number 99/ER/KEPK/2021 on June 18, 2021.

Results

Characteristics of respondents based on the variables that make up the impact of early marriage are shown in Table 1.

Table 1: Frequency distribution characteristics of respondent

| Variable          | Category            | n  | %    |
|-------------------|---------------------|----|------|
| Health            | Menstruation        | 62 | 83%  |
|                   | Pain in the genitals| 41 | 55%  |
|                   | Abdominal pain      | 34 | 45%  |
|                   | Bleeding            | 41 | 55%  |
| Husband psychology| self-confident      | 13 | 19%  |
|                   | Emotion             | 38 | 55%  |
|                   | Stress              | 38 | 55%  |
|                   | Embarrassed         | 44 | 65%  |
|                   | Regret              | 71 | 100% |
| Wife psychology   | self-confident      | 6  | 8%   |
|                   | Emotion             | 37 | 53%  |
|                   | Stress              | 38 | 53%  |
|                   | Embarrassed         | 44 | 65%  |
|                   | Regret              | 71 | 100% |
| Economic Status   | Working Status      | 6  | 8%   |
|                   | Main income source  | 69 | 92%  |
|                   | Parental help       | 9  | 12%  |
|                   | saving ability      | 66 | 88%  |
|                   | saving ability      | 66 | 88%  |

Table 2: Polychoric PCA analysis

| Variable          | Category          | Polychoric PCA |
|-------------------|-------------------|----------------|
| Health            | Menstruation      | 2.711          |
|                   | Pain in the genitals | 1.221          |
|                   | Abdominal pain    | 1.877          |
|                   | Bleeding          | 1.984          |
| Husband psychology| self-confident    | 2.071          |
|                   | Emotion           | 1.221          |
|                   | Stress            | 1.877          |
|                   | Embarrassed       | 1.984          |
|                   | Regret            | 1.984          |
| Wife psychology   | self-confident    | 1.000          |
|                   | Emotion           | 1.221          |
|                   | Stress            | 1.877          |
|                   | Embarrassed       | 1.984          |
|                   | Regret            | 1.984          |
| Economic Status   | Working Status    | 1.221          |
|                   | Main income source| 1.221          |
|                   | Parental help     | 1.221          |
|                   | saving ability    | 1.221          |

Based on the constituent variables of health, it can be seen that most of the respondents did not experience bleeding, no abdominal pain, and no pain in the genitals. Meanwhile, the variable of menstrual fluency is almost the same between smooth and non-fluent.

In the psychological condition of husband and wife, it can be seen that based on the variables of confidence, stress, shame, and regret, most husbands and wives have good conditions despite having early marriages. Based on the emotion variable, the wife is more emotional than the husband, which is 49.33% and 20%, respectively.

Based on Table 2, the results of polychoric PCA show that the health variable formed can explain 67.9% of the variation of the four constituent variables. In the psychological variables of husband and wife, it can be seen that each of the variables formed can explain 76.5% and 54.2% of the variation of the five constituent indicators. Meanwhile, based on the formed economic status variable, it can explain 55.6% of the variation of the four constituent variables.

The results of polychoric PCA are based on scores that are divided into two categories centered on zero. A positive score indicates a good condition, while a negative score indicates a worse condition [17]. The results in Table 3 show that most of the early married couples have worse health and economic conditions, namely 55% and 65%, respectively. Meanwhile, in the psychological condition of husband and wife, most of them have good conditions, namely, 75% and 83%.

Table 3: PCA polychoric result variable category

| Variable          | Good | Worse |
|-------------------|------|-------|
| Health            | 34   | 55%   |
| Economic Status   | 26   | 45%   |
| Husband psychology| 56   | 65%   |
| Wife psychology   | 62   | 83%   |

Discussion

Early marriage is often the responsibility of the family, especially the parents of the man (husband).
This condition will take place repeatedly from one generation to the next so that structural poverty will be formed. The economic impacts as above were found in all research sites [18]. Early marriage has an impact on the economic well-being of the family and has implications for other problems such as health, relationship violence, and education [10].

Married young risk being unprepared to take care of children who can endanger the safety of the baby and the mother to death. After getting married, the perpetrators of child marriage are divorced, and then the victim returns to work in illegal prostitution houses. One of the causes of the increase in infant mortality is due to low birth weight due to malnutrition. According to the results of an interview with the Maternal and Child Health Office, in North Sulawesi Province [18].

Child marriage has the potential for domestic violence that causes trauma to death, especially experienced by adolescent girls. Psychological impacts were also found across the study areas where partners were not mentally prepared for role changes. Teenage girls who married young and experienced unwanted pregnancies will tend to be embarrassed. Maybe they do not know how their role changes from a teenager who is still in school to the role of a mother and wife [18].

Many young men hope to find work to have enough money to meet the needs of their new family. However, due to limited education, the opportunity to get a job is also very limited. So this new family becomes the responsibility of the parents of both partners. Even early marriage couples who are still not economically established limit the number of children they plan to have according to their ability to take care of them [19].

Delaying the first birth until the age of 20 appears to benefit both mother and baby. Access to reproductive health services; timely and quality family planning services and administration of Tetanus toxoid and iron/folic acid to married adolescents who are pregnant [20].

Based on the health condition of married adolescents, the prevalence of menstrual disorders is 20.3% and the most common disorder is excessive pain [21]. Gynecological disorders include menstrual irregularities, urinary problems, lower abdominal pain with vaginal discharge, itching and irritation of the vagina, white discharge from the vagina with or without an unpleasant odor, sores in the genital area, and vaginal discharge which are problems in early marriage [22], [23], [24].

About 48% of adolescent women have major problems related to pregnancy compared to 45.3% of adult women. Adolescent female fetuses also have more problems (9.7%) than adult female fetuses during birth [20], [25]. Teenage pregnancies are 1.3 times more likely to have poorer baby health than adult pregnancies [26].

Psychologically, the wife in the emotional section has a higher incidence than the husband's emotion. This is made possible by the demands of raising children, adjusting to psychological development as a teenager, as well as the complexity of changing roles very quickly and at the same time. It was also added that pregnancies that occur in early marriage couples are mostly unplanned/unwanted pregnancies, while these young women feel economically and materially disadvantaged so that it will lead to depression during pregnancy until the puerperium [27]. The psychological well-being of young women who marry early is worse than that of adult women. The wife's psychological well-being is influenced by her husband's education and type of work. And not influenced by wife's education [27]. Based on the results of the study, the psychological condition of the wife and husband did not show a tendency to have a bad psychological condition. This happens psychologically they are not burdened because it is common in the environment where they live, namely, in the countryside. Environment and family originating from low education and being a supporting factor for early marriage [28].

Based on research, the biggest impact of early marriage is from an economic perspective. The economic condition of early marriage couples is still a burden for parents. This is evident from 56% of couples whose main income still comes from their parents. The impact of poverty and economic independence is a problem for the rural population. This research only covers rural areas so that further research is needed in urban areas with different sociodemographic conditions.

Conclusion

The results of this study can be concluded that most early marriage couples have worse health and economic conditions, namely, 55% and 65%, respectively. Meanwhile, in the psychological condition of husband and wife, most of them have good conditions, namely, 75% and 83%.

The results of the research are taken into consideration by the regional government and related agencies in unifying psychological changes and development, as well as providing skills and economic development for early marriage couples.

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