



## Force, Support, and Endorsing Factors of Early Marriage in Adolescent Sasak (Sasak Ethnic) in Central Lombok



M. Karjono <sup>a</sup>  
I Made Bakta <sup>b</sup>  
I Nyoman Mangku Karmaya <sup>c</sup>  
Dyah Pradnyaparamita <sup>d</sup>  
Murtiananingsih <sup>e</sup>

### Article history:

Received: 9 September 2016

Accepted: 30 January 2017

Published: 31 March 2017

### Keywords:

*early marriage;*  
*parents role;*  
*peers;*  
*population;*  
*unwanted pregnancy;*

### Abstract

Projection of Indonesian teenager 2000-2025 years of age 10-24 years is reach 64 million or 28.64% of the total population of Indonesia. West Nusa Tenggara with a population growth rate around 1.49% exceeds the national population growth rate 1.1% with fertility during adolescence (early marriage) of 48 / 1,000 children who were born between 15-19 years reached 8359 people. Figures of early marriage on the teen have an impact on social inequalities in the high school dropout rate, premarital sex, divorce and high epidemics of sexually transmitted infections (STIs) as well as the explosion of the population. The research objective was to determine the amplifier, enabling factors and drivers of early marriage in adolescents *Sasak* in Central Lombok Regency. The research design is a "cross-sectional". Samples of the research 582 people, taken using *systematic random sampling* method from 2,574 population. The dependent variable of early marriage in adolescents, while teens knowledge about reproductive health, adolescent attitude about early marriage, pregnancy Unwanted (KTD), culture, peer pressure, media exposure information, the role of parents as the independent variable. Data were collected by interview with questionnaire tools. Data analysis was carried out gradually include univariate, bivariate (*chi-square*) and multivariate (*logistic regression*). The results of test *chi-square* each independent variable with the dependent variable showed no significant relationship between the knowledge of adolescents ( $p = 0.001$ ), adolescent attitude ( $p = 0.003$ ), Pregnancy Unwanted (KTD) ( $p = 0.021$ ), culture ( $p = 0.011$ ) peer pressure ( $p = 0.005$ ), and the role of parents ( $p = 0.001$ ) with early marriage in adolescents *Sasak* in Central Lombok Regency. The test results of multivariate (*logistic regression*) to determine the magnitude of the effect of each variable when tested simultaneously. The test results address that Unwanted Pregnancy (KTD) (OR = 3.220;  $p = 0.001$ ; CI = 1.742 to 3.008) of peer pressure (OR = 4.492;  $p = 0.001$ ; CI = 2.906 to 5.457) and the role of parents (OR = 2.121;  $p = 0.001$ ; CI = 0.783 to 1.113) a major cause of early marriage in adolescents *Sasak* in Central Lombok Regency. Necessary

<sup>a</sup> The University of West Nusa Tenggara, Indonesia

<sup>b</sup> The University of Udayana, Indonesia

<sup>c</sup> The University of Udayana, Indonesia

<sup>d</sup> The University of Udayana, Indonesia

<sup>e</sup> The University of West Nusa Tenggara, Indonesia

---

efforts to promote reproductive health at the Junior High School (JSS) and middle school (high school) since the beginning as well as the necessary activities to disseminate information through peers, print and electronic media to increase knowledge and understanding as well as the dangers of early marriage in adolescents *Tribe Sasak* in Central Lombok Regency.

2454-2261 ©Copyright 2017. The Author.  
This is an open-access article under the CC BY-SA license  
(<https://creativecommons.org/licenses/by-sa/4.0/>)  
All rights reserved.

---

**Author correspondence:**

Karjono M,  
The Faculty of Public Health The University of West Nusa Tenggara, Indonesia  
Email address: [jho\\_gagah@yahoo.co.id](mailto:jho_gagah@yahoo.co.id)

---

## 1. Introduction

Adolescents in Indonesia is currently experiencing rapid social change from a traditional society to the modern society. Yeng social changes occur from changes in norms, values, and lifestyles. Teenagers who formerly maintained largely by the family system, the indigenous culture and traditional values that exist, has undergone changes caused by rapid urbanization and industrialization. This was followed by a media revolution that is open to a diversity of lifestyles and career choices. These developments resulted in an increase adolescents' vulnerability to various diseases, especially those related to reproductive health, including the growing threat of HIV / AIDS (Suryoputro, 2006; Fair *et al.*, 2013).

Teenagers are one of the world population is 1.2 billion, or approximately 1/5 of the population of the world. According to projections of the Indonesian population, aged 10-24 years in 2000-2025 reached 64 million or 28.64% of the total population of Indonesia in 2007 (Anonim, 2005). The population of Indonesia ranks fourth with a Human Development Index (HDI) take places 124 of 187 countries in the world means that the number of Indonesia is large but has low quality due to population growth is so rapid and can not be suppressed only through family planning programs alone resulting in social inequalities (Anonim, 2005).

West Nusa Tenggara province one of the provinces with a high population growth rate is 1.1% of Indonesia's population growth rate only 1.49% per year and an increase in fertility on early age (early marriage) is 48/1000 with a number of children owned by couples of reproductive age (15-19 years) around 8359 (Anonim, 2005).

Religious Affairs Office (KUA) Central Lombok regency in 2015 recorded 1,486 couples registering for marriage the couple is unknown 797 couples adolescence (12-24 years) (KUA district, Central Lombok, 2016). Some districts are in Central Lombok District, District Pujut is one of the districts with the highest number of early marriages as compared to other districts as many as 338 couples

Early marriage among adolescents is currently a major problem. Early marriage in adolescents is considered as a matter of course by some parents and society today, but judging and analyzed the impact surfaced of early marriage on root of the problem that needs special attention, such as divorce, the dropout rate, premarital sex, social welfare economic, unsafe abortion, maternal mortality and infant and others (Mcnulty *et al.*, 2014).

One theory could be used to explain the behavior change due to changes in the social structure is especially in early marriage is the theory of behavioral change. Changes in the behavior of people especially teenagers are influenced by three factors, namely reinforcing factors (*predisposing factors*) in which there is knowledge, attitudes, actions, traditions (beliefs), and norms/rules, enabling factors (*enabling factors*) such as health care facilities, facilities, access, costs and resources and factors (*reinforcing factor*) is composed of parents, the role of community leaders, the role of health workers and satisfaction<sup>5</sup>.

Teenagers are one of the world population is 1.2 billion, or approximately 1/5 of the population of the world. According to projections of the Indonesian population, aged 10-24 years in 2000-2025 reached 64 million or 28.64% of the total population of Indonesia in 2007 (Doyle *et al.*, 2011; Aninanya, 2015). Some of the factors that influence behavioral change and the results of previous literature studies mention that the factor of knowledge, access to health services, resources, the role of parents and the role of public figures are the dominant factor affecting early marriage in adolescents (Green *et al.*, 2009). This study aimed to determine the amplifier, enabling factors and drivers of early marriage in adolescents *Sasak* in Central Lombok Regency.

## 2. Materials and Methods

The design used in this study is an observational design (*cross-sectional*). Data were collected during six months in Central Lombok West Nusa Tenggara province. The target population is all adolescents who are in Central Lombok Regency. The affordable population is married adolescent couples early age enrolled in the Religious Affairs Office (KUA) West Lombok district from January to December 2016 as many as 1,240 couples. 582 samples are taken using *random sampling systematic* method (Sugiyono, 2000). The research sample was excluded if at the time of the study had already moved the domicile of the study site and refuse to be a respondent.

The variables measured were adolescents knowledge about reproductive health, attitude Unwanted Pregnancy (KTD), the influence of local culture, peer pressure, the role of parents and resources as a free variable, while the dependent variable was the incidence of early marriage on adolescents. Data collected by interview using a structured questionnaire with questions that have tested the validity of construction (*construct validity*).

Analysis of the results of research carried out in stages, namely univariate, bivariate and multivariate tools SPSS computer. *Univariate* Analysis is to analyze the frequency of distribution each variable. *Bivariate* Analysis is to look the relationship and significance of each variable independently using *statistic Chy square* test with 95% of confidence level. *Multivariate* analysis is to analyze how much the influence of an independent variable on the dependent variable simultaneously with statistical *logistic regression tests*.

## 3. Results and Discussions

Characteristics *Sasak* teenage survey respondents in Central Lombok regency in 2016 can be presented in

Table 1  
Characteristics of respondents frequency distribution research in West Lombok district

Respondent Characteristics	Frequency (F)	Percentage (%)
Age Group		
<20	318	54,64
>20 years	264	45,36
Religion		
Hindus	173	29,72
Muslim	352	60,48
Christian	57	9,79
Education level		
Elementary	213	36,59
First School	205	35,04
Secondary School/Vocational School	78	13,40
Diploma	57	9,79
Under Graduate	29	4,98
Occupation		
Not Working/Jobless	354	60,82
Agriculture/Farming	28	4,81
Fishermen	102	17,52
Services	98	16,83

Based on the characteristics of respondents survey noted that most respondents have less than 20 years of age 318 people (54.64%). Most Muslims as much as 352 people (60.48%), the level of education most SD/MI 213 people (36.59%), and it does not work 354 votes (60.82%).

Table 2  
The distribution frequency of respondents using univariate and bivariate analysis (*chi-square*) on each of the variables in Central Lombok Regency

Research Variables	No	Early Marriage Yes	<i>P</i>
Knowledge			
Less	95 (16.32)	268 (46,06)	0,043
Good	158 (27.14)	61 (10,48)	
The attitude			
Disagree	62 (10.65)	168 (28,87)	0,040
Agree	285 (11.51)	67 (11,51)	
Unwanted Pregnancy			
No	154 (26.46)	184 (31,62)	0,011
Yes	135 (23.20)	109 (18,73)	
Cultural Influence			
No Role	78 ( 13.40)	125 (21,48)	0,039
Role	86 (14.78)	293 (50,34)	
pressure Peers			
Not Participate	73 (12.54)	98 (16,84)	0,001
Serve	87 (14.95)	324 (55,67)	
Role of Parents			
Role	65 (11.17)	184 (31,62)	0,021
Not Contribute to	122 (20.96)	211 (36,25)	
Resources			
Print (magazines, books, newspapers)	79 (13, 57)	124 (21,30)	0,003
Electronic (internet, TV,HP)	58(9.97)	321 (55.15)	

Significant:  $p < 0.05$ ;  $\alpha = 0.005$ ;

Table 2 above, the sixth variable has a value of  $p < \alpha$ , meaning that there is a significant relationship between knowledge, attitude, Pregnancy Unwanted, cultural, peer pressure, parents role and information resources of early marriage in adolescents *Sasak* in Central Lombok.

The results of the bivariate test with *chi-square* with  $p < \alpha$ , then the six variables can be continued by multivariate analysis with *logistic regression* analysis. The resulting analysis of Regression *Logistic* can be presented in Table 3.

Table 3  
Results of analysis of *logistic regression* the causes of early marriage in adolescents *Sasak* in Central Lombok Regency

Variables	<i>P value</i>	OR	95% C. I. for EXP (B)	
			Lower	Upper
Knowledge	0,006	3,018	1,160	5,510
Attitudes	0,002	1,290	1,745	2,266
Pregnancy Unwanted	0,001	4.520	2,742	5,008
Cultural Influence	0,009	3,408	1,874	3,269
Peer pressure	0,001	3,902	1,906	4,457
Parent's Role	0,001	4,231	2,783	6,241
Resources	0,002	2,132	1,825	2,113

CI = 95%;  $\alpha = 0.05$ ;

The above table shows that the knowledge, attitudes, Unwanted Pregnancy, Culture, Peer Pressure, Role of Parents

and Resources consistently related to early marriage in adolescents Sasak in Central Lombok regency. The results of analysis got knowledge ( $p = 0.006$ ; OR = 3.018; CI = 1.160 to 5.510), attitude ( $p = 0.001$ ; OR = 1.290; CI = 1.745 to 2.266), Pregnancy Unwanted ( $p = 0.001$ ; OR = 4.520; CI = 2.742 to 5.008), Culture ( $p = 0.009$ ; OR = 3.408; CI = 1.874 to 3.269), Peer pressure ( $p = 0.001$ ; OR = 3.902; CI = 1.906 to 4.457), Parents Role ( $p = 0.001$ ; OR = 4.231; CI = 2.783 to 6.241), and sources of information ( $p = 0.002$ ; OR = 2.132; CI = 1.825 to 1.113).

### Discussion

Theory of Lawrence Green *et al.*, (1994), the health of individuals/communities affected by two principal factors, namely behavioral factors, and external factors, behavioral (non-behavioral). Furthermore, this behavior factor is determined by three groups of factors. These factors are predisposing (*predisposing factors*) include the knowledge, attitudes, beliefs, traditions, social norms, and other forms contained within the individual and society, enabling factors (*enabling factors*) is the availability of facilities, information about health services and services to achieve and factors plunger (*reinforcing factors*) is the attitudes and behavior of health care workers, family, community leaders are influential in the community environment (Green *et al.*, 2009).

Based on the statistical results tests of *logistic regression* found that seven variables tested simultaneously with the incidence of early marriage in adolescents Sasak in Central Lombok regency have a significant effect, with  $p < \alpha$ . Marriage in adolescents sasak in Central Lombok most dominantly influenced by the lack of knowledge adolescents about the dangers of early marriage and health reproductive ( $p = 0.006$ ; OR = 3.018; CI = 1.160 to 5.510), unwanted pregnancy ( $p = 0.001$ ; OR = 4.520; CI = 2.742 to 5.008), the influence of culture ( $p = 0.009$ ; OR = 3.408; CI = 1.874 to 3.269), peer pressure ( $p = 0.001$ ; OR = 3.902; CI = 1.906 to 4.457) and the parents role including encourages his son to get married ( $p = 0.001$ ; OR = 4.231; CI = 2.783 to 6.241).

The results are consistent with the results of research that has been done by Sumardi Rahardjo & Riyanti Imron (2013) in the Kalianda district South Lampung found that there is the influence of education ( $p$  value = 0.006), knowledge ( $p$  value = 0.000), behavior ( $p$  value = 0.000), employment ( $p$  value = 0.273), the quality of family environment ( $p$  value = 0.005), the environmental quality of the community ( $p$  value = 0.038), media ( $p$  value = 0.299), socioculture ( $p$  value = 0.331), and economics ( $p$  value = 0.487) with early marriage in adolescents.

High rates of early marriage in adolescents Sasak in Central Lombok Regency is because of low access to get an education, economic opportunities, as well as the quality of reproductive health services and education, especially for girls. Besides the poverty level also determines the situation of early marriage in the youth group.

In harmony with the risk of maternal mortality and infant mortality due to early marriage among adolescents, the government through Term Development Plan (RPJMN) targets Maternal Mortality Rate (MMR) is currently 228 / 1,000 live births is targeted to fall to 118 / 1,000 live births, while the mortality rate toddlers (AKB) today 34/1000 live births and is targeted to fall to 24 / 1,000 live births in 2015 (Utomo, *et al.*, 2011).

Early marriage is of particular concern governments of West Nusa Tenggara province. Through the Chief Representative of Population and Family Planning Agency (BKKBN), NTB mentions that the marriage rate under an early age in NTB reached 58.1% in 2015 (Utomo, *et al.*, 2011). Cases Early marriage decreased to 51% after various efforts and activities taken to reduce the number of early marriages in adolescents, especially in Central Lombok Regency.

Early marriage under the age of 21 years correlated with high rates of divorce. Divorce cases in NTB province reached 21.55% widows and widowers in 2016. Marriage early age becomes a risk factor for divorce, divorce occurs due to lack of readiness of teenagers who married early in terms of economics, psychology, and mental readiness so that the word of divorce often become road out when the altercation occurred.

Early marriage does not only happen in Indonesia especially in West Lombok Regency. Early marriage also occurs in the two countries surveyed. The result, early marriage is highest in the world takes place in Bangladesh, where 73% of girls marry before age 18 years. As many as 27% of girls aged 12 to 14 years are married. While men of the same age, who were married only 2.8%. Pakistan is the lowest, in which only 34.8% are girls aged under 18 years who is married, with 15.2% were married under the age of 15 years and early marriages continue to occur due to strong gender discrimination, economic dependence girls, as well as strong tradition (Kabir *et al.*, 2016).

As a comparison, the government has launched a couple of programs to address the problem such as the Center for Information and Counseling Adolescent Reproductive Health (PIK-KRR) consisting of PIK Youth and Students, CHEERFUL (Story Teen Indonesia), PKPR (Program Adolescent Reproductive Health), Consoling and adolescent reproductive health information health center level (*Family life and life skill Educations*) and Health School Unit

(UKS) (Ortabag, *et al.*, 2011). Reproductive health and sexuality in adolescents in Indonesia are generally the same as some other developing countries. Young people in some developing countries such as Angola, Algeria, Bangladesh, India, Thailand, and the Philippines have adolescent reproductive health problems such as lack of information on reproductive health, access to reproductive health services are not available, poverty and poor education (Utomo, *et al.*, 2011; Lim *et al.*, 2015).

#### 4. Conclusion

The results of this study concluded that early marriage reinforcing factors in adolescents Sasak in Mataram are knowledge and attitudes of adolescents themselves, whereas support factor more easily obtained by teenage resources including ease of access as well as taking care of the requirements for getting married. As for as the motivating factor were unwanted pregnancies, the cultural influence of parental influence and pressure from close friends/peer so invited to perform an early marriage.

#### *Conflict of interest statement and funding sources*

The author(s) declared that (s)he/they have no competing interest. The study was financed by the authors.

#### *Statement of authorship*

The author(s) have a responsibility for the conception and design of the study. The author(s) have approved the final article.

#### *Acknowledgments*






Forcing factor (predisposing factors) early marriage is the low level of knowledge of adolescents about reproductive health and the dangers of early marriage, his attitude does not care about the dangers and impact caused by early marriage, their cultural influence Elope (Merarik). Supporting factors (enabling factors) is still the Role of Parents to immediately marry off their children, and their influence and pressure from peers / her age. Incentives (reinforcing factors) that is due to the influence of sources of information that is wide open allowing teenagers to have sex before marriage resulting in unwanted pregnancies teen forced to marry early age in adolescents Sasak in Central Lombok regency.

**References**

- Aninanya, G. A., Debpuur, C. Y., Awine, T., Williams, J. E., Hodgson, A., & Howard, N. (2015). Effects of an adolescent sexual and reproductive health intervention on health service usage by young people in northern Ghana: a community-randomised trial. *PLoS one*, *10*(4), e0125267.
- Doyle, A. M., Weiss, H. A., Maganja, K., Kapiga, S., McCormack, S., Watson-Jones, D., ... & Ross, D. A. (2011). The long-term impact of the MEMA kwa Vijana adolescent sexual and reproductive health intervention: effect of dose and time since intervention exposure. *PLoS One*, *6*(9), e24866.
- Fair, C., Wiener, L., Zadeh, S., Albright, J., Mellins, C. A., Mancilla, M., ... & Lovelace, S. (2013). Reproductive health decision-making in perinatally HIV-infected adolescents and young adults. *Maternal and child health journal*, *17*(5), 797-808.
- Green, L. W., Ottoson, J. M., Garcia, C., & Hiatt, R. A. (2009). Diffusion theory and knowledge dissemination, utilization, and integration in public health. *Annual review of public health*, *30*, 151-174.
- Islam, M. M., Alam, M., Tariqzaman, M., Kabir, M. A., Pervin, R., Begum, M., & Khan, M. M. H. (2013). Predictors of the number of under-five malnourished children in Bangladesh: application of the generalized poisson regression model. *BMC public health*, *13*(1), 11.
- Lim, M. S., Zhang, X. D., Kennedy, E., Li, Y., Yang, Y., Li, L., ... & Luchters, S. (2015). Sexual and reproductive health knowledge, contraception uptake, and factors associated with unmet need for modern contraception among adolescent female sex workers in China. *PLoS one*, *10*(1), e0115435.
- McNulty, J. K., Wenner, C. A., & Fisher, T. D. (2016). Longitudinal associations among relationship satisfaction, sexual satisfaction, and frequency of sex in early marriage. *Archives of Sexual Behavior*, *45*(1), 85-97.
- Ortabag, T., Ozdemir, S., Bakir, B., & Tosun, N. (2011). Health promotion and risk behaviors among adolescents in Turkey. *The Journal of School Nursing*, *27*(4), 304-315.
- Situmorang, A. (2003). Adolescent reproductive health in Indonesia. *Jakarta: STARH Program*.
- Sugiyono, D. R. (2000). Metode Penelitian. *Bandung: CV Alfabeta*.
- Suryoputro, A., Ford, N. J., & Shaluhayah, Z. (2006). Faktor-faktor yang mempengaruhi perilaku seksual remaja di Jawa Tengah: implikasinya terhadap kebijakan dan layanan kesehatan seksual dan reproduksi. *Makara kesehatan*, *10*(1), 29-40.
- Utomo, I. D., McDonald, P., Reimondos, A., Utomo, A., & Hull, T. H. (2014). Do primary students understand how pregnancy can occur? A comparison of students in Jakarta, West Java, West Nusa Tenggara and South Sulawesi, Indonesia. *Sex Education*, *14*(1), 95-109.



### Biography of Authors

	<p>Karjono M. was born on June 27<sup>th</sup>, 1985 at Kadek Segala Anyar village Central Lombok. He graduated his Sarjana (S1) degree in Public Health Faculty of the West Nusa Tenggara Barat University of Mataram in 2010. In 2010 he graduated from post graduate program in Public Health science department of Udayana University with a concentration on Maternal and Child Health Reproduction. In 2010 he joined students exchange program named Twincle Program between Udayana University and Chiba University of Japan. In 2014 Karjono graduated his Doctoral program on medical science at Medical Faculty of Udayana University with focus study on Maternal and Child Health Reproduction. He has been a lecturer in Public Health Faculty of West Nusa Tenggara Barat University since 2010. Besides lecturer, he did research and community service as well wrote articles in scientific publication especially on Maternal and Child Health Reproduction. <i>Email: <a href="mailto:jho_gagah@yahoo.co.id">jho_gagah@yahoo.co.id</a></i></p>
	<p>Prof. Dr. dr. I Made Bakta, Sp. PD (KHOM) The Professor in the Faculty of Medicine, Udayana University.</p>
	<p>Prof. Dr. dr. I Nyoman Mangku Karmaya, PA (K) The Professor in the Faculty of Medicine, Udayana University.</p>
	<p>Dr. dr. Dyah Pradnyaparamita D. M. Si A senior lecturer in the Faculty of Medicine, Udayana University.</p>
	<p>Murtiananingsih, SKM., M. Kes Lecturer in Faculty of Public Health, The University of West Nusa Tenggara</p>