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Prevalence and Determinants of Female Child Marriage in Indonesia: A Secondary Data Analysis of 2012 and 2017 IDHS

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ABSTRACT

Background: female child marriage (FCM) remains a critical challenge in Indonesia, particularly in rural and socioeconomically disadvantaged communities. Despite legal reforms such as the revision of the Marriage Law in 2019, FCM continues to occur at alarming rates, leading to harmful health, educational, and economic consequences for young girls.

Purpose: to examine the prevalence and determinants of FCM in Indonesia through a secondary data analysis of the 2012 and 2017 Indonesia Demographic and Health Surveys (IDHS).

Methods: a secondary data analysis was conducted using weighted samples from the 2012 and 2017 IDHS datasets. Multivariate analysis was performed to examine associations between socio-demographic and other relevant variables with the likelihood of female children (aged 15-18 years) entering marriage. The study focused on identifying temporal trends and key risk factors contributing to early marriage among Indonesian female children.

Results: this study revealed a decrease in female child marriage prevalence, from 9.15% in 2012 to 7.10% in 2017. Logistic regression analysis indicated that younger age (15–16), rural residence, and low economic status consistently increased the likelihood of early marriage. In 2012, poor STI knowledge and family planning discussions were significant predictors, while in 2017, smoking behavior and employment status became influential factors, reflecting ongoing social dynamics and structural challenges.

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Conclusion: female child marriage in Indonesia is strongly influenced by low education, poverty, rural residence, and limited STI knowledge. The findings highlight the need for improved education access, economic support, and tailored reproductive health programs.

Keywords: adolescent marriage; early marriage determinants; early marriage in Indonesia; female child marriage; reproductive health knowledge

BACKGROUND

Female child marriage (FCM) remains a concerning social phenomenon in Indonesia. Data show that in 2018, one in nine girls had married before the age of 18. The prevalence is significantly higher among communities in rural areas and those with low socioeconomic backgrounds, where girls are three times more likely to experience early marriage compared to those from urban areas and better economic conditions (Unicef, 2023). This practice not only reflects gender inequality and a violation of human rights but can also be categorized as a form of child abuse, as it is often carried out under coercion due to social, economic, or cultural pressures. The Indonesian government has made various efforts to reduce the rate of FCM, including revising the Marriage Law through Law No. 16 of 2019, which raised the minimum legal age for marriage for girls from 16 to 19 years. However, this policy change has not yet significantly reduced the incidence of female child marriage (Pemerintah RI, 2019).

Central Bureau of Statistics of Indonesia report revealed that in 2018, more than 1.2 million women aged 20–24 had married before turning 18, with around 61,300 of them marrying even before the age of 15. Although this figure shows a declining trend compared to the previous decade, the pace of decline is still insufficient to meet the global target of eliminating FCM by 2030, as stated in the Sustainable Development Goals (SDGs). Geographically, West Java recorded the highest absolute number of FCM, with 273,300 cases, while West Sulawesi had the highest prevalence rate at 19.43%. These figures place Indonesia as the country with the 10th highest number of FCM cases in the world (Badan Pusat Statistik, 2020; Bolarinwa et al., 2022; Lo Forte et al., 2019). emphasized that to achieve the SDG target of eliminating female child marriage, the prevalence of FCM must be reduced by at least 10% annually from the baseline rate of approximately 23%. In addition to being a human rights violation, FCM is also associated with an increased risk of maternal death among adolescents due to obstetric complications.

The negative impacts of FCM are both extensive and profound. Female child marriage ends a girl's adolescence a critical period for physical, emotional, and social development. It contributes to a higher risk of pregnancy and childbirth complications, lower rates of early breastfeeding initiation, and increased incidents of domestic violence

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(Puriastuti et al., 2024). Furthermore, adolescent girls who marry early tend to have less control over their reproductive health; they have limited access to contraception, experience more unplanned pregnancies, shorter birth intervals, and are more likely to suffer from miscarriage or high-risk deliveries (Yaya et al., 2019). In this context, FCM also increases the risk of contracting sexually transmitted infections (STIs) and worsens mental health conditions, including anxiety, depression, and decreased self-confidence (John et al., 2019).

Various studies have identified poverty, low education levels, and strong cultural norms and values supporting child marriage as the main drivers of FCM in Indonesia. A study by BPS and UNICEF, using data from the 2010-2015 period, showed that girls who married before the age of 18 were four times less likely to complete secondary education (Kementerian PPN/Bappenas, 2020). Beyond individual consequences, child marriage also has macroeconomic implications. Estimates indicate that this practice could lead to national economic losses of up to 1.7% of Gross Domestic Product (GDP) from 2014 to 2050 due to the lost productivity potential of girls who could have otherwise contributed through education and skills development. Furthermore, a study using data from the *National Socio-Economic Survey* (SUSENAS) found that both individual and environmental socioeconomic factors significantly influence the likelihood of child marriage. These findings underscore the importance of a data-driven and context-sensitive approach in designing effective and sustainable prevention strategies (Kuswanto et al., 2024).

Given the complexity and wide-ranging impacts of FCM in Indonesia, it is crucial to gain a deeper understanding of the factors influencing its prevalence. Although several studies have identified various social, economic, and cultural determinants, there remains a need for robust data-based analysis to formulate well-targeted and sustainable interventions. Therefore, this study aims to examine the prevalence and determinants of FCM in Indonesia through a secondary data analysis of the 2012 and 2017 Indonesia Demographic and Health Surveys (IDHS). The findings from this analysis are expected to provide empirically relevant contributions to efforts aimed at eradicating child marriage and informing the development of more contextual and evidence-based policies.

OBJECTIVE

This study aimed to examine the prevalence and determinants of female child marriage in Indonesia using data from the 2012 and 2017 Indonesia Demographic and Health Surveys (IDHS).

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METHODS

Data sources and study population

This study utilized data from the nationally representative 2012 and 2017 Indonesia Demographic and Health Surveys (IDHS) (Bappenas, 2017), which provide cross-sectional information on child marriage. The analysis was restricted to female respondents aged 15 to 18 years at the time of the interview. A total of 5,648 participants were included from the 2012 survey, and 6,198 from the 2017 survey. Sample weights were applied in all analyses to ensure national representativeness.

Study variables

The dependent variable in this study was female child marriage, defined based on the respondent's marital status at the time of the survey and categorized as follows: (1) never in union or currently cohabiting with a partner, and (2) ever married, including those who were married, widowed, or divorced. Independent variables included sociodemographic characteristics, smoking status, STI knowledge, and discussion about family planning. Sociodemographic characteristic variables consisted of age, place of residence, employment status, and wealth level. Wealth level calculated by Principal Component Analysis (PCA) on asset ownership (TVs, bikes, cars), housing materials (flooring, walls, roof), water access, and sanitation. This method ranks households from poorest to richest by assigning weights to these items, reflecting socioeconomic status without direct income/consumption data. The result of calculated begin to five categories such as poorest, poorer, middle, richer, and richest. Type of residence was classified as urban or rural, and smoking status was categorized as yes (current smokers) or no (never smokers and former smokers).

Level of knowledge regarding sexually transmitted infections (STIs) categories such as poor or good. STI knowledge was calculated using PCA based on responses to questions related to syphilis, gonorrhea, condylomata, chancroid, chlamydia, and genital herpes. Respondents with PCA scores below the median score were classified as having poor knowledge, while those with scores equal to or above the median score were classified as having good knowledge. Discussion about family planning was categorized as yes or no. This variable was measured based on whether the respondent had discussed family planning with peers, neighbors, or relatives. Respondents who reported having such discussions were classified as yes, while those who had not discussed family planning at all were classified as no. Details on the methodology used to construct the wealth index are available in the 2012 and 2017 IDHS reports (Bappenas, 2017). Missing data were excluded from the analysis.

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Statistical analyses

Descriptive statistics, such as percentages, were used to summarize the data. Chi-square tests and One-Way ANOVA were applied to assess differences in female child marriage status across socio-demographic groups. Binary logistic regression analysis was conducted to estimate adjusted odds ratios (aORs), with statistical significance determined at a p-value of less than 0.05.

Ethics Statement

The 2012 and 2017 IDHS were implemented in compliance with internationally recognized ethical standards for medical and population-based research. As this study utilizes secondary data from the publicly accessible IDHS datasets, which contain no personally identifiable information, it qualifies for exemption from formal ethical review (Bappenas, 2017).

RESULTS

To better understand the overarching trend of female child marriage in Indonesia, we initially analyzed the prevalence and distribution of married status among child females aged 15 to 18 years, utilizing the 2012 and 2017 Indonesia Demographic and Health Surveys (IDHS). This preliminary analysis establishes a basis for comprehending the temporal variations in the prevalence of child marriage and paves the way for further investigation of related elements in the following tables.

Table 1. Prevalence of Female Child Marriage in 2012 and 2017 IDHS

Characteristics	2012 IDHS				2017 IDHS			
	Female child marriage				Female child marriage			
	No		Yes		No		Yes	
	n	%	n	%	n	%	n	%
Current marital status	5131	90.85	517	9.15	5758	92.90	440	7.10

Table 1 illustrates the incidence of child marriage among girls as reported in the 2012 and 2017 Indonesia Demographic and Health Surveys (IDHS). In the 2012 IDHS, among 5,648 girls aged 15-18, 517 (9.2%) were married, whereas 5,131 (90.85%) remained single. By 2017, out of 6,198 females in the same age group, the number of married girls declined to 440, constituting a reduced percentage compared to earlier, with 5,758 (92.90%) remaining unmarried. Despite this trend suggesting a decrease, the

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continued prevalence of child marriage among this demographic poses a substantial challenge to national initiatives aimed at eradicating the practice by 2030

Tabel 2. Relationship Between Characteristic and Female Child Marriage in 2012 and 2017 IDHS

Characteristics	2012 IDHS						2017 IDHS					
	Female child marriage				p-value	cOR (95% CI)	Female child marriage				p-value	cOR (95% CI)
	No		Yes				No		Yes			
	n	%	n	%			n	%	n	%		
Age												
15-16	2817	95.95	119	4.05	<0.001	ref	3032	97.51	77	2.49	<0.001	ref
17-18	2314	85.33	398	14.67		4.06 (2.97-5.55)	2726	88.27	363	11.73		5.21 (3,81-7,13)
Occupation status												
Not working	3680	92.19	312	7.81	<0.001	ref	4432	94.49	259	5.51	<0.001	ref
Working	1451	87.61	205	12.39		1.67 (1.23-2.20)	1328	87.99	181	12.01		2.34 (1.78-3.08)
Type of Residence												
Urban	2759	94.08	174	5.92	<0.001	ref	3165	95.88	136	4.12	<0.001	ref
Rural	2372	87.36	343	12.64		2.29 (1.70-3.10)	2593	89.52	304	10.48		2.72 (2.06-3.61)
Wealth index												
Richest	1244	98.32	21	1.68	<0.001	ref	1320	98.53	20	1.47	<0.001	ref
Richer	1048	92.07	90	7.93		5.03 (2.78-9.11)	1154	95.19	58	4.81		3.39 (1.77-6.48)
Middle	1030	90.76	105	9.24		5.95 (3.01-11.73)	1163	93.25	85	6.75		4.86 (2.63-8.96)
Poorer	983	88.51	128	11.49		7.59 (3.95-14.58)	1121	88.94	139	11.06		8.34 (4.56-15.27)

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Characteristics	2012 IDHS						2017 IDHS					
	Female child marriage				p-value	cOR (95% CI)	Female child marriage				p-value	cOR (95% CI)
	No		Yes				No		Yes			
	n	%	n	%			n	%	n	%		
Poorest	826	82.68	173	17.32		12.24 (6.54-22.93)	1000	87.87	138	12.13		9.26 (5.03-17.07)
Smoking												
No	5099	90.92	510	9.08	0.067	-	5710	93.02	429	6.98	0.011	ref
Yes	31	80.64	7	19.36			48	81.40	11	18.60		3.04 (1.24-7.49)
STI Knowledge												
Good	1241	97.46	32	2.54	<0.001	ref	411	96.68	14	3.32	0.009	ref
Poor	3890	88.92	485	11.08		4.77 (3.46-6.59)	5347	92.63	426	7.37		2.32 (1.22-4.41)
Discussion about family planning												
No	4235	94.50	247	5.50	<0.001	ref	3794	92.84	293	7.16	0.828	-
Yes	896	76.84	270	23.16		5.18 (4.00-6.70)	1964	93.04	147	6.96		

A comparative investigation of the 2012 and 2017 Indonesia Demographic and Health Survey (IDHS) datasets indicates continuity and transition in the factors influencing female child marriage across time. Structural factors, including age, educational attainment, geographic location, and socioeconomic status, consistently correlated with early marriage across both years.

As shown in Table 3, in both 2012 and 2017, girls aged 15–16 exhibited a considerably higher propensity for early marriage compared to those aged 17–18, with the likelihood escalating from 3.8 times in 2012 to 5.9 times in 2017. This trend is further supported by multivariable analysis in Table 3, where the adjusted odds ratio (aOR) increased from 3.82 in 2012 to 5.94 in 2017, highlighting the persistent vulnerability of younger adolescents.

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Table 3. Multivariate Analysis of Female Child Marriage 2012 and 2017 IDHS

Characteristics	2012 IDHS		2017 IDHS	
	p-value	aOR (CI 95%)	p-value	aOR (CI 95%)
Age (15-16 years)	<0,001	4,10	<0,001	5,19
Occupation status (Working)	-	-	0,02	1,79
Type of residence (rural)	0,011	1,71	0,001	1,81
Wealth index (richer)	<0,001	3,85	0,002	3,07
Wealth index (middle)	<0,001	5,54	<0,001	4,22
Wealth index (poorer)	<0,001	6,01	<0,001	6,83
Wealth index (poorest)	<0,001	10,29	<0,001	7,33
Smoking (yes)	-	-	0,005	4,60
STI knowledge (poor)	<0,001	4,73	-	-
Discuss about family planning (yes)	<0,001	6,11	-	-

Geographic and economic differences persisted markedly. Living in rural areas was consistently linked to increased odds of child marriage (aOR: 1,71 in 2012; 1,81 in 2017), as illustrated in Table 3. Economic status significantly influenced marriage patterns, with females from the lowest socioeconomic tiers exhibiting a pronounced tendency to marry at an early age. In 2012, the highest risk was observed in the lowest quintile (aOR: 10,29); also in 2017 (aOR: 7,33), as indicated in Table 3. These data indicate enduring socio-economic disparities affecting early marriage trends.

The impact of behavioural and contextual factors varied between the two years. In 2012, inadequate STI knowledge and involvement in family planning conversations were significantly correlated with early marriage (aOR: 4,73 and 6,11, respectively); however, these variables ceased to show statistical significance in 2017 (Table 3). New predictions have evolved instead. In 2017, employment status and smoking behaviour emerged as key determinants. Females engaged in employment exhibited increased probabilities of early marriage (aOR: 1,79), whereas those who smoked were more than four times as likely to marry prematurely (aOR: 4.60), indicating a potential correlation between risk-taking behaviours and early economic participation with early marital transitions

DISCUSSION

Child marriage remains a significant challenge in Indonesia, affecting the lives of thousands of girls each year. Using nationally representative data from the IDHS, we examined the prevalence and determinants of female child marriage between 2012 and 2017. The findings show a slight decline in prevalence, from 9.15% to 7.10%. However,

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this reduction conceals the influence of various social, economic, behavioral, and legal factors that continue to support early marriage. Despite national and international commitments to end child marriage by 2030 (Kementerian PPN/Bappenas, UNFPA, 2023), progress remains limited, highlighting the need for deeper understanding and stronger interventions.

Age, Rural Residence and Poverty as Key Determinants

Age plays a critical role. Girls aged 15-16 were at significantly higher risk of early marriage compared to older adolescents, with risk increasing between 2012 and 2017. Child marriage can occur at any age, but it most commonly affects girls aged 16 and 17. Marriages that occur before the age of 15 are often referred to as *very early marriages* and are particularly harmful. These early unions interrupt girls' education at a younger age and pose greater health risks. Child marriage rates increase gradually until age 14 and then rise sharply between ages 15 and 17. This indicates that most child marriages take place during middle adolescence. In situations of extreme poverty, conflict, or crisis, girls as young as 11 or 12 may be married under the belief that they are both mature enough and in need of protection from sexual violence. Rarely, children as young as five are ceremonially married but continue living with their parents until adolescence (UNFPA, 2025).

Geography remains a key determinant of child marriage. In both 2012 and 2017, girls living in rural areas consistently faced a higher risk of early marriage. Rural residence often reflects limited access to quality education, health services, and protective legislation. Traditional norms also tend to be more strongly upheld in rural settings. Migration from rural to urban areas has been linked to delayed marriage, as urban environments often offer better access to education and employment opportunities. Urban girls also report higher utilization of reproductive health services, which may reduce early marriage rates (Antu et al., 2022; Sagalova et al., 2021). Early marriage is often seen as a coping strategy for families facing financial strain. However, while it may ease short-term burdens, it typically worsens long-term poverty due to limited education and employment opportunities for married girls (Pourtaheri et al., 2023; Rumble et al., 2020).

Economic hardship further compounds this risk. In our analysis, girls from the lowest socioeconomic group were significantly more likely to marry early. In 2012, girls in the lowest wealth quintile had a 10,30 times higher risk, also in 2017, the highest risk was found in the "poorerest" group (7.33 times). Numerous studies support this association between economic hardship and early marriage. For instance, Sri Astuti Siregar et al. (2024), reported that girls from poor households were more than twice as likely to marry early compared to those from wealthier backgrounds. Similarly, Elengemoke & Susuman (2021) found that household wealth is a key determinant of age at first marriage in Niger and Mali.

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Early marriage can also perpetuate poverty across generations. It is often perceived by families as a short-term economic solution, particularly in low-income settings. Families may expect married daughters to contribute financially or reduce the household burden (Pourtaheri et al., 2023). However, this strategy rarely yields long-term economic benefits. Married girls frequently experience interrupted education and limited access to employment, contributing to continued financial vulnerability. In Indonesia, for example, women are less likely than men to engage in paid work and tend to work fewer hours. As such, child marriage likely reinforces poverty rather than alleviates it (Roy & Chouhan, 2021; Rumble et al., 2018).

International evidence further supports this pattern. In Ethiopia, early marriage is especially prevalent among rural girls from poor households. Family-level shocks such as illness or parental loss can intensify economic vulnerability and pressure to marry early. Poverty-induced school dropouts also mediate the relationship between low economic status and early marriage, reinforcing a cycle of limited opportunity (Elengemoke & Susuman, 2021; Roy & Chouhan, 2021).

Behavioral Determinants of Early Marriage

By 2017, new behavioral predictors of early marriage had emerged, notably employment status and smoking behavior. Women who were employed had a 1,79 times higher likelihood of early marriage, indicating that economic participation may, in some contexts, increase vulnerability to early marriage due to financial responsibilities or social expectations. Families with limited income may view early marriage as a strategy for economic relief or social acceptance, especially when "potential husbands" offer immediate financial security (Pourtaheri et al., 2023). In many cases, families perceive rejecting such proposals as risking further hardship.

Our findings indicate that females who smoked were over four times more likely to experience early marriage (aOR: 4,60). Research from India supports these findings, showing that tobacco use among women married as children was 1.3 times higher in early adulthood and 1.2 times higher in early middle age compared to those married later. Moreover, the younger the age at marriage, the greater the likelihood of tobacco use in adulthood. Child brides also showed higher relative risks for various forms of tobacco use compared to their peers (Datta et al., 2022). Existing literature suggests that tobacco use may function as an avoidant coping mechanism to mitigate the negative social and emotional consequences of childhood adversity, including child marriage. Tobacco consumption may serve to manage depression associated with early marriage, as well as the psychological impacts of diminished sexual autonomy and limited bargaining power within patriarchal households. Furthermore, early marriage often restricts access to protective social systems such as education, peer networks, and employment opportunities—factors known to foster resilience. The absence of these supports can

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negatively affect mental health, increasing the likelihood of tobacco use. Additionally, younger brides may be more impressionable and susceptible to adopting behaviors, such as tobacco use, that are prevalent in the husband's household (Datta et al., 2022).

The notable correlation between insufficient STI knowledge and early marriage identified in 2012 corresponds with current work that underscores inadequate reproductive health literacy as a catalyst for early marital choices. Inadequate reproductive health literacy significantly influences early marital decisions, resulting in vulnerability that incorporates wider systemic challenges. Adolescents with insufficient knowledge about STI transmission, prevention, and health implications are less equipped to negotiate safer sexual behaviours, a shortcoming that can negatively impact their reproductive health outcomes and life decisions (Lestari & Nurjanah, 2022). research reveals that over 53.8% of young women lack awareness regarding the consequences of early marriage on reproductive health, underscoring an urgent necessity for improved education (Lestari & Nurjanah, 2022).

Furthermore, early marriage frequently restricts access to educational and informational resources concerning sexual health, perpetuating a cycle of ignorance and susceptibility (Melesse et al., 2020). This scenario exemplifies a significant cycle: females lacking adequate STI knowledge are more prone to early marriage, but those who marry young generally experience diminished access to health information (Lestari & Nurjanah, 2022). The consequences of this cycle are intensified by societal norms and restricted access to healthcare, disproportionately impacting young girls, especially in regions marked by gender inequality and poverty (Melesse et al., 2020).

This variable lost statistical significance in 2017. A likely explanation is the enhanced accessibility to sexual and reproductive health education via formal curriculum, digital media, and public health initiatives. Notwithstanding this advancement, the structural connection between early marriage and susceptibility to HIV remains troubling. Married child girls frequently encounter older partners who provide a heightened risk of HIV and possess diminished autonomy in sexual decision-making, particularly about condom utilization (Tsadik et al., 2021). The risk becomes greater in situations when early marriage is influenced by gender inequality and restricted access to youth-oriented health services. Although the statistical significance of STI knowledge may have diminished, its relevance in holistic adolescent health interventions persists. Equipping adolescents, particularly girls, with sexual health literacy is essential for postponing marriage and mitigating wider reproductive health risks, including HIV.

The Importance of Family Planning Discussions in Preventing Early Marriage

Discussions regarding family planning within families are crucial in preventing early marriage among child. Evidence suggests that transparent discourse around reproductive health and family planning can enable young adults to make informed

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decisions, hence postponing marriage and its related responsibilities. Findings indicate that parental interaction functions as a protective factor, assisting teenagers in avoiding premature transitions into marriage and motherhood. Engagement between parents and children about these subjects promotes an understanding of reproductive rights and provides young individuals with a sense of agency (Humaira & Kartini, 2023; Ririnisahawaitun et al., 2023).

However, the impact of familial discourse on postponing early marriage has diminished over time. Research reveals that by 2017, adolescents increasingly depended on other information sources, such as school-based reproductive health programs and peer networks, hence diminishing their reliance on familial discussions (Humaira & Kartini, 2023). This change underscores a changing environment in the manner in which teenagers obtain information regarding marriage and reproductive health. Notwithstanding this trend, familial dynamics are essential, especially in rural communities where cultural norms around early marriage and childbearing are frequently transmitted throughout generations. Families generally serve as gatekeepers, influencing perceptions and decisions about marriage within their cultural framework (Lubis et al., 2024; Rahiem, 2020). Consequently, while family planning dialogues may have diminished in statistical significance, promoting reproductive health communication, both within families and through wider channels, is crucial for postponing marriage and enhancing teenage welfare.

Legal Reform on Minimum Marriage Age, Progress, and Remaining Challenges

The legal reform in Indonesia, which raised the minimum marriage age for females to 19 by Law Number 16 of 2019, signifies a substantial progression in fostering gender parity and safeguarding adolescent rights. Notwithstanding this advancement, obstacles persist in the implementation of these policies. Following the reform, numerous publications have noted a rise in judicial approvals for minor weddings, particularly in areas where socio-economic pressures endure (Hamidin & Alfitri, 2021; Idrus, 2022; Fitriana et al., 2022). This phenomenon reveals a disparity between formal legal frameworks and the prevailing customary norms that uphold early marriage, frequently contextualised within concepts of familial honour or economic stability (Efrinaldi et al., 2023; Rismana et al., 2024).

The entrenchment of societal tendencies for early marriage inhibits the enforcement of legal requirements. Research indicates that legal reforms alone are inadequate without a corresponding transformation in public attitudes. Numerous research indicate that the persistence of early marriage practices diminishes the supposed protective effects of such reforms (Rismana et al., 2024). To effectively address these difficulties, comprehensive methods must be implemented, encompassing public education activities, community participation, and empowerment programs aimed at child

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(Bukido et al., 2023; Supraptiningsih, 2021). Addressing broader socio-economic issues, including poverty and insufficient educational opportunities, is essential for the effective realisation of rights for child females (Hamidin & Alfitri, 2021; Ropei et al., 2022).

For legislative frameworks to be effective, they must be reinforced by multi-tiered techniques, encompassing public education, community involvement, and youth empowerment initiatives. As Suhenda (2023) underscores, legislation alone cannot undermine the societal frameworks that perpetuate child marriage. A rights-based approach addressing gender inequality, poverty, and insufficient educational opportunities is essential to guarantee that legislative advancements result in tangible protections for child girls.

This study uses nationally representative data from the IDHS; however, its cross-sectional design limits the ability to draw causal conclusions. Future studies should use longitudinal data to better understand how risk factors develop over time. Including qualitative research could also help explain how family, peers, and community influence early marriage. It is important to assess how Law No. 16/2019 is applied across regions and whether it is effective in delaying marriage age. The results of this study highlight key actions: ensuring access to quality secondary education, targeting rural and low-income communities with tailored programs, strengthening youth-friendly health services, and enforcing legal regulations with clear guidelines and fair implementation.

CONCLUSION

This study found a decline in female child marriage in Indonesia, from 9.15% in 2012 to 7.10% in 2017. Consistently, younger age, low education, rural residence, and poverty increased the risk of early marriage. Behavioral predictors shifted over time—poor STI knowledge and family planning discussions were significant in 2012, while smoking and employment became relevant in 2017, reflecting changing social dynamics. Given these results, targeted policy interventions are needed to reduce and eventually eliminate child marriage in Indonesia. Priorities should include expanding access to secondary and higher education for girls, alleviating poverty through economic empowerment programs, and strengthening sexual and reproductive health education. Moreover, interventions must be responsive to emerging behavioral risks, such as child smoking and early labor force participation, to remain effective in a changing socio-cultural landscape. Future research should explore longitudinal patterns and the impact of digital, cultural, and policy changes on child behavior and marriage trends.

REFERENCES

Antu, J. F., Parvin, K., Sujan, H. M., Mamun, M. Al, & Naved, R. T. (2022). Effect of Rural-Urban Migration on Age at Marriage Among Adolescent Girls in Bangladesh. *Frontiers in Public Health*, *10*(July), 1–7.

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http://aipkind.org

https://doi.org/10.3389/fpubh.2022.840145

Badan Pusat Statistik. (2020). *Pencegahan Perkawinan Anak Percepatan yang Tidak Bisa Ditunda*. https://www.unicef.org/indonesia/media/2851/file/child-marriage-report-2020.pdf

Bappenas. (2017). *Laporan Survei Demografi dan Kesehatan Indonesia*.

Bolarinwa, O. A., Ahinkorah, B. O., Okyere, J., Seidu, A. A., & Olagunju, O. S. (2022). A Multilevel Analysis of Prevalence and Factors Associated with Female Child Marriage in Nigeria using the 2018 Nigeria Demographic and Health Survey Data. *BMC Women's Health*, *22*(1), 1–11. https://doi.org/10.1186/s12905-022-01733-x

Bukido, R., Haris, C., Rosyadi, M. A. R., & Suleman, Z. (2023). Reception of Marriage Age Limit in Marriage Law in Indonesia. *Samarah*, *7*(1), 146–174. https://doi.org/10.22373/sjhk.v7i1.15245

Datta, B. K., Tiwari, A., & Fazlul, I. (2022). Child Marriage and Risky Health Behaviors: An Analysis of Tobacco use Among Early Adult and Early Middle-Aged Women in India. *BMC Women's Health*, *22*(1), 1–14. https://doi.org/10.1186/s12905-022-01781-3

Efrinaldi, Jayusman, & Yenis, M. (2023). Revealing The Dilemma Of Marriage Dispensation Regulations In Indonesia. *Journal Of Islamic Family Law*, *5*(1), 31–46. https://doi.org/www.doi.org/10.37876/adhki.v5i1.113

Elengemoke, J. M., & Susuman, A. S. (2021). Early Marriage and Correlates among Young Women in Sub-Saharan African Countries. *Journal of Asian and African Studies*, *56*(6), 1345–1368. https://doi.org/10.1177/0021909620966778

Hamidin, & Alfitri. (2021). Safeguarding Women's Constitutional Rights in the Judicial Reviews of Marriage Law on the Minimum Married Age Limit. *Mazahib Jurnal Pemikiran Hukum Islam*, *20*(1), 103–142. https://doi.org/10.21093/mj.v20i1.3307

Humaira, R. Z., & Kartini, F. (2023). Early Marriage and Health Risks in Children Born: Scoping Review. *Jurnal Aisyah : Jurnal Ilmu Kesehatan*, *8*(S1), 153–160. https://doi.org/10.30604/jika.v8is1.1633

Idrus, N. I. (2022). Problematizing the Minimum Age of Marriage: The State and Local Perspective on Marriage Dispensation in South Sulawesi. *Jurnal Humaniora*, *34*(2), 159. https://doi.org/10.22146/jh.73661

John, N. A., Edmeades, J., & Murithi, L. (2019). Child Marriage and Psychological Well-Being in Niger and Ethiopia. *BMC Public Health*, *19*(1), 1–12. https://doi.org/10.1186/s12889-019-7314-z

Kementerian PPN/Bappenas, UNFPA, U. (2023). *BERANI untuk Berdaya Better Sexual and Reproductive Health and Rights for All Indonesia (BERANI)*. https://indonesia.unfpa.org/sites/default/files/pub-pdf/ina_unfpa_booklet_final_18_mar.pdf

Kementerian PPN/Bappenas. (2020). *The Consequences of Child Marriage*. Indonesia

Women, Midwives, and Midwifery
https://wmmjournal.org
Publisher: Asosiasi Pendidikan Kebidanan Indonesia (AIPKIND)
http://aipkind.org

and Australia Partnership (MAMPU). https://doi.org/10.1016/S0140-6736(00)94317-4

Kuswanto, H., Oktaviana, P. P., Efendi, F., Nelwati, N., & Malini, H. (2024). Prevalence of and Factors Associated with Female Child Marriage in Indonesia. *PLoS ONE*, *19*(7 July), 1–11. https://doi.org/10.1371/journal.pone.0305821

Lestari, F., & Nurjanah, I. (2022). Impact of Early Marriage on Adolescent Reproductive Health. *AbdimasMu UMTAS*, *1*(2), 81–86. https://doi.org/10.35568/amu.v1i2.2540

Lo Forte, C., Plesons, M., Branson, M., & Chandra-Mouli, V. (2019). What Can the Global Movement to End Child Marriage Learn From the Implementation of Other Multi-Sectoral Initiatives? *BMJ Global Health*, *4*(5), 1–7. https://doi.org/10.1136/bmjgh-2019-001739

Lubis, M., Jureid, J., Defriza, R., Kholijah, S., & Saniah, N. (2024). Social and Economic Impacts of Increasing Early Marriages During the Covid-19 Pandemic: A study in Mandailing Natal and South Tapanuli Districts. *Journal of Islamic Economics Lariba*, *10*(1), 69–82. https://doi.org/10.20885/jielariba.vol10.iss1.art4

Melesse, D. Y., Mutua, M. K., Choudhury, A., Wado, Y. D., Faye, C. M., Neal, S., & Boerma, T. (2020). Adolescent Sexual and Reproductive Health in Sub-Saharan Africa: Who is Left Behind? *BMJ Global Health*, *5*(1), 1–8. https://doi.org/10.1136/bmjgh-2019-002231

Pemerintah RI. (2019). *Undang-Undang Republik Indonesia No 16 Tahun 2019 Tentang Perkawinan*.

Pourtaheri, A., Sany, S. B. T., Aghaee, M. A., Ahangari, H., & Peyman, N. (2023). Prevalence and Factors Associated with Child Marriage, A Systematic Review. *BMC Women's Health*, *23*(1). https://doi.org/10.1186/s12905-023-02634-3

Puriastuti, A. C., Hasanah, W. K., Novembriani, R. P., & Suprobo, N. R. (2024). *Buku Ajar Seksualitas & Kesehatan Reproduksi Perempuan (Anak, Remaja, Wanita Usia Subur Dan Lansia)* (Kramantara (ed.)).

Rahiem, M. D. H. (2020). COVID-19 and the Surge of Child Marriages: A Phenomenon in Nusa Tenggara Barat, Indonesia. *Elsevier*, *January*.

Ririnisahawaitun, Maruli Taufandas, Hariawan Junardi, & Anatun Aupia. (2023). The Effect of Early Marriage Education on the Level of Knowledge of Adolescents about the Impact of Early Marriage. *Caring: Indonesian Journal of Nursing Science*, *5*(1), 40–45. https://doi.org/10.32734/ijns.v5i1.12290

Rismana, D., Hariyanto, Azizah, M., Zakiyah, N., & Hakimi, A. R. (2024). The Controversy on the Minimum Age for Marriage in Indonesia: Factors and Implications. *Journal of Sustainable Development and Regulatory Issues*, *2*(1), 53–66. https://doi.org/10.53955/jsderi.v2i1.21

Ropei, A., Alijaya, A., Hasan, M. Z. A., & Fadhil, F. (2022). Rethinking the Minimum Age of Marriage Law in Indonesia: Insights from Muḥammad 'Ābid al-Jābirī's

Women, Midwives, and Midwifery
https://wmmjournal.org
Publisher: Asosiasi Pendidikan Kebidanan Indonesia (AIPKIND)
http://aipkind.org

Epistemology. *Asy-Syir'ah: Jurnal Ilmu Syari'ah Dan Hukum*, *55*(2), 245. https://doi.org/10.14421/ajish.v56i2.1111

Roy, A., & Chouhan, P. (2021). Girl Child Marriage in Malda District of West Bengal: Snalysis of Prevalence and Socio-Economic Factors. *Vulnerable Children and Youth Studies*, *16*(4), 293–306. https://doi.org/10.1080/17450128.2021.1923878

Rumble, L., Peterman, A., Irdiana, N., Triyana, M., & Minnick, E. (2018). An empirical exploration of female child marriage determinants in Indonesia. *BMC Public Health*, *18*(1), 1–13. https://doi.org/10.1186/s12889-018-5313-0

Sagalova, V., Garcia, J., Bärnighausen, T., Ntambi, J., Sodjinou, R., Zagre, N. M., & Vollmer, S. (2021). Levels and Trends of Adolescent Marriage and Maternity in West and Central Africa, 1986-2017. *Journal of Global Health*, *11*, 1–8. https://doi.org/10.7189/jogh.11.13001

Sarip, Fitriana, D., Syarifudin, A., Romdoni, A., & Multahibun. (2022). Legal Dialectics: Age Limits for Marriage and Political Rights in Indonesia. *Jurnal Hukum Novelty*, *13*(1), 49–64. https://doi.org/10.26555/novelty.v13i1.a19018

Suhenda, D. (2023). *Indonesia still decades away from ending child marriage: Unicef study*. https://asianews.network/indonesia-still-decades-away-from-ending-child-marriage-unicef-study/

Supraptiningsih, U. (2021). Pro and Cons Contestation on the Increase of Marriage Age in Indonesia. *Samarah*, *5*(1), 232–251. https://doi.org/10.22373/sjhk.v5i1.9136

Tsadik, M., Lam, L., & Hadush, Z. (2021). Delayed Health Care Seeking is High Among Patients Presenting With Sexually Transmitted Infections in HIV Hotspot Areas, Gambella Town, Ethiopia. *HIV/AIDS - Research and Palliative Care*, *11*, 201–209. https://doi.org/10.2147/HIV.S210977

UNFPA. (2025). *Child marriage - Frequently Asked Questions*. https://www.unfpa.org/resources/child-marriage-frequently-asked-questions

Unicef. (2023). *Child Marriage*. https://www.unicef.org/protection/child-marriage

Yaya, S., Odusina, E. K., & Bishwajit, G. (2019). Prevalence of Child Marriage and its Impact on Fertility Outcomes in 34 Sub-Saharan African Countries. *BMC International Health and Human Rights*, *19*(1), 33. https://doi.org/10.1186/s12914-019-0219-1