

ICASH-A56

FACTORS ASSOCIATED WITH BIRTH SPACING AMONG CHILD MARRIAGE COUPLES IN INDONESIA

Puput Kusumawardani Moehas

*Department of Health & Society, Faculty of Social Sciences and Humanities
Mahidol University, Thailand*

Corresponding author's email: daniamoehas@gmail.com

ABSTRACT

Background: Child marriage has been proved resulting adverse outcomes for both groom and brides. Those who married before the age of 15, are more likely to have more than 3 children before they are 24 years old. This, along with the fact that girls are not physically mature enough to give birth, places both mothers and their babies at risk. This study aims to review factors that might influence decision making on spacing birth among child marriage couple in Indonesia.

Methods: Data from Riset Kesehatan Dasar (Basic Health Research) of Indonesia 2013 were employed with additional several papers from other countries to strengthen the analysis. The theory of Planned Behavior (TPB) were used to explain that behavior is not fully under control of the individuals.

Results: Girls aged of 15-19 were less likely to use contraception. Study shows the birth spacing was affected by attitudes toward behavior. The other factors are subjective norms, where people surrounding are influencing the birth spacing decision. Internal factor such as the affordability of the service may influence them to access the services. External factor such as the availability of the services will help them easier in accessing contraceptive for birth spacing.

Conclusions: Child marriage trends are start to decline year by year. Yet, the impact of child marriage needs to be reduced to make a better quality of life of the child marriage. A good practice and positive attitudes to birth spacing will lower the adverse impacts to the brides, and it can give a better outcome for the children as well.

Keywords: Birth Spacing, Child Marriage, Theory of Planned Behavior

INTRODUCTION

Child Marriage is a legal or customary union between two people, of whom one or both spouses is below the age of 18. The reasons behind a child marriage usually happen by economic, traditional belief, religiosity, state policy and unplanned pregnancy. Child marriage had impact in psychosocial disadvantage, high mortality rate, and limited access to contraception, domestic violence and abandonment. [1]

Birth spacing refers to an interval between attempting the next pregnancies after a live birth or after an abortion. After a live birth, the recommendation is at least 24 months [2]. When it comes to child marriage, the brides are under intense social pressure to prove their fertility. Many girls, especially for those who are married or living with older partners, lack the confidence and agency to assert their preferences and needs, particularly when it comes to negotiating safe sexual practices and using family planning. [3] They are more likely experience early, frequent, and often unwanted pregnancy. They tend likely to have too many children to care in their young age. Those who married before the age 15, have more than three or more children by the age of 24. [4]

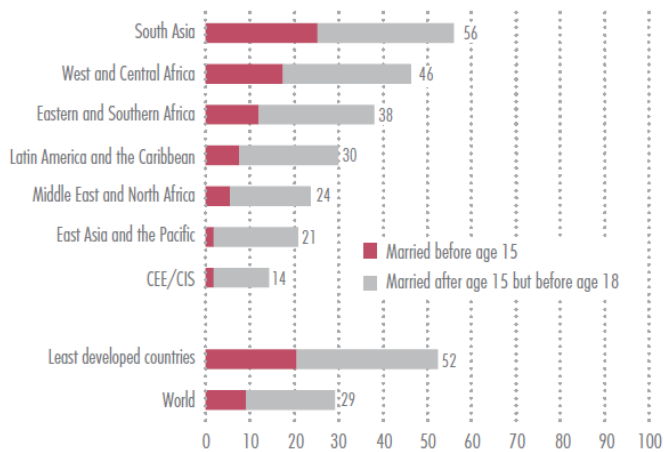
WHO also notes that those who experience pregnant in adolescent age [under 16 years old] have much higher risk of dying from maternal causes compared to women in their 20s and 30s. [5] There has been researches about the impact of child marriage related to the children raised; low birth rate, under nutrition and late physical and cognitive development. [4]

The previous researches showed that child marriage affects woman rather than man, but it is actually take two sides of both boys and girls. While birth spacing as one of the family planning program mostly address for woman, man often play the key role in defining the size of the family. Understanding the key factors that influenced decision making on birth spacing will help health care providers give the right intervention. [3]

UNICEF reported that today, more than 700 million women married before 18 years old. More than one in three also noted that married before they are 15 years old. The number for man and girls are more affected, even in countries where child marriage is less common. Furthermore, girls are often married to considerably older men. Child marriage among girls is most common in South Asia and sub-Saharan Africa, and the 10 countries with the highest rates are found in these two regions.[4]

The highest rates of child marriage are found in South Asia and Sub-Saharan Africa

Percentage of women aged 20 to 49 years who were married or in union before ages 15 and 18, by region

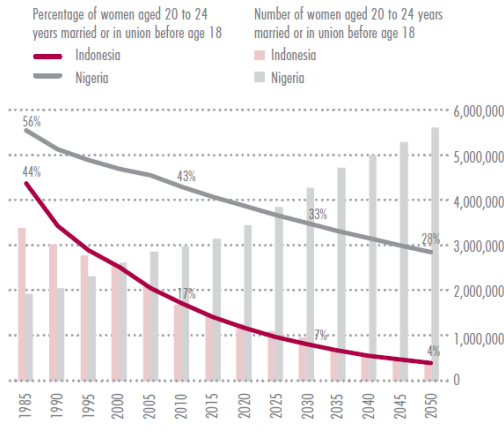


Note: Estimates are based on a subset of countries covering around 50 per cent of the global population of women aged 20 to 49 years. Regional estimates represent data covering at least 50 per cent of the regional population. Data coverage is below 50 per cent for East Asia and the Pacific region due to the lack of comparable data on child marriage for China in UNICEF global databases.

Source: UNFPA, 2012. Ending Child Marriage: Progress and Prospect.

By the difference of economic situation of the poorest and richest, female in poorest quintile are 2,5 times more likely to marry in childhood than those living in the wealthiest quintile. Across all regions, those who live in rural areas have more chance to become brides compared to urban. Child brides also tend to have too many children to care when they are still young. The number shows that, those who were married before the age of 15, more likely to have more than 3 children before they are 24 years old. This, along with the fact that girls are not physically mature enough to give birth, places both mothers and their babies at risk [1].

In Nigeria, a continued decline in child marriage will not be enough to offset population growth, in contrast to Indonesia

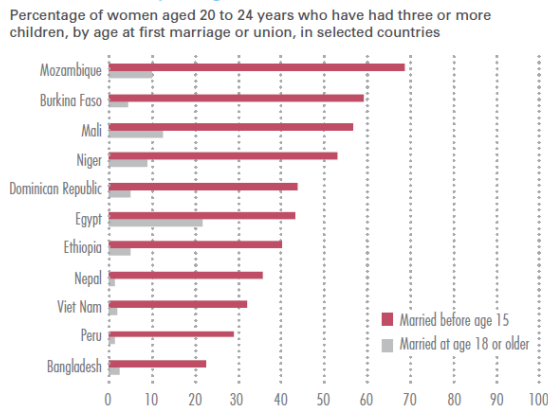


Source: UNFPA, 2012. Ending Child Marriage: Progress and Prospect.

Indonesia

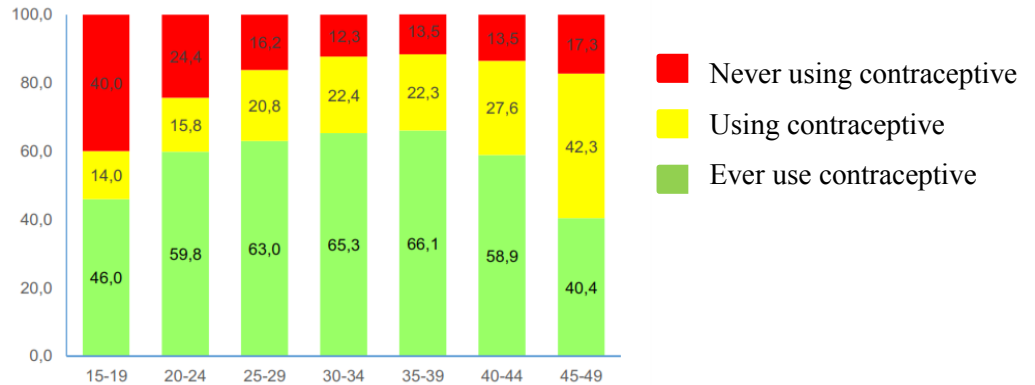
Indonesia is among the 10 countries in the world with the highest absolute number of child marriage. [3] Yet, Indonesia government legalized girls to marriage when they are 16 years old while boy 18 years old. In some cases, Indonesia also permitted marriage dispensation (exemption request) with no minimum age limit by parental consent. Even so, Indonesia had been shows declining number of child marriage, the effort to end the child marriage still needed.

Child brides end up having many children to care for while still young



Source: UNFPA, 2012. Ending Child Marriage: Progress and Prospect.

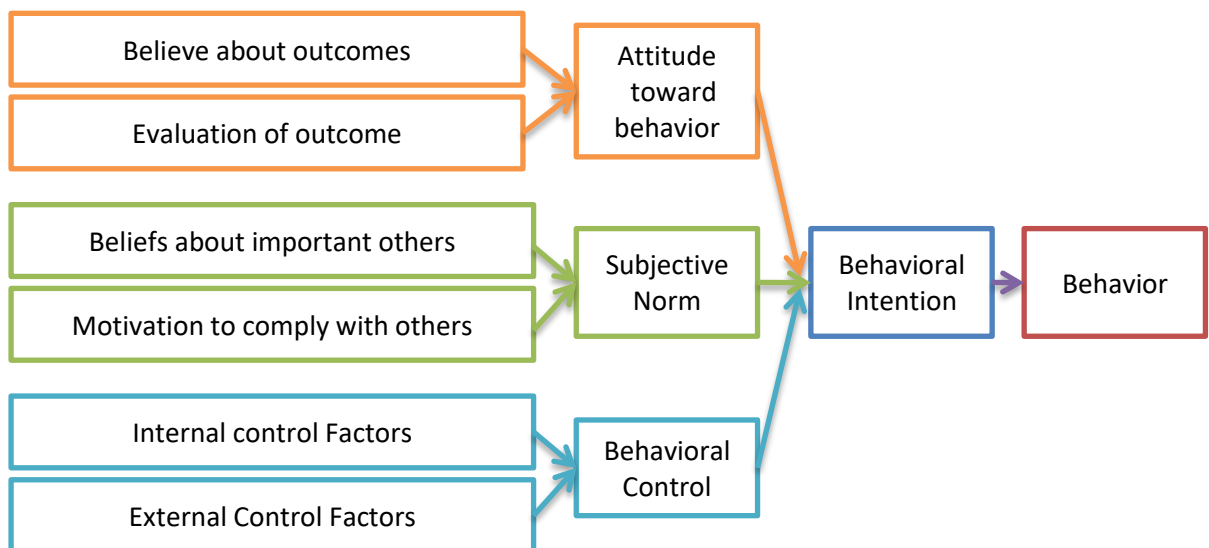
Child brides in Indonesia also face the same risk when it comes to early and frequent pregnancies. A national survey in Indonesia in 2013 found that, 40% women in age 15-19 years old are never use contraceptive. A report shows that 14 % of them are ever use, but currently not using it when the survey were doing, 30,4% women who didn't go to school are not using contraceptive either. [11].



Source: Riskesdas, 2013

THEORETICAL FRAMEWORK

This paper use the framework from Theory of Planned Behavior (TPB) is the development of Theory of Reasoned Action by Ajzen. TPB predict an individual's intention to engage in specific behavior at specific time and place. Individual behavior is a form of behavior intentions, where behavior intentions determine by 3 things: attitude toward behavior, subjective norms, and perceived behavioral control. (Ajzen 1991) Behavioral intention represents motivation of a person in her conscious decision to perform a behavior. If a person have strong intention to do a behavior, they more likely to behave like what they belief. Attitude toward behaviors refers to how a person gives specific response towards behavior in positive or in negative responses. If a person feel positive about a behavior, they are more likely to practice the behavior. Attitude towards behaviors forms by belief about out come and evaluation of outcome. Belief about outcome can come from religion, local practice, personal value how they define the outcome of the behavior. The subjective norm forms from the belief of important of others and motivation to comply with others. Subjective norm is the important on how others may think about their behavior. It could be a family opinion, friends, or spouse opinion. Perceived behavior considering individual's perception of ability to practice the behavior. It can be come from internal or external factors. Internal factors such as income, knowledge or education, time to do the behavior, etc. External factors such as the health clinic that accessible, affordable, available, and accommodate their needs will help them to achieve the behavior. [12]



Theory of Planned Behavior can be used for a behavior that is not fully under the control of the individual. A research done using theory of planned behavior in birth spacing, found that when respondents want to postpone having a baby (behavior intention), they will consider several factors such as their family members and friends supporting their decision (subjective norms). If they also think that postponing having a baby is not necessary, they tend likely to have the baby now (attitude towards behavior). They also consider their financial situation (ability to practice the behavior), and their health condition. [9]

METHODS

This literature review uses the data from Riskesdas 2013, to show that those in the cohort age of 15-19 is the most age that never used contraceptive. In order to analyze the possibility of reasons and factors associated with this fact, I compiled several journals that related with birth spacing.

RESULTS AND DISCUSSION

Based on research done by Almaie in 2013, in Eastern Saudi Arabia, birth spacing was correlated with maternal age, level of education, family size and breast-feeding. [6] Another research done in the Philippines found that birth spacing decision-making is a complex process and influenced by internal and external factors. External factors such as country adherence to family planning programs influence the way they define the ideal number of children they should have. In this research, individual household factors hold the most important roles such as gender relations, gender preference, relative powerlessness of women, cultural prescriptions on gender roles influence couples' decision to space birth. [7]

In terms of power relations, a study about how women's autonomy can influence decision making within the household were held in India. The result shows that, women with greater autonomy have better children growth. The factor that associated was level of education, financial independency, and gender-role in their society that give women ability to decide her action. [8] Another research shows that subjective norms have a significant effect on the timing of intentions to have a child for both childless people and parents: the more both groups feel that their intention to have a child is supported by their families and friends, the more likely they are to want a child now compared to within the next three years. It also shows that positive attitudes have a significant effect on intending to have a child now rather than later for parents but not for childless people. [9]

In Indonesia, participation on using contraceptive was influenced by cultural belief. People regularly check with their doctor or midwife to know the condition of the program KB followed as well as to control the condition content. The inhibiting factor is that people do not participate in running family planning programs, lack of community support and family of cadres on the livelihood. [10] Child marriage is one of the problems faced by children in all over the world regardless their gender, race, culture, and religion. Even so, evidence shows that girls are more likely to be married before 18 years old to be compared with boys. Girls who live in rural areas were also more likely to be married in early ages. When it comes to planning a family, child marriage tends to have more children to be compared with those who marry later. Once married, girls face social pressure to prove their fertility. They are more likely to experience frequent and early pregnancies. Frequent birth spacing had several risks for both mothers and children. For mothers, she has a higher risk for conditions such as eclampsia, mortality, morbidity, and even a depression. For children, they had a higher risk of child mortality, malnutrition, and stunting.

By the theory of planned behavior, a behavior of a person is not only controlled by their own self, but also by surrounding factors that motivated the individual to perform a behavior. Theory of planned behavior has three factors that influence intention of person behavior, as follows: attitude toward behavior, subjective norm, and behavioral control. In attitude toward behavior, Ajzen divided into belief about outcome and evaluation of outcome. For birth spacing case, belief about outcomes influenced by religion and personal value. If their religion tells them that birth spacing is something wrong, they may choose not to perform birth spacing. Evaluation of outcome could be interpreted as how a person experiences birth spacing in their life. The more beneficial expected outcome of having a child to an individual the more

positive their attitude towards childbearing, and thus the more likely they will be to decide to have a child. The second factors that influence behavioral intention are subjective norm. Subjective norm divided into belief about important others and motivation to comply with others. This subjective norm comes from their close relatives. Evidence shows that if the intention to have a child is supported by their families and friends, the more likely they are to want a child now compared to within the next three years. [9]

In child marriage, power relation of the couple is usually imbalance. Power can be seen as perception, relational concept, resource based, least interest and dependence power, enabling or disabling and as prerogative. As enabling, power can influence others people to engage in behavior that reflects social skills rather an intimidation. As disabling, power can destructive pattern of communication. At some point, the disabling power is silently keep the less powerful person hesitate to communicate. [13] By this definition, power defines as an agent [person or situation] that could influence birth spacing practice. The agent could be parents, senior woman, or the child groom. Power as Michael Foucault mentioned, could be manifest it self in daily practice and routines trough which individuals engage in self-surveillance and self-discipline, and thereby subjugate themselves. [14]

In the third factors that influencing person intention to do a behavior, Ajzen define behavior control, as enabling factors. The behavior control could come from internal, such as the ability to reach the services for birth spacing, availability of time to access the services as well as the accessibility. In external factors, the control comes from outside the individual such as the availability of the services, and accommodation of the services that accessible.

CONCLUSION

Child marriage trends are start to decline year by year. Yet, the impact of child marriage needs to reduce to make a better quality of life of the child marriage. One of the impacts that may harmful for the brides are in practice of birth spacing. A good practice of birth spacing can give a better outcome for the children as well as the mothers. Birth spacing influence by attitude toward the behavior, if they have positive attitude about doing the birth spacing they are more likely to perform the birth spacing. The other factors are subjective norms, where people surrounding are influencing the birth spacing decision. In child marriage couple, the power relation within the family may influence the most in birth spacing decision, as they don't have economic independency. The other factors that influence are behavior control, where comes from internal and external. Internal factor such as the affordability of the service may influence them to access the services. External factor such as the availability of the services will help them easier in accessing contraceptive for birth spacing. Further research to give evidence on factors related in birth spacing decision based on Indonesian context is needed to give stronger recommendation.

REFERENCES

1. Loaiza E, Wong S. *Marrying Too Young - End Child Marriage* [Internet]. Unfpa. 2012. 1-76 p. Available from: <https://www.unfpa.org/sites/default/files/pub-pdf/MarryingTooYoung.pdf> <https://www.unfpa.org/sites/default/files/pub-pdf/MarryingTooYoung.pdf> <https://www.unfpa.org/webdav/site/global/shared/documents/publications/2012/MarryingTooYoung.pdf>
2. World Health Organisation. *Report of a WHO Technical Consultation on Birth Spacing*. World Heal Organ [Internet]. 2007; Available from: http://www.who.int/maternal_child_adolescent/documents/birth_spacing.pdf
3. *Girls Not Brides*. Child marriage and female genital mutilation/cutting. 2016;2.
4. Unicef UNCF. *Progress and prospects. End Child Marriage Prog Prospect UNICEF* [Internet]. 2014;1-8. Available from: http://data.unicef.org/corecode/uploads/document6/uploaded_pdfs/corecode/Child-Marriage-Brochure-HR_164.pdf
5. Say L, Chou D, Gemmill A, Tunçalp Ö, Moller AB, Daniels J, et al. *Global causes of maternal death: A WHO systematic analysis*. *Lancet Glob Heal*. 2014;2(6):323-33.
6. SM A-A. *The pattern and factors associated with child spacing in eastern Saudi Arabia*. *TT - JRSJ J R Soc Promot Heal*. 2003;123(4):217-21.
7. de Vera NZ. *Saving women's lives by spacing births: A qualitative study*. 2004;Ph.D.:260 p-260 p 1p. Available from: <http://search.ebscohost.com.ezproxy.liv.ac.uk/login.aspx?direct=true&db=jlh&AN=109844279&site=ehost-live&scope=site>
8. Shroff MR, Griffiths PL, Suchindran C, Nagalla B, Vazir S, Bentley ME. *Does maternal autonomy influence feeding practices and*



ICASH

Research for Better Society

9. infant growth in rural India? NIH Public Access Soc Sci Med. 2011;73(3):447–55.
9. Dommermuth L, Klobas J, Lappegård T. Now or later? The Theory of Planned Behavior and timing of fertility intentions. *Adv Life Course Res.* 2011;16(1):42–53.
10. Febriansyah M. Studi Tentang Partisipasi Masyarakat Dalam Program Keluarga Berencana Di Kecamatan Kota Bangun Kabupaten Kutai Kartanegara. *EJaournal Adm Negara.* 2015;(3):873–84.
11. Riskesdas. 2013. "Riset Kesehatan Dasar Indonesia 2013." In. Jakarta: Ministry of Health Republic Indonesia.
12. Ajzen, Icek. 1991. 'The theory of planned behavior', *Organizational behavior and human decision processes*, 50: 179-211.
13. Wollstonecraft, Mary. 1978. 'Recasting Reproductive Freedom: Individual, Group, and Global Perspectives', *Procreation: Power and Personal Autonomy, Feminist Reflections*.
14. Pylypa, Jen. 1998. 'Power and bodily practice: Applying the work of Foucault to an anthropology of the body', *Arizona Anthropologist*.