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Are Parents the Key to Preventing Unwanted Early Marriage Among Teenagers? A Qualitative Study in Batangtoru District

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Abstract

Background: *Early marriage remains a significant public health and social issue in Indonesia, particularly among adolescents. In Batangtoru District alone, 32 cases of early marriage were reported in 2024. Early marriage is closely linked to negative consequences such as school dropout, maternal health complications, and increased risk of psychological issues. The role of parents is crucial in equipping adolescents with reproductive health knowledge and in supervising their relationships to prevent early marriage.*

Objective: *This study aims to explore how parents fulfill their roles in preventing early marriage among adolescents in Batangtoru District, focusing on reproductive health education and monitoring of relationships with the opposite sex.*

Method: *A qualitative research design with a phenomenological approach was employed. Data were collected through in-depth, semi-structured interviews with five adolescent informants aged 15–18 and five parent informants. Thematic analysis was used to identify patterns in parental involvement and its perceived impact.*

Results: *The findings revealed that parents provided only limited reproductive health information, mostly restricted to menstruation and hygiene, and offered inconsistent supervision of adolescents' interactions with the opposite sex. This lack of comprehensive education and structured oversight contributed to adolescents' limited understanding of reproductive risks and allowed space for early sexual relationships, increasing the likelihood of early marriage.*

Conclusion: *Parental roles in preventing early marriage remain underutilized due to limited knowledge, cultural taboos around sex education, and economic constraints. Strengthening family-based interventions, especially those that enhance parent-adolescent communication and reproductive health literacy, is essential for reducing the incidence of early marriage.*

INTRODUCTION

Reproductive health is a vital aspect of overall well-being and includes the ability to have a responsible, satisfying, and safe sex life. One of the most critical components of reproductive health is adolescent reproductive health (ARH), as adolescence marks a transitional phase filled with physical, emotional, and social changes. Various initiatives have been undertaken to equip adolescents with adequate knowledge, raise awareness of healthy attitudes, and encourage responsible sexual behavior. These efforts include school-based education programs, youth-friendly counseling services, and access to accurate reproductive health information.

However, ARH in Indonesia still faces significant challenges. Key issues include the lack of comprehensive information available to adolescents, shifting patterns in sexual behavior, inadequate adolescent-friendly health services, and weak legal protection. Compounding these problems is the rise in juvenile delinquency, including sexual risk behavior, sexual violence, and substance abuse, which further highlights the need for more intensive interventions. In this context, parents play a central role in guiding and protecting adolescents from harmful behaviors. Strengthening family engagement is crucial to ensure that Indonesia's younger generation grows into healthy and productive citizens (Dungga & Ihsan, 2023).

One of the most pressing reproductive health concerns among adolescents is early marriage. Early marriage is defined as a marriage that occurs before the age of 18 and often involves coercion or social pressure. Although laws in many countries, including Indonesia, set a legal minimum age for marriage, this practice continues to occur due to deeply rooted cultural norms, economic hardship, limited access to education, and lack of awareness about children's rights and reproductive health (Putri, 2025).

In Indonesia, marriage involving individuals under the age of 19 is legally classified as early marriage. The government has responded to this issue by revising its legal framework, most notably through Law No. 16 of 2019, which amends Law No. 1 of 1974 on Marriage. This law aims to protect children's rights and prevent the harmful consequences of early marriage. It stipulates that both males and females must be at least 19 years old to marry legally, and if they are younger, a marriage can only proceed with parental consent and court approval. The goal is to reduce the prevalence of early marriage and promote awareness of the importance of physical, emotional, and financial readiness before entering marital life (Sari, 2025).

Globally, early marriage poses serious health risks, particularly for adolescent girls. Complications related to pregnancy and childbirth are the leading cause of death among girls aged 15–19. In Indonesia, approximately 85% of adolescent girls drop out of school after getting married. This decision is often driven not only by cultural expectations but also by a lack of educational and economic opportunities. Girls with lower education levels are less prepared for the responsibilities of adulthood and face difficulties in contributing meaningfully to their families and communities. Early marriage imposes adult roles—such as being a wife, sexual partner, and mother—on girls who are psychologically and socially unprepared for them. Furthermore, studies in countries such as India have shown that early marriage is significantly associated with increased rates of intimate partner violence (Amelia, 2025).

The current state of adolescent health cannot be separated from the quality and accessibility of reproductive health information available to young people. Adolescents with sufficient knowledge of reproductive health—such as the anatomy and function of reproductive organs, menstrual health, contraception, and sexually transmitted infections—are better equipped to make informed decisions about their bodies and relationships. Proper reproductive health education plays a key role in preventing early pregnancies, sexual exploitation, and the spread of infections. As such, it is essential to

promote reproductive health literacy through formal school curricula, community outreach programs, and supportive public policies that reflect the realities and needs of adolescents.

METHOD

Research Design

This study employed a qualitative research design with a phenomenological approach, which is particularly suited for exploring the subjective experiences, perceptions, and meanings that individuals attach to specific phenomena. Phenomenology focuses on how participants make sense of their lived experiences, making it appropriate for studies on sensitive issues such as reproductive health in adolescents. This approach allows the researcher to engage deeply with participants to uncover rich, descriptive insights that cannot be captured through quantitative methods. By prioritizing participants' voices and perspectives, phenomenological research provides a nuanced understanding of the emotional, social, and contextual dimensions of their experiences.

Data and Data Sources

The population in this study includes two key groups: adolescents as the primary informants, and their parents as key informants who provide supporting perspectives. The adolescents were selected based on specific inclusion criteria: aged between 15 and 19, currently enrolled in or recently graduated from school, and willing to share their experiences and views on reproductive health-related topics. Parents were selected if they were directly involved in their adolescent children's upbringing and consented to participate in the study.

Purposive sampling was used as the sampling technique, enabling the researcher to deliberately select individuals who possess the knowledge and experiences relevant to the research focus. The total number of informants was not predetermined but instead guided by the principle of data saturation—the point at which no new information, themes, or categories emerge from ongoing data collection. This method ensures that the findings are comprehensive and grounded in participants' realities.

Instrument Development

The main research instrument was a semi-structured interview guide, developed by the researcher to align with the study objectives. The interview guide consisted of a series of open-ended questions designed to elicit deep, reflective responses about reproductive health awareness, perceptions of early marriage, parental roles, and decision-making processes. Questions were arranged thematically, allowing for flexibility in the conversation while maintaining focus on the research problem.

The development of the instrument was informed by an extensive literature review on adolescent reproductive health, national legal frameworks, and prior qualitative studies with similar populations. To ensure content validity, the interview questions were reviewed and refined with input from two qualitative research experts and a senior reproductive health practitioner. The language was adjusted to be age-appropriate and culturally sensitive, particularly considering the potential vulnerability of adolescent respondents.

Instrument Development Process

The interview guide was constructed through several stages. First, the researcher identified key themes from existing literature, such as knowledge about reproductive health, sources of information, perceptions of early marriage, and communication within families. From these themes, question prompts were drafted and then revised in consultation with academic supervisors and practitioners in adolescent health. Trial interviews were conducted with peers to assess the wording, tone, and logical flow of

questions. Final revisions were made to ensure clarity, neutrality, and the ability to generate meaningful responses across a range of participant experiences.

Data Collection

Data collection was carried out through in-depth, semi-structured interviews conducted face-to-face in locations that were comfortable and safe for participants, such as their homes or a private room in a community center. Each interview began with a short introduction and explanation of the study's aims, followed by informed consent procedures. Adolescents were interviewed first to allow them to express their views independently, and their parents were later invited to share their perspectives.

Interviews were conducted in the local language, audio-recorded with permission, and accompanied by field notes capturing non-verbal cues and contextual observations. Each session lasted between 45 minutes to 1.5 hours, depending on the depth of the responses and participant engagement. The researcher maintained a flexible approach during interviews, allowing participants to elaborate on topics they deemed important. Transcription was done verbatim shortly after each interview to preserve data integrity. Interviews continued until thematic saturation was achieved, meaning that no new insights were being generated from additional data.

Data Validation

To ensure the credibility, trustworthiness, and rigor of the study, several validation strategies were employed. First, triangulation was used by comparing data from adolescents and their parents to cross-verify perspectives. This helped to confirm key findings and contextualize individual responses within family dynamics. Second, member checking was conducted with selected participants, where summaries of the researcher's interpretations were returned to them for feedback and confirmation. This process helped to ensure that the findings accurately reflected participants' intended meanings.

The researcher also engaged in peer debriefing by discussing emerging themes, patterns, and interpretations with supervisors and qualitative research peers. These discussions served to challenge assumptions and reduce potential bias. Additionally, the researcher practiced prolonged engagement with the study context to build trust with participants and ensure rich, authentic data collection. Audit trails were maintained through detailed documentation of decisions made during data collection and analysis.

Data Analysis

Data were analyzed using thematic analysis, a process that involves identifying, organizing, and interpreting patterns of meaning within the data. The process began with multiple readings of each transcript to develop familiarity with the content. The researcher highlighted key phrases, statements, and narratives that were relevant to the research objectives. These were then coded manually and organized into preliminary categories that reflected similar ideas or concerns.

From these categories, broader themes were developed by identifying relationships and contrasts within and across interviews. The researcher used diagrams and visual concept maps to explore connections between themes and to develop a coherent structure for presenting the findings. Themes were not only described but also interpreted in relation to existing literature and theoretical frameworks.

Throughout the analysis, the researcher maintained reflexivity, acknowledging personal perspectives and remaining aware of how these might influence interpretation. This reflective stance helped ensure that the participants' voices remained central to the findings and that interpretations were grounded in the data rather than researcher bias.

Figure 1: Batangtoru District

RESULT

The results of this study found 5 teenagers who experienced early marriage with the following criteria:

Table 1. characteristics of the main informants

Informant	Age	Last education	Father's occupation	Mother's Job	Village Domicile
1	15	SMP	Farmer	Housewife	Hutagodang
2	17	SMP	Farmer	Housewife	Hutagodang
3	16	SMP	Self-employed	Farmer	Garoga
4	17	SMP	Farmer	Farmer	Garoga
5	18	SMP	Self-employed	Farmer	Garoga

Table 2. characteristics of key informants

Informants	Age	Gender	Last education	Village Domicile
1	40	Woman	SMP	Hutagodang
2	36	Woman	SMP	Hutagodang
3	35	Woman	SMP	Garoga
4	37	Woman	SMP	Garoga
5	38	Woman	SMP	Garoga

The findings of this study revealed that the role of parents in adolescent reproductive health could be categorized into two core subthemes: (1) provision of reproductive health information, and (2) monitoring of adolescents' relationships with the opposite sex.

Provision of Reproductive Health Information

All adolescent informants reported receiving some form of reproductive health information from their parents. However, this information was generally limited in scope, focusing mainly on puberty and menstruation. For instance, Informant 1 stated:

> *"All I remember was being told to change sanitary napkins every 3 hours a day even though they were not full, to drink herbal medicine, and to maintain cleanliness. It was definitely explained during lessons. The health center also told me, sis."*

This statement illustrates that adolescents were taught practical hygiene related to menstruation, but lacked broader education on issues such as fertility, contraception, emotional development, or sexual behavior. Other informants corroborated this, indicating that they received only fragmented and superficial information.

Parents, as key informants, confirmed that the reproductive health education they provided was mostly limited to discussing physical changes during puberty. Informants also recalled that additional information was sometimes provided through community health outreach or school programs**,** though these tended to reinforce basic biological concepts rather than address deeper psychosocial or sexual health topics.

Monitoring Relationships with the Opposite Sex

Regarding the supervision of romantic and sexual relationships, adolescent informants reported that parental monitoring was minimal and inconsistent. Informant 5 shared:

> "Some of my close friends told me, the ones who are like me usually talk about holding hands, kissing, that's it, sis. It's considered normal for young people today."

Meanwhile, Informant 4 added:

> "I wasn't told, sis, but on average here we don't meet until the evening. If we're dating, where do we go?"

Although some parents imposed general rules—such as curfews or prohibitions on dating—these were often unenforced or gradually relaxed as adolescents grew older. Informant 2 noted:

> "You were only told to be more careful with boys. Your mother strictly forbade you from having relationships with boys."

These findings suggest that parental guidance on dating or sexuality tended to be moralistic rather than communicative or educational, and did not include dialogue on emotional readiness, sexual consent, or safe behaviors. Parental constraints were typically vague and reactive, with no clear structure for supervision or open communication.

Additionally, many parents acknowledged their limited capacity to monitor their children**,** citing time constraints and financial pressures as barriers to fulfilling their protective and educational roles effectively.

DISCUSSION

The findings indicate that while parents are recognized as primary sources of reproductive health information and supervision, their actual engagement **is** limited in both scope and effectiveness**.** This gap can be attributed to several interrelated factors, including

cultural norms, lack of knowledge or comfort with reproductive health topics, and socio-economic constraints.

The limited provision of reproductive health information within families reflects a narrow conceptualization of the topic, wherein reproductive health is equated with puberty and menstruation management, particularly for girls. This aligns with earlier studies (Astika, 2025) that emphasize how family roles in reproductive education are often underdeveloped, especially in communities where open discussions about sex are culturally taboo. As a result, adolescents are left without adequate knowledge to make informed decisions, increasing their vulnerability **to** premarital sex, unintended pregnancy, or early marriage.

Inadequate supervision and vague restrictions on adolescent relationships further compound this vulnerability. Although some parents attempted to enforce curfews or issue general advice, the absence of consistent monitoring or open communication leaves adolescents to navigate their relationships independently. According to Aisyaturridho (2025), such a lack of structured guidance and oversight contributes to risky behaviors and early pregnancies, especially among adolescents who face pressure from romantic partners.

The findings also reflect a breakdown in the protective and affective functions of the family. Many parents—especially in lower-income households—reported being too busy or too fatigued from work to engage with their children meaningfully. These structural issues reflect broader socio-economic dynamics and reinforce the importance of systemic support for family education, including parental capacity-building programs.

Furthermore, the findings resonate with Nur et al. (2025), whose community-based research in Pawindan Village found that economic hardship and cultural traditions are two of the leading drivers of early marriage. Without strong family-based reproductive education and supervision, adolescents may view early marriage as a pathway to emotional security, social acceptance, or economic stability—even if they are not psychologically or biologically ready.

In this context, family education is not merely about sharing information; it is about shaping values, attitudes, and decision-making capacities over time. Strengthening this function requires intentional strategies, including parent-child communication training, community education campaigns, and integration of family engagement into reproductive health programs.

Ultimately, the findings underscore the urgent need for multisectoral interventions—involving health services, education systems, and community leaders—to empower families as key actors in adolescent reproductive health promotion. Only through collective, coordinated efforts can the risks of early marriage, reproductive health complications, and generational cycles of poverty be meaningfully reduced.

CONCLUSION

Novelty and Contribution

Based on the results and discussion, it can be concluded that the role of parents in preventing early marriage in Batangtoru District remains suboptimal, both in providing reproductive health information and in monitoring adolescents' relationships with the opposite sex. The findings indicate that parents only offer limited education on puberty—particularly menstruation—and tend to impose normative restrictions without deeper explanation regarding the sexual and psychosocial risks faced by adolescents. This study makes an important contribution by identifying communication and educational gaps within the family unit and reinforces the urgent need for systemic approaches that position families as key agents in early marriage prevention efforts. The novelty of this study lies in

its narrative exploration of the lived experiences of adolescents and parents within a rural context, which is often overlooked in national-level policy interventions.

Limitations

This study has several limitations. The sample size was relatively small and focused only on one district, limiting the generalizability of the findings to other regions that may have different socio-economic and cultural contexts. Furthermore, the study did not deeply explore adolescents' internal psychological dynamics or other external influences, such as the role of social media, schools, and religious institutions, all of which may shape adolescents' decisions regarding early marriage.

Implications and Recommendations

This research carries important implications for the development of family-based intervention programs aimed at preventing early marriage. Active parental involvement is needed through intergenerational communication training, enhanced reproductive health literacy, and the creation of safe and inclusive spaces for open dialogue between parents and adolescents. Specific recommendations include: first, the health and education authorities should develop reproductive health education modules that position parents as key facilitators. Second, collaborative efforts among schools, local health centers, and community leaders are essential in establishing structured systems to monitor adolescent sexual behavior. Third, future research is encouraged to explore in greater depth the dynamics of family roles, gender factors, and community influences in shaping adolescent marriage decisions.

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