

HASIL CEK6_60171084

by 60171084 Bisma

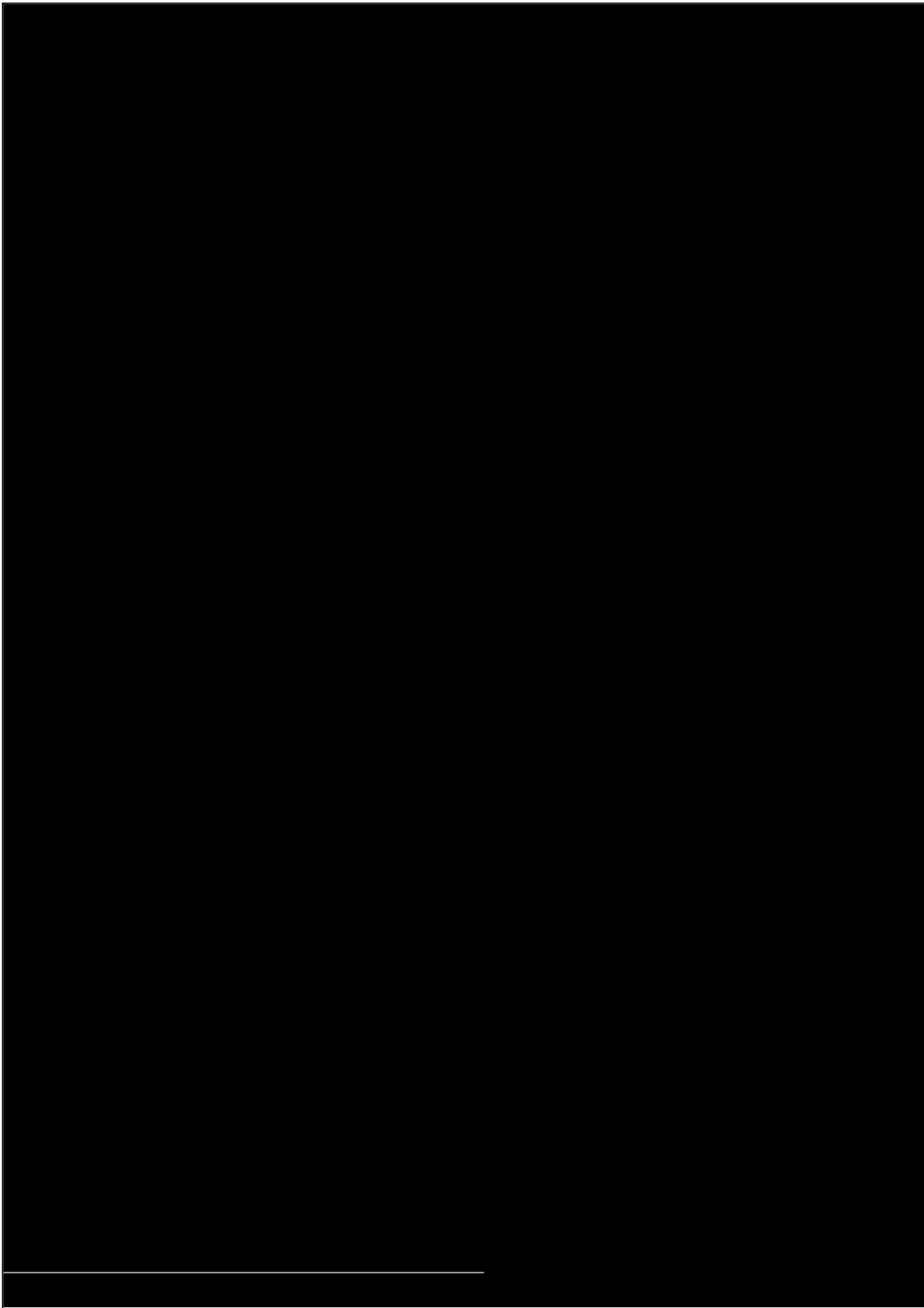
Submission date: 24-Jun-2022 09:31AM (UTC+0700)

Submission ID: 1862084717

File name: Bisma_60171084 (6) - Cita Eri Ayuningtyas.docx (442.34K)

Word count: 2198

Character count: 12073



(11,07%)(1). It was clearly that early marriage would be a big problem for us like health, population and welfare.

The caused of early marriage in Indonesia was complex, such as culture, pregnancy, economic, or education(2). Early marriage had bad impact for adolescent health. Almost of the early marriage because of pregnancy was unintended pregnancy. Unintended pregnancy made adolescent psychological condition depressed, scared, ashamed and almost of them tried to get abortion(3). Unintended pregnancy in adolescent also made them school drop out and jobless. They were in low education therefor could not reach good job(4). This research aimed to investigate family planning in unintended pregnancy in younger age in Bantul District.

MATERIALS AND METHODS

This research was taken by a qualitative study which the design was the phenomenology. This study conducted in July 2015 to Januari 2016 in the public health care of Jetis Subdistrict of Bantul. This research recruited seven informants adolescent mothers (16-19 years old) who have unintended and intended pregnancy. Indepth interview was used to collect the information and guided by open ended questions.

Information also collected from key informants such as their mother, husband and midwives in Public Health Service in their area for triangulation. During the interviews, information was recorded by voice recorder and wrote in the field notes. For finding the informant adolescent who marry at the early age, researcher collected data from KUA (Kantor Urusan Agama) which has marital registered and from Public Health Service (Puskesmas) in the subdistrict.

This research was permitted by Ethical Clearance Comitte Faculty of Medicine Universitas Gadjah Mada Yogyakarta with serial number KE/FK/1008/EC/2015 dated 13rd August

RESULTS

The main informants in this research were seven adolescent mother whose their baby under 6 months old. The informants's age was under 21 years old (range 16-19 years old). Five informants had unintended pregnancy. All the informants become adolescent mothers. Three of seven informants have school dropped out when they were in senior high school. Level of education of the informants were senior high school (three informants) and junior high school (four informants). The informant marital status was five married and two divorced. Information from informants was described by the theme and confirmed by informant's statement quotations and written by R1 for informant 1; HR for husband of informan, MR for mother of informan.

Theme 1 : Financial and Occupation

The informant could not have a good job caused of low education. Their husband did not have permanent work. There for their parent also provide to their needs such as meal and their need during pregnancy such as their quotation :

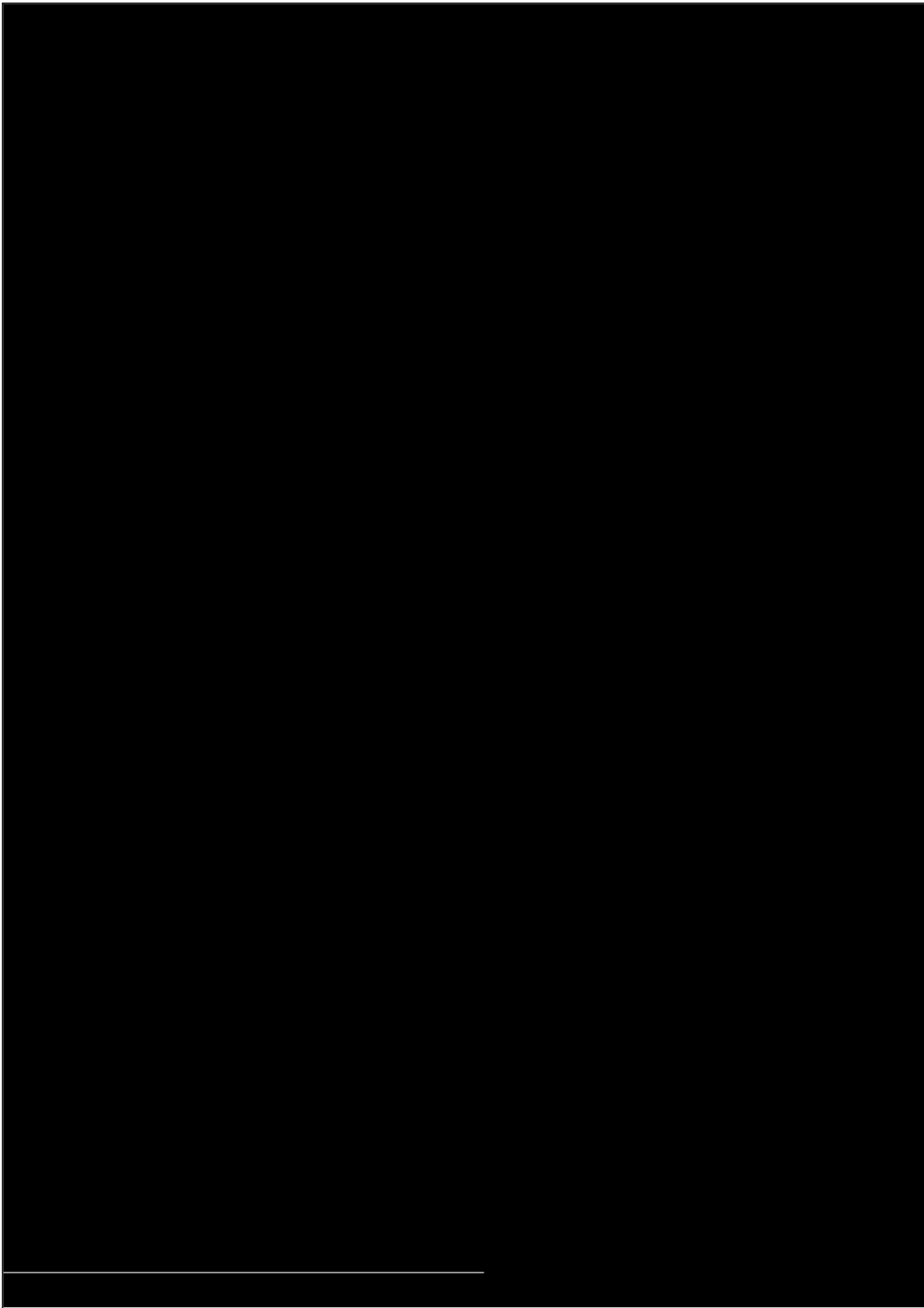
"I lived together with my parent, eating together with them. I never asked my husband for money, and I never taken from him" (R7, 21 years)

All the informant lived together with their parents, so their needs be financed by their parent. One informant who had unintended pregnancy said that her husband did not have permanent work. Her parent gived them money monthly.

"...he (husband) was a driver here, he was given money from my mom. Mom also gived me money. He never given me a money for buy our needs (milk for their baby)."

"Mom given money for me buying a milk. My ex husband was not enough money..." (R2, 17 years)

Another informant said that her husband got low income from his work, there for they should divided their income during pregnancy especially for antenatal care (ANC)



increase school dropout. Starting school dropout also could make adolescent pregnant or married early(8). The study in Imogiri Subdistrict of Bantul found that 77.7% early married adolescent caused of pregnancy and made dropouts from their school(2).

School was the agent of change. Knowledge of reproductive health in adolescent could be given while they were schooling. This aimed to prevent poor behavior. Health education to adolescent focused to their behavior involving adolescent naughtyness, sexual education, and nutrition(9).

Lack of education made adolescent couple having low labour position, therefore they could not fulfill their needs such as antenatal cost, delivery cost, and everything during their pregnancy(10). Economic dependence in adolescent mother also caused them did not attend antenatal care(11).

Unstable emotional also caused of un readiness of pregnancy. This made adolescent having poor behavior during their pregnancy such as poor eating like softdrink, instan noodle, high fat consumption even restricting their food. It also made them did not attend antenatal care(12). Attempts to get abortion was also caused by role of their parent(13). Unstable emotional also influenced to their pregnancy (5).

Frequent of attending antenatal care influenced by internal and external factor. Internal factor could be described such as age, education level, and attitude. While external factor involved economic, culture, geographic, and information. The mature age determined their mindset, included of attending antenatal care. Their attitude was a reaction to the information they received(14).

CONCLUSIONS

Early marriage young age have no family planning in their life such as number of child, financial, occupation and health. Adolescent who marry at early age had environmental constraint, and lack of knowledge. Almost of adolescent married because of unintended pregnancy.

RECOMMENDATION

The government should complete the facility of public health care, give health counseling in the school, and give equal accesing in education whom

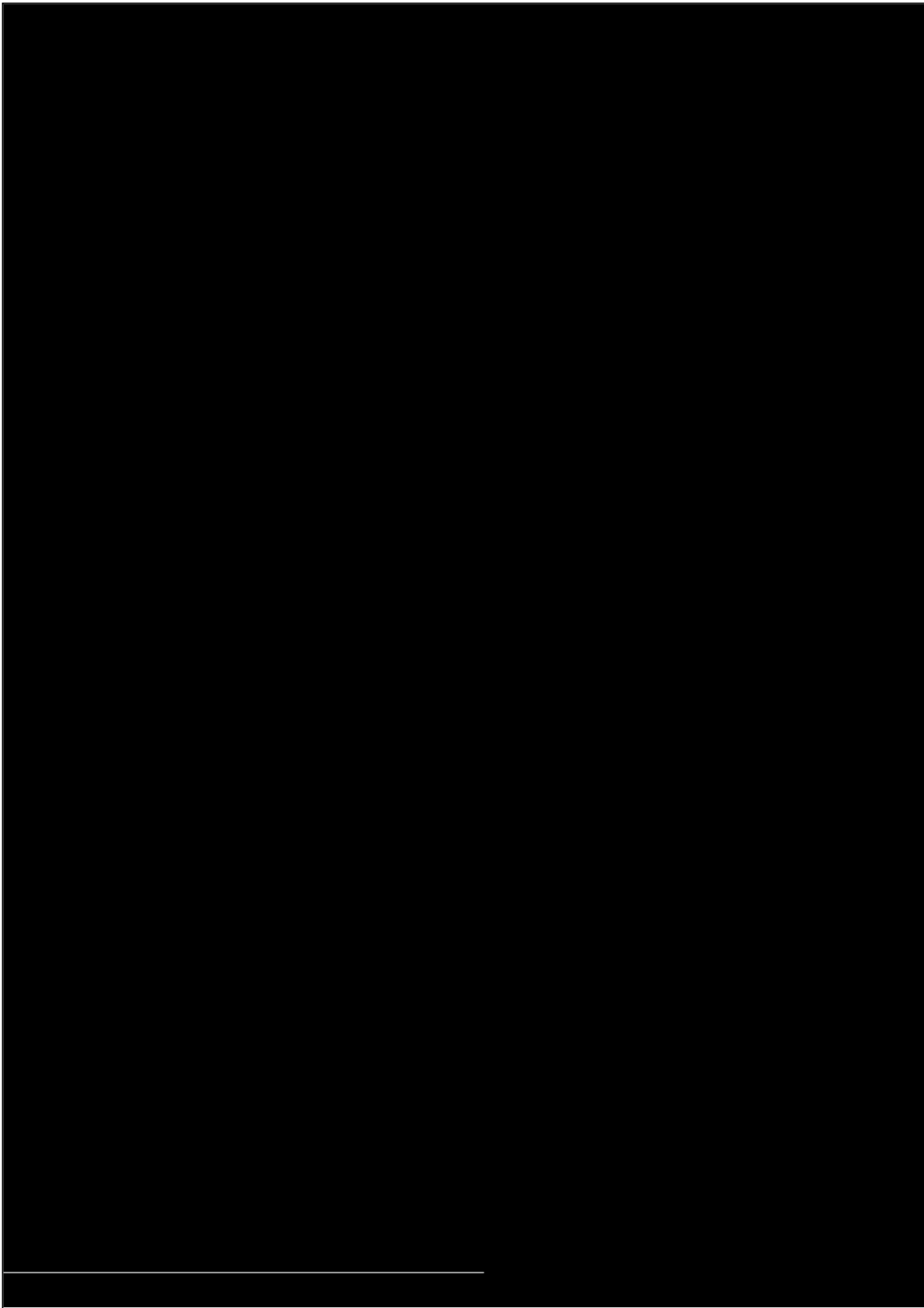
having pregnancy in their school aged. The subdistrict government and public health care should give reproductive counseling, the effect of early marriage on the maternal and perinatal health, therefore adolescent had readiness as mental and physical being a mother.

ACKNOWLEDGEMENTS

I gratefully thank to Puskesmas Jetis I and II in Jetis Subdistrict of Bantul and midwives who gave information about adolescent who marry at early age.

REFERENCES

1. Badan Pusat Statistik. Situasi Perkawinan Anak di Indonesia Tahun 2017 [Internet]. 2017. Available from: www.koalisiperempuan.or.id/wpcontent/uploads/2017/12/Lampiran-Irilisperkawinan-anak-18-des-17-2.pdf
2. Istiqomah A. Studi Kasus Pernikahan Dini Di Desa Wukirsari Imogiri Bantul Yogyakarta. J Kesehat "Samodra Ilmu." 2014;5(2):82–93.
3. Setianingrum VE. Kehamilan Remaja, Tantangan Kesehatan Reproduksi Remaja. Jendela Husada [Internet]. 2013;V:5–6. Available from: <https://www.google.co.id/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=0ahUKEwj71snagsPOAhXMPY8KHbxEAOkQFggaMAA&url=http://dinkes.slemankab.go.id/launching-jendela-husada-membukawawasan-dan-paradigma-sehat.slm&usg=AFQjCNFgpJ91O1rWaf6XQOFRLv>
4. Dimitriu M, Ionescu CA, Matei A, Viezuina R, Rosu G, Ilinca C, et al. The problems associated with adolescent pregnancy in Romania: A crosssectional study. J Eval Clin Pract. 2019;25(1):117– 24.
5. Tubung Y, Hariani H, Suhartatik. Faktor-faktor yang Berhubungan dengan Kehamilan Dusia Muda Di Rumah Sakit Ibu dan Anak Siti Fatimah Makassar. J Ilm Kesehat Diagnosis. 2013;2(3):49– 58.
6. Oktaviana C, Nurjannah I, Nisman WA. Experience and social support needs of becoming a mother in adolescence in Yogyakarta City. Ber Kedokt Masy. 2018;34(2):80.
7. Amjad S, MacDonald I, Chambers T, OsornioVargas A, Chandra S, Voaklander D, et al. Social determinants of health and adverse maternal and birth outcomes in adolescent pregnancies: A



HASIL CEK6_60171084

ORIGINALITY REPORT

0%

SIMILARITY INDEX

0%

INTERNET SOURCES

0%

PUBLICATIONS

0%

STUDENT PAPERS

PRIMARY SOURCES

Exclude quotes On

Exclude matches Off

Exclude bibliography On