Development of Community-Based Health Communication Models in the Early Marriage Partners

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Abstract — **Rembang Regency is a district in Central Java that has a Child-Friendly District Policy in the form of Regent Regulation No. 22 of 2010 about RAD Kabupaten Rembang Layak Anak. The number of child marriage cases in Rembang Regency was very high where in 2014 the number of child marriages reached 1183 married women under the age of 18 and 44 married men under 19 years (Departemen Agama Kabupaten Rembang, 2014). The high number of child marriages raises various health problems including mothers under the age of 18 who have a 35% to 55% higher risk of giving birth to babies with low birth weight (LBW). The infant mortality rate is 60% higher in mothers who are under 18 years of age. Teenage fertility is an important issue in terms of health and social because it is related to the level of maternal and child morbidity and mortality. This can be anticipated by increasing the participation of adolescents in accessing contraceptives. The purpose of this study was to examine the effectiveness of the community-based health communication model related to contraceptive methods in young married couples in Rembang Regency. This study used Research and Development design. The population in this study were married teenagers in Rembang Regency, while the study samples were married teenagers in Sedan and Kragan Village (as intervention group), Rembang and Sarang (as control group). Quantitative data analysis of this study is univariate and bivariate, while for qualitative data using grounded theory.**

Keywords— Communication, Community Based, Early Marriage

I. INTRODUCTION

Marriage Law No. 1 of 1974 Article 7 states that "Marriage is only permitted if the male has reached the age of 19 years and the woman has reached 16 years". According to Law No. 10 of 1992 concerning the Development of Population and Development of the Prosperous Family, which states that the government stipulates a policy of implementing family planning, marriage is permitted if a male is 21 years old and a woman is 19 years old. Whereas according to article 1 of Law No. 23 of 2002 concerning Child Protection states that "a child is someone who is not 18 (eighteen) years old, including a child who is still in the womb" (UU No. 23 of 2002).

Indonesia, is a country that in several regencies / cities has a Child Friendly City policy (KLA). One indicator is that there is no marriage of a child or marriage under the age of 18 years. But on the other hand, Indonesia also cannot be separated from the incidence of child marriage. According to data from the Ministry of Women's Empowerment and Child Protection (KPP & PA) in the 2012 Indonesian Child Profile, 1.62 percent of girls under the age of 18 in Indonesia are married and never married, while in Central Java there are 1.47 percent of girls under aged 18 years in Indonesia are married and have been married (KPP & PA, 2012).

Rembang Regency is a district in Central Java that has a Child-Friendly District Policy in the form of Regent Regulation No. 22 of 2010 concerning RAD Rembang Layak Anak District (Pemerintah Kabuaten Rembang, 2010). The number of cases of early marriage in Rembang District was also alarming where in 2004 the number of early marriages reached 1183 married women under the age of 18 and 44 married men under 19 years while for Sedan Subdistrict cases of early marriages for married women under 18 years reached 146 people (Departemen Agama Kabupaten Rembang, 2014).

The high number of child marriages raises various health problems including mothers under the age of 18 who have a 35% to 55% higher risk of giving birth to babies with low birth weight (LBW) compared to mothers over the age of 19 years. The infant mortality rate is 60% higher in mothers who are under 18 years of age. The results showed that after children from young mothers survived until the first year, children under 5 years had a 28% greater risk of death. The incidence of morbidity and mortality is caused by poor maternal nutrition,

immature physical and psychological mothers, lack of community access and access to reproductive health services and a high risk of infectious diseases (Nour, 2009). Babies born to mothers aged less than 20 years are also at risk of premature birth, low birth weight (LBW), and congenital abnormalities or defects that have occurred since the pregnancy process (BKKBN, 2010).

LBW cases in Central Java in 2013 according to the Health Profile of Central Java reached 21,573 babies and in Rembang Regency which is also one of the districts with a high rate of early marriages the number of LBW reached 443 infants and in moderate sub-districts the LBW rate was also high where 27 LBW cases (Dinkes Kabupaten Rembang, 2014). In addition to the high rate of LBW couples, early marriage is also one of the contributors to the high infant mortality rate where in Central Java infant mortality cases reach 10.75 / 1000 live birth rates and have exceeded the MDG's limit where 17/1000 live birth rates. Whereas in Rembang, the highest regency the infant mortality rate reaches 125 cases or 13.89 / 1000 live birth rates where for babies 0-6 days there are 62 cases, babies aged 7-28 days 26 cases and babies at the age of 29-4 month reached 37 cases. Whereas Sedan sub-district is one of the sub-districts with the highest infant mortality rate in Rembang Regency where the infant mortality rate reaches 16 cases. Another fact is that female child marriages are encouraged to postpone their pregnancy until the physical and psychological growth and development process ends at the age of 20 (BKKBN, 2010).

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But in Indonesia the percentage of women in the age group 15-19 years who do not use contraception reaches 51.9%. In addition, men's participation in the use of contraceptives is still very minimal. Based on the 2012 IDHS preliminary report, in Indonesia only 2% of married couples use contraception for men. In addition, in Rembang Regency the percentage of active family planning is 80.2% while couples of reproductive age who have family planning are only 38.3% (Dinkes Kabupaten Rembang, 2014) In Central Java with a population of 33,270,207 people (BPS Provinsi Jawa Tengah, 2012) there are 27 , 84% of the total young children who experience early marriage. High cases of early marriage in Rembang Regency

were also offset by high cases of infant mortality where Rembang District was the first in Central Java (Kementerian Kesehatan RI, 2013).

Based on the preliminary study conducted, Lemah Putih Village is one of the villages in Rembang Regency with a high number of early marriage cases which reached 16 cases of early marriage. In addition, the participation of family planning programs is low. This is due to the fact that the area is relatively far and difficult to get access to more health services, as well as the culture and customs that are based on religion. Whereas based on a preliminary study conducted on November 27, 2015 in Lemah Putih Village on 5 early marriage couples there was only 1 couple participating in a family planning program or contraceptive use. This was also offset by the high incidence of LBW experienced by early baby couples where there were cases of babies born with a weight of 1.3 kg and 1.5 kg. For this reason, this study was made to find out the participation of early marriages to family planning, which were seen by couples who participated in family planning programs and those who were not able to help reduce the population growth rate. The purpose of this study was to find out how the early marriage couples' participation in the Family Planning program was made by the government, this was due to their lack of participation and the high infant mortality rate.

Based on these problems, researchers sought to develop a community-based health communication intervention program using the principle of community empowerment. The principles of community empowerment include: 1). Growing community potential, 2) Community contributions to health development, 3) Developing mutual cooperation, 4) Working with communities, 5) Community-based Information Communication and Education, 6) Partnerships, and 7) Decentralization.

Teenage fertility is an important issue in terms of health and social because it is related to the level of maternal and child morbidity and mortality. The 2017 IDHS presents the percentage of women aged 15-19 who have become mothers or are pregnant with their first child according to background characteristics. 2017 IDHS Results The results of the 2017 IDHS show that 7 percent of women aged 15-19 years have become mothers: 5 percent have given birth and 2 percent are pregnant with their first child. The data shows that adolescents are active sex offenders, but still have an understanding of low reproductive health. This can be anticipated by increasing the participation of adolescents in accessing contraceptives. Based on this, the formulation of the problem in this study is how to develop a model of community-based health communication interventions related to contraceptive methods in young married couples?

II. MATERIALS AND METHODS

Research and development according to Gay (1990) is a business or activity to develop an effective product, and not to test the theory. This study examines developing a model of community-based health communication interventions related to contraceptive methods in young married couples. The design of this study can be seen in the following figure:
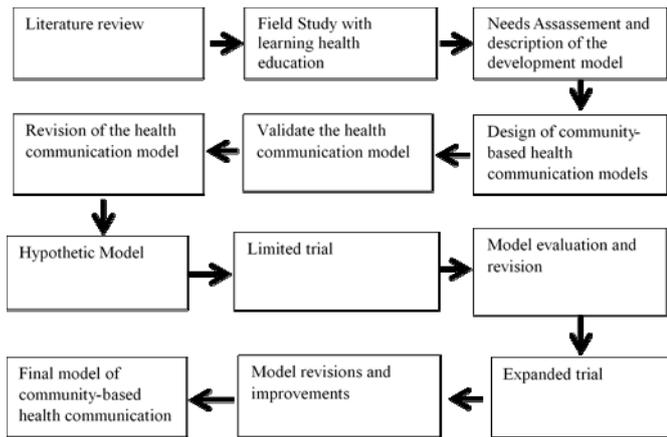
Figure 1. Design of RnD study

For retrieval of research data using quasi-experimental with control design. Baseline activities will be carried out in 4 villages, but only 2 villages will receive intervention. Then endline activities will also be carried out again in 4 villages. The study will also make it possible to observe the long-term effects of interventions after two months without any intervention that has passed in 4 villages. Please see the research schedule below:

Tabel 1. Quantitative Data Collection

Village	May	June	July	Augst
Rembang	B			E
Kragan	B+S	I	I	E
Sedan	B+S	I	I	E
Sarang	B			E

B = Baseline
S = Survey (Selection of Peer Educators)
I = Intervention (Program Implementation)
E = Endline

Qualitative data collection is carried out by means of Focus Group Discussion (FGD) which will involve participants as follows:

• Young married couples (4 boys and 4 girls)

• KB reach staff (2 people)

• Representatives of religious leaders (2 people)

• BKKBN Representative (2 people)

• Health center representatives (2 people)

• Representative of Health Service (2 people)

Quantitative surveys will be conducted on young married couples in the intervention and control villages:

• Kragan Village (30 people)

• Sedan Village (30 people)

• Rembang Village (30 people)

• Sarang Village (30 people)

The baseline activity will consist of quantitative and qualitative methods. For the questionnaire, participants will be given a copy of the questionnaire and asked to complete it at the agreed time. Four participants will be selected by the research team for the FGD. Participants will be randomly selected from the attendance list. The discussion will be led by a research team. This FGD will be guided by a series of pre-determined questions that cover issues regarding reproductive health and contraception.

Endline activities use questionnaires and FGD guidelines that are the same as the baseline stage. Endline will be done after the intervention to see how the intervention model works in the community. The results will be analyzed compared to the control villages.

The collected data will be analyzed using descriptive statistics, inferential statistics, and qualitative descriptive approaches. The results of the FGD and in-depth interviews were qualitative data. Therefore, the data will be analyzed using a qualitative descriptive approach. The majority of data from questionnaires will be entered into excel spreadsheets and analyzed through descriptive statistics and inferential statistics.

III. RESULT AND DISCUSSION

From the results of qualitative research, it is known that the main problems faced by adolescents in Rembang are the problem of female circumcision, drugs, HIV-AIDS, violence, and reproductive health problems. Permasalaan reproductive health consists of courtship behavior that leads to sexual behavior, unwanted pregnancy, child marriage, and low contraceptive participation in couples of childbearing age. These problems will lead to an increase in fertility rates in adolescents. The analysis of the diagram is presented in the figure 2.

From the figure 2 it is known that the causes of these problems are due to adolescent factors, parental factors, community cultural factors, and economic factors. The low level of knowledge of adolescents, parents, and the community is thought to be a major factor in the high reproductive health problems in adolescents including the low use of contraception in couples of childbearing age. In addition, there is also a culture that considers contraceptive use to conflict with religious values.
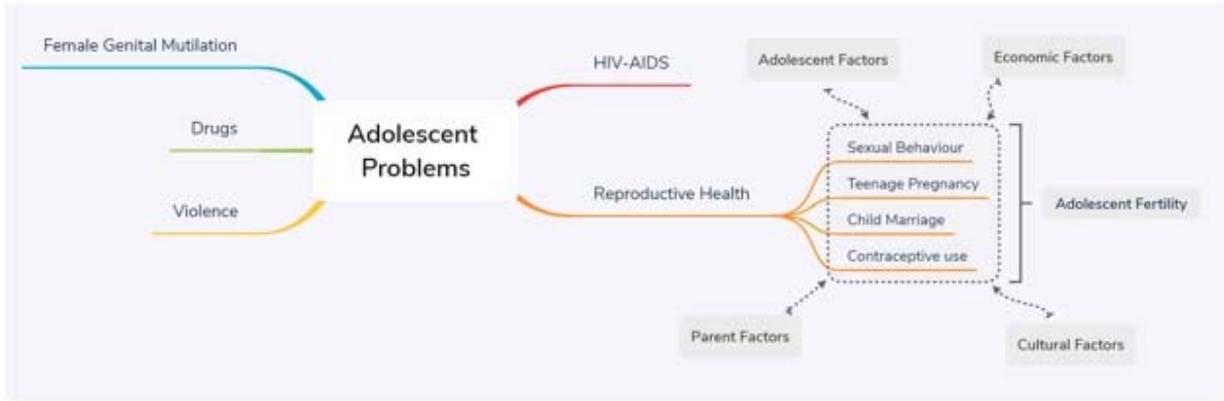
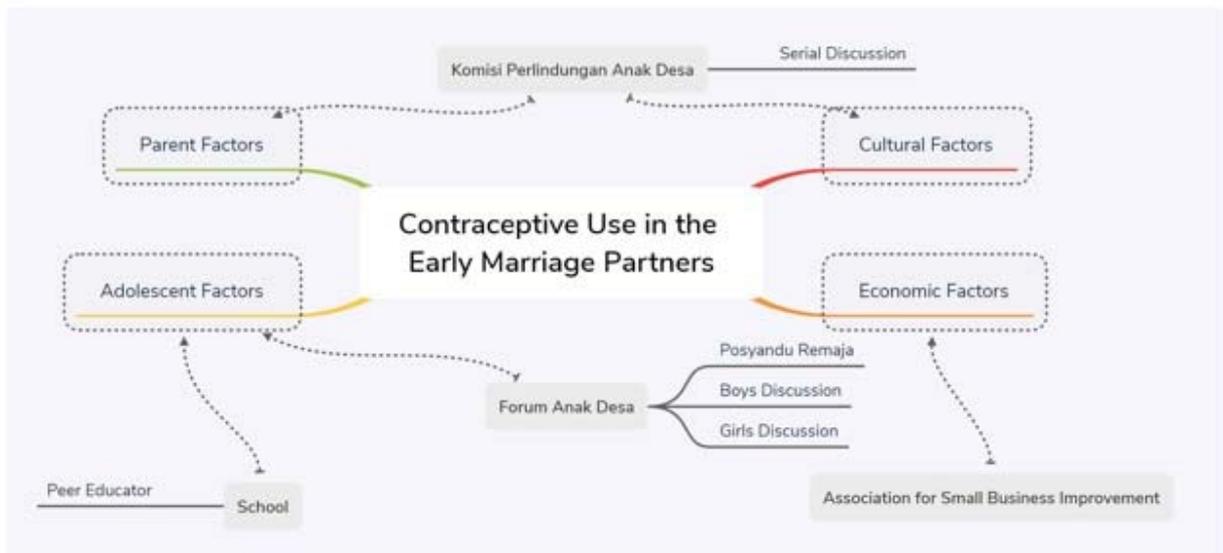Figure 2. Word Tree Analysis of Adolescents Problems in Rembang Regency

Figure 3. Analysis of Word Tree Development of Community Based Health Communication Model

From the results of the study found the potential of social capital to overcome these problems. Social capital is a resource that is owned by the community in the form of norms or values that facilitate and build cooperation through a harmonious and conducive network of interaction and communication. Thus the health communication model that is suitable is developed using a social bounding approach. Social bounding is, the type of social approach with the characteristics of a strong bond (the existence of social glue) in a social system. Social bounding is generally in the form of values, culture, perceptions, and traditions or customs.

There are three elements, components, resources and important elements in the development of a community-based communication model, namely trust, values and norms and networks. Trust is the hope that grows in a society that is shown by the existence of honest, orderly, and cooperative behavior based on shared norms. Values and norms are the basic things found in the process of social interaction. Values and norms refer to how individuals should act in society. Norms are formed through tradition, history, charismatic

figures who build a procedure for the behavior of a person or a group of people, in which rules will arise which can govern personal interests and group interests. The network is formed because it comes from the same region, similar political or religious beliefs, genealogical relationships, and others. The formation of community networks for model development needs to be organized in a container with special treatment.

The models developed in this study are health communication through the Forum Anak Desa (Village Children Forum), Komisi Perlindungan Anak Desa (Village Children Protection Commission), Peer Educators in Schools, and Association for Small Business Improvement. Activities in Forum Anak Desa are in the form of Posyandu Remaja, Reproductive Health Discussion for Boys, and for Girls. Activities in the Komisi Perlindungan Anak Rembang are in the form of a series of discussions about the pattern of adolescent care, adolescent problems, serve complaints and services if there are problems experienced by adollescent. Peer educator activities in the school include the selection of peer educators, counseling, education, and group discussions. For

economic problems carried out with business development utilizing existing local potential.

IV. CONCLUSION

The health communication model that is suitable is developed using a social bounding approach The models developed in this study are health communication through the Forum Anak Desa (Village Children Forum), Komisi Perlindungan Anak Desa (Village Children Protection Commission), Peer Educators in Schools, and Association for Small Business Improvement.

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