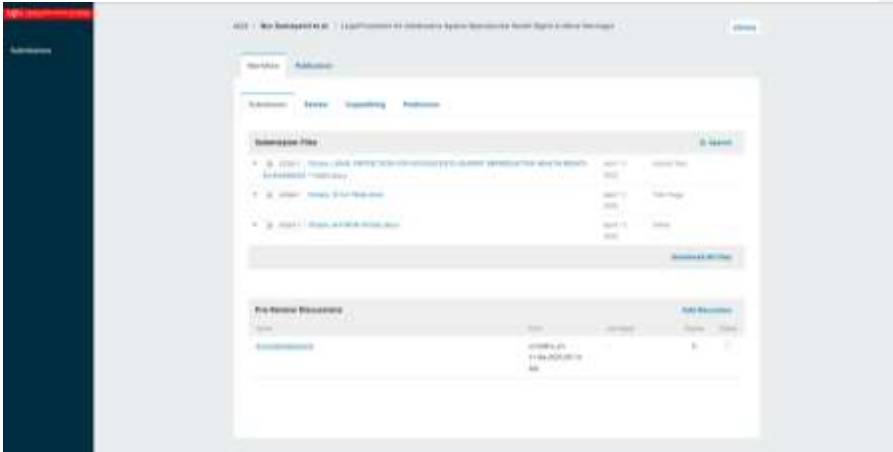


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## 2. MANUSKRIP YANG DISUBMIT

# Legal Protection For Adolescents Against Reproductive Health Rights In Minor Marriages

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## ABSTRACT

*Indonesia ranks seventh highest in the world in terms of early marriage, with many teenagers under the age of 19 entering into early marriage in Demak City. To describe and analyze the implementation of legal protection for teenagers regarding reproductive health rights in underage marriages, in Mranggen District, Demak Regency. De-scriptive analytic with a qualitative sociological juridical approach, as well as purposive sampling. Primary data was obtained through interviews, documents from related institutions, and direct observation, while secondary data was extracted from books, journals, and other literature. Data collection techniques include field and library studies, with data processing through examination, verification, classification and systematization of data, which is then analyzed qualitatively. Adolescents' knowledge of reproductive health rights in underage marriage requires a comprehensive approach. Even though there are regulations governing marriage age limits and dispensation procedures, their implementation is still closely related to social and cultural factors; Protection of the reproductive health rights of adolescent girls in underage marriages has been guaranteed by the government in accordance with the 1945 Constitution, the Health Law, and PP Kespro 61 of 2014, but its implementation is still not optimal; Factors that influence the implementation of legal protection include low levels of formal education, lack of parental supervision, as well as the influence of promiscuity and inadequate understanding of religion.*

**Keywords:** early marriage; legal protection; reproductive health rights; teenagers;

## INTRODUCTION

Health Law is "a series of legal provisions, both written and unwritten which relate directly or indirectly to health, the relationship between patients or the public and health workers in efforts to implement health (Wahi et al., 2019). Reproductive health is defined as a state of overall health both mentally, physically, and social. Reproductive health is not limited to diseases or disorders of the reproductive system, function or process (Sripad et al., 2024).

In Cairo, Egypt, in 1994, the International Conference on Population and Development (International Conference on Population and Development) pays attention to reproductive health problems from various countries (Mutea et al., 2020). One of the countries with the highest rate of early marriage is Indonesia (Win et al., 2024). According to UNICEF data, Indonesia is in the 7th highest position in the world and in 2nd place after

Cambodia in ASEAN. Central Java is one of the three provinces with the highest absolute number of incidents of child marriage (Cunningham & Saleh, 2024). In the last ten years, the prevalence of child marriage in rural areas has decreased by 5.76 percentage points, while in cities it has only decreased by less than 1 percentage point (Beyene et al., 2024). In 2018, approximately 1 in 100 men aged 20-24 years in rural and urban areas had their first marriage before the age of 18. This occurs in rural areas at 16.87% and in urban areas at 7.15%. Just like girls who marry early, boys who marry early are also higher in rural areas, at 1.44%, and in cities, at 0.77% (Phiri et al., 2023).

A study conducted by the Indonesian Ministry of Health shows that 2.6% of women aged 10-54 years were married for the first time at the age of less than 15 years, and 23.9% were married at the age of 15-19 years. This shows that around 26% of underage women marry before the functions of their reproductive organs develop optimally (Boku et al., 2024). However, Cambodia is the second country with the highest rate of child marriage in ASEAN. Apart from that, educational, economic, socio-cultural issues, and of course religious beliefs are some of the factors that contribute to the high rate of early marriage in Indonesia (Daraz et al., 2023).

A preliminary study conducted by researchers at the Ministry of Religion of Demak Regency found that there were still many teenagers under 19 years of age who married underage. According to data obtained from Islamic Guidance, it is stated that in 2023 there will be 50 teenage boys and 257 teenage girls who will marry underage. And in Mranggen District, Demak Regency, there are 10 teenage boys and 28 teenage girls who are married under age (General Assembly, 1989). Experimental disciplines. In this realm, the effect of learning can be partial for students who have not studied clinical disciplines such as internal science (Organization, n.d.). Besides, the overload of content and resources may be considered as a challenge for learning pharmacology course in university context. In this regard, new instructive perceptions and scientific advances in pharmacology research motivate instructors to regularly adjust their teaching strategies (Liu et al., 2023).

Therefore, guidance and counseling is needed about the consequences of underage marriage, both from the government and the private sector, as well as youth and student movements (Adedokun et al., 2016). To prevent underage marriages by socializing the Marriage Law No. 1 of 1974, community leaders and religious leaders must also play an active role. Biologically, the reproductive organs of adolescents are still undergoing a process towards maturity (Mwakawanga et al., 2024). Adolescents are not yet ready for sexual intercourse and pregnancy, which is followed by the birth process, because their reproductive organs are still undergoing a process towards biological maturity (Scanteianu et al., 2022). Pregnants under the age of 19 are at risk of bleeding, miscarriage, pregnancy, molar pregnancy and premature pregnancy. On the other hand, the resulting child is at risk of experiencing LBW, and is 5–30 times more likely to die at birth (Pretorius & Ruch, 2025).

To reduce problems that occur with reproductive health, the Government sets an age limit for marriage to reduce reproductive health problems. This is shown in Article 7 paragraph (1) of Law of the Republic of Indonesia Number 16 of 2019 concerning Amendments to Law Number 1 of 1974 concerning Marriage (hereinafter referred to as the Marriage Law), which states that "Marriage is only permitted if the man and woman have reached 19 (nineteen) years old." The rate of early marriage in many countries continues to increase from year to year and is always related to various legal protection efforts for children, including in Indonesia. Form the data revealed that in commemorating National Children's Day 2022 there was data on 59,709 cases of marriage dispensations granted by Religious Courts throughout 2021 based on the 2022 (Beckwith et al., 2024).

Marriage too early can lead to more divorces because couples do not learn to take

responsibility for domestic life and prioritize each other's egos before marriage (Ding, 2023). As a result, quarrels often occur between husband and wife because each person survives with his own ego (Kaner et al., 2023). One sign of a successful marriage is that the husband and wife are ready to assume joint responsibilities. Early marriage is defined as a registered or unregistered marriage where one or both partners are under the age of 19. Early marriage is the marriage of a couple aged 19 years or can be categorized as teenagers. WHO states that Africa and Southeast Asia are the countries with the highest rates of early marriage. There are approximately 10 million teenagers in Southeast Asia who are married under the age of 19. In Africa, 42% of teenagers under the age of 19 are married (Cohen et al., 2024).

The results of the 2018 National Socio-Economic Survey (SUSENAS) show that around 11% or 1 in 9 girls aged 20-24 years were married before the age of 18. About 1% or 1 in 100 men aged 20-24 years were married before the age of 18 years and around 0.56% of all women aged 20-24 years were married before the age of 15 years. Additionally, this figure places Indonesia among the ten countries with the highest absolute rates of child marriage worldwide (Beccalossi et al., 2023).

Especially to protect children, especially girls in early marriage, and to reduce early marriage, the various consequences caused by early marriage for underage teenagers, especially girls, must be analyzed (Chan et al., 2022). Therefore, the subject of the research is "Legal protection for adolescents regarding reproductive health rights in underage marriages".

## RESEARCH METHODOLOGY

The type of legal research carried out by the author is analytical descriptive research with a qualitative sociological juridical approach (Osborne et al., 2024). Qualitative research is a way to see and understand what a number of people or groups of people think about social or humanitarian issues. In the qualitative research process, important things such as asking questions and procedures, collecting specific data, analyzing data inductively from specific themes to general themes, and interpreting the meaning of this final research report have an adaptable and flexible structure. In other words, the aim of this research is to collect information about the legal protection provided to adolescent girls who have married underage to ensure their reproductive health is guaranteed. What is studied in this research is legal protection for teenagers regarding reproductive health rights in underage marriages.

## RESULT

Adolescents who marry at a young age face various risks, especially related to reproductive health (Zelege et al., 2022). Adolescent girls are very vulnerable to complications of pregnancy and childbirth, which can be life-threatening. In addition to health problems, early marriage has a negative impact on their education, causing them to drop out of school and limited future opportunities (Kleprlikova et al., 2019). Legal protection for adolescents is still ineffective in this context, although there are provisions prohibiting early marriage. This study aims to analyze these diseases comprehensively, assess reproductive health risks and evaluate how legal protection has been implemented to protect the reproductive health rights of the younger generation in Mranggen.

This study involved interviews with 11 informants to gain an in-depth understanding of early marriage in Mranggen District. 5 main informants (IU) are adolescent girls who are

married at a young age, 5 main informants (OT) are parents of adolescent girls who are married at a young age, 1 supporting informant (KUA) is the head of the Religious Affairs Office.

### 1.1. General Views on Early Marriage

Early marriage, defined as a marriage in which one or both partners are under the age of 19, is a complex and multidimensional phenomenon, encompassing social, economic, cultural, and legal aspects. The general view of early marriage needs to be understood in the local context in order to formulate effective policies to prevent and address its impacts. The following are the results of the interview:

*“When I got married, I was 16 years old. Regarding underage marriage, what I know is that it is marriage under the age of 19. When I got married, I had already graduated from junior high school. In my opinion, a person is said to be ready to get married maybe at the age of 20 because at that age they are mentally and emotionally mature. In addition, what is certain is that mental and economic readiness must be there so that a person is truly ready to get married.”* (IU1)

*“I got married at the age of 18. Regarding underage marriage, what I know is that it is marriage under the age of 19. At the time of marriage, I had already graduated from high school. In my opinion, a person is said to be ready to get married maybe at the age of 20.”* (IU2)

*“I got married at the age of 18. Regarding underage marriage, what I know is that it is marriage under the age of 18. At the time of marriage, I had already graduated from high school. In my opinion, a person is said to be ready to get married at the age of 21 or when they are truly mentally ready.”* (IU3)

*“I got married at the age of 17. Regarding underage marriage, what I know is that it is marriage under the age of 19. I had already graduated from high school before getting married. In my opinion, a woman is said to be ready to get married at the age of 19, while a man is probably more ready at the age of 20 and above.”* (IU4)

*“I got married at the age of 17. In my understanding, underage marriage is when someone gets married before reaching the age of 19. At that time, I had already graduated from junior high school before deciding to get married. In my opinion, someone can be said to be ready to get married at the age of 19.”* (IU5)

Based on the results of interviews with five key informants who had been married at a young age (IU), it can be concluded that they have a fairly uniform understanding of underage marriage, namely as a marriage that occurs before reaching the age of 19. Although there are variations in age at marriage and views on readiness to get married, they generally agree that mental and economic readiness are important factors. This view shows the need for a holistic and in-depth approach in addressing the issue of underage marriage, to ensure protection of adolescent rights and strengthen understanding of the importance of holistic readiness before deciding to get married. Then here are the results of interviews with parents whose children married early:

*“In my opinion, underage marriage is considered better than the risk of slander that may arise from unclear dating relationships. I know that the minimum age limit for marriage is 19 years old, this information I obtained from general sources that I read or heard.”* (OT1)

*“In my opinion, there should be no marriage under the specified age. I know that the minimum age limit for marriage is 19 years old, this information I obtained from sources that I read or heard. In addition, I also know that there is a marriage dispensation, because I followed the application process to the Religious Affairs Office (KUA) and the trial in court related to this recently.”* (OT2)

*“In my opinion, underage marriage is considered better than allowing a relationship that can lead to sin. I don’t really know about the minimum age limit for marriage, I don’t know where this information came from.” (OT3)*

*“In my opinion, underage marriage is considered a solution when children no longer want to continue their education, so it is better to marry them off. I know that the minimum age limit for marriage is 19 years old, I got this information from sources that I read or heard. I also know about the existence of a marriage dispensation, because I followed the trial process related to this in court some time ago.” (OT4)*

*“In my opinion, underage marriage is considered better than having an unclear relationship. I don’t really know about the minimum age limit for marriage, but I don’t know where I heard this information from.” (OT5)*

Based on the results of interviews with five parents (OT) who have various views regarding underage marriage, it can be concluded that understanding of this issue varies. Some of them see underage marriage as a better alternative compared to the moral risks of unclear dating relationships, while others oppose the practice and consider the minimum age for marriage to be 19 years. In addition, all respondents have knowledge of the existence of marriage dispensation, which they learned from the application process to the Religious Affairs Office (KUA) and the trial in court.

## **1.2. Impact of Early Marriage**

Pregnant under the age of 19 years is at high risk of bleeding, miscarriage, and premature birth, and increases the likelihood of the child experiencing low birth weight (LBW) and stillbirth by 5–30 times. This impact confirms the dangers of early marriage to the health and safety of girls and the children born to them. The following are the results of interviews with key informants:

*“In my experience, getting married at an early age has two sides. The disadvantage may lie in the limited freedom of youth before marriage. However, there are advantages in being able to do many activities with my husband and having a life partner. When I got married, I was registered at the KUA with the application that had been made. After getting married, I felt happy, and having children made me feel happy because I could have new friends. The harmony in my household felt good, with a husband who was able to lead the family well. My social environment did not change significantly after getting married, and although there were difficulties in building a household because of our young age, we learned to control our emotions and resolve disputes well.” (IU1)*

*“After deciding to get married at an early age, I realized that there were disadvantages in not being able to do as I did before marriage because I had responsibilities to my husband. However, the advantage was feeling happy to have a life partner who provides for me and can be a friend. Our marriage was registered at the KUA and we went through a trial process before getting married. After getting married, I felt happy to be able to do everything with my husband and feel the joy of having children. The harmony in my household felt good and our small family lived happily. My social environment did not experience any significant changes after getting married, with the support of good family and neighbors. Although there were difficulties in building a household, we faced them with a natural attitude of joy and hardship.” (IU2)*

*“After deciding to get married at an early age, I realized that there was an adjustment from being a freer girl to being more responsible as a wife. Even so, the advantage is that I feel like I have a true friend in everything with my husband. Our marriage was registered at the KUA after submitting an application. After getting married, I felt very happy and grateful. I also felt joy after having children. The harmony in our household experiences challenges and happiness in balance, but we are always grateful*

*for everything we have together. My social environment did not experience significant changes after getting married, with family and neighbors who always provide support. Alhamdulillah, we did not experience significant difficulties in building a household, because we always communicate to solve any problems that arise.” (IU3)*

*“Before deciding to get married at an early age, I was aware that there was a possibility of problems in the household as one of the disadvantages. However, the advantage is that I can learn and understand the meaning of life from the experience of being married. Our marriage was registered at the KUA when we applied for it. After getting married, I felt very happy with many things that made me happy. My happiness increased after we had children. The harmony in our household is very satisfying with many moments of happiness, because I feel that there is someone who always accompanies and provides for me. Our social environment has not changed significantly after getting married, with full support from family and neighbors. Even though we face challenges in building a household, we always try to understand each other and solve problems wisely.” (IU4)*

*“Before deciding to get married at an early age, I realized that there were disadvantages such as losing my youth. However, the advantage is that I have a husband who can support me. Our marriage is registered at the KUA. After getting married, I felt happy. My happiness increased when we had children, I felt very happy. The harmony in our household is very good, I feel happy because there is someone who always accompanies and provides for us. Our social environment did not experience significant changes after getting married, with full support from family and neighbors. Although we face challenges in building a household, we always try to deal with it wisely.” (IU5)*

Based on interviews with five respondents who got married at an early age, it can be concluded that they experienced various experiences and different views related to the decision. In general, they expressed that although there were disadvantages such as losing their youth and possible problems in the household, the advantage was feeling happy to have a companion.

Interview findings with parents who provided explanations regarding their children's early marriage are as follows:

*"I've already found my soulmate, sis." (OT1)*

*"I'm already pregnant, sis, whether I like it or not, I'll just get married rather than giving birth without a husband." (OT2)*

*"I was already pregnant yesterday, sis, so whether I like it or not, I'll just get married." (OT3)*

*"I don't want to continue school, sis, so I'd rather get married." (OT4)*

*"I was already pregnant, sis, it was discovered at 2 months, so I just got married straight away." (OT5)*

Based on the answers from the people interviewed, there are several reasons that often cause early marriage among teenagers in Indonesia. These reasons include having found a soulmate, pregnancy outside of marriage that requires immediate marriage, and dropping out of school that encourages them to solve problems by getting married. This phenomenon illustrates the complexity of the social and cultural situation where the decision to marry is often influenced by social pressure, unplanned pregnancy, and limited educational priorities.

### **1.3. Legal Protection for Adolescents Regarding Reproductive Health Rights in Underage Marriage**

The rights of adolescents to reproductive health in underage marriage must be protected by law. Laws that set a minimum age of 19 for marriage are essential in



protecting adolescents from major risks to their reproductive health, such as potentially fatal pregnancy problems.

The results of the interview with the Head of the KUA are as follows: *"I am sure that the number of underage marriages does not increase drastically every year. The court wants proof that there is no complete KUA, KK, or KTP. divorce, so even though early marriage for those under 19 years old will occur after 2020, this development must be gradually limited by the age limit for being aware of marriage, namely the KUA 19 years before the exam. Although the number of annual marriages does not increase Therefore, efforts to increase awareness of couples regarding age restrictions must reverse this trend. To ensure that all administrative obligations, including the submission of documents such as KK and KTP, are fulfilled before the trial, the dismissal procedure by the religious court requires the issuance of such a permit.*

The findings of the study on Legal Protection of Adolescent Reproductive Health Rights in Underage Marriage in Mranggen Regency, Demak Regency, show that there is still a lack of knowledge regarding the rights of adolescent protection, especially regarding legal protection for women who marry underage. However, young marriages will occur less in the future as more people are aware of the age limit of 19 years for marriage. The rights to adequate education and welfare, freedom from physical and mental violence, and adequate access to knowledge about reproductive health are all included in this protection. To ensure that all children—including those who may be at risk of being married at a young age—receive adequate protection under the law, the implementation of the Child Protection Law needs to be strengthened.

## DISCUSSION

Early marriage is a type of marriage in which one or both partners marry when they are under the age of 19, whether it is officially registered or not. The results of interviews with several informants showed that they recognized underage marriage as a marriage that occurred before the age of 19.

Some cases, parents may decide to marry off their underage daughters, because they are worried that the child will be involved in an unstable relationship or potentially like someone else (Damayanti et al., 2020a). The results of interviews with parents in this context show a variety of opinions regarding underage marriage, where some parents see marriage as a better alternative than the moral risks of unclear dating.

UNICEF states that early marriage occurs when someone marries before reaching the age of 18, either officially or unofficially. This is considered a fundamental human rights violation because it has the potential to have serious negative impacts on the mental and physical development of girls (Damayanti et al., 2019b). The impacts include social isolation, the risk of early pregnancy, disruption to education, and limitations on opportunities for future career advancement. Interviews with respondents showed differences in views between traditional understandings of society and government policies regarding the age limit for marriage that aims to protect the rights of children and adolescents in this context (Damayanti et al., 2020b). Early marriage in girls has significant impacts among others, loss of access to reproductive and sexual health rights: girls who marry at a young age are at risk of experiencing serious complications and maternal death during childbirth because their bodies are not ready for the difficult labor process, Vulnerable to Domestic Violence (Wollum et al., 2025). Early marriage increases the risk of girls experiencing domestic violence, because they are not mentally and psychologically mature enough to live a married life, Limited Access to Decent Education: The practice of early marriage often prevents girls from accessing decent education, thus hampering their intellectual and professional development, Economic Problems and the Right to a Decent Life: Girls who marry at a young age often face economic difficulties because they are not

financially ready to meet their own living needs, which can trigger conflict and instability in their family life (Damayanti et al., 2019a).

The Indonesian government has taken steps to address reproductive health issues by setting a minimum age for marriage of 19 years, in accordance with Article 7 paragraph (1) of the Marriage Law. This step aims to reduce high reproductive health risks, such as pregnancy complications at a young age. Interview results show that although some communities still have varying views on the practice of early marriage, the importance of this policy to protect the physical and mental health of girls is highly emphasized (Nhampoca & Maritz, 2024). Thus, this regulation is expected to influence community perceptions and behavior in reducing the practice of early marriage for the welfare of girls as a whole.

An overview of child protection rights in the context of early marriage is presented below: every child has the right to be protected from all types of physical and mental violence (Hellwig et al., 2024), including neglect and sexual abuse, children have the right to adequate welfare, care, and direction both at home and in other environments, children's rights to education that suits their interests, talents, and intelligence are guaranteed, and they are protected from sexual violations and violence in the classroom, children have the right to be free from financial and sexual violence, which can endanger their growth, education, and health, including the expression of their ideas and involvement in social and political life, every child has the right to the best health services based on their physical, mental, spiritual, and social needs (Damayanti, et.al., 2024).

Challenges, including the application of customary law, exceptions, unreported marriages, and the absence of legal consequences for marriages between minors. Pregnancy before marriage is one of the most important factors and is often the main reason people want to avoid marriage. This shows the lack of knowledge and awareness of the community regarding the age limit for marriage, especially in remote areas such as Mranggen District. Early marriages are more common in this area due to a number of other factors, including lack of parental supervision, lack of formal education, the influence of religious differences, and low religious knowledge. Holistic efforts by many organizations, including the government, social institutions, and local communities, must be strengthened to educate and change community beliefs and behaviors around these issues in order to promote juvenile justice and reproductive health.

## CONCLUSION

Adolescent knowledge of reproductive health rights in underage marriage shows the need for a comprehensive approach in addressing this challenge. Although there are regulations governing the age limit for marriage and dispensation procedures, their implementation is still closely related to social and cultural factors in society. Strengthening education on reproductive health rights, increasing awareness of the health risks associated with early marriage, and optimizing the role of institutions such as the KUA and courts in handling dispensation requests are crucial to ensuring adequate protection for adolescents. Reproductive health protection for minors is not yet optimal.

## BIBLIOGRAPHY

- Adedokun, O., Adeyemi, O., & Dauda, C. (2016). Child marriage and maternal health risks among young mothers in Gombi, Adamawa State, Nigeria: implications for mortality, entitlements and freedoms. *African Health Sciences*, 16(4), 986–999. <https://doi.org/10.4314/ahs.v16i4.15>

- Beccalossi, C., Fisher, K., & Funke, J. (2023). Sexology and development. *History of the Human Sciences*, 36(5), 3–14. <https://doi.org/10.1177/09526951231213970>
- Beckwith, S., Chandra-Mouli, V., & Blum, R. W. (2024). Trends in Adolescent Health: Successes and Challenges From 2010 to the Present. *Journal of Adolescent Health*, 75(4), s9–s19. <https://doi.org/10.1016/j.jadohealth.2024.04.015>
- Beyene, S. A., Garoma, S., & Belachew, T. (2024). Addressing disparity in attitudes and utilization of family planning among married couples in the pastoralist community of Fentale District, Eastern Ethiopia. *PLOS ONE*, 19(9), e0308633. <https://doi.org/10.1371/journal.pone.0308633>
- Boku, G. G., Abeya, S. G., Ayers, N., & Wordofa, M. A. (2024). The Effect of School-Linked Module-Based Friendly-Health Education on Adolescents' Sexual and Reproductive Health Knowledge, Guji Zone, Ethiopia - Cluster Randomized Controlled Trial. *Adolescent Health, Medicine and Therapeutics*, 15(0), 5–18. <https://doi.org/10.2147/ahmt.s441957>
- Chan, S. L., Thumbboo, J., Boivin, J., Saffari, S. E., Yin, S., Yeo, S. R., Chan, J. K. Y., Ng, K. C., Chua, K.-H., & Yu, S. L. (2022). Effect of fertility health awareness strategies on fertility knowledge and childbearing in young married couples (FertStart): study protocol for an effectiveness-implementation hybrid type I multicentre three-arm parallel group open-label randomised clinical trial. *BMJ Open*, 12(1), e051710. <https://doi.org/10.1136/bmjopen-2021-051710>
- Cohen, D., Jasper, K., Zhao, A., Moalla, K. T., Nwuke, K., Nesamoney, S., & Darmstadt, G. L. (2024). Gender norms in a context of legal pluralism: Impacts on the health of women and girls in Ethiopia. *Global Public Health*, 19(1), 2326016. <https://doi.org/10.1080/17441692.2024.2326016>
- Cunningham, J. K., & Saleh, A. A. (2024). Structural Stigma, Racism, and Sexism Studies on Substance Use and Mental Health: A Review of Measures and Designs. *Alcohol Research : Current Reviews*, 44(1), 8. <https://doi.org/10.35946/arc.v44.1.08>
- Damayanti, F. N., Absori, A., & Wardiono, K. (2019a). Legal protection based on transcendental perspective against child sexual abuse in Indonesia. *Medico-Legal Update*, 19(2), 331–335. <https://doi.org/10.5958/0974-1283.2019.00198.1>
- Damayanti, F. N., Absori, A., & Wardiono, K. (2019b). Legal protection of midwives based on professional justice in midwifery practices. In *Indian Journal of Public Health Research and Development* (Vol. 10, Issue 4, pp. 437–441). repository.unimus.ac.id. <https://doi.org/10.5958/0976-5506.2019.00734.4>
- Damayanti, F. N., Absori, A., Wardiono, K., & Rejeki, S. (2020a). The comparison of midwives professionalism in Indonesia and England. *J. South India Med. Assoc.*, 12(1), 4–9. <https://doi.org/10.26555/novelty.v14i2.a25748>
- Damayanti, F. N., Absori, A., Wardiono, K., & Rejeki, S. (2020b). The evidence-based midwife professionalism. *Indian Journal of Forensic Medicine and Toxicology*, 14(3), 1877–1881. <https://doi.org/10.37506/ijfmt.v14i3.10699>
- Daraz, U., Khan, Y., Alnajdawi, A. M., & Alsawalqa, R. O. (2023). Empowering hearts and shaping destinies: unveiling the profound influence of education on women's mate selection in Pakistan – a comprehensive mixed-methods study. *Frontiers in Sociology*, 8, 1273297. <https://doi.org/10.3389/fsoc.2023.1273297>
- Ding, C. (2023). Chinese legal response to the shared motherhood model in lesbians' family-making. *Journal of Law and the Biosciences*, 10(1), 1s4d015. <https://doi.org/10.1093/jlb/1s4d015>
- General Assembly, U. N. (1989). *Convention on the Rights of the Child*. <http://www.hrweb.org/legal/child.html>
- Hellwig, F., Moreira, L. R., Silveira, M. F., Vieira, C. S., Rios-Quitizaca, P. B., Masabanda,

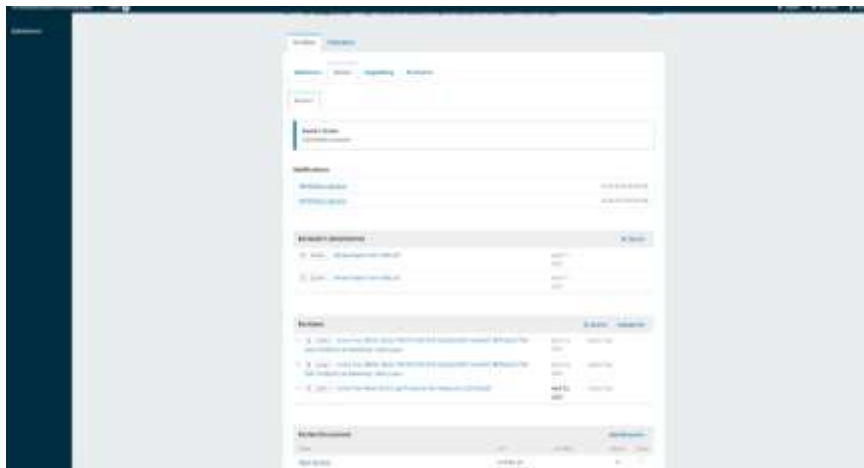
- M., Serucaca, J., Rudasingwa, S., Nyandwi, A., Mulu, S., Rashad, H., & Barros, A. J. D. (2024). Policies for expanding family planning coverage: lessons from five successful countries. *Frontiers in Public Health*, 12, 1339725. <https://doi.org/10.3389/fpubh.2024.1339725>
- Kaner, A., Cwikel, J., & Segal-Engelchin, D. (2023). The transition to fatherhood – evaluation of an online intervention for new fathers. *Psychology, Health & Medicine*, 29(5), 1011–1019. <https://doi.org/10.1080/13548506.2023.2260600>
- Kleprlikova, H., Kalis, V., Lucovnik, M., Rusavy, Z., Blaganje, M., Thakar, R., & Ismail, K. M. (2019). Manual perineal protection: The know-how and the know-why. *Acta Obstetrica et Gynecologica Scandinavica*, 99(4), 445–450. <https://doi.org/10.1111/aogs.13781>
- Liu, C., Jiao, Y., Su, L., Liu, W., Zhang, H., Nie, S., & Gong, M. (2023). Effective Privacy Protection Strategies for Pregnancy and Gestation Information From Electronic Medical Records: Retrospective Study in a National Health Care Data Network in China. *Journal of Medical Internet Research*, 26, e46455. <https://doi.org/10.2196/46455>
- Mutea, L., Ontiri, S., Kadiri, F., Michielesen, K., & Gichangi, P. (2020). Access to information and use of adolescent sexual reproductive health services: Qualitative exploration of barriers and facilitators in Kisumu and Kakamega, Kenya. *PLOS ONE*, 15(11), e0241985. <https://doi.org/10.1371/journal.pone.0241985>
- Mwakawanga, D. L., Massae, A. F., Kohli, N., Lukumay, G. G., Rohloff, C. T., Mushy, S. E., Mgopa, L. R., Mkoka, D. A., Mkonyi, E., Trent, M., Ross, M. W., Rosser, B. R. S., & Connor, J. (2024). The need for and acceptability of a curriculum to train nursing and medical students in the sexual healthcare of clients with female genital mutilation/cutting in Tanzania. *BMC Women's Health*, 24(1), 198. <https://doi.org/10.1186/s12905-024-03034-x>
- Nhampoca, J. M., & Maritz, J. E. (2024). Early marriage, education and mental health: experiences of adolescent girls in Mozambique. *Frontiers in Global Women's Health*, 5, 1278934. <https://doi.org/10.3389/fgwh.2024.1278934>
- Organization, W. H. (n.d.). *Reproductive health in the Western Pacific*.
- Osborne, A., Ayebeng, C., James, P. B., Bangura, C., Aboagye, R. G., & Ahinkorah, B. O. (2024). Trends, and patterns, of premarital sexual intercourse and its associated factors among never-married young women aged 15–24 in Sierra Leone. *PLOS ONE*, 19(8), e0309200. <https://doi.org/10.1371/journal.pone.0309200>
- Phiri, M., Musonda, E., Shasha, L., Kanyamuna, V., & Lemba, M. (2023). Individual and Community-level factors associated with early marriage in Zambia: a mixed effect analysis. *BMC Women's Health*, 23(1), 21. <https://doi.org/10.1186/s12905-023-02168-8>
- Pretorius, D., & Ruch, A. (2025). Domestic violence: Screening and management in South Africa. *South African Family Practice*, 67(1), 5. <https://doi.org/10.4102/safp.v67i1.6000>
- Scanteianu, A., Schwandt, H. M., Boulware, A., Corey, J., Herrera, A., Hudler, E., Imbabazi, C., King, I., Linus, J., Manzi, I., Merritt, M., Mezier, L., Miller, A., Morris, H., Musemakweli, D., Musekura, U., Mutuyimana, D., Ntakarutimana, C., Patel, N., ... Feinberg, S. (2022). "...the availability of contraceptives is everywhere.": coordinated and integrated public family planning service delivery in Rwanda. *Reproductive Health*, 19(1), 22. <https://doi.org/10.1186/s12978-022-01325-w>
- Sripad, P., Pinchoff, J., Dadi, C., & Dougherty, L. (2024). Measuring social norms related to child marriage among married women and men in Niger. *PLOS ONE*, 19(7), e0307595. <https://doi.org/10.1371/journal.pone.0307595>
- Wahi, A., Zaleski, K. L., Lampe, J., & Bevan, P. (2019). The Lived Experience of Child Marriage in the United States. *Soc Work Public Health*. 2019;34(3):201-213.
- Win, P. P., Hlaing, T., & Win, H. H. (2024). Factors influencing maternal death in Cambodia,

Laos, Myanmar, and Vietnam countries: A systematic review. *PLOS ONE*, 19(5), e0293197. <https://doi.org/10.1371/journal.pone.0293197>

Wollum, A., Key, K., Mersha, T., Nicholson, M., Page, G., Austen, K., Endale, M. E., & Moseson, H. (2025). Does a values clarification and attitudes transformation (VCAT) workshop influence provider attitudes, knowledge, and service provision related to abortion care?: Evidence from a mixed-methods longitudinal randomised controlled trial in Ethiopia. *Global Public Health*, 20(1), 2465643. <https://doi.org/10.1080/17441692.2025.2465643>

Zelege, E. D., Assefa, D. G., Woldeesenbet, T. T., Gido, R., Mengistu, N., & Molla, W. (2022). Utilization of long acting and permanent contraceptive methods and associated factor among women of reproductive age in west Guji zone, Southwest Ethiopia. *Reproductive Health*, 19(1), 31. <https://doi.org/10.1186/s12978-022-01337-6>

### 3. RIWAYAT REVIEW/REVIEW SUBSTANSI



## [MJN] Editor Decision

12-04-2025 05:49 AM

Fitriani Nur Damayanti, Puji Nor Fatimah, Siti Nurjanah, Sandeep Poddar:

We have reached a decision regarding your submission to The Malaysian Journal of Nursing (MJN), "Legal Protection For Adolescents Against Reproductive Health Rights In Minor Marriages : Legal Protection For Adolescents Against Reproductive Health Rights In Minor Marriages ".

Our decision is: Revisions Required

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Reviewer A:

1. You should mention the ethical number, date, month and year and also the approval committee name.
2. Add Significance of the study and Limitation.
3. Add future scope of the study in the conclusion section.
4. Add nursing element to make it appropriate to the scope of this journal.
5. Abstract portion should be structured as per journal format.
6. Add an Acknowledgment
7. There is no mention in the sample size, kindly explain that.
8. Add recent references from 2025 (3-4 minimum) with APA style in the field of study. Please provide DOI or weblink with access date for all the references.
9. Methodology is not in details. the exclusion and inclusion criteria is not clear.
10. Please note, all the references must be cited in the text properly.
11. There is no table and description in the result section.

Recommendation: Revisions Required

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Reviewer B:

1. Abstract portion should be structured as per journal format.
2. There is no mention in the sample size, kindly explain that.

3. Methodology is not in details. the exclusion and inclusion criteria is not clear.

4. There is no table and description in the Result section.

5. Add Study Limitation.

6. Add future scope of the study in the Conclusion section.

7. Please note, all the references must be cited in the text properly.

Recommendation: Revisions Required

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## Review Form

Title:

### General Review:

- Does the paper meet a high standard of scientific quality and credibility? ☐ Yes ☒ No
- Is the paper readable and appropriately presented? ☐ Yes ☒ No
- English language level: is the English language comprehensive and flawless? ☐ Yes ☒ No
- Are there any grammatical or spelling mistakes? ☒ Yes ☐ No
- Are full forms for abbreviations stated at the 1<sup>st</sup> mention of the abbreviation? ☐ Yes ☒ No
- Are appropriate legends provided with tables/ figures? ☐ Yes ☐ No
- Does the paper contain appropriate referencing? ☒ Yes ☐ No
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- Does the paper compliant with the aims and scope of the journal it is submitted to? ☐ Yes ☐ No
- Does the paper meet ethical requirements? ☐ Yes ☒ No
- Does the paper include animal or human study? If yes, was ethical committee approval details provided in the paper? ☐ Yes ☒ No ☐ Not Applicable
- Is this a human intervention study? Was consent taken before the study? ☐ Yes ☐ No ☐ Not Applicable
- Is the statistical analysis sound and justified? (Does it require expert statistical review?) ☐ Yes ☐ No

### Comments per section of manuscript:

Abstract	Abstract portion should be structured as per journal format.
Introduction	
Methodology	Methodology is not in details. the exclusion and inclusion criteria is not clear.
Results and Discussion	There is no table and description in the result section.
References (Appropriateness)	Add recent references from 2025 (3-4 minimum) with APA style in the field of study. Please provide DOI or weblink with access date for all the references.



**Level of Interest: Please indicate how interesting you found the manuscript**

*Rating - 1 to 5 (1:Poor, 2:Moderate, 3:Good, 4:Very Good, 5:Excellent)*

Originality	
Depth of research	
Technical quality	
Contribution to the Field	

**Recommendation:**

- ☐ Reject unconditionally
- ☐ Reject in current form, but allow resubmission after revision as per my accompanying comments
- ☒ Accept conditionally, subject to minor revision, according to my accompanying comments
- ☐ Accept unconditionally

## Review Form

Title:

### General Review:

- Does the paper meet a high standard of scientific quality and credibility? ☒ Yes ☐ No
- Is the paper readable and appropriately presented? ☒ Yes ☐ No
- English language level: is the English language comprehensive and flawless? ☐ Yes ☒ No
- Are there any grammatical or spelling mistakes? ☒ Yes ☐ No
- Are full forms for abbreviations stated at the 1<sup>st</sup> mention of the abbreviation? ☒ Yes ☐ No
- Are appropriate legends provided with tables/ figures? ☐ Yes ☐ No
- Does the paper contain appropriate referencing? ☒ Yes ☐ No
- Does the paper contain any recognizable plagiarism? ☒ Yes ☐ No
- Does the paper comply with the aims and scope of the journal it is submitted to? ☐ Yes ☒ No
- Does the paper meet ethical requirements? ☒ Yes ☐ No
- Does the paper include animal or human study? If yes, was ethical committee approval details provided in the paper? ☐ Yes ☒ Not Applicable
- Is this a human intervention study? Was consent taken before the study? ☐ Yes ☒ Not Applicable
- Is the statistical analysis sound and justified? (Does it require expert statistical review?) ☐ Yes ☒ No

### Comments per section of manuscript:

Abstract	Not Structured
Introduction	
Methodology	Sample size not mentioned
Results and Discussion	No Table
References (Appropriateness)	

**Level of Interest: Please indicate how interesting you found the manuscript**

*Rating - 1 to 5 (1:Poor, 2:Moderate, 3:Good, 4:Very Good, 5:Excellent)*

Originality	5
Depth of research	4
Technical quality	4
Contribution to the Field	3

**Recommendation:**

☐ Reject unconditionally

☐ Reject in current form, but allow resubmission after revision as per my accompanying comments

☒ Accept conditionally, subject to minor revision, according to my accompanying comments

☐ Accept unconditionally

# Legal Protection for Adolescents Against Reproductive Health Rights in Minor Marriages

## ABSTRACT

**Background :** Indonesia ranks seventh highest in the world in terms of early marriage, with many teenagers under the age of 19 entering into early marriage in Demak City. To describe and analyze the implementation of legal protection for teenagers regarding reproductive health rights in underage marriages, in Mranggen District, Demak Regency. **Methods :** Descriptive analytic with a qualitative sociological juridical approach, as well as purposive sampling. Primary data was obtained through interviews, documents from related institutions, and direct observation, while secondary data was extracted from books, journals, and other literature. Data collection techniques include field and library studies, with data processing through examination, verification, classification and systematization of data, which is then analyzed qualitatively. **Results :** The findings of the study on Legal Protection of Adolescent Reproductive Health Rights in Underage Marriage in Mranggen Regency, Demak Regency, show that there is still a lack of knowledge regarding the rights of adolescent protection, especially regarding legal protection for women who marry underage. **Conclusion :** Adolescent knowledge of reproductive health rights in underage marriage shows the need for a comprehensive approach in addressing this challenge. Although there are regulations governing the age limit for marriage and dispensation procedures, their implementation is still closely related to social and cultural factors in society.

**Keywords:** early marriage; legal protection; reproductive health rights; teenagers;

## INTRODUCTION

Health Law is "a series of legal provisions, both written and unwritten which relate directly or indirectly to health, the relationship between patients or the public and health workers in efforts to implement health (Wahi et al., 2019). Reproductive health is defined as a state of overall health both mentally, physically, and social. Reproductive health is not limited to diseases or disorders of the reproductive system, function or process (Sripad et al., 2024).

In Cairo, Egypt, in 1994, the International Conference on Population and Development (International Conference on Population and Development) pays attention to reproductive health problems from various countries (Mutea et al., 2020). One of the countries with the highest rate of early marriage is Indonesia (Win, Hlaing & Win, 2024). According to UNICEF data, Indonesia is in the 7th highest position in the world and in 2nd place after Cambodia in ASEAN. Central Java is one of the three provinces with the highest absolute number of incidents of child marriage (Cunningham & Saleh, 2024). In the last ten years, the prevalence of child marriage in rural areas has decreased by 5.76 percentage points, while in cities it has only decreased by less than 1 percentage point (Beyene, Garoma & Belachew, 2024).

In 2018, approximately 1 in 100 men aged 20-24 years in rural and urban areas had their first marriage before the age of 18. This occurs in rural areas at 16.87% and in urban areas

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at 7.15%. Just like girls who marry early, boys who marry early are also higher in rural areas, at 1.44%, and in cities, at 0.77% (Phiri et al., 2023).

A study conducted by the Indonesian Ministry of Health shows that 2.6% of women aged 10-54 years were married for the first time at the age of less than 15 years, and 23.9% were married at the age of 15-19 years. This shows that around 26% of underage women marry before the functions of their reproductive organs develop optimally (Boku et al., 2024). However, Cambodia is the second country with the highest rate of child marriage in ASEAN. Apart from that, educational, economic, socio-cultural issues, and of course religious beliefs are some of the factors that contribute to the high rate of early marriage in Indonesia (Daraz et al., 2023).

A preliminary study conducted by researchers at the Ministry of Religion of Demak Regency found that there were still many teenagers under 19 years of age who married underage. According to data obtained from Islamic Guidance, it is stated that in 2023 there will be 50 teenage boys and 257 teenage girls who will marry underage. And in Mranggen District, Demak Regency, there are 10 teenage boys and 28 teenage girls who are married under age (General Assembly, 1989). Experimental disciplines. In this realm, the effect of learning can be partial for students who have not studied clinical disciplines such as internal science (Organization, n.d.). Besides, the overload of content and resources may be considered as a challenge for learning pharmacology course in university context. In this regard, new instructive perceptions and scientific advances in pharmacology research motivate instructors to regularly adjust their teaching strategies (Liu et al., 2023).

Therefore, guidance and counseling is needed about the consequences of underage marriage, both from the government and the private sector, as well as youth and student movements (Adedokun et al., 2016). To prevent underage marriages by socializing the Marriage Law No. 1 of 1974, community leaders and religious leaders must also play an active role. Biologically, the reproductive organs of adolescents are still undergoing a process towards maturity (Mwakawanga et al., 2024). Adolescents are not yet ready for sexual intercourse and pregnancy, which is followed by the birth process, because their reproductive organs are still undergoing a process towards biological maturity (Scanteianu et al., 2022). Pregnants under the age of 19 are at risk of bleeding, miscarriage, pregnancy, molar pregnancy and premature pregnancy. On the other hand, the resulting child is at risk of experiencing LBW, and is 5–30 times more likely to die at birth (Pretorius & Ruch, 2025).

To reduce problems that occur with reproductive health, the Government sets an age limit for marriage to reduce reproductive health problems. This is shown in Article 7 paragraph (1) of Law of the Republic of Indonesia Number 16 of 2019 concerning Amendments to Law Number 1 of 1974 concerning Marriage (hereinafter referred to as the Marriage Law), which states that "Marriage is only permitted if the man and woman have reached 19 (nineteen) years old." The rate of early marriage in many countries continues to increase from year to year and is always related to various legal protection efforts for children, including in Indonesia. From the data revealed that in commemorating National Children's Day 2022 there was data on 59,709 cases of marriage dispensations granted by Religious Courts throughout 2021 based on the 2022 (Beckwith et al., 2024).

Marriage too early can lead to more divorces because couples do not learn to take responsibility for domestic life and prioritize each other's egos before marriage (Ding, 2023). As a result, quarrels often occur between husband and wife because each person survives with his own ego (Kaner, Cwikel & Segal-Engelchin, 2023). One sign of a successful marriage is that the husband and wife are ready to assume joint responsibilities. Early marriage is defined as a registered or unregistered marriage where one or both partners are under the age of 19. Early marriage is the marriage of a couple aged 19 years

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or can be categorized as teenagers.

WHO states that Africa and Southeast Asia are the countries with the highest rates of early marriage. There are approximately 10 million teenagers in Southeast Asia who are married under the age of 19. In Africa, 42% of teenagers under the age of 19 are married (Cohen et al., 2024).

The results of the 2018 National Socio-Economic Survey (SUSENAS) show that around 11% or 1 in 9 girls aged 20-24 years were married before the age of 18. About 1% or 1 in 100 men aged 20-24 years were married before the age of 18 years and around 0.56% of all women aged 20-24 years were married before the age of 15 years. Additionally, this figure places Indonesia among the ten countries with the highest absolute rates of child marriage worldwide (Beccalossi, Fisher & Funke, 2023).

Especially to protect children, especially girls in early marriage, and to reduce early marriage, the various consequences caused by early marriage for underage teenagers, especially girls, must be analyzed (Chan et al., 2022). Therefore, the subject of the research is "Legal protection for adolescents regarding reproductive health rights in underage marriages".

## RESEARCH METHODOLOGY

This research is descriptive analytical using qualitative sociological jurisprudence in the field of law (Osborne et al., 2024). The population of this study was 28 female teenagers then selected by purposive sampling, a sample of 5 female teenagers. The research samples were carefully selected using inclusion and exclusion criteria. The type of data used is primary data conducted by direct observation of events that occurred in the Mranggen area of Demaki Regency, interviews, and searching for information or documents from related agencies. Secondary data for this study uses literature studies. Qualitative data analysis, obtained from the results of legal documents or data processing operations. The researchers obtained ethical clearance from the Universitas Muhammadiyah Semarang, with reference number 438/KE/06/2024.

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## RESULT

Adolescents who marry at a young age face various risks, especially related to reproductive health (Zelege et al., 2022). Adolescent girls are very vulnerable to complications of pregnancy and childbirth, which can be life-threatening. In addition to health problems, early marriage has a negative impact on their education, causing them to drop out of school and limited future opportunities (Kleprlikova et al., 2019). Legal protection for adolescents is still ineffective in this context, although there are provisions prohibiting early marriage. This study aims to analyze these diseases comprehensively, assess reproductive health risks and evaluate how legal protection has been implemented to protect the reproductive health rights of the younger generation in Mranggen.

**Table 1. Informant Description**

No.	Informan	Kode
1.	Young Women Who Engage in Underage Marriage.	IU
2.	Parents of Teenage Girls Who Engage in Underage Marriage.	OT
3.	The Head of the Religious Affairs Office.	KUA

Table 1 presents involved interviews with 11 informants to gain an in-depth understanding of early marriage in Mranggen District. 5 main informants (IU) are adolescent girls who are married at a young age, 5 main informants (OT) are parents of adolescent girls who are married at a young age, 1 supporting informant (KUA) is the head of the Religious Affairs Office.

#### 1.4. General Views on Early Marriage

Early marriage, defined as a marriage in which one or both partners are under the age of 19, is a complex and multidimensional phenomenon, encompassing social, economic, cultural, and legal aspects. The general view of early marriage needs to be understood in the local context in order to formulate effective policies to prevent and address its impact. The following are the results of the interview:

*“When I got married, I was 16 years old. Regarding underage marriage, what I know is that it is marriage under the age of 19. When I got married, I had already graduated from junior high school. In my opinion, a person is said to be ready to get married maybe at the age of 20 because at that age they are mentally and emotionally mature. In addition, what is certain is that mental and economic readiness must be there so that a person is truly ready to get married.”* (IU1)

*“I got married at the age of 18. Regarding underage marriage, what I know is that it is marriage under the age of 19. At the time of marriage, I had already graduated from high school. In my opinion, a person is said to be ready to get married maybe at the age of 20.”* (IU2)

*“I got married at the age of 18. Regarding underage marriage, what I know is that it is marriage under the age of 18. At the time of marriage, I had already graduated from high school. In my opinion, a person is said to be ready to get married at the age of 21 or when they are truly mentally ready.”* (IU3)

*“I got married at the age of 17. Regarding underage marriage, what I know is that it is marriage under the age of 19. I had already graduated from high school before getting married. In my opinion, a woman is said to be ready to get married at the age of 19, while a man is probably more ready at the age of 20 and above.”* (IU4)

*“I got married at the age of 17. In my understanding, underage marriage is when someone gets married before reaching the age of 19. At that time, I had already graduated from junior high school before deciding to get married. In my opinion, someone can be said to be ready to get married at the age of 19.”* (IU5)

Based on the results of interviews with five key informants who had been married at a young age (IU), it can be concluded that they have a fairly uniform understanding of underage marriage, namely as a marriage that occurs before reaching the age of 19. Although there are variations in age at marriage and views on readiness to get married, they generally agree that mental and economic readiness are important factors. This view shows the need for a holistic and in-depth approach in addressing the issue of underage marriage, to ensure protection of adolescent rights and strengthen understanding of the importance of holistic readiness before deciding to get married. Then here are the results of interviews with parents whose children married early:

*“In my opinion, underage marriage is considered better than the risk of slander that may arise from unclear dating relationships. I know that the minimum age limit for marriage is 19 years old, this information I obtained from general sources that I read or heard.”* (OT1)

*“In my opinion, there should be no marriage under the specified age. I know that the minimum age limit for marriage is 19 years old, this information I obtained from sources that I read or heard. In addition, I also know that there is a marriage dispensation, because*

*I followed the application process to the Religious Affairs Office (KUA) and the trial in court related to this recently.” (OT2)*

*“In my opinion, underage marriage is considered better than allowing a relationship that can lead to sin. I don’t really know about the minimum age limit for marriage, I don’t know where this information came from.” (OT3)*

*“In my opinion, underage marriage is considered a solution when children no longer want to continue their education, so it is better to marry them off. I know that the minimum age limit for marriage is 19 years old, I got this information from sources that I read or heard. I also know about the existence of a marriage dispensation, because I followed the trial process related to this in court some time ago.” (OT4)*

*“In my opinion, underage marriage is considered better than having an unclear relationship. I don’t really know about the minimum age limit for marriage, but I don’t know where I heard this information from.” (OT5)*

Based on the results of interviews with five parents (OT) who have various views regarding underage marriage, it can be concluded that understanding of this issue varies. Some of them see underage marriage as a better alternative compared to the moral risks of unclear dating relationships, while others oppose the practice and consider the minimum age for marriage to be 19 years. In addition, all respondents have knowledge of the existence of marriage dispensation, which they learned from the application process to the Religious Affairs Office (KUA) and the trial in court.

### **1.5. Impact of Early Marriage**

Pregnant under the age of 19 years is at high risk of bleeding, miscarriage, and premature birth, and increases the likelihood of the child experiencing low birth weight (LBW) and stillbirth by 5–30 times. This impact confirms the dangers of early marriage to the health and safety of girls and the children born to them. The following are the results of interviews with key informants:

*“In my experience, getting married at an early age has two sides. The disadvantage may lie in the limited freedom of youth before marriage. However, there are advantages in being able to do many activities with my husband and having a life partner. When I got married, I was registered at the KUA with the application that had been made. After getting married, I felt happy, and having children made me feel happy because I could have new friends. The harmony in my household felt good, with a husband who was able to lead the family well. My social environment did not change significantly after getting married, and although there were difficulties in building a household because of our young age, we learned to control our emotions and resolve disputes well.” (IU1)*

*“After deciding to get married at an early age, I realized that there were disadvantages in not being able to do as I did before marriage because I had responsibilities to my husband. However, the advantage was feeling happy to have a life partner who provides for me and can be a friend. Our marriage was registered at the KUA and we went through a trial process before getting married. After getting married, I felt happy to be able to do everything with my husband and feel the joy of having children. The harmony in my household felt good and our small family lived happily. My social environment did not experience any significant changes after getting married, with the support of good family and neighbors. Although there were difficulties in building a household, we faced them with a natural attitude of joy and hardship.” (IU2)*

*“After deciding to get married at an early age, I realized that there was an adjustment from being a freer girl to being more responsible as a wife. Even so, the advantage is that I feel like I have a true friend in everything with my husband. Our marriage was registered at the KUA after submitting an application. After getting married,*



*I felt very happy and grateful. I also felt joy after having children. The harmony in our household experiences challenges and happiness in balance, but we are always grateful for everything we have together. My social environment did not experience significant changes after getting married, with family and neighbors who always provide support. Alhamdulillah, we did not experience significant difficulties in building a household, because we always communicate to solve any problems that arise." (IU3)*

*"Before deciding to get married at an early age, I was aware that there was a possibility of problems in the household as one of the disadvantages. However, the advantage is that I can learn and understand the meaning of life from the experience of being married. Our marriage was registered at the KUA when we applied for it. After getting married, I felt very happy with many things that made me happy. My happiness increased after we had children. The harmony in our household is very satisfying with many moments of happiness, because I feel that there is someone who always accompanies and provides for me. Our social environment has not changed significantly after getting married, with full support from family and neighbors. Even though we face challenges in building a household, we always try to understand each other and solve problems wisely." (IU4)*

*"Before deciding to get married at an early age, I realized that there were disadvantages such as losing my youth. However, the advantage is that I have a husband who can support me. Our marriage is registered at the KUA. After getting married, I felt happy. My happiness increased when we had children, I felt very happy. The harmony in our household is very good, I feel happy because there is someone who always accompanies and provides for us. Our social environment did not experience significant changes after getting married, with full support from family and neighbors. Although we face challenges in building a household, we always try to deal with it wisely." (IU5)*

Based on interviews with five respondents who got married at an early age, it can be concluded that they experienced various experiences and different views related to the decision. In general, they expressed that although there were disadvantages such as losing their youth and possible problems in the household, the advantage was feeling happy to have a companion.

Interview findings with parents who provided explanations regarding their children's early marriage are as follows:

*"I've already found my soulmate, sis." (OT1)*

*"I'm already pregnant, sis, whether I like it or not, I'll just get married rather than giving birth without a husband." (OT2)*

*"I was already pregnant yesterday, sis, so whether I like it or not, I'll just get married." (OT3)*

*"I don't want to continue school, sis, so I'd rather get married." (OT4)*

*"I was already pregnant, sis, it was discovered at 2 months, so I just got married straight away." (OT5)*

Based on the answers from the people interviewed, there are several reasons that often cause early marriage among teenagers in Indonesia. These reasons include having found a soulmate, pregnancy outside of marriage that requires immediate marriage, and dropping out of school that encourages them to solve problems by getting married. This phenomenon illustrates the complexity of the social and cultural situation where the decision to marry is often influenced by social pressure, unplanned pregnancy, and limited educational priorities.

## **1.6. Legal Protection for Adolescents Regarding Reproductive Health Rights in Underage Marriage**

The rights of adolescents to reproductive health in underage marriage must be protected by law. Laws that set a minimum age of 19 for marriage are essential in protecting adolescents from major risks to their reproductive health, such as potentially fatal pregnancy problems.

The results of the interview with the Head of the KUA are as follows: *"I am sure that the number of underage marriages does not increase drastically every year. The court wants proof that there is no complete KUA, KK, or KTP. divorce, so even though early marriage for those under 19 years old will occur after 2020, this development must be gradually limited by the age limit for being aware of marriage, namely the KUA 19 years before the exam. Although the number of annual marriages does not increase. Therefore, efforts to increase awareness of couples regarding age restrictions must reverse this trend. To ensure that all administrative obligations, including the submission of documents such as KK and KTP, are fulfilled before the trial, the dismissal procedure by the religious court requires the issuance of such a permit."*

The findings of the study on Legal Protection of Adolescent Reproductive Health Rights in Underage Marriage in Mranggen Regency, Demak Regency, show that there is still a lack of knowledge regarding the rights of adolescent protection, especially regarding legal protection for women who marry underage. However, young marriages will occur less in the future as more people are aware of the age limit of 19 years for marriage. The rights to adequate education and welfare, freedom from physical and mental violence, and adequate access to knowledge about reproductive health are all included in this protection. To ensure that all children—including those who may be at risk of being married at a young age—receive adequate protection under the law, the implementation of the Child Protection Law needs to be strengthened.

## DISCUSSION

Early marriage is a type of marriage in which one or both partners marry when they are under the age of 19, whether it is officially registered or not. The results of interviews with several informants showed that they recognized underage marriage as a marriage that occurred before the age of 19.

Some cases, parents may decide to marry off their underage daughters, because they are worried that the child will be involved in an unstable relationship or potentially like someone else (Damayanti et al., 2020a). The results of interviews with parents in this context show a variety of opinions regarding underage marriage, where some parents see marriage as a better alternative than the moral risks of unclear dating.

UNICEF states that early marriage occurs when someone marries before reaching the age of 18, either officially or unofficially. This is considered a fundamental human rights violation because it has the potential to have serious negative impacts on the mental and physical development of girls (Damayanti et al., 2019b). The impacts include social isolation, the risk of early pregnancy, disruption to education, and limitations on opportunities for future career advancement. Interviews with respondents showed differences in views between traditional understandings of society and government policies regarding the age limit for marriage that aims to protect the rights of children and adolescents in this context (Damayanti et al., 2020b). Early marriage in girls has significant impacts among others, loss of access to reproductive and sexual health rights: girls who marry at a young age are at risk of experiencing serious complications and maternal death during childbirth because their bodies are not ready for the difficult labor process, Vulnerable to Domestic Violence (Wollum et al., 2025). Early marriage increases the risk of girls experiencing domestic violence, because they are not mentally and psychologically mature enough to live a married life, Limited Access to Decent Education: The practice of early marriage often prevents girls from accessing decent education, thus hampering

their intellectual and professional development, Economic Problems and the Right to a Decent Life: Girls who marry at a young age often face economic difficulties because they are not financially ready to meet their own living needs, which can trigger conflict and instability in their family life (Damayanti et al., 2019a).

The Indonesian government has taken steps to address reproductive health issues by setting a minimum age for marriage of 19 years, in accordance with Article 7 paragraph (1) of the Marriage Law. This step aims to reduce high reproductive health risks, such as pregnancy complications at a young age. Interview results show that although some communities still have varying views on the practice of early marriage, the importance of this policy to protect the physical and mental health of girls is highly emphasized (Nhampoca & Maritz, 2024). Thus, this regulation is expected to influence community perceptions and behaviour in reducing the practice of early marriage for the welfare of girls as a whole (Kechagia, n.d., 2025).

An overview of child protection rights in the context of early marriage is presented below: every child has the right to be protected from all types of physical and mental violence (Hellwig et al., 2024), including neglect and sexual abuse, children have the right to adequate welfare, care, and direction both at home and in other environments, children's rights to education that suits their interests, talents, and intelligence are guaranteed, and they are protected from sexual violations and violence in the classroom, children have the right to be free from financial and sexual violence, which can endanger their growth, education, and health, including the expression of their ideas and involvement in social and political life, every child has the right to the best health services based on their physical, mental, spiritual, and social needs (Damayanti, et al., 2024).

In addition to midwives, other health workers such as nurses have an important role in providing reproductive health education to adolescents, especially those in underage marriages (Sartika et al., 2025). This education includes: information on reproductive anatomy and physiology, the risks of early pregnancy (medical complications, malnutrition, mental health), prevention of sexually transmitted diseases (STDs), reproductive rights and adolescent sexual health (Howe, 2025).

Challenges, including the application of customary law, exceptions, unreported marriages, and the absence of legal consequences for marriages between minors. Pregnancy before marriage is one of the most important factors and is often the main reason people want to avoid marriage. This shows the lack of knowledge and awareness of the community regarding the age limit for marriage, especially in remote areas such as Mranggen District. Early marriages are more common in this area due to a number of other factors, including lack of parental supervision, lack of formal education, the influence of religious differences, and low religious knowledge. Holistic efforts by many organizations, including the government, social institutions, and local communities, must be strengthened to educate and change community beliefs and behaviours around these issues in order to promote juvenile justice and reproductive health.

### **Limitation**

This study uses sampling on teenagers who are married under age. The limitation of this study is that child marriage is considered normal and cultural. This affects the openness of informants and data interpretation. Interviews with teenagers who are married early and their families are not open so that access to data and information obtained is limited.

### **CONCLUSION**

Adolescent knowledge of reproductive health rights in underage marriage shows the need for a comprehensive approach in addressing this challenge. Although there are regulations

governing the age limit for marriage and dispensation procedures, their implementation is still closely related to social and cultural factors in society. Strengthening education on reproductive health rights, increasing awareness of the health risks associated with early marriage, and optimizing the role of institutions such as the KUA and courts in handling dispensation requests are crucial to ensuring adequate protection for adolescents. Reproductive health protection for minors is not yet optimal. Future studies should explore Gaining first-hand perspectives from adolescents experiencing early marriage and how they access reproductive health services and the role of government in preventing early marriage and providing post-early marriage protection.

#### Conflict of interest

There is no conflict of interest to report in this study.

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#### BIBLIOGRAPHY

- Adedokun, O., Adeyemi, O., & Dauda, C. (2016). Child marriage and maternal health risks among young mothers in Gombi, Adamawa State, Nigeria: implications for mortality, entitlements and freedoms. *African Health Sciences*, 16(4), 986–999. <https://doi.org/10.4314/ahs.v16i4.15>.
- Beccalossi, C., Fisher, K., & Funke, J. (2023). Sexology and development. *History of the Human Sciences*, 36(5), 3–14. <https://doi.org/10.1177/09526951231213970>
- Beckwith, S., Chandra-Mouli, V., & Blum, R. W. (2024). Trends in adolescent health: Successes and challenges from 2010 to the present. *Journal of Adolescent Health*, 75(4), S9–S19. <https://doi.org/10.1016/j.jadohealth.2024.04.015>
- Beyene, S. A., Garoma, S., & Belachew, T. (2024). Addressing disparity in attitudes and utilization of family planning among married couples in the pastoralist community of Fentale District, Eastern Ethiopia. *Plos One*, 19(9). <https://doi.org/10.1371/journal.pone.0308633>
- Boku, G. G., Abeya, S. G., Ayers, N., & Wordofa, M. A. (2024). The Effect of School-Linked Module-Based Friendly-Health Education on Adolescents' Sexual and Reproductive Health Knowledge, Guji Zone, Ethiopia - Cluster Randomized Controlled Trial. *Adolescent Health, Medicine and Therapeutics*, 15(0), 5–18. <https://doi.org/10.2147/ahmt.s441957>
- Chan, S. L., Thumboo, J., Boivin, J., Saffari, S. E., Yin, S., Yeo, S. R., Chan, J. K. Y., Ng, K. C., Chua, K.-H., & Yu, S. L. (2022). Effect of fertility health awareness strategies on fertility knowledge and childbearing in young married couples (FertStart): study protocol for an effectiveness-implementation hybrid type I multicentre three-arm parallel group open-label randomised clinical trial. *BMJ Open*, 12(1). <https://doi.org/10.1136/bmjopen-2021-051710>
- Cohen, D., Jasper, K., Zhao, A., Moalla, K. T., Nwuke, K., Nesamoney, S., & Darmstadt, G. L. (2024). Gender norms in a context of legal pluralism: Impacts on the health of women and girls in Ethiopia. *Global Public Health*, 19(1). <https://doi.org/10.1080/17441692.2024.2326016>

- Cunningham, J. K., & Saleh, A. A. (2024). Structural Stigma, Racism, and Sexism Studies on Substance Use and Mental Health: A Review of Measures and Designs. *Alcohol Research: Current Reviews*, 44(1), 8. <https://doi.org/10.35946/arcr.v44.1.08>
- Damayanti, F. N., Absori, A., & Wardiono, K. (2019a). Legal protection based on transcendental perspective against child sexual abuse in indonesia. *Medico-Legal Update*, 19(2), 331–335. <https://doi.org/10.5958/0974-1283.2019.00198.1>
- Damayanti, F. N., Absori, A., & Wardiono, K. (2019b). Legal protection of midwives based on professional justice in midwifery practices. In *Indian Journal of Public Health Research and Development*. 10(4), 437–441. <https://doi.org/10.5958/0976-5506.2019.00734.4>
- Damayanti, F. N., Absori, A., Wardiono, K., & Rejeki, S. (2020a). The comparison of midwives professionalism in indonesia and england. *J. South India Med. Assoc.*, 12(1), 4–9. <https://doi.org/10.26555/novelty.v14i2.a25748>
- Damayanti, F. N., Absori, A., Wardiono, K., & Rejeki, S. (2020b). The evidence-based midwife professionalism. *Indian Journal of Forensic Medicine and Toxicology*, 14(3), 1877–1881. <https://doi.org/10.37506/ijfimt.v14i3.10699>
- Daraz, U., Khan, Y., Alnajdawi, A. M., & Alsawalqa, R. O. (2023). Empowering hearts and shaping destinies: unveiling the profound influence of education on women's mate selection in Pakistan – a comprehensive mixed-methods study. *Frontiers in Sociology*, 8. <https://doi.org/10.3389/fsoc.2023.1273297>
- Ding, C. (2023). Chinese legal response to the shared motherhood model in lesbians' family-making. *Journal of Law and the Biosciences*, 10(1). <https://doi.org/10.1093/jlb/lsad015>
- General Assembly, U. N. (1989). *Convention on the Rights of the Child*. <http://www.hrweb.org/legal/child.html>
- Hellwig, F., Moreira, L. R., Silveira, M. F., Vieira, C. S., Rios-Quituzaca, P. B., Masabanda, M., Serucaca, J., Rudasingwa, S., Nyandwi, A., Mulu, S., Rashad, H., & Barros, A. J. D. (2024). Policies for expanding family planning coverage: lessons from five successful countries. *Frontiers in Public Health*, 12. <https://doi.org/10.3389/fpubh.2024.1339725>
- Howe, K. (n.d.). (2025). Differential outcomes: early marriage, marital identity and mental health of displaced female youth in the Kurdistan Region of Iraq. *Vulnerable Children and Youth Studies*, 1–21. <https://doi.org/10.1080/17450128.2025.2457041>
- Kaner, A., Cwikel, J., & Segal-Engelchin, D. (2024). The transition to fatherhood–evaluation of an online intervention for new fathers. *Psychology, Health & Medicine*, 29(5), 1011–1019. <https://doi.org/10.1080/13548506.2023.2260600>
- Kechagia, P. (2025). Vulnerable girls and child marriage in rural Asia: a systematic review. *Vulnerable Children and Youth Studies*, 1–25. <https://doi.org/10.1080/17450128.2025.2489972>
- Kleprikova, H., Kalis, V., Lucovnik, M., Rusavy, Z., Blaganje, M., Thakar, R., & Ismail, K. M. (2019). Manual perineal protection: The know-how and the know-why. *Acta Obstetrica et Gynecologica Scandinavica*, 99(4), 445–450. <https://doi.org/10.1111/aogs.13781>
- Liu, C., Jiao, Y., Su, L., Liu, W., Zhang, H., Nie, S., & Gong, M. (2023). Effective Privacy Protection Strategies for Pregnancy and Gestation Information From Electronic Medical Records: Retrospective Study in a National Health Care Data Network in China. *Journal of Medical Internet Research*, 26. <https://doi.org/10.2196/46455>
- Mutea, L., Ontiri, S., Kadiri, F., Michielesen, K., & Gichangi, P. (2020). Access to information and use of adolescent sexual reproductive health services: Qualitative exploration of barriers and facilitators in Kisumu and Kakamega, Kenya. *PLOS ONE*, 15(11), e0241985. <https://doi.org/10.1371/journal.pone.0241985>
- Mwakawanga, D. L., Massae, A. F., Kohli, N., Lukumay, G. G., Rohloff, C. T., Mushy, S. E.,

- Mgopa, L. R., Mkoka, D. A., Mkonyi, E., Trent, M., Ross, M. W., Rosser, B. R. S., & Connor, J. (2024). The need for and acceptability of a curriculum to train nursing and medical students in the sexual healthcare of clients with female genital mutilation/cutting in Tanzania. *BMC Women's Health*, 24(1), 198. <https://doi.org/10.1186/s12905-024-03034-x>
- Nhampoca, J. M., & Maritz, J. E. (2024). Early marriage, education and mental health: experiences of adolescent girls in Mozambique. *Frontiers in Global Women's Health*, 5. <https://doi.org/10.3389/fgwh.2024.1278934>
- Organization, W. H. (n.d.). *Reproductive health in the Western Pacific*.
- Phiri, M., Musonda, E., Shasha, L., Kanyamuna, V., & Lemba, M. (2023). Individual and Community-level factors associated with early marriage in Zambia: a mixed effect analysis. *BMC Women's Health*, 23(1), 21. <https://doi.org/10.1186/s12905-023-02168-8>
- Pretorius, D., & Ruch, A. (2025). Domestic violence: Screening and management in South Africa. *South African Family Practice*, 67(1), 1-5. <https://doi.org/10.4102/safp.v67i1.6000>
- Sartika, D. D., Martinus Danang, P., Yulasteriyani, Gita, I., & Soraida, S. (n.d.). (2025). A bibliometric analysis of financial service providers' best efforts to address child sexual exploitation. *Vulnerable Children and Youth Studies*, 1–21. <https://doi.org/10.1080/17450128.2025.2452562>
- Scanteianu, A., Schwandt, H. M., Boulware, A., Corey, J., Herrera, A., Hudler, E., Imbabazi, C., King, I., Linus, J., Manzi, I., Merritt, M., Mezier, L., Miller, A., Morris, H., Musemakweli, D., Musekura, U., Mutuyimana, D., Ntakarutimana, C., Patel, N., ... Feinberg, S. (2022). "...the availability of contraceptives is everywhere.": coordinated and integrated public family planning service delivery in Rwanda. *Reproductive Health*, 19(1), 22. <https://doi.org/10.1186/s12978-022-01325-w>
- Sripad, P., Pinchoff, J., Dadi, C., & Dougherty, L. (2024). Measuring social norms related to child marriage among married women and men in Niger. *PLoS One*, 19(7). <https://doi.org/10.1371/journal.pone.0307595>
- Wahi, A., Zaleski, K. L., Lampe, J., Bevan, P., & Koski, A. (2019). The lived experience of child marriage in the United States. *Social Work in Public Health*, 34(3), 201-213. <https://doi.org/10.1080/19371918.2019.1575312>
- Win, P. P., Hlaing, T., & Win, H. H. (2024). Factors influencing maternal death in Cambodia, Laos, Myanmar, and Vietnam countries: A systematic review. *Plos One*, 19(5). <https://doi.org/10.1371/journal.pone.0293197>
- Wollum, A., Key, K., Mersha, T., Nicholson, M., Page, G., Austen, K., Endale, M. E., & Moseson, H. (2025). Does a values clarification and attitudes transformation (VCAT) workshop influence provider attitudes, knowledge, and service provision related to abortion care?: Evidence from a mixed-methods longitudinal randomised controlled trial in Ethiopia. *Global Public Health*, 20(1). <https://doi.org/10.1080/17441692.2025.2465643>
- Zelege, E. D., Assefa, D. G., Woldeesenbet, T. T., Gido, R., Mengistu, N., & Molla, W. (2022). Utilization of long acting and permanent contraceptive methods and associated factor among women of reproductive age in west Guji zone, Southwest Ethiopia. *Reproductive Health*, 19(1), 31. <https://doi.org/10.1186/s12978-022-01337-6>

#### 4. MANUSKRIP SETELAH REVIEW

## Legal Protection for Adolescents Against Reproductive Health Rights in Minor Marriages

### ABSTRACT

**Background :** Indonesia ranks seventh highest in the world in terms of early marriage, with many teenagers under the age of 19 entering into early marriage in Demak City. To describe and analyze the implementation of legal protection for teenagers regarding reproductive health rights in underage marriages, in Mranggen District, Demak Regency. **Methods :** Descriptive analytic with a qualitative sociological juridical approach, as well as purposive sampling a sample of 11 informants. Primary data was obtained through interviews, documents from related institutions, and direct observation, while secondary data was extracted from books, journals, and other literature. Data collection techniques include field and library studies, with data processing through examination, verification, classification and systematization of data, which is then analyzed qualitatively. **Results :** The findings of the study on Legal Protection of Adolescent Reproductive Health Rights in Underage Marriage in Mranggen Regency, Demak Regency, show that there is still a lack of knowledge regarding the rights of adolescent protection, especially regarding legal protection for women who marry underage. **Conclusion :** Adolescent knowledge of reproductive health rights in underage marriage shows the need for a comprehensive approach in addressing this challenge. Although there are regulations governing the age limit for marriage and dispensation procedures, their implementation is still closely related to social and cultural factors in society.

**Keywords:** early marriage; legal protection; reproductive health rights; teenagers;

### INTRODUCTION

Health Law is "a series of legal provisions, both written and unwritten which relate directly or indirectly to health, the relationship between patients or the public and health workers in efforts to implement health (Wahi et al., 2019). Reproductive health is defined as a state of overall health both mentally, physically, and social. Reproductive health is not limited to diseases or disorders of the reproductive system, function or process (Sripad et al., 2024).

According to UNICEF data, Indonesia is in the 7th highest position in the world. Central Java is one of the three provinces with the highest absolute number of incidents of child marriage (Cunningham & Saleh, 2024). In the last ten years, the prevalence of child marriage in rural areas has decreased by 5.76 percentage points, while in cities it has only decreased by less than 1 percentage point (Beyene et al., 2024).

A study conducted by the Indonesian Ministry of Health shows that 2.6% of women aged 10-54 years were married for the first time at the age of less than 15 years, and 23.9% were married at the age of 15-19 years. This shows that around 26% of underage women marry before the functions of their reproductive organs develop optimally (Boku et al., 2024). Apart from that, educational, economic, socio-cultural issues, and of course religious beliefs are some of the factors that contribute to the high rate of early marriage in Indonesia (Daraz et al., 2023).

According to data obtained from Islamic Guidance, it is stated that in 2023 there will be 50 teenage boys and 257 teenage girls who will marry underage. And in Mranggen District, Demak Regency, there are 10 teenage boys and 28 teenage girls who are married under age (General Assembly, 1989). Besides, the overload of content and resources may be considered as a challenge for learning pharmacology course in university context. In this regard, new instructive perceptions and scientific advances in pharmacology research motivate instructors to regularly adjust their teaching strategies (Liu et al., 2023).

Therefore, guidance and counseling is needed about the consequences of underage marriage, both from the government and the private sector, as well as youth and student movements (Adedokun et al., 2016). Biologically, the reproductive organs of adolescents are still undergoing a process towards maturity (Mwakawanga et al., 2024). Adolescents are not yet ready for sexual intercourse and pregnancy, which is followed by the birth process, because their reproductive organs are still undergoing a process towards biological maturity (Scanteianu et al., 2022). Pregnants under the age of 19 are at risk of bleeding, miscarriage, pregnancy, molar pregnancy and premature pregnancy. On the other hand, the resulting child is at risk of experiencing LBW, and is 5–30 times more likely to die at birth (Pretorius & Ruch, 2025).

To reduce problems that occur with reproductive health, the Government sets an age limit for marriage to reduce reproductive health problems. From the data revealed that in commemorating National Children's Day 2022 there was data on 59,709 cases of marriage dispensations granted by Religious Courts throughout 2021 based on the 2022 (Beckwith et al., 2024).

Marriage too early can lead to more divorces because couples do not learn to take responsibility for domestic life and prioritize each other's egos before marriage (Ding, 2023).

Especially to protect children, especially girls in early marriage, and to reduce early marriage, the various consequences caused by early marriage for underage teenagers, especially girls, must be analyzed (Chan et al., 2022). Therefore, the subject of the research is "Legal protection for adolescents regarding reproductive health rights in underage marriages".

## RESEARCH METHODOLOGY

This research is descriptive analytical using qualitative sociological jurisprudence in the field of law (Namanda et al., 2023). Sample this study selected by purposive sampling, a sample of 11 informants to gain an in-depth understanding of early marriage in Mranggen District are 5 informants are adolescent girls who are married at a young age, 5 informants are parents of adolescent girls who are married at a young age, 1 supporting informant is the head of the Religious Affairs Office.

The research samples were carefully selected using inclusion and exclusion criteria. The type of data used is primary data conducted by direct observation of events that occurred in the Mranggen area of Demak Regency, interviews, and searching for information or documents from related agencies. Secondary data for this study uses literature studies. Qualitative data analysis, obtained from the results of legal documents or data processing operations. The researchers obtained ethical clearance from the Universitas Muhammadiyah Semarang, with reference number 438/KE/06/2024 on July 1, 2024.



## RESULT

Adolescents who marry at a young age face various risks, especially related to reproductive health (Zelege et al., 2022). Adolescent girls are very vulnerable to complications of pregnancy and childbirth, which can be life-threatening. In addition to health problems, early marriage has a negative impact on their education, causing them to drop out of school and limited future opportunities (Kleprlikova et al., 2019).

**Table 1. Informant Description**

No.	Informan	Kode
4.	Young Women Who Engage in Underage Marriage.	IU
5.	Parents of Teenage Girls Who Engage in Underage Marriage.	OT
6.	The Head of the Religious Affairs Office.	KUA

Table 1 presents involved interviews with 11 informants to gain an in-depth understanding of early marriage in Mranggen District. 5 main informants (IU) are adolescent girls who are married at a young age, 5 main informants (OT) are parents of adolescent girls who are married at a young age, 1 supporting informant (KUA) is the head of the Religious Affairs Office.

### 1.7. General Views on Early Marriage

Early marriage, defined as a marriage in which one or both partners are under the age of 19, is a complex and multidimensional phenomenon, encompassing social, economic, cultural, and legal aspects. The following are the results of the interview:

*“When I got married, I was 16 years old. Regarding underage marriage, what I know is that it is marriage under the age of 19. When I got married, I had already graduated from junior high school. In my opinion, a person is said to be ready to get married maybe at the age of 20 because at that age they are mentally and emotionally mature.”* (IU1)

*“I got married at the age of 18. Regarding underage marriage, what I know is that it is marriage under the age of 19. At the time of marriage, I had already graduated from high school. In my opinion, a person is said to be ready to get married maybe at the age of 20.”* (IU2)

*“I got married at the age of 18. Regarding underage marriage, what I know is that it is marriage under the age of 18. At the time of marriage, I had already graduated from high school. In my opinion, a person is said to be ready to get married at the age of 21 or when they are truly mentally ready.”* (IU3)

In IU4 and IU5, they have the same opinion that regarding underage marriage, a person is said to be ready to get married perhaps at the age of 20 because at that age they are mature physically and mentally.

Based on the results this view shows the need for a holistic and in-depth approach in addressing the issue of underage marriage, to ensure protection of adolescent rights and strengthen understanding of the importance of holistic readiness before deciding to get married. Then here are the results of interviews with parents whose children married early:

*“In my opinion, underage marriage is considered better than the risk of slander that may arise from unclear dating relationships. I know that the minimum age limit for marriage is 19 years old, this information I obtained from general sources that I read or heard.”* (OT1)

*“In my opinion, there should be no marriage under the specified age. I know that the minimum age limit for marriage is 19 years old, this information I obtained from sources*

*that I read or heard. In addition, I also know that there is a marriage dispensation, because I followed the application process to the Religious Affairs Office (KUA) and the trial in court related to this recently.” (OT2)*

*“In my opinion, underage marriage is considered better than allowing a relationship that can lead to sin. I don’t really know about the minimum age limit for marriage, I don’t know where this information came from.” (OT3)*

Based OT4 and OT5 they same who have various views regarding underage marriage, it can be concluded that understanding of this issue varies. Some of them see underage marriage as a better alternative compared to the moral risks of unclear dating relationships, while others oppose the practice and consider the minimum age for marriage to be 19 years. In addition, all respondents have knowledge of the existence of marriage dispensation, which they learned from the application process to the Religious Affairs Office (KUA) and the trial in court.

### **1.8. Impact of Early Marriage**

Pregnant under the age of 19 years is at high risk of bleeding, miscarriage, and premature birth, and increases the likelihood of the child experiencing low birth weight (LBW) and stillbirth by 5–30 times. The following are the results of interviews with key informants:

*“In my experience, getting married at an early age has two sides. The disadvantage may lie in the limited freedom of youth before marriage. My social environment did not change significantly after getting married, and although there were difficulties in building a household because of our young age, we learned to control our emotions and resolve disputes well.” (IU1)*

*“After deciding to get married at an early age, I realized that there were disadvantages in not being able to do as I did before marriage because I had responsibilities to my husband. However, the advantage was feeling happy to have a life partner who provides for me and can be a friend. Although there were difficulties in building a household, we faced them with a natural attitude of joy and hardship.” (IU2)*

*“After deciding to get married at an early age, I realized that there was an adjustment from being a freer girl to being more responsible as a wife. Even so, the advantage is that I feel like I have a true friend in everything with my husband. My social environment did not experience significant changes after getting married, with family and neighbors who always provide support.” (IU3)*

Based on interviews IU4 and IU5 the same respondents who got married at an early age, it can be concluded that they experienced various experiences and different views related to the decision. In general, they expressed that although there were disadvantages such as losing their youth and possible problems in the household, the advantage was feeling happy to have a companion.

Interview findings with parents who provided explanations regarding their children's early marriage are as follows:

*“I’ve already found my soulmate, sis.” (OT1)*

*“I’m already pregnant, sis, whether I like it or not, I’ll just get married rather than giving birth without a husband.” (OT2)*

*“I was already pregnant yesterday, sis, so whether I like it or not, I’ll just get married.” (OT3)*

Based on the answers OT4 and OT5 from the people interviewed, there are several reasons that often cause early marriage among teenagers in Indonesia. These reasons include having found a soulmate, pregnancy outside of marriage that requires immediate marriage, and dropping out of school that encourages them to solve problems by getting

married. This phenomenon illustrates the complexity of the social and cultural situation where the decision to marry is often influenced by social pressure, unplanned pregnancy, and limited educational priorities.

### **1.9. Legal Protection for Adolescents Regarding Reproductive Health Rights in Underage Marriage**

The rights of adolescents to reproductive health in underage marriage must be protected by law. Laws that set a minimum age of 19 for marriage are essential in protecting adolescents from major risks to their reproductive health, such as potentially fatal pregnancy problems.

The results of the interview with the Head of the KUA are as follows: *"I am sure that the number of underage marriages does not increase drastically every year. Although the number of marriages does not increase every year. The need for efforts to raise awareness of couples regarding age limits must reverse this trend. To ensure that all administrative obligations, including the submission of documents such as KK and KTP, are met before the trial, the annulment procedure by the religious court requires the issuance of such a permit"*.

The findings young marriages will occur less in the future as more people are aware of the age limit of 19 years for marriage. The rights to adequate education and welfare, freedom from physical and mental violence, and adequate access to knowledge about reproductive health are all included in this protection. To ensure that all children including those who may be at risk of being married at a young age receive adequate protection under the law, the implementation of the Child Protection Law needs to be strengthened.

## **DISCUSSION**

Some cases, parents may decide to marry off their underage daughters, because they are worried that the child will be involved in an unstable relationship or potentially like someone else (Damayanti et al., 2020a). The results of interviews with parents in this context show a variety of opinions regarding underage marriage, where some parents see marriage as a better alternative than the moral risks of unclear dating.

UNICEF states that early marriage occurs when someone marries before reaching the age of 18, either officially or unofficially. This is considered a fundamental human rights violation because it has the potential to have serious negative impacts on the mental and physical development of girls (Damayanti et al., 2019b). The impacts include social isolation, the risk of early pregnancy, disruption to education, and limitations on opportunities for future career advancement. Interviews with respondents showed differences in views between traditional understandings of society and government policies regarding the age limit for marriage that aims to protect the rights of children and adolescents in this context (Damayanti et al., 2020b). Early marriage in girls has significant impacts among others, loss of access to reproductive and sexual health rights: girls who marry at a young age are at risk of experiencing serious complications and maternal death during childbirth because their bodies are not ready for the difficult labor process, Vulnerable to Domestic Violence (Wollum et al., 2025). Early marriage increases the risk of girls experiencing domestic violence, because they are not mentally and psychologically mature enough to live a married life (Damayanti et al., 2019a).

The Indonesian government has taken steps to address reproductive health issues by setting a minimum age for marriage of 19 years, in accordance with Article 7 paragraph (1) of the Marriage Law. This step aims to reduce high reproductive health risks, such as pregnancy complications at a young age. Interview results show that although some communities still have varying views on the practice of early marriage, the importance of this policy to protect the physical and mental health of girls is highly emphasized (Nhampoca & Maritz, 2024). Thus,

this regulation is expected to influence community perceptions and behaviour in reducing the practice of early marriage for the welfare of girls as a whole (Kechagia, n.d., 2025).

An overview of child protection rights in the context of early marriage is presented below. Every child has the right to be protected from all types of physical and mental violence (Hellwig et al., 2024), including neglect and sexual abuse, children have the right to adequate welfare, care, and direction both at home and in other environments, children's rights to education that suits their interests, talents, and intelligence are guaranteed, and they are protected from sexual violations and violence in the classroom, children have the right to be free from financial and sexual violence, which can endanger their growth, education, and health. (Damayanti et al., 2024).

In addition to midwives, other health workers such as nurses have an important role in providing reproductive health education to adolescents, especially those in underage marriages (Sartika et al., 2025). This education includes: information on reproductive anatomy and physiology, the risks of early pregnancy (medical complications, malnutrition, mental health), prevention of sexually transmitted diseases (STDs), reproductive rights and adolescent sexual health (Howe, 2025).

Challenges, including the application of customary law, exceptions, unreported marriages, and the absence of legal consequences for marriages between minors. Pregnancy before marriage is one of the most important factors and is often the main reason people want to avoid marriage. This shows the lack of knowledge and awareness of the community regarding the age limit for marriage, especially in remote areas such as Mranggen District. Early marriages are more common in this area due to a number of other factors, including lack of parental supervision, lack of formal education, the influence of religious differences, and low religious knowledge. Holistic efforts by many organizations, including the government, social institutions, and local communities, must be strengthened to educate and change community beliefs and behaviours around these issues in order to promote juvenile justice and reproductive health.

### **Limitation**

This study uses sampling on teenagers who are married under age. The limitation of this study is that child marriage is considered normal and cultural. This affects the openness of informants and data interpretation. Interviews with teenagers who are married early and their families are not open so that access to data and information obtained is limited.

### **CONCLUSION**

Adolescent knowledge of reproductive health rights in underage marriage shows the need for a comprehensive approach in addressing this challenge. Although there are regulations governing the age limit for marriage and dispensation procedures, their implementation is still closely related to social and cultural factors in society. Strengthening education on reproductive health rights, increasing awareness of the health risks associated with early marriage, and optimizing the role of institutions such as the KUA and courts in handling dispensation requests are crucial to ensuring adequate protection for adolescents. Reproductive health protection for minors is not yet optimal. Future studies should explore Gaining first-hand perspectives from adolescents experiencing early marriage and how they access reproductive health services and the role of government in preventing early marriage and providing post-early marriage protection.

### Conflict of interest

There is no conflict of interest to report in this study.

### ACKNOWLEDGEMENT

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### BIBLIOGRAPHY

- Adedokun, O., Adeyemi, O., & Dauda, C. (2016). Child marriage and maternal health risks among young mothers in Gombi, Adamawa State, Nigeria: implications for mortality, entitlements and freedoms. *African Health Sciences*, 16(4), 986–999. <https://doi.org/10.4314/ahs.v16i4.15>
- Beccalossi, C., Fisher, K., & Funke, J. (2023). Sexology and development. *History of the Human Sciences*, 36(5), 3–14. <https://doi.org/10.1177/09526951231213970>
- Beckwith, S., Chandra-Mouli, V., & Blum, R. W. (2024). Trends in Adolescent Health: Successes and Challenges From 2010 to the Present. *Journal of Adolescent Health*, 75(4), s9–s19. <https://doi.org/10.1016/j.jadohealth.2024.04.015>
- Beyene, S. A., Garoma, S., & Belachew, T. (2024). Addressing disparity in attitudes and utilization of family planning among married couples in the pastoralist community of Fentale District, Eastern Ethiopia. *PLOS ONE*, 19(9), e0308633. <https://doi.org/10.1371/journal.pone.0308633>
- Boku, G. G., Abeya, S. G., Ayers, N., & Wordofa, M. A. (2024). The Effect of School-Linked Module-Based Friendly-Health Education on Adolescents' Sexual and Reproductive Health Knowledge, Guji Zone, Ethiopia - Cluster Randomized Controlled Trial. *Adolescent Health, Medicine and Therapeutics*, 15(0), 5–18. <https://doi.org/10.2147/ahmt.s441957>
- Chan, S. L., Thumboo, J., Boivin, J., Saffari, S. E., Yin, S., Yeo, S. R., Chan, J. K. Y., Ng, K. C., Chua, K.-H., & Yu, S. L. (2022). Effect of fertility health awareness strategies on fertility knowledge and childbearing in young married couples (FertStart): study protocol for an effectiveness-implementation hybrid type I multicentre three-arm parallel group open-label randomised clinical trial. *BMJ Open*, 12(1), e051710. <https://doi.org/10.1136/bmjopen-2021-051710>
- Cohen, D., Jasper, K., Zhao, A., Moalla, K. T., Nwuke, K., Nesamoney, S., & Darmstadt, G. L. (2024). Gender norms in a context of legal pluralism: Impacts on the health of women and girls in Ethiopia. *Global Public Health*, 19(1), 2326016. <https://doi.org/10.1080/17441692.2024.2326016>
- Cunningham, J. K., & Saleh, A. A. (2024). Structural Stigma, Racism, and Sexism Studies on Substance Use and Mental Health: A Review of Measures and Designs. *Alcohol Research : Current Reviews*, 44(1), 8. <https://doi.org/10.35946/arc.v44.1.08>
- Damayanti, F. N., Absori, A., & Wardiono, K. (2019a). Legal protection based on transcendental perspective against child sexual abuse in Indonesia. *Medico-Legal Update*, 19(2), 331–335. <https://doi.org/10.5958/0974-1283.2019.00198.1>
- Damayanti, F. N., Absori, A., & Wardiono, K. (2019b). Legal protection of midwives based on professional justice in midwifery practices. In *Indian Journal of Public Health Research and Development* (Vol. 10, Issue 4, pp. 437–441). repository.unimus.ac.id. <https://doi.org/10.5958/0976-5506.2019.00734.4>
- Damayanti, F. N., Absori, A., Wardiono, K., & Rejeki, S. (2020a). The comparison of midwives professionalism in Indonesia and England. *J. South India Med. Assoc.*, 12(1), 4–9. <https://doi.org/10.26555/novelty.v14i2.a25748>

- Damayanti, F. N., Absori, A., Wardiono, K., & Rejeki, S. (2020b). The evidence-based midwife professionalism. *Indian Journal of Forensic Medicine and Toxicology*, 14(3), 1877–1881. <https://doi.org/10.37506/ijfmt.v14i3.10699>
- Damayanti, F. N., Lutfitasari, A., Santosa, B., Prakasiwi, S. I., Suparman, & Anggraini, N. N. (2024). Bibliometric Analysis of Research Trends and Novelty of Midwifery Policy. *Africa Journal of Nursing and Midwifery*, 26(1). <https://doi.org/10.25159/2520-5293/14031>
- Daraz, U., Khan, Y., Alnajdawi, A. M., & Alsawalqa, R. O. (2023). Empowering hearts and shaping destinies: unveiling the profound influence of education on women's mate selection in Pakistan – a comprehensive mixed-methods study. *Frontiers in Sociology*, 8, 1273297. <https://doi.org/10.3389/fsoc.2023.1273297>
- Ding, C. (2023). Chinese legal response to the shared motherhood model in lesbians' family-making. *Journal of Law and the Biosciences*, 10(1), 1s015. <https://doi.org/10.1093/jlb/lsad015>
- General Assembly, U. N. (1989). *Convention on the Rights of the Child*. <http://www.hrweb.org/legal/child.html>
- Hellwig, F., Moreira, L. R., Silveira, M. F., Vieira, C. S., Rios-Quitizaca, P. B., Masabanda, M., Serucaca, J., Rudasingwa, S., Nyandwi, A., Mulu, S., Rashad, H., & Barros, A. J. D. (2024). Policies for expanding family planning coverage: lessons from five successful countries. *Frontiers in Public Health*, 12, 1339725. <https://doi.org/10.3389/fpubh.2024.1339725>
- Howe, K. (n.d.). Differential outcomes: early marriage, marital identity and mental health of displaced female youth in the Kurdistan Region of Iraq. *Vulnerable Children and Youth Studies*, 1–21. <https://doi.org/10.1080/17450128.2025.2457041>
- Kaner, A., Cwikel, J., & Segal-Engelchin, D. (2023). The transition to fatherhood – evaluation of an online intervention for new fathers. *Psychology, Health & Medicine*, 29(5), 1011–1019. <https://doi.org/10.1080/13548506.2023.2260600>
- Kechagia, P. (n.d.). Vulnerable girls and child marriage in rural Asia: a systematic review. *Vulnerable Children and Youth Studies*, 1–25. <https://doi.org/10.1080/17450128.2025.2489972>
- Kleprlikova, H., Kalis, V., Lucovnik, M., Rusavy, Z., Blaganje, M., Thakar, R., & Ismail, K. M. (2019). Manual perineal protection: The know-how and the know-why. *Acta Obstetrica et Gynecologica Scandinavica*, 99(4), 445–450. <https://doi.org/10.1111/aogs.13781>
- Liu, C., Jiao, Y., Su, L., Liu, W., Zhang, H., Nie, S., & Gong, M. (2023). Effective Privacy Protection Strategies for Pregnancy and Gestation Information From Electronic Medical Records: Retrospective Study in a National Health Care Data Network in China. *Journal of Medical Internet Research*, 26, e46455. <https://doi.org/10.2196/46455>
- Mutea, L., Ontiri, S., Kadiri, F., Michielesen, K., & Gichangi, P. (2020). Access to information and use of adolescent sexual reproductive health services: Qualitative exploration of barriers and facilitators in Kisumu and Kakamega, Kenya. *PLOS ONE*, 15(11), e0241985. <https://doi.org/10.1371/journal.pone.0241985>
- Mwakawanga, D. L., Massae, A. F., Kohli, N., Lukumay, G. G., Rohloff, C. T., Mushy, S. E., Mgopa, L. R., Mkoka, D. A., Mkonyi, E., Trent, M., Ross, M. W., Rosser, B. R. S., & Connor, J. (2024). The need for and acceptability of a curriculum to train nursing and medical students in the sexual healthcare of clients with female genital mutilation/cutting in Tanzania. *BMC Women's Health*, 24(1), 198. <https://doi.org/10.1186/s12905-024-03034-x>
- Namanda, C., Atuyambe, L., Ssali, S., Mukose, A., Tumwesigye, N. M., Makumbi, F. E., Tweheyo, R., Gidudu, A., Sekimpi, C., Hashim, C. V., Nicholson, M., & Ddungu, P.

- (2023). A qualitative study of influences on the uptake of contraceptive services among people of reproductive age in Uganda. *BMC Women's Health*, 23(1), 130. <https://doi.org/10.1186/s12905-023-02274-7>
- Nhampoca, J. M., & Maritz, J. E. (2024). Early marriage, education and mental health: experiences of adolescent girls in Mozambique. *Frontiers in Global Women's Health*, 5, 1278934. <https://doi.org/10.3389/fgwh.2024.1278934>
- Phiri, M., Musonda, E., Shasha, L., Kanyamuna, V., & Lemba, M. (2023). Individual and Community-level factors associated with early marriage in Zambia: a mixed effect analysis. *BMC Women's Health*, 23(1), 21. <https://doi.org/10.1186/s12905-023-02168-8>
- Pretorius, D., & Ruch, A. (2025). Domestic violence: Screening and management in South Africa. *South African Family Practice*, 67(1), 5. <https://doi.org/10.4102/safp.v67i1.6000>
- Sartika, D. D., Martinus Danang, P., Gita, I., & Soraida, S. (n.d.). A bibliometric analysis of financial service providers' best efforts to address child sexual exploitation. *Vulnerable Children and Youth Studies*, 1–21. <https://doi.org/10.1080/17450128.2025.2452562>
- Scanteianu, A., Schwandt, H. M., Boulware, A., Corey, J., Herrera, A., Hudler, E., Imbabazi, C., King, I., Linus, J., Manzi, I., Merritt, M., Mezier, L., Miller, A., Morris, H., Musemakweli, D., Musekura, U., Mutuyimana, D., Ntakarutimana, C., Patel, N., ... Feinberg, S. (2022). "...the availability of contraceptives is everywhere.": coordinated and integrated public family planning service delivery in Rwanda. *Reproductive Health*, 19(1), 22. <https://doi.org/10.1186/s12978-022-01325-w>
- Sripad, P., Pinchoff, J., Dadi, C., & Dougherty, L. (2024). Measuring social norms related to child marriage among married women and men in Niger. *PLOS ONE*, 19(7), e0307595. <https://doi.org/10.1371/journal.pone.0307595>
- Wahi, A., Zaleski, K. L., Lampe, J., & Bevan, P. (2019). The Lived Experience of Child Marriage in the United States. *Soc Work Public Health*. 2019;34(3):201-213.
- Win, P. P., Hlaing, T., & Win, H. H. (2024). Factors influencing maternal death in Cambodia, Laos, Myanmar, and Vietnam countries: A systematic review. *PLOS ONE*, 19(5), e0293197. <https://doi.org/10.1371/journal.pone.0293197>
- Wollum, A., Key, K., Mersha, T., Nicholson, M., Page, G., Austen, K., Endale, M. E., & Moseson, H. (2025). Does a values clarification and attitudes transformation (VCAT) workshop influence provider attitudes, knowledge, and service provision related to abortion care?: Evidence from a mixed-methods longitudinal randomised controlled trial in Ethiopia. *Global Public Health*, 20(1), 2465643. <https://doi.org/10.1080/17441692.2025.2465643>
- Zelege, E. D., Assefa, D. G., Woldeesenbet, T. T., Gido, R., Mengistu, N., & Molla, W. (2022). Utilization of long acting and permanent contraceptive methods and associated factor among women of reproductive age in west Guji zone, Southwest Ethiopia. *Reproductive Health*, 19(1), 31. <https://doi.org/10.1186/s12978-022-01337-6>

## 5. IN PRESS

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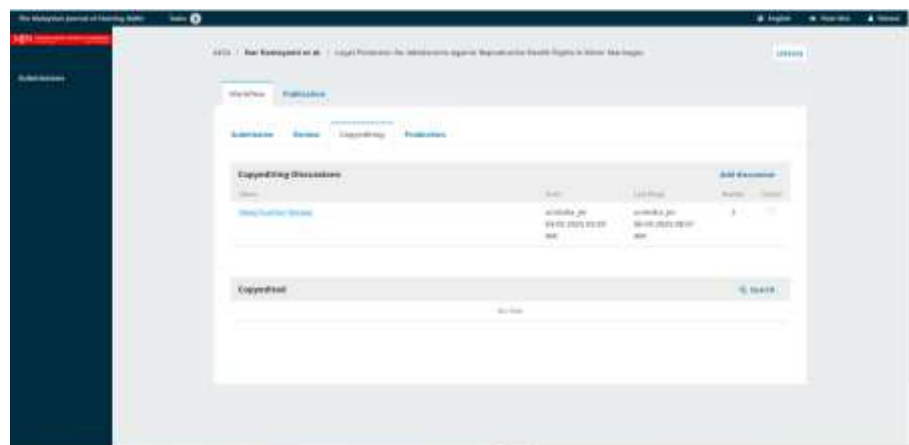
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We have reached a decision regarding your submission to The Malaysian Journal of Nursing (MJN), "Legal Protection For Adolescents Against Reproductive Health Rights In Minor Marriages : Legal Protection For Adolescents Against Reproductive Health Rights In Minor Marriages ".

Our decision is to: Accept Submission

[The Malaysian Journal of Nursing \(MJN\)](#)





Participants

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## Legal Protection for Adolescents Against Reproductive Health Rights in Minor Marriages

### ABSTRACT

**Background :** Indonesia ranks seventh highest in the world in terms of early marriage, with many teenagers under the age of 19 entering into early marriage in Demak City. To describe and analyze the implementation of legal protection for teenagers regarding reproductive health rights in underage marriages, in Mranggen District , Demak Regency. **Methods :** Descriptive analytic with a qualitative sociological juridical approach, as well as purposive sampling a sample of 11 informants. Primary data was obtained through interviews, documents from related in-stitutions, and direct observation, while secondary data was extracted from books, journals, and other literature. Data collection techniques include field and library studies, with data processing through examination, verification, classification and sys-tematization of data, which is then analyzed qualitatively. **Results :** The findings of the study on Legal Protection of Adolescent Reproductive Health Rights in Underage Marriage in Mranggen Regency, Demak Regency, show that there is still a lack of knowledge regarding the rights of adolescent protection, especially regarding legal protection for women who marry underage. **Conclusion :** Adolescent knowledge of reproductive health rights in underage marriage shows the need for a comprehensive approach in addressing this challenge. Although there are regulations governing the age limit for marriage and dispensation procedures, their implementation is still closely related to social and cultural factors in society.

**Keywords:** *early marriage; legal protection; reproductive health rights; teenagers;*

## INTRODUCTION

Health Law is "a series of legal provisions, both written and unwritten which relate directly or indirectly to health, the relationship between patients or the public and health workers in efforts to implement health (Wahi et al., 2019). Reproductive health is defined as a state of overall health both mentally, physically, and social. Reproductive health is not limited to diseases or disorders of the reproductive system, function or process (Sripad et al., 2024).

According to UNICEF data, Indonesia is in the 7th highest position in the world. Central Java is one of the three provinces with the highest absolute number of incidents of child marriage (Cunningham & Saleh, 2024). In the last ten years, the prevalence of child marriage in rural areas has decreased by 5.76 percentage points, while in cities it has only decreased by less than 1 percentage point (Beyene et al., 2024).

A study conducted by the Indonesian Ministry of Health shows that 2.6% of women aged 10-54 years were married for the first time at the age of less than 15 years, and 23.9% were married at the age of 15-19 years. This shows that around 26% of underage women marry before the functions of their reproductive organs develop optimally (Boku et al., 2024). Apart from that, educational, economic, socio-cultural issues, and of course religious beliefs are some of the factors that contribute to the high rate of early marriage in Indonesia (Daraz et al., 2023).

According to data obtained from Islamic Guidance, it is stated that in 2023 there will be 50 teenage boys and 257 teenage girls who will marry underage. And in Mranggen District, Demak Regency, there are 10 teenage boys and 28 teenage girls who are married under age (General Assembly, 1989). Besides, the overload of content and resources may be considered as a challenge for learning pharmacology course in university context. In this regard, new instructive perceptions and scientific advances in pharmacology research motivate instructors to regularly adjust their teaching strategies (Liu et al., 2023).

Therefore, guidance and counseling is needed about the consequences of underage marriage, both from the government and the private sector, as well as youth and student movements (Adedokun et al., 2016). Biologically, the reproductive organs of adolescents are still undergoing a process towards maturity (Mwakawanga et al., 2024). Adolescents are not yet ready for sexual intercourse and pregnancy, which is followed by the birth process, because their reproductive organs are still undergoing a process towards biological maturity (Scanteianu et al., 2022). Pregnants under the age of 19 are at risk of bleeding, miscarriage, pregnancy, molar pregnancy and premature pregnancy. On the other hand, the resulting child is at risk of experiencing LBW, and is 5–30 times more likely to die at birth (Pretorius & Ruch, 2025).

To reduce problems that occur with reproductive health, the Government sets an age limit for marriage to reduce reproductive health problems. From the data revealed that in commemorating National Children's Day 2022 there was data on 59,709 cases of marriage dispensations granted by Religious Courts throughout 2021 based on the 2022 (Beckwith et al., 2024).

Marriage too early can lead to more divorces because couples do not learn to take responsibility for domestic life and prioritize each other's egos before marriage (Ding, 2023).

Especially to protect children, especially girls in early marriage, and to reduce early

marriage, the various consequences caused by early marriage for underage teenagers, especially girls, must be analyzed (Chan et al., 2022). Therefore, the subject of the research is "Legal protection for adolescents regarding reproductive health rights in underage marriages".

## RESEARCH METHODOLOGY

This research is descriptive analytical using qualitative sociological jurisprudence in the field of law (Namanda et al., 2023). Sample this study selected by purposive sampling, a sample of 11 informants to gain an in-depth understanding of early marriage in Mranggen District are 5 informants are adolescent girls who are married at a young age, 5 informants are parents of adolescent girls who are married at a young age, 1 supporting informant is the head of the Religious Affairs Office.

The research samples were carefully selected using inclusion and exclusion criteria. The type of data used is primary data conducted by direct observation of events that occurred in the Mranggen area of Demak Regency, interviews, and searching for information or documents from related agencies. Secondary data for this study uses literature studies. Qualitative data analysis, obtained from the results of legal documents or data processing operations. The researchers obtained ethical clearance from the Universitas Muhammadiyah Semarang, with reference number 438/KE/06/2024 on July 1, 2024.

## RESULT

Adolescents who marry at a young age face various risks, especially related to reproductive health (Zelege et al., 2022). Adolescent girls are very vulnerable to complications of pregnancy and childbirth, which can be life-threatening. In addition to health problems, early marriage has a negative impact on their education, causing them to drop out of school and limited future opportunities (Kleprlikova et al., 2019).

**Table 1. Informant Description**

No.	Informan	Kode
7.	Young Women Who Engage in Underage Marriage.	IU
8.	Parents of Teenage Girls Who Engage in Underage Marriage.	OT
9.	The Head of the Religious Affairs Office.	KUA

Table 1 presents involved interviews with 11 informants to gain an in-depth understanding of early marriage in Mranggen District. 5 main informants (IU) are adolescent girls who are married at a young age, 5 main informants (OT) are parents of adolescent girls who are married at a young age, 1 supporting informant (KUA) is the head of the Religious Affairs Office.

### 1.10. General Views on Early Marriage

Early marriage, defined as a marriage in which one or both partners are under the age of 19, is a complex and multidimensional phenomenon, encompassing social, economic, cultural, and legal aspects. The following are the results of the interview:

*“When I got married, I was 16 years old. Regarding underage marriage, what I know is that it is marriage under the age of 19. When I got married, I had already graduated from junior high school. In my opinion, a person is said to be ready to get married maybe at the age of 20 because at that age they are mentally and emotionally mature.” (IU1)*

*“I got married at the age of 18. Regarding underage marriage, what I know is that it is marriage under the age of 19. At the time of marriage, I had already graduated from high school. In my opinion, a person is said to be ready to get married maybe at the age of 20.” (IU2)*

*“I got married at the age of 18. Regarding underage marriage, what I know is that it is marriage under the age of 18. At the time of marriage, I had already graduated from high school. In my opinion, a person is said to be ready to get married at the age of 21 or when they are truly mentally ready.” (IU3)*

In IU4 and IU5, they have the same opinion that regarding underage marriage, a person is said to be ready to get married perhaps at the age of 20 because at that age they are mature physically and mentally.

Based on the results this view shows the need for a holistic and in-depth approach in addressing the issue of underage marriage, to ensure protection of adolescent rights and strengthen understanding of the importance of holistic readiness before deciding to get married. Then here are the results of interviews with parents whose children married early:

*“In my opinion, underage marriage is considered better than the risk of slander that may arise from unclear dating relationships. I know that the minimum age limit for marriage is 19 years old, this information I obtained from general sources that I read or heard.” (OT1)*

*“In my opinion, there should be no marriage under the specified age. I know that the minimum age limit for marriage is 19 years old, this information I obtained from sources that I read or heard. In addition, I also know that there is a marriage dispensation, because I followed the application process to the Religious Affairs Office (KUA) and the trial in court related to this recently.” (OT2)*

*“In my opinion, underage marriage is considered better than allowing a relationship that can lead to sin. I don’t really know about the minimum age limit for marriage, I don’t know where this information came from.” (OT3)*

Based OT4 and OT5 they same who have various views regarding underage marriage, it can be concluded that understanding of this issue varies. Some of them see underage marriage as a better alternative compared to the moral risks of unclear dating relationships, while others oppose the practice and consider the minimum age for marriage to be 19 years. In addition, all respondents have knowledge of the existence of marriage dispensation, which they learned from the application process to the Religious Affairs Office (KUA) and the trial in court.

### **1.11. Impact of Early Marriage**

Pregnant under the age of 19 years is at high risk of bleeding, miscarriage, and premature birth, and increases the likelihood of the child experiencing low birth weight (LBW) and stillbirth by 5–30 times. The following are the results of interviews with key informants:

*“In my experience, getting married at an early age has two sides. The disadvantage may lie in the limited freedom of youth before marriage. My social environment did not change significantly after getting married, and although there were difficulties in building a household because of our young age, we learned to control our emotions and resolve disputes well.” (IU1)*

*"After deciding to get married at an early age, I realized that there were disadvantages in not being able to do as I did before marriage because I had responsibilities to my husband. However, the advantage was feeling happy to have a life partner who provides for me and can be a friend. Although there were difficulties in building a household, we faced them with a natural attitude of joy and hardship." (IU2)*

*"After deciding to get married at an early age, I realized that there was an adjustment from being a freer girl to being more responsible as a wife. Even so, the advantage is that I feel like I have a true friend in everything with my husband. My social environment did not experience significant changes after getting married, with family and neighbors who always provide support." (IU3)*

Based on interviews IU4 and IU5 the same respondents who got married at an early age, it can be concluded that they experienced various experiences and different views related to the decision. In general, they expressed that although there were disadvantages such as losing their youth and possible problems in the household, the advantage was feeling happy to have a companion.

Interview findings with parents who provided explanations regarding their children's early marriage are as follows:

*"I've already found my soulmate, sis." (OT1)*

*"I'm already pregnant, sis, whether I like it or not, I'll just get married rather than giving birth without a husband." (OT2)*

*"I was already pregnant yesterday, sis, so whether I like it or not, I'll just get married." (OT3)*

Based on the answers OT4 and OT5 from the people interviewed, there are several reasons that often cause early marriage among teenagers in Indonesia. These reasons include having found a soulmate, pregnancy outside of marriage that requires immediate marriage, and dropping out of school that encourages them to solve problems by getting married. This phenomenon illustrates the complexity of the social and cultural situation where the decision to marry is often influenced by social pressure, unplanned pregnancy, and limited educational priorities.

#### **1.12. Legal Protection for Adolescents Regarding Reproductive Health Rights in Underage Marriage**

The rights of adolescents to reproductive health in underage marriage must be protected by law. Laws that set a minimum age of 19 for marriage are essential in protecting adolescents from major risks to their reproductive health, such as potentially fatal pregnancy problems.

The results of the interview with the Head of the KUA are as follows: *"I am sure that the number of underage marriages does not increase drastically every year. Although the number of marriages does not increase every year. The need for efforts to raise awareness of couples regarding age limits must reverse this trend. To ensure that all administrative obligations, including the submission of documents such as KK and KTP, are met before the trial, the annulment procedure by the religious court requires the issuance of such a permit".*

The findings young marriages will occur less in the future as more people are aware of the age limit of 19 years for marriage. The rights to adequate education and welfare, freedom from physical and mental violence, and adequate access to knowledge about reproductive health are all included in this protection. To ensure that all children including those who may be at risk of being married at a young age receive adequate protection under the law, the implementation of the Child Protection Law needs to be strengthened.

## DISCUSSION

Some cases, parents may decide to marry off their underage daughters, because they are worried that the child will be involved in an unstable relationship or potentially like someone else (Damayanti et al., 2020a). The results of interviews with parents in this context show a variety of opinions regarding underage marriage, where some parents see marriage as a better alternative than the moral risks of unclear dating.

UNICEF states that early marriage occurs when someone marries before reaching the age of 18, either officially or unofficially. This is considered a fundamental human rights violation because it has the potential to have serious negative impacts on the mental and physical development of girls (Damayanti et al., 2019b). The impacts include social isolation, the risk of early pregnancy, disruption to education, and limitations on opportunities for future career advancement. Interviews with respondents showed differences in views between traditional understandings of society and government policies regarding the age limit for marriage that aims to protect the rights of children and adolescents in this context (Damayanti et al., 2020b). Early marriage in girls has significant impacts among others, loss of access to reproductive and sexual health rights: girls who marry at a young age are at risk of experiencing serious complications and maternal death during childbirth because their bodies are not ready for the difficult labor process, Vulnerable to Domestic Violence (Wollum et al., 2025). Early marriage increases the risk of girls experiencing domestic violence, because they are not mentally and psychologically mature enough to live a married life (Damayanti et al., 2019a).

The Indonesian government has taken steps to address reproductive health issues by setting a minimum age for marriage of 19 years, in accordance with Article 7 paragraph (1) of the Marriage Law. This step aims to reduce high reproductive health risks, such as pregnancy complications at a young age. Interview results show that although some communities still have varying views on the practice of early marriage, the importance of this policy to protect the physical and mental health of girls is highly emphasized (Nhampoca & Maritz, 2024). Thus, this regulation is expected to influence community perceptions and behaviour in reducing the practice of early marriage for the welfare of girls as a whole (Kechagia, n.d., 2025).

An overview of child protection rights in the context of early marriage is presented below are every child has the right to be protected from all types of physical and mental violence (Hellwig et al., 2024), including neglect and sexual abuse, children have the right to adequate welfare, care, and direction both at home and in other environments, children's rights to education that suits their interests, talents, and intelligence are guaranteed, and they are protected from sexual violations and violence in the classroom, children have the right to be free from financial and sexual violence, which can endanger their growth, education, and health.

In addition to midwives, other health workers such as nurses have an important role in providing reproductive health education to adolescents, especially those in underage marriages (Sartika et al., 2025). This education includes: information on reproductive anatomy and physiology, the risks of early pregnancy (medical complications, malnutrition, mental health), prevention of sexually transmitted diseases (STDs), reproductive rights and adolescent sexual health (Howe, 2025).

Challenges, including the application of customary law, exceptions, unreported marriages, and the absence of legal consequences for marriages between minors. Pregnancy before marriage is one of the most important factors and is often the main reason people want to avoid marriage. This shows the lack of knowledge and awareness of the community regarding the age limit for marriage, especially in remote areas such as Mranggen District. Early marriages are more common in this area due to a number of other factors, including lack of parental supervision, lack of formal education, the influence of religious differences, and low religious knowledge. Holistic efforts by many organizations, including the government, social

institutions, and local communities, must be strengthened to educate and change community beliefs and behaviours around these issues in order to promote juvenile justice and reproductive health.

### **Limitation**

This study uses sampling on teenagers who are married under age. The limitation of this study is that child marriage is considered normal and cultural. This affects the openness of informants and data interpretation. Interviews with teenagers who are married early and their families are not open so that access to data and information obtained is limited.

### **CONCLUSION**

Adolescent knowledge of reproductive health rights in underage marriage shows the need for a comprehensive approach in addressing this challenge. Although there are regulations governing the age limit for marriage and dispensation procedures, their implementation is still closely related to social and cultural factors in society. Strengthening education on reproductive health rights, increasing awareness of the health risks associated with early marriage, and optimizing the role of institutions such as the KUA and courts in handling dispensation requests are crucial to ensuring adequate protection for adolescents. Reproductive health protection for minors is not yet optimal. Future studies should explore Gaining first-hand perspectives from adolescents experiencing early marriage and how they access reproductive health services and the role of government in preventing early marriage and providing post-early marriage protection.

### **Conflict of interest**

There is no conflict of interest to report in this study.

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### **BIBLIOGRAPHY**

- Adedokun, O., Adeyemi, O., & Dauda, C. (2016). Child marriage and maternal health risks among young mothers in Gombi, Adamawa State, Nigeria: implications for mortality, entitlements and freedoms. *African Health Sciences*, 16(4), 986–999. <https://doi.org/10.4314/ahs.v16i4.15>
- Beccalossi, C., Fisher, K., & Funke, J. (2023). Sexology and development. *History of the Human Sciences*, 36(5), 3–14. <https://doi.org/10.1177/09526951231213970>
- Beckwith, S., Chandra-Mouli, V., & Blum, R. W. (2024). Trends in Adolescent Health: Successes and Challenges From 2010 to the Present. *Journal of Adolescent Health*, 75(4), s9–s19. <https://doi.org/10.1016/j.jadohealth.2024.04.015>
- Beyene, S. A., Garoma, S., & Belachew, T. (2024). Addressing disparity in attitudes and utilization of family planning among married couples in the pastoralist community of Fentale District, Eastern Ethiopia. *PLOS ONE*, 19(9), e0308633. <https://doi.org/10.1371/journal.pone.0308633>
- Boku, G. G., Abeya, S. G., Ayers, N., & Wordofa, M. A. (2024). The Effect of School-Linked

- Module-Based Friendly-Health Education on Adolescents' Sexual and Reproductive Health Knowledge, Guji Zone, Ethiopia - Cluster Randomized Controlled Trial. *Adolescent Health, Medicine and Therapeutics*, 15(0), 5–18. <https://doi.org/10.2147/ahmt.s441957>
- Chan, S. L., Thumboo, J., Boivin, J., Saffari, S. E., Yin, S., Yeo, S. R., Chan, J. K. Y., Ng, K. C., Chua, K.-H., & Yu, S. L. (2022). Effect of fertility health awareness strategies on fertility knowledge and childbearing in young married couples (FertStart): study protocol for an effectiveness-implementation hybrid type I multicentre three-arm parallel group open-label randomised clinical trial. *BMJ Open*, 12(1), e051710. <https://doi.org/10.1136/bmjopen-2021-051710>
- Cohen, D., Jasper, K., Zhao, A., Moalla, K. T., Nwuke, K., Nesamoney, S., & Darmstadt, G. L. (2024). Gender norms in a context of legal pluralism: Impacts on the health of women and girls in Ethiopia. *Global Public Health*, 19(1), 2326016. <https://doi.org/10.1080/17441692.2024.2326016>
- Cunningham, J. K., & Saleh, A. A. (2024). Structural Stigma, Racism, and Sexism Studies on Substance Use and Mental Health: A Review of Measures and Designs. *Alcohol Research : Current Reviews*, 44(1), 8. <https://doi.org/10.35946/arc.v44.1.08>
- Damayanti, F. N., Absori, A., & Wardiono, K. (2019a). Legal protection based on transcendent perspective against child sexual abuse in indonesia. *Medico-Legal Update*, 19(2), 331–335. <https://doi.org/10.5958/0974-1283.2019.00198.1>
- Damayanti, F. N., Absori, A., & Wardiono, K. (2019b). Legal protection of midwives based on professional justice in midwifery practices. In *Indian Journal of Public Health Research and Development* (Vol. 10, Issue 4, pp. 437–441). repository.unimus.ac.id. <https://doi.org/10.5958/0976-5506.2019.00734.4>
- Damayanti, F. N., Absori, A., Wardiono, K., & Rejeki, S. (2020a). The comparison of midwives professionalism in indonesia and england. *J. South India Med. Assoc.*, 12(1), 4–9. <https://doi.org/10.26555/novelty.v14i2.a25748>
- Damayanti, F. N., Absori, A., Wardiono, K., & Rejeki, S. (2020b). The evidence-based midwife professionalism. *Indian Journal of Forensic Medicine and Toxicology*, 14(3), 1877–1881. <https://doi.org/10.37506/ijfmt.v14i3.10699>
- Daraz, U., Khan, Y., Alnajdawi, A. M., & Alsawalqa, R. O. (2023). Empowering hearts and shaping destinies: unveiling the profound influence of education on women's mate selection in Pakistan – a comprehensive mixed-methods study. *Frontiers in Sociology*, 8, 1273297. <https://doi.org/10.3389/fsoc.2023.1273297>
- Ding, C. (2023). Chinese legal response to the shared motherhood model in lesbians' family-making. *Journal of Law and the Biosciences*, 10(1), lsad015. <https://doi.org/10.1093/jlb/lsad015>
- General Assembly, U. N. (1989). *Convention on the Rights of the Child*. <http://www.hrweb.org/legal/child.html>
- Hellwig, F., Moreira, L. R., Silveira, M. F., Vieira, C. S., Rios-Quitizaca, P. B., Masabanda, M., Serucaca, J., Rudasingwa, S., Nyandwi, A., Mulu, S., Rashad, H., & Barros, A. J. D. (2024). Policies for expanding family planning coverage: lessons from five successful countries. *Frontiers in Public Health*, 12, 1339725. <https://doi.org/10.3389/fpubh.2024.1339725>
- Howe, K. (n.d.). Differential outcomes: early marriage, marital identity and mental health of displaced female youth in the Kurdistan Region of Iraq. *Vulnerable Children and Youth Studies*, 1–21. <https://doi.org/10.1080/17450128.2025.2457041>
- Kaner, A., Cwikel, J., & Segal-Engelchin, D. (2023). The transition to fatherhood – evaluation of an online intervention for new fathers. *Psychology, Health & Medicine*, 29(5), 1011–1019. <https://doi.org/10.1080/13548506.2023.2260600>



- Kechagia, P. (n.d.). Vulnerable girls and child marriage in rural Asia: a systematic review. *Vulnerable Children and Youth Studies*, 1–25. <https://doi.org/10.1080/17450128.2025.2489972>
- Kleprlikova, H., Kalis, V., Lucovnik, M., Rusavy, Z., Blaganje, M., Thakar, R., & Ismail, K. M. (2019). Manual perineal protection: The know-how and the know-why. *Acta Obstetricia et Gynecologica Scandinavica*, 99(4), 445–450. <https://doi.org/10.1111/aogs.13781>
- Liu, C., Jiao, Y., Su, L., Liu, W., Zhang, H., Nie, S., & Gong, M. (2023). Effective Privacy Protection Strategies for Pregnancy and Gestation Information From Electronic Medical Records: Retrospective Study in a National Health Care Data Network in China. *Journal of Medical Internet Research*, 26, e46455. <https://doi.org/10.2196/46455>
- Mutea, L., Ontiri, S., Kadiri, F., Michielesen, K., & Gichangi, P. (2020). Access to information and use of adolescent sexual reproductive health services: Qualitative exploration of barriers and facilitators in Kisumu and Kakamega, Kenya. *PLOS ONE*, 15(11), e0241985. <https://doi.org/10.1371/journal.pone.0241985>
- Mwakawanga, D. L., Massae, A. F., Kohli, N., Lukumay, G. G., Rohloff, C. T., Mushy, S. E., Mgopa, L. R., Mkoka, D. A., Mkonyi, E., Trent, M., Ross, M. W., Rosser, B. R. S., & Connor, J. (2024). The need for and acceptability of a curriculum to train nursing and medical students in the sexual healthcare of clients with female genital mutilation/cutting in Tanzania. *BMC Women's Health*, 24(1), 198. <https://doi.org/10.1186/s12905-024-03034-x>
- Namanda, C., Atuyambe, L., Ssali, S., Mukose, A., Tumwesigye, N. M., Makumbi, F. E., Tweheyo, R., Gidudu, A., Sekimpi, C., Hashim, C. V., Nicholson, M., & Ddungu, P. (2023). A qualitative study of influences on the uptake of contraceptive services among people of reproductive age in Uganda. *BMC Women's Health*, 23(1), 130. <https://doi.org/10.1186/s12905-023-02274-7>
- Nhampoca, J. M., & Maritz, J. E. (2024). Early marriage, education and mental health: experiences of adolescent girls in Mozambique. *Frontiers in Global Women's Health*, 5, 1278934. <https://doi.org/10.3389/fgwh.2024.1278934>
- Phiri, M., Musonda, E., Shasha, L., Kanyamuna, V., & Lemba, M. (2023). Individual and Community-level factors associated with early marriage in Zambia: a mixed effect analysis. *BMC Women's Health*, 23(1), 21. <https://doi.org/10.1186/s12905-023-02168-8>
- Pretorius, D., & Ruch, A. (2025). Domestic violence: Screening and management in South Africa. *South African Family Practice*, 67(1), 5. <https://doi.org/10.4102/safp.v67i1.6000>
- Sartika, D. D., Martinus Danang, P., Gita, I., & Soraida, S. (n.d.). A bibliometric analysis of financial service providers' best efforts to address child sexual exploitation. *Vulnerable Children and Youth Studies*, 1–21. <https://doi.org/10.1080/17450128.2025.2452562>
- Scanteianu, A., Schwandt, H. M., Boulware, A., Corey, J., Herrera, A., Hudler, E., Imbabazi, C., King, I., Linus, J., Manzi, I., Merritt, M., Mezier, L., Miller, A., Morris, H., Musemakweli, D., Musekura, U., Mutuyimana, D., Ntakarutimana, C., Patel, N., ... Feinberg, S. (2022). "...the availability of contraceptives is everywhere.": coordinated and integrated public family planning service delivery in Rwanda. *Reproductive Health*, 19(1), 22. <https://doi.org/10.1186/s12978-022-01325-w>
- Sripad, P., Pinchoff, J., Dadi, C., & Dougherty, L. (2024). Measuring social norms related to child marriage among married women and men in Niger. *PLOS ONE*, 19(7), e0307595. <https://doi.org/10.1371/journal.pone.0307595>
- Wahi, A., Zaleski, K. L., Lampe, J., & Bevan, P. (2019). The Lived Experience of Child Marriage in the United States. *Soc Work Public Health*. 2019;34(3):201-213.
- Win, P. P., Hlaing, T., & Win, H. H. (2024). Factors influencing maternal death in Cambodia, Laos, Myanmar, and Vietnam countries: A systematic review. *PLOS ONE*, 19(5),

e0293197. <https://doi.org/10.1371/journal.pone.0293197>

- Wollum, A., Key, K., Mersha, T., Nicholson, M., Page, G., Austen, K., Endale, M. E., & Moseson, H. (2025). Does a values clarification and attitudes transformation (VCAT) workshop influence provider attitudes, knowledge, and service provision related to abortion care?: Evidence from a mixed-methods longitudinal randomised controlled trial in Ethiopia. *Global Public Health*, 20(1), 2465643. <https://doi.org/10.1080/17441692.2025.2465643>
- Zelege, E. D., Assefa, D. G., Woldesenbet, T. T., Gido, R., Mengistu, N., & Molla, W. (2022). Utilization of long acting and permanent contraceptive methods and associated factor among women of reproductive age in west Guji zone, Southwest Ethiopia. *Reproductive Health*, 19(1), 31. <https://doi.org/10.1186/s12978-022-01337-6>

# Legal Protection for Adolescents Against Reproductive Health Rights in Minor Marriages

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## ABSTRACT

**Background:** Indonesia ranks seventh highest in the world in terms of early marriage, with many teenagers under the age of 19 years, entering early marriage in Demak City. To describe and analyse the implementation of legal protection for teenagers regarding reproductive health rights in underage marriages, in Mranggen District, Demak Regency. **Methods:** Descriptive analytic with a qualitative sociological juridical approach, as well as purposive sampling a sample of 11 informants. Primary data was obtained through interviews, documents from related in-situations, and direct observation, while secondary data was extracted from books, journals, and other literature. Data collection techniques include field and library studies, with data processing through examination, verification, classification and systematisation of data, which is then analysed qualitatively. **Results:** The findings of the study on Legal Protection of Adolescent Reproductive Health Rights in Underage Marriage in Mranggen Regency, Demak Regency, show that there is still a lack of knowledge regarding the rights of adolescent protection, especially regarding legal protection for women who marry underage. **Conclusion:** Adolescent knowledge of reproductive health rights in underage marriage shows the need for a comprehensive approach in addressing this challenge. Although there are regulations governing the age limit for marriage and dispensation procedures, their implementation is still closely related to social and cultural factors in society.

**Keywords:** Early Marriage; Legal Protection; Reproductive Health Rights; Teenagers

## INTRODUCTION

Health Law is "a series of legal provisions, both written and unwritten which relate directly or indirectly to health, the relationship between patients or the public and health workers in efforts to implement health" (Wahi *et al.*, 2019). Reproductive health is defined as a state of overall health both mentally, physically, and social. Reproductive health is not limited to diseases or disorders of the reproductive system, function or process (Sripad *et al.*, 2024).

According to UNICEF data, Indonesia is in the 7<sup>th</sup> highest position in the world. Central Java is one of the three provinces with the highest absolute number of incidents of child marriage (Cunningham & Saleh, 2024). In the last ten years, the prevalence of child marriage in rural areas has decreased by 5.76% points, while in cities it has only decreased by less than 1 percentage point (Beyene, Garoma & Belachew, 2024). A study conducted by the Indonesian Ministry of Health shows that 2.6% of women aged 10–54 years were married for the first time at the age of less than 15 years, and 23.9% were married at the age of 15–19 years. This shows that around 26% of underage women marry before the functions of their reproductive organs develop optimally (Boku *et al.*, 2024). Apart from that, educational, economic, socio-cultural issues, and of course religious beliefs are some of the factors that contribute to the high rate of early marriage in Indonesia (Daraz *et al.*, 2023).

According to data from Islamic Guidance, a total of 50 teenage boys and 257 teenage girls were reported to

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have entered into underage marriages in 2023. Specifically, in the Mranggen District of Demak Regency, the figures included 10 teenage boys and 28 teenage girls involved in such marriages (General Assembly, 1989). Besides, the overload of content and resources may be considered as a challenge for learning pharmacology course in university context. In this regard, new instructive perceptions and scientific advances in pharmacology research motivate instructors to regularly adjust their teaching strategies (Liu *et al.*, 2023).

Therefore, guidance and counselling are needed about the consequences of underage marriage, both from the government and the private sector, as well as youth and student movements (Adedokun, Adeyemi & Dauda, 2016). Biologically, the reproductive organs of adolescents are still undergoing a process towards maturity (Mwakawanga *et al.*, 2024). Adolescents are not yet ready for sexual intercourse and pregnancy, which is followed by the birth process, because their reproductive organs are still undergoing a process towards biological maturity (Scanteianu *et al.*, 2022). Pregnancy under the age of 19 are at risk of bleeding, miscarriage, pregnancy, molar pregnancy and premature pregnancy. On the other hand, the resulting child is at risk of experiencing LBW and is 5–30 times more likely to die at birth (Pretorius & Ruch, 2025). To reduce problems that occur with reproductive health, the Government sets an age limit for marriage to reduce reproductive health problems. From the data revealed that in commemorating National Children's Day 2022 there was data on 59,709 cases of marriage dispensations granted by Religious Courts throughout 2021 based on the 2022 (Beckwith *et al.*, 2024). Marriage too early can lead to more divorces because couples do not learn to take responsibility for domestic life and prioritise each other's egos before marriage (Ding, 2023). Especially to protect children, especially girls in early marriage, and to reduce early marriage, the various consequences caused by early marriage for underage teenagers, especially girls, must be analysed (Chan *et al.*, 2022).

From a nursing perspective, early marriage poses critical challenges to adolescent reproductive health, often requiring proactive interventions by nurses. Nurses play a vital role in providing adolescent-focused reproductive health education, identifying early health risks in young brides, and advocating for policy enforcement and community outreach to prevent complications related to underage pregnancies. Their contribution is essential in bridging healthcare, legal awareness, and community support.

## **METHODOLOGY**

This study investigates the legal and social dimensions of early marriage practices in Mranggen District, Demak Regency, with a particular focus on reproductive health rights and legal protection. To explore these complex issues, a qualitative approach rooted in sociological jurisprudence was adopted. This methodology enabled the researcher to examine how legal norms and social practices intersect, offering a comprehensive understanding of the implications of early marriage on adolescent girls and their families.

### **Research Design**

This research adopts a descriptive-analytical approach within the field of law, utilising qualitative sociological jurisprudence to explore the issue of early marriage (Namanda *et al.*, 2023). The qualitative nature of the study allowed for a deeper sociological and legal interpretation of early marriage practices.

### **Sampling Method**

The study employed purposive sampling to select a total of 11 informants directly relevant to the research objective, including five adolescent girls who were married at a young age, five parents of adolescent girls who experienced early marriage, and one key informant—the Head of the Religious Affairs Office—who provided official and institutional insights. Participants were chosen based on specific inclusion and exclusion criteria to ensure the relevance and depth of the information gathered.

### **Data Collection Methods**

Primary data were collected using several techniques, including direct observation, in-depth interviews, and document analysis. The document analysis involved reviewing legal and government sources from the Mranggen District in Demak Regency. Secondary data were gathered through literature reviews on themes such as early marriage, reproductive rights, and legal protection frameworks.

### **Data Analysis Techniques**

The collected data were analysed using qualitative thematic interpretation and legal document analysis.

This dual method enabled the identification of key themes and patterns, supporting an integrated understanding of both legal and social implications of early marriage.

### Focus of the Analysis

This methodological approach facilitated a deeper exploration of how reproductive health rights are impacted by early marriage, especially in terms of legal protection and enforcement. The study aimed to uncover the interplay between societal norms and legal frameworks in shaping the experiences of underage married girls.

### Ethical Consideration

The researchers obtained ethical clearance from the Universitas Muhammadiyah Semarang, Indonesia with reference number 438/KE/06/2024 on July 1<sup>st</sup>, 2024.

## RESULTS

Adolescents who marry at a young age face numerous risks, particularly concerning reproductive health. Young girls are especially vulnerable to pregnancy and childbirth complications, which can pose serious, even life-threatening, health risks. Beyond medical concerns, early marriage often disrupts their education, leading to school dropouts and significantly limiting future opportunities.

No.	Informant	Code
1.	Young Women Who Engage in Underage Marriage.	IU
2.	Parents of Teenage Girls Who Engage in Underage Marriage.	OT
3.	The Head of the Religious Affairs Office.	KUA

Table 1 summarises the interviews conducted with 11 informants to gain an in-depth understanding of early marriage practices in Mranggen District. The participants included five primary informants (IU), who are adolescent girls married at a young age; five additional primary informants (OT), who are parents of these girls; and one supporting informant (KUA), the Head of the Religious Affairs Office.

### General Views on Early Marriage

Early marriage, defined as a marriage in which one or both partners are under the age of 19, is a complex and multidimensional phenomenon, encompassing social, economic, cultural, and legal aspects. The following are the results of the interview:

*“When I got married, I was 16 years old. Regarding underage marriage, what I know is that it is marriage under the age of 19. When I got married, I had already graduated from junior high school. In my opinion, a person is said to be ready to get married maybe at the age of 20 because at that age they are mentally and emotionally mature.” (IU1)*

*“I got married at the age of 18. Regarding underage marriage, what I know is that it is marriage under the age of 19. At the time of marriage, I had already graduated from high school. In my opinion, a person is said to be ready to get married maybe at the age of 20.” (IU2)*

*“I got married at the age of 18. Regarding underage marriage, what I know is that it is marriage under the age of 18. At the time of marriage, I had already graduated from high school. In my opinion, a person is said to be ready to get married at the age of 21 or when they are truly mentally ready.” (IU3)*

In IU4 and IU5, they have the same opinion that regarding underage marriage, a person is said to be ready to get married perhaps at the age of 20 because at that age they are mature physically and mentally.

Based on the results, this view shows the need for a holistic and in-depth approach in addressing the issue of underage marriage, to ensure protection of adolescent rights and strengthen understanding of the importance of holistic readiness before deciding to get married. Then here are the results of interviews with parents whose children married early:

*“In my opinion, underage marriage is considered better than the risk of slander that may arise from unclear dating relationships. I know that the minimum age limit for marriage is 19 years old, this information I*

*obtained from general sources that I read or heard.” (OT1)*

*“In my opinion, there should be no marriage under the specified age. I know that the minimum age limit for marriage is 19 years old, this information I obtained from sources that I read or heard. In addition, I also know that there is a marriage dispensation, because I followed the application process to the Religious Affairs Office (KUA) and the trial in court related to this recently.” (OT2)*

*“In my opinion, underage marriage is considered better than allowing a relationship that can lead to sin. I don’t really know about the minimum age limit for marriage, I don’t know where this information came from.” (OT3)*

Based on OT4 and OT5 the same who have various views regarding underage marriage, it can be concluded that understanding of this issue varies. Some of them see underage marriage as a better alternative compared to the moral risks of unclear dating relationships, while others oppose the practice and consider the minimum age for marriage to be 19 years. In addition, all respondents have knowledge of the existence of marriage dispensation, which they learned from the application process to the Religious Affairs Office (KUA) and the trial in court.

### **Impact of Early Marriage**

Pregnant under the age of 19 years is at high risk of bleeding, miscarriage, and premature birth, and increases the likelihood of the child experiencing low birth weight (LBW) and stillbirth by 5–30 times. The following are the results of interviews with key informants:

*“In my experience, getting married at an early age has two sides. The disadvantage may lie in the limited freedom of youth before marriage. My social environment did not change significantly after getting married, and although there were difficulties in building a household because of our young age, we learned to control our emotions and resolve disputes well.” (IU1)*

*“After deciding to get married at an early age, I realised that there were disadvantages in not being able to do as I did before marriage because I had responsibilities to my husband. However, the advantage was feeling happy to have a life partner who provides for me and can be a friend. Although there were difficulties in building a household, we faced them with a natural attitude of joy and hardship.” (IU2)*

*“After deciding to get married at an early age, I realised that there was an adjustment from being a freer girl to being more responsible as a wife. Even so, the advantage is that I feel like I have a true friend in everything with my husband. My social environment did not experience significant changes after getting married, with family and neighbours who always provide support.” (IU3)*

Based on interviews IU4 and IU5, the same respondents who got married at an early age, it can be concluded that they experienced various experiences and different views related to the decision. In general, they expressed that although there were disadvantages such as losing their youth and possible problems in the household, the advantage was feeling happy to have a companion.

### **Interview findings with parents who provided explanations regarding their children's early marriage are as follows:**

*“I’ve already found my soulmate, sis.” (OT1)*

*“I’m already pregnant, sis, whether I like it or not, I’ll just get married rather than giving birth without a husband.” (OT2)*

*“I was already pregnant yesterday, sis, so whether I like it or not, I’ll just get married.” (OT3)*

Based on the answers OT4 and OT5 from the people interviewed, there are several reasons that often cause early marriage among teenagers in Indonesia. These reasons include having found a soulmate, pregnancy outside of marriage that requires immediate marriage, and dropping out of school that encourages them to solve problems by getting married. This phenomenon illustrates the complexity of the social and cultural situation where the decision to marry is often influenced by social pressure, unplanned pregnancy, and limited educational priorities.



## Legal Protection for Adolescents Regarding Reproductive Health Rights in Underage Marriage

The rights of adolescents to reproductive health in underage marriage must be protected by law. Laws that set a minimum age of 19 for marriage are essential in protecting adolescents from major risks to their reproductive health, such as potentially fatal pregnancy problems.

The results of the interview with the Head of the KUA are as follows: *"I am sure that the number of underage marriages does not increase drastically every year. Although the number of marriages does not increase every year. The need for efforts to raise awareness of couples regarding age limits must reverse this trend. To ensure that all administrative obligations, including the submission of documents such as KK and KTP, are met before the trial, the annulment procedure by the religious court requires the issuance of such a permit"*.

The findings young marriages will occur less in the future as more people are aware of the age limit of 19 years for marriage. The rights to adequate education and welfare, freedom from physical and mental violence, and adequate access to knowledge about reproductive health are all included in this protection. To ensure that all children including those who may be at risk of being married at a young age receive adequate protection under the law, the implementation of the Child Protection Law needs to be strengthened.

## DISCUSSION

In some cases, parents may decide to marry off their underage daughters, because they are worried that the child will be involved in an unstable relationship or potentially like someone else (Zelege *et al.*, 2022). The results of interviews with parents in this context show a variety of opinions regarding underage marriage, where some parents see marriage as a better alternative than the moral risks of unclear dating.

UNICEF states that early marriage occurs when someone marries before reaching the age of 18, either officially or unofficially. This is considered a fundamental human rights violation because it has the potential to have serious negative impacts on the mental and physical development of girls. Strengthening professional and legal protections for midwives is crucial in addressing the health risks and ensuring proper care for young girls affected by early marriage (Damayanti *et al.*, 2019b). The impacts include social isolation, the risk of early pregnancy, disruption to education, and limitations on opportunities for future career advancement. Interviews with respondents showed differences in views between traditional understandings of society and government policies regarding the age limit for marriage that aims to protect the rights of children and adolescents in this context. Early marriage in girls has significant impacts among others, loss of access to reproductive and sexual health rights: girls who marry at a young age are at risk of experiencing serious complications and maternal death during childbirth because their bodies are not ready for the difficult labour process, Vulnerable to Domestic Violence (Wollum *et al.*, 2025). This underscores the need for stronger legal frameworks to protect minors from early and potentially exploitative marriages, as discussed in the context of child sexual abuse in Indonesia. Early marriage increases the risk of girls experiencing domestic violence, because they are not mentally and psychologically matured enough to live a married life (Damayanti *et al.*, 2019a).

The Indonesian government has taken steps to address reproductive health issues by setting a minimum age for marriage of 19 years, in accordance with Article 7 paragraph (1) of the Marriage Law. This step aims to reduce high reproductive health risks, such as pregnancy complications at a young age. Interview results show that although some communities still have varying views on the practice of early marriage, the importance of this policy to protect the physical and mental health of girls is highly emphasised (Nhampoca & Maritz, 2024). Thus, this regulation is expected to influence community perceptions and behaviour in reducing the practice of early marriage for the welfare of girls as a whole (Kechagia, 2025; Kleprlikova *et al.*, 2019).

The following section provides an overview of child protection rights in the context of early marriage, emphasising that every child has the fundamental right to be protected from all forms of physical and mental violence (Hellwig *et al.*, 2024), including neglect and sexual abuse, children have the right to adequate welfare, care, and direction both at home and in other environments, children's rights to education that suits their interests, talents, and intelligence are guaranteed, and they are protected from sexual violations and violence in the classroom, children have the right to be free from financial and sexual violence, which can endanger their growth, education, and health. As highlighted in a recent bibliometric study by Damayanti *et al.* (2024), research

on midwifery policy increasingly addresses child welfare concerns, reflecting a growing academic and policy-level commitment to safeguarding children's rights in health and social systems.

In addition to midwives, other health workers such as nurses have an important role in providing reproductive health education to adolescents, especially those in underage marriages (Sartika *et al.*, 2025). This education includes: information on reproductive anatomy and physiology, the risks of early pregnancy (medical complications, malnutrition, mental health), prevention of sexually transmitted diseases (STDs), reproductive rights and adolescent sexual health (Howe, 2025). From a nursing perspective, underage marriage poses serious reproductive health risks that require early intervention and continuous care. Nurses play a role in providing comprehensive reproductive health education to adolescents, particularly in rural or high-risk areas. Through school programs, community outreach, and clinical settings, nurses educate young girls on topics such as puberty, contraception, sexually transmitted infections, and the dangers of early pregnancy. The importance of professionalism in delivering such evidence-based reproductive health services, especially by midwives and nurses is essential. Professional competence ensures that adolescents receive accurate, ethical, and culturally sensitive care, which is needed in addressing the unique challenges posed by early marriage (Damayanti *et al.*, 2020). In addition to health promotion, nurses offer emotional support, identify signs of abuse, and advocate for the protection of adolescent rights within families and communities. Their involvement is essential not only in preventing health complications but also in promoting informed decision-making and supporting national efforts to reduce early marriage (WHO, 2020).

Challenges, including the application of customary law, exceptions, unreported marriages, and the absence of legal consequences for marriages between minors. Pregnancy before marriage is one of the most important factors and is often the main reason people want to avoid marriage. This shows the lack of knowledge and awareness of the community regarding the age limit for marriage, especially in remote areas such as Mranggen District. Early marriages are more common in this area due to several other factors, including lack of parental supervision, lack of formal education, the influence of religious differences, and low religious knowledge. Holistic efforts by many organisations, including the government, social institutions, and local communities, must be strengthened to educate and change community beliefs and behaviours around these issues to promote juvenile justice and reproductive health.

### **Limitation**

This study focuses on a sample of adolescents who were married underage. A key limitation of the research lies in the cultural normalization of child marriage within the community, which influences the openness of informants and the interpretation of data. Interviews conducted with underage married adolescents and their families were often met with reluctance, resulting in limited access to comprehensive data and information.

### **CONCLUSION**

Adolescents' understanding of reproductive health rights within the context of underage marriage highlights the urgent need for a comprehensive and multifaceted approach to address this issue. Although legal regulations exist regarding the minimum age for marriage and the procedures for marriage dispensation, their implementation remains heavily influenced by prevailing social and cultural norms. To ensure better protection for adolescents, it is crucial to strengthen reproductive health education, raise awareness about the health risks of early marriage, and enhance the involvement of institutions such as the Religious Affairs Office (KUA) and the courts in regulating dispensation requests. Currently, the protection of reproductive health for minors remains inadequate. Nurses, as frontline health professionals, play a vital role in providing accurate reproductive health information and empowering adolescents to make informed choices about their well-being. Future research should focus on gaining first-hand insights from adolescents who have experienced early marriage, examining how they access reproductive health services, and evaluating the government's role in both preventing early marriage and offering post-marriage support.

### **Conflict of Interest**

The authors declare that they have no competing interests.



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## REFERENCES

- Adedokun, O., Adeyemi, O., & Dauda, C. (2016). Child marriage and maternal health risks among young mothers in Gombi, Adamawa State, Nigeria: Implications for mortality, entitlements and freedoms. *African Health Sciences*, 16(4), 986–999. <https://doi.org/10.4314/ahs.v16i4.15>
- Beckwith, S., Chandra-Mouli, V., & Blum, R. W. (2024). Trends in adolescent health: Successes and challenges from 2010 to the present. *Journal of Adolescent Health*, 75(4), S9-S19. <https://doi.org/10.1016/j.jadohealth.2024.04.015>
- Beyene, S. A., Garoma, S., & Belachew, T. (2024). Addressing disparity in attitudes and utilization of family planning among married couples in the pastoralist community of Fentale District, Eastern Ethiopia. *PLoS One*, 19(9). <https://doi.org/10.1371/journal.pone.0308633>
- Boku, G. G., Abeya, S. G., Ayers, N., & Wordofa, M. A. (2024). The effect of school-linked module-based friendly-health education on adolescents' sexual and reproductive health knowledge, Guji zone, Ethiopia - cluster randomized controlled trial. *Adolescent Health, Medicine and Therapeutics*, 15(0), 5–18. <https://doi.org/10.2147/ahmt.s441957>
- Chan, S. L., Thumboo, J., Boivin, J., Saffari, S. E., Yin, S., Yeo, S. R., Chan, J. K. Y., Ng, K. C., Chua, K.-H., & Yu, S. L. (2022). Effect of fertility health awareness strategies on fertility knowledge and childbearing in young married couples (FertStart): Study protocol for an effectiveness-implementation hybrid type I multicentre three-arm parallel group open-label randomised clinical trial. *BMJ Open*, 12(1). <https://doi.org/10.1136/bmjopen-2021-051710>
- Cunningham, J. K., & Saleh, A. A. (2024). Structural stigma, racism, and sexism studies on substance use and mental health: A review of measures and designs. *Alcohol Research : Current Reviews*, 44(1), 8. <https://doi.org/10.35946/arcr.v44.1.08>
- Damayanti, F. N., Absori, A., & Wardiono, K. (2019a). Legal protection based on transcendental perspective against child sexual abuse in Indonesia. *Medico-Legal Update*, 19(2), 331–335. <https://doi.org/10.5958/0974-1283.2019.00198.1>
- Damayanti, F. N., Absori, A., & Wardiono, K. (2019b). Legal protection of midwives based on professional justice in midwifery practices. *Indian Journal of Public Health Research and Development* 10(4), 437–441. <https://doi.org/10.5958/0976-5506.2019.00734.4>
- Damayanti, F. N., Absori, A., Wardiono, K., & Rejeki, S. (2020). The evidence-based midwife professionalism. *Indian Journal of Forensic Medicine and Toxicology*, 14(3), 1877–1881. <https://doi.org/10.37506/ijfmt.v14i3.10699>
- Damayanti, F. N., Lutfitasari, A., Santosa, B., Prakasiwi, S. I., Suparman, & Anggraini, N. N. (2024). Bibliometric Analysis of Research Trends and Novelty of Midwifery Policy. *Africa Journal of Nursing and Midwifery*, 26(1). <https://doi.org/10.25159/2520-5293/14031>
- Daraz, U., Khan, Y., Alnajdawi, A. M., & Alsawalqa, R. O. (2023). Empowering hearts and shaping destinies: unveiling the profound influence of education on women's mate selection in Pakistan – a comprehensive mixed-methods study. *Frontiers in Sociology*, 8. <https://doi.org/10.3389/fsoc.2023.1273297>
- Ding, C. (2023). Chinese legal response to the shared motherhood model in lesbians' family-making. *Journal of Law and the Biosciences*, 10(1). <https://doi.org/10.1093/jlb/lsad015>
- General Assembly, U. N. (1989). Convention on the Rights of the Child. Retrieved from: <http://www.hrweb.org/legal/child.html>. Accessed on 10<sup>th</sup> August, 2024.

- Hellwig, F., Moreira, L. R., Silveira, M. F., Vieira, C. S., Rios-Quitizaca, P. B., Masabanda, M., Serucaca, J., Rudasingwa, S., Nyandwi, A., Mulu, S., Rashad, H., & Barros, A. J. D. (2024). Policies for expanding family planning coverage: Lessons from five successful countries. *Frontiers in Public Health*, 12. <https://doi.org/10.3389/fpubh.2024.1339725>
- Howe, K. (2025). Differential outcomes: Early marriage, marital identity and mental health of displaced female youth in the Kurdistan Region of Iraq. *Vulnerable Children and Youth Studies*, 1–21. <https://doi.org/10.1080/17450128.2025.2457041>
- Kechagia, P. (2025). Vulnerable girls and child marriage in rural Asia: A systematic review. *Vulnerable Children and Youth Studies*, 1–25. <https://doi.org/10.1080/17450128.2025.2489972>
- Kleprlikova, H., Kalis, V., Lucovnik, M., Rusavy, Z., Blaganje, M., Thakar, R., & Ismail, K. M. (2019). Manual perineal protection: The know-how and the know-why. *Acta Obstetricia et Gynecologica Scandinavica*, 99(4), 445–450. <https://doi.org/10.1111/aogs.13781>
- Liu, C., Jiao, Y., Su, L., Liu, W., Zhang, H., Nie, S., & Gong, M. (2024). Effective privacy protection strategies for pregnancy and gestation information from electronic medical records: Retrospective study in a national health care data network in China. *Journal of Medical Internet Research*, 26. <https://doi.org/10.2196/46455>
- Mwakawanga, D. L., Massae, A. F., Kohli, N., Lukumay, G. G., Rohloff, C. T., Mushy, S. E., Mgopa, L. R., Mkoaka, D. A., Mkonyi, E., Trent, M., Ross, M. W., Rosser, B. R. S., & Connor, J. (2024). The need for and acceptability of a curriculum to train nursing and medical students in the sexual healthcare of clients with female genital mutilation/cutting in Tanzania. *BMC Women's Health*, 24(1). <https://doi.org/10.1186/s12905-024-03034-x>
- Namanda, C., Atuyambe, L., Ssali, S., Mukose, A., Tumwesigye, N. M., Makumbi, F. E., Tweheyo, R., Gidudu, A., Sekimpi, C., Hashim, C. V., Nicholson, M., & Ddungu, P. (2023). A qualitative study of influences on the uptake of contraceptive services among people of reproductive age in Uganda. *BMC Women's Health*, 23(1). <https://doi.org/10.1186/s12905-023-02274-7>
- Nhampoca, J. M., & Maritz, J. E. (2024). Early marriage, education and mental health: Experiences of adolescent girls in Mozambique. *Frontiers in Global Women's Health*, 5. <https://doi.org/10.3389/fgwh.2024.1278934>
- Pretorius, D., & Ruch, A. (2025). Domestic violence: Screening and management in South Africa. *South African Family Practice*, 67(1), 1-5. <https://doi.org/10.4102/safp.v67i1.6000>
- Sartika, D. D., Martinus Danang, P., Gita, I., & Soraida, S. (2025). A bibliometric analysis of financial service providers' best efforts to address child sexual exploitation. *Vulnerable Children and Youth Studies*, 1–21. <https://doi.org/10.1080/17450128.2025.2452562>
- Scanteianu, A., Schwandt, H. M., Boulware, A., Corey, J., Herrera, A., Hudler, E., Imbabazi, C., King, I., Linus, J., Manzi, I., Merritt, M., Mezier, L., Miller, A., Morris, H., Musemakweli, D., Musekura, U., Mutuyimana, D., Ntakarutimana, C., Patel, N., ... Feinberg, S. (2022). "...the availability of contraceptives is everywhere.": coordinated and integrated public family planning service delivery in Rwanda. *Reproductive Health*, 19(1). <https://doi.org/10.1186/s12978-022-01325-w>
- Sripad, P., Pinchoff, J., Dadi, C., & Dougherty, L. (2024). Measuring social norms related to child marriage among married women and men in Niger. *PLoS One*, 19(7). <https://doi.org/10.1371/journal.pone.0307595>
- Wahi, A., Zaleski, K. L., Lampe, J., Bevan, P., & Koski, A. (2019). The lived experience of child marriage in the United States. *Social Work in Public Health*, 34(3), 201-213. <https://doi.org/10.1080/19371918.2019.1575312>
- World Health Organization (WHO). (2020). State of the world's nursing 2020: Investing in education, jobs and leadership. Retrieved from: <https://www.who.int/publications/i/item/9789240003279>. Accessed on 21<sup>st</sup> January, 2024.

- Wollum, A., Key, K., Mersha, T., Nicholson, M., Page, G., Austen, K., Endale, M. E., & Moseson, H. (2025). Does a values clarification and attitudes transformation (VCAT) workshop influence provider attitudes, knowledge, and service provision related to abortion care?: Evidence from a mixed-methods longitudinal randomised controlled trial in Ethiopia. *Global Public Health*, 20(1). <https://doi.org/10.1080/17441692.2025.2465643>
- Zelege, E. D., Assefa, D. G., Woldesenbet, T. T., Gido, R., Mengistu, N., & Molla, W. (2022). Utilization of long acting and permanent contraceptive methods and associated factor among women of reproductive age in west Guji zone, Southwest Ethiopia. *Reproductive Health*, 19(1). <https://doi.org/10.1186/s12978-022-01337-6>