

Childbirth Problems Were the Impact of Early Marriage on Buton Tribe Girls

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Abstract. Until now, early marriage is still a phenomenon that is often found in Indonesian society, especially in rural areas or known as traditional society. Based on the preliminary results, it was found that two informants experienced the worst impact of early marriage when the baby died at birth and at the age of 1.5 years. The purpose of this study was to obtain information, study, and analyze in depth the impact of early marriage on childbirth problems of Butonese teenage girls in Simi Village, Waisama District, South Buru Regency. This type of research is qualitative, with a case study approach as the research method used. Qualitative research was used to examine the impact of early marriage on the health of Butonese teenage girls through in-depth interviews, observation, and documentation during the study. The results of this study found that most of the ordinary informants had performed the post ritual (pingitan), but most of the informants still felt the health effects of getting married at a young age. Most of the seven regular informants experienced health problems, namely labor problems, prolonged and infant health problems at birth, death in infants, low birth weight (LBW), and not exclusive breastfeeding. The conclusion of this research is that early marriage has a negative impact on the problem of childbirth for young women of the Buton tribe, both adolescents who do the posuo ritual and those who do not.

Keywords: pusuo culture; early marriage; Buton tribe; girl

1. Introduction

Child marriage, often called early marriage, has long been known and widespread in all parts of the world [1]. Early marriage is carried out under 18 before the daughter is physically, physiologically, and psychologically ready to assume the responsibilities of marriage and child care [2]. The Marriage Law No.1 of 1974 states that a prospective groom may marry when he is 19 and the bride-to-be is 16. However, from the point of view of health science, both physically and psychologically, the ideal age for marriage is 25 years for men and 21 years for women [3].

In the Buton tribe itself, the maturity of a woman is marked by a celebration of the Posuo traditional party, which in Indonesian is called pingitan or confinement. Posuo is carried out on girls who have entered adulthood between the ages of 14 and 19 or have experienced menstruation [4]. The posuo ritual is a sign of transition for a woman from a teenage girl (Kabua-bua) to an adult girl (kalambe). Posuo is followed by a girl who has menstruation as a sign that the girl is ready for marriage or marriage. Girls who perform posuo will usually be confined in a special Suo room for eight days and eight nights [5].

A woman's readiness to marry, get pregnant, and give birth or have children is determined by her physical readiness (body growth). In addition to physical readiness, women must also have Psychological (mental and mental) readiness. According to Kartikawati (2015), early marriage impacts adolescent reproductive health. Girls aged 10-14 years are potentially five times more at risk during pregnancy and childbirth than women aged 20-25 [2].

Child marriage can cause various health problems where mothers under 18 have a higher risk of giving birth with low birth weight (LBW), premature birth, congenital abnormalities or defects during pregnancy, and increased maternal morbidity and mortality. And infants compared to mothers who gave birth over 19 years. Morbidity and mortality can be caused by poor maternal nutrition

during pregnancy, maternal physical and psychological immaturity, lack of access to health services, and infectious diseases [6].

Mubarok expresses the same thing that marriages under the age of 20 have a greater risk of giving birth to children with LBW compared to women over 20 years of age [7]. According to Meihartati (2015), there is a relationship between early pregnancy and preterm labor [8]. The negative impact on the health of child marriage is the occurrence of LBW babies, hyperemesis, anemia, and problems with exclusive breastfeeding that are not fulfilled to the range of maternal and infant mortality [9].

Data from various districts or cities in Indonesia shows that early marriage occurs in almost every region. One of them is Simi Village. In the village, which is located in Waisama District, South Buru Regency, whose people are dominated by the Buton Tribe, still many teenagers choose to marry at a young age due to various factors. Based on an initial interview with an employee of the Religious Office of Waisama Subdistrict, South Buru Regency, he said that in January, there were 3 cases of early marriage, one of which was pregnancy out of wedlock, and there were still many cases that had not been or were not reported [10].

The Indonesian Population Data (SDKI) in the BKKBN (2019) is 36 per 1,000 births for births aged 15-19 [11]. Several research results strengthen the strength of child marriage, which is shown by the data that Indonesian people, especially those living in rural areas, still hold strong socio-religious values that justify the tradition of young marriage. According to the Directorate of People's Welfare Statistics (2015), the percentage of ever-married women aged 20-24 who were married before the age of 16 is less, but after reaching the age of 16 until before the age of 18, the percentage is getting bigger. The increase in marriage after girls reach the age of 16 shows that marriage for girls aged 16 and 17 is still rampant in Indonesia [12].

Based on the results of initial interviews with four informants who carried out early marriages about the Impact of Early Marriage on Young Women of the Buton Tribe in Simi Village, it was found that, on average, they were married at the age of 16 and only one informant married at the age of 17. Informants revealed fear and worry when they decided to get married. Because their prospective husbands do not have a job, and there is a negative view of society because they are married at a very young age and are worried about the risks of pregnancy and childbirth that they will experience. Two informants experienced the impact of early marriage; their first child died before birth and when the child was 1.5 years old. On average, the informants currently have 2-3 children, based on the extraordinary health impact of early marriage on young women and seeing the phenomenon of early marriage that still occurs in Simi Village, Buru Selatan District, researchers are interested in exploring and analyzing more deeply the impact of early marriage on childbirth in Buton Tribe girls Simi Village, Waisama District, South Buru Regency.

2. Research Method

The research used is qualitative research with a case study approach. Qualitative research is used to examine the impact of early marriage on the health of the young. Women through in-depth interviews, observation, and documentation during the study. When this research was conducted in April-July 2020, the research location was carried out in Simi Village, Waisama District, South Buru Regency.

2.1 Sources and Data Collection

Primary data: Primary data from informants will be obtained through in-depth interviews (with interview guidelines), observations with adolescents who perform early marriages, and certain people who can provide information from the data researchers want regarding early marriage's impact. Secondary data: Secondary data required in this study were obtained from the KUA Office of Waisama District, South Buru Regency. Observation techniques carried out data collection: The observation method is used to observe the informant's social situation as a form of triangulation at the

method level to validate the data obtained by in-depth interviews. Also, the researcher uses the documentation method with a tape recorder or cellphone and camera to collect data in the form of images of the environment where the research is conducted, researchers and informants at the time of the interview, voice recordings of researchers and informants during the interview process, and writings from the conversations of informants that were missed during recording.

2.2 Population and sample

The method of selecting subjects or informants in this study was carried out using purposive sampling. That is, informants are selected based on the criteria chosen by the researcher to answer the problems in the study. Through the researcher's consideration, the informants in this study were key informants; traditional figures are people who understand the traditions and customs of the Buton tribe community, can provide information about the posuo ritual, and are willing to become informants. Religious figures who become informants can provide information about early marriage among young Bhutanese women in Simi Village, Waisama District, South Buru Regency, and are willing to become informants. Health workers are rich in information about the health effects of early marriage, so they can provide in-depth and accurate information about the impact of early marriage on childbirth for young women in Simi village and are senior midwives.

Ordinary informants were selected based on the inclusion criteria: young women of the Buton tribe who performed early marriages could provide the information the researchers needed and were willing to become informants. Supporting informants in this study were the families of young women, namely people who were close and knew everything related to adolescents who had early marriages and were ready to become informants.

2.3 Data analysis

Data validity checks are carried out so that the data obtained in qualitative research can be maintained. To check the validity of the data, triangulation is used to find out the truth of the same information from several sources with different methods, namely, Triangulation of data sources, triangulation of methods or techniques, and time triangulation.

3. Results and Discussion

3.1 Informant Data

The number of informants obtained was 11, consisting of 3 key informants, one male and two female, one female support informant, and seven regular informants, namely adolescents who performed early marriages in Simi village. The results showed that the informant's education level was low, where the average teenager who had early marriage was an elementary school graduate of 7 regular informants, four were educated up to Elementary school level (elementary school) and 3 educated up to junior high school level (junior high school). The low level of education obtained by adolescents embarrassed by early marriage will affect their low health knowledge, especially knowledge of the risks of pregnancy and childbirth at a young age and the baby's health. At an early age, it can also be seen in the table that there are informants who were married at the age of 15 (2 people), 16 years (3 people), and 17 years (2 people).

The results of qualitative data analysis on the impact of early marriage on the health of Butonese adolescent girls are:

Informants 1

At the time of delivery, M was assisted by a dukun beranak (starter); there was no problem in the delivery process, and everything went normally, following the informant's statement:

"The condition of my child at birth is fine; the time is not too long" (M 21 years)

The condition of the baby at birth was also healthy. There were no complaints following the

statement of the informant:

"The child's condition at birth is fine" (M 21 years)

M's first child is approximately four years old, healthy, and has started PAUD school. Baby M does not get exclusive breastfeeding because milk production is not smooth, and the baby often cries. For that reason, M did not provide exclusive breastfeeding to the baby, as revealed by the informant:

"One-month-old has been given food in the form of bananas and drinking water because if breastmilk is not enough, the baby also often cries. Therefore (M 21 years)

M started to provide complementary food, namely bananas, when the baby was one month old, with the excuse that if the mother's milk was not enough to make the baby full, M gave complementary food because the baby was crying. The same thing was done for her second child; when she was four months old, she gave complementary food to ASI in the form of mashed boiled cassava.

Currently, M chooses to use contraceptives to suggest her pregnancy. The family planning used by M is the 3-month injection; the reason M chose injection contraception is so she doesn't forget easily, such as using pill contraceptives following the informant's statement:

"Using 3-month injection of contraception, because if you use other birth control such as pills, you usually forget to minimize it" (M 21 years)

M has never obtained the socialization of the impact of early marriage, as stated:

"Never before" (M 21 years)

M did not perform the posuo ritual and experienced no problems during pregnancy, labor, and delivery. The baby's condition was also in good health, but M could not provide exclusive breastfeeding to her baby then. So indirectly, there is no significant health impact experienced. By M, even though she was married at a young age and did not practice posuo (confinement or seclusion).

Informant 2

Mothers who give birth at an early age are worried about having health problems at the time of childbirth; however, D said that at the time of delivery, everything was fine, and there was no problem following the informant's statement:

"Give birth well, no problem" (D 23 years)

Baby D's health at birth is in good health. However, at the age of 5 months, baby D often had a cough and shortness of breath; the condition lasted until baby D was 1.5 years old and finally died of shortness of breath at the age of 1.5 years, as stated by the informants:

"At birth, the baby was in good health, but at the age of 5 months, his health began to be disturbed, coughing accompanied by shortness of breath; this condition continued until the age of 1.5 years, and finally, my baby died from shortness of breath at the age of 1.5 years" (D 23 years)

D did not give exclusive breastfeeding to his baby because the milk had not yet come out when he gave birth, so water was an alternative to breast milk besides plain water. D also provided complementary food in the form of bananas when the baby was one week old, as stated:

"Immediately after delivery, breast milk cannot be produced, so for a while, my baby is given plain water; after breastmilk has been produced, my baby is given breast milk; apart from plain water, I also give food in the form of bananas when my baby is one week old because if not, being fed he often cries "(D 23 years)

There should be no reason not to give exclusive breastfeeding to babies until the age of 6 months; babies are often managed not only because of hunger but also because of many other factors that make babies often managed at infancy. The insufficiency of exclusive breastfeeding is based on the mother's lack of knowledge about the importance of exclusive breastfeeding for infant health. It can be seen from education D, which only graduated from elementary school. Currently, D uses pill contraceptives, but previously, D used injectable contraceptives. However, during the use of injection contraceptives, she felt that her weight continued to increase and had problems during menstruation, so she switched to pill contraceptives; the informant stated:

"At that time it was an injection, if now it is a pill, now I am using a birth control pill because when I use the injection contraceptive I gain weight and my menstruation does not go smoothly" (D 23 years)

D has never had the socialization about the impact of early marriage as he stated that:

"There is no" (D 23 years)

There was no socialization about the health impact for young women revealed by D. Case D was almost the same as the case experienced by informant M, where D had yet to perform. The posuo ritual, but married early due to pregnancy outside of marriage. Informant D did not experience any health problems from pregnancy to delivery; the baby was also healthy. It's just that at the age of 5 months, Baby D started to have a cough and shortness of breath until he died at the age of 1.5 years. Another problem experienced by D was not giving exclusive breastfeeding to her baby, not only for the first child but also for the second and third children who were also not given exclusive breastfeeding.

Informants 3

Case informant A is 28 years old: a mother who married because of her own will. Researchers assumed that Baby A had died while in the womb because at 32 weeks of gestation, A did not feel the movement of the fetus, and the condition lasted until delivery. After the first child was born, A chose not to use contraceptives. A started using contraceptives after giving birth to her third child. The type of contraception used was the 3-month injection, but currently, A is no longer using contraceptives because she is on a pregnancy program.

Informants 4

Case informant A 19 years: At six months or 24 weeks of gestation, A had experienced problems with her pregnancy. At the time of delivery, informant A experienced prolonged labor, about two days from the first contraction to delivery. A argued that maybe because he was still young, he was not smart enough to push, so he had to be assisted with infusions and injections from the midwife to help accelerate the mother's contractions so that baby A was born safely following the informant's statement.

"It's a little bit long, about two days, because maybe I'm still being brought to the age, so I'm not good at pushing. Alhamdulillah, there is a solution; I was helped by a health worker, namely a midwife. A midwife gave intervention for good pushing, and I followed the intervention, and Alhamdulillah, my baby was born. Safely, in addition to intervening on

how to push, the midwife also put in an IV and gave drugs to help with contractions "(A 19 years)

The prolonged labor experienced by A resulted in the condition of the baby at birth; baby A was born in a weak condition and did not immediately cry for about 5 minutes, so the midwife took action to check the airway, clean the mucus (secret) in the mouth of baby A so that baby A shed the voice of crying following the informant's expression:

"My baby at birth was weak and did not immediately cry. After 5 minutes, he made a talisman sound when the midwife and traditional birth attendant collaborated to provide an action to suck mucus in the mouth" (A 19 years old)

Luckily, Baby A could still be helped after the midwife removed the mucus in the baby's mouth so that it would not obstruct the airway. After the field did this, Baby A finally made a talisman sound. Regarding age A, it cannot be said to be an adult because age A is still 16 years old, entering adolescence. Medically, at the age of adolescence, many health risks can be experienced by the mother when pregnant and giving birth, as experienced by informant A, namely experiencing prolonged labor so that it must be assisted with contraceptive injections and taught how to push properly.

Formula milk is the choice for mother A when the milk has not come out on the first day the baby is born; A said that when the baby was born, she was immediately given supplementary milk in the form of lactogen milk because the milk had not yet come out, but three days after giving birth, A was able to breastfeed her baby, following the informant's statement:

"The first food we give is formula milk because my breast milk is not there yet. 3 days after delivery, I already gave breast milk because breast milk can be produced " (A 19 years)

A did not give exclusive breastfeeding because the milk had not yet come out, but three days after giving birth, A could give breast milk to the baby. After giving birth to her first child, A chose to recommend a 3-month injection contraceptive for reasons of convenience following the informant's statement:

"Yes, injection family planning, because it feels comfortable and if the contraceptive is injected, once every three months it becomes easier to remember" (A 19 years)

As with the previous informants, A. had never had socialization about the impact of early marriage.

Informants 5

The childbirth problem experienced by L was the occurrence of abortion at four months or 16 weeks of gestation. There were danger signs in L's pregnancy where L began to feel feverish during her pregnancy. Still, the danger signs of pregnancy were ignored by L, who did not immediately check the contents with the village midwife or other health facilities. After her abortion, L chose not to join the family planning program. However, L currently chooses contraception because she already has two children; the contraceptive device L currently uses is a 3-month injection. Like the previous informant, L also revealed that he never received any information about the impact of early marriage.

Informant 6

Case Informant W, 23 years old: a mother who married because she was pregnant outside of wedlock and had a posuo (confinement or seclusion). At the time of the delivery process, W faced no problems; the labor process went normally, following the informant's statement:

"Giving birth must be painful, but still within normal limits, and thank God everything

was smooth when the baby was born immediately followed by the discharge of the placenta"
(W 23 years)

That: The Baby Informant W was in good health and weighed 3 kg, as stated by the informant.

"Alhamdulillah healthy, weight 3 kg" (W 23 years)

Based on the observations made by the researchers, child W was in good health and did not experience any disabilities. One week after baby W was born, complementary foods were given to ASI in the form of bananas, as revealed by the informants:

"She is breastfed in addition to breast milk when given food in the form of bananas because of the perception of the parents that if the baby is crying, it means the baby is hungry; my son is also given food in the form of bananas when he is one week old" (W 23 years)

The mother-in-law gave complementary feeding to baby W because it was a habit that a child who cried had to be fed immediately. After all, he was afraid the baby would be hungry. W chose contraception in the form of birth control pills because W was afraid of the injection following the informant's statement:

"Alhamdulillah, birth control pills, hehe, because I am afraid of injections" (W 23 years).

Like the previous informant, W also said that he had never received any information about the impact of early marriage. Informant W did posuo (confinement or seclusion) and got married at the age of 15. Even though she married young, W did not feel any significant health problems during the pregnancy until delivery, and the baby was also in good health.

Informants 7

Case informant S 20 years: a mother who married because she was pregnant outside of marriage and did not do posuo (confinement or seclusion). Informant S did not undergo the posuo ritual (confinement or pingitan). Still, S married early, so S experienced the health impacts of early marriage when babies born had low birth weight. S did not give exclusive breastfeeding to her baby because the milk had not come out at delivery, so A gave SGM milk as a substitute for breastfeeding, following the informant's statement:

"At the time the baby is born not given food, but at that time the milk has not come out so formula milk is given, there is no other choice so formula milk must be given" (S 20 years)

The milk that had not been released when the baby was born made S not give exclusive breast milk to the baby. After the first child was born, S chose a family planning program to recommend her pregnancy; S chose injection contraception three because if she used the S pill, she was worried that she would forget to take it, following the informant's statement:

"I use injectable birth control; if I use pills, I fear forgetting, it could be dangerous, so I chose injections (laughs)" (S 20 years)

When the researcher asked about the socialization of the impact of early marriage, S said that he had never had any information about the impact of early marriage.

Key Informants 1

Informant A 57 years old religious figure (key informant);

Based on the informant's experience, young marriages in Simi village occur due to teenagers making mistakes in socializing and causing unwanted pregnancies so that there is no other choice but to immediately marry them to avoid unwanted things, as revealed by the informants:

"Look at the condition of the child; if the child has been mingling more than the law, inevitably it will end up pregnant, then it must be married even though it is betel or legally because if they are not married immediately they will usually have an abortion, because if they are not married and in the end the teenager. Giving birth then the child born is called betel nut in the language of our area or the child who is pregnant outside of marriage" (A 57 years).

As a result of promiscuity among adolescents, which results in pregnancy out of wedlock, there is no other choice but to marry them, even though they are betrayed to avoid abortion and to protect the family's good name and protect the baby from being called a child out of wedlock.

Regarding the family description of the perpetrators of early marriage, according to the key informant, some families agreed that their children were married at an early age. However, some were angry because they might still want to send their children to school, as revealed by the informants:

"There are also those who agree that there are also those who are angry, depending on their relationship with their parents" because it is very unfortunate that at a young age, they have to get married; it could be that the teenager has the desire to go to college, but due to conditions that do not allow forcing him to get married immediately" (A 57 years old, key information)

When the researcher asked about the efforts to prevent early marriage carried out by religious leaders, informant A said that there was no socialization, especially from religious leaders in Simi village, as disclosed by the informant:

"Nothing, it all depends on their parents" (A 57 years old, key informant)

The low level of education of adolescents and the lack of sex education in adolescents causes adolescents to lack knowledge about early marriage. Undeniably, the higher a person's education, the younger he gets information, and the more often someone gets information, the more knowledge they have.

Key Informants 2

Informant Y 37 years old health worker (key informant)

Based on informant Y's experience as a village midwife, several cases of mothers, such as LBW, stunting, and not breastfeeding. Inclusive occurs in babies born to young mothers, although it cannot be denied that adult mothers also experience this. He also said that the ideal age for pregnancy and childbirth should be above 18 years of age as he stated that:

"The good one, actually 18 years and over" (Y 37 years of health worker)

Informant Y said that adolescents who get married early are prone to prolonged labor because they do not understand how to push, are prone to bleeding, and the placenta is left behind. The incidence of LBW until the baby is born prematurely as stated:

"When they give birth, they will have problems because they are not ready to give birth. People who give birth at an early age will have problems when pushing, experience slow opening due to reproductive organs that are not ready for pregnancy; bleeding can occur, the placenta is left behind, LBW to premature birth" (Y key informant)

Regarding the scope of exclusive breastfeeding, especially for babies born to mothers at an early age, on average, they do not receive exclusive breastfeeding as revealed by the informants:

"The average here who marry early is around 70% and not exclusive breastfeeding and thirty percent exclusive breastfeeding" (Y key informant)

According to the key informant's statement in Simi village, many mothers use injection family planning as stated by the informant:

"They use contraceptives, usually after 40 days after giving birth, most of them use injectable contraceptives, here on average they use injectable contraceptives, they don't use other types of birth control such as pills for fear of forgetting to take them" (Y key informant)

Health workers have carried out socialization, but not socialization about the health effects of early marriage, but socialization about STDs as stated:

"Usually we do socialization to Vocational High Schools, the socialization we provide about sexually transmitted diseases" (Y, 37 years old, key informant).

The socialization that health workers have carried out is about sexually transmitted diseases; it has never been done for early marriage.

Key Informants 3

Informant W 50 years old traditional leader (key informant)

According to W's statement as a key informant, even though the child's age is still a teenager, 14 years or 15 years old, he can already get married if he has passed the posuo ritual following the informant's statement:

"Yes, basically if it was ancient and there are some until now if you have performed the posuo ritual at the age of 14 or 15, you can get married if someone comes to propose" (W 50 years)

Informant W's view of posuo that posuo is a Buton tribe custom that must be followed by adolescents when they are menstruating is a sign that the teenager has entered adulthood following the informant's statement:

"For bakurung or the posuo ritual, according to the Buton people, it is the custom of the Buton tribe. If their child is menstruating, the child has to undergo the posuo ritual, our custom of the Buton Laporo tribe when menstruating has to undergo the posuo ritual, the posuo ritual is performed as a sign that the girl is an adult" (W 50 years)

According to informant W, posuo should be carried out before teenagers marry because posuo is a ritual of transition from adolescence to adulthood. Informant W considered the posuo ritual carried out after marriage was a mistake.

Supporting Informants

Informant T (supporting informant)

The T family is a harmonious family with five children: the first and second children have an undergraduate degree, the third child has a junior high school education, married at the age of 17, the fourth child has a high school education, and the fifth child is still in junior high school level. The reason informant T married his son at a young age was that he was pregnant out of wedlock, forcing T to marry his child, as stated by the informant immediately:

"Today's children have a more free association with the opposite sex. As a result, they can get pregnant outside of marriage, so there is no choice for us parents but to immediately marry them." (T, 47 years old, supporting informant)

During pregnancy and childbirth, based on the statement of informant T, M's condition was fine; there were no health problems either during pregnancy or during delivery as stated:

"The situation at delivery is fine, giving birth is also fine, during pregnancy is also fine" (T 47 year)

When the researcher asked about posuo, Informant T explained that his son, M, had yet to do posuo due to financial reasons. In T's view, the posuo ritual is a Butonese custom that must be carried out.

3.3 Old labor

Prolonged labor can be defined as abnormal labor or difficult labor. Based on the results of interviews with seven informants, it is common for two informants to experience prolonged labor in this study. Neonatal mortality is often found in mothers aged adolescents or over 35. Physiologically, a young woman still experiences growth in herself, and psychologically, the birth of a baby is unwanted or unplanned. By age 20, the uterus and pelvis are often not fully grown. As a result, pregnant women at that age are at risk of experiencing prolonged care, traffic jams, or other disorders [13]–[15].

One factor that often causes maternal morbidity and mortality is prolonged labor. Prolonged labor, often called obstructed labor, lasts more than 24 hours in primiparous and more than 18 hours in multiparous with a latent phase of more than 8 hours [16], [17].

Informant A was 25 years old, and informant A was 19. In this study, the labor process experienced by a 25-year-old was about four days; for a 19-year-old, it was about two days to experience labor until the baby could be born. In a study conducted by Setiawan (2017), it was found that there was a significant influence between early marriage and prolonged labor. This is also supported by research conducted by Astuti (2016) regarding the factors associated with the incidence of old labor; it was found that there was a relationship between age and the incidence of prolonged labor. This means that age <20 years and age > 35 have the risk of experiencing prolonged labor by 3.49 times compared to those between 20-35 years [18].

Prolonged labor is one of the causes of maternal and fetal death. Prolonged labor can lead to infection, exhaustion, dehydration, and postpartum bleeding, leading to maternal death. In the fetus, there will be infection, injury, and asphyxia, which can increase infant mortality [19].

3.3 LBW babies (Low Birth Weight)

LBW (Low Birth Weight) is defined as babies weighing less than 2500 grams. LBW is the highest predictor of infant mortality, especially mellitus) and age <20 or <35 years [20].

Research by Ratnasari (2019) found that early marriage is associated with the incidence of low birth weight (LBW). The research results by Puspitasari (2014) showed that the mother's age

affected the incidence of LBW [21]. The same result was obtained by Susilo (2017) in his Research on the relationship between maternal age and the incidence of low birth weight found a significant relationship between maternal age and low birth weight. LBW is a major factor in increasing mortality, morbidity, and disability of neonates, infants, and children and has a long-term impact on their future lives [22].

3.5 Infant death

Early marriage has many negative impacts on both the mother's and the baby's health; as the researchers found in the study, one informant experienced infant mortality shortly after the baby was born due to it. Infant mortality can occur after birth, while still in the womb, or intrauterine fetal death (IUFD). Intrauterine Fetal Death (IUFD) is a death that occurs at > 20 weeks of gestation, and the fetus has reached a size of 500 grams or more. Generally, IUFD occurs before delivery when pregnancy reaches 32 weeks [23].

Diagnosing IUFD is determined based on anamnesis, physical examination, and investigations. In the history, complaints can be found, such as the patient not feeling fetal movement within a few days, the fetal movement being greatly reduced, the patient feeling that the stomach does not increase in size, even getting smaller, or the pregnancy is unusual. The patient feels lately that her stomach often becomes hard, and feels sick like she will give birth. Meanwhile, physical examination can be done by inspection, palpation, and auscultation [23].

As the authors found in the field, informant A, 28 years of age, began not to feel fetal movement from 32 weeks of gestation until delivery, and the consequence was that the baby was born. Even though A had believed that after he was in the posuo, he was an adult and ready to get pregnant and would avoid all kinds of harm when he entered adulthood and had a household, A had problems in his household with the death of a newborn. Because medically pregnant at a young age, like what happened to informant A, can have a high risk of infant death.

Maternal gestational age contributes to maternal and infant mortality. According to the theory put forward by Sarwono in Hartini (2016), one factor influencing infant mortality is the mother's age during pregnancy. Because in the period of healthy reproduction, it is known that the safe age for pregnancy and childbirth is 20-30 years old. Mothers who give birth in their teens have a higher risk of infant mortality because they are at higher risk of delivering premature babies. They are also likely to increase the risk of neonatal mortality because, by the age of their teens, they still have low levels of education, are inadequate in attending ANC visits, are not in good economic status, and are more likely to gain weight during inadequate pregnancy [24]–[26].

3.5 Not exclusive breastfeeding

Breast milk is the best food for babies. Nutrient components are available in an ideal and balanced form for optimal digestion and absorption by babies. Breast milk alone is sufficient to sustain the baby's growth until six months; no other food is needed [27].

According to Fikawati in Idris and Gobel (2019), the important enabling factor that causes failure in breastfeeding is that the mother is not facilitated to initiate early breastfeeding (IMD) [28]. Meanwhile, the predisposing factor for breastfeeding failure was the mother's lack of knowledge and Experience. Based on the interview results, researchers found that, on average, the informants in this study had low education.

Education about breastfeeding initiation is important because it is the most effective intervention to increase breastfeeding initiation in the short term. Educational intervention methods for mothers not only aim to increase the knowledge and skills of mothers but also influence them in breastfeeding [28].

There is a lack of understanding about IMD and breastfeeding, so the implementation of IMD and breastfeeding is ignored. Understanding IMD and breastfeeding is a very important issue. Which allows the implementation of IMD and exclusive breastfeeding [28].

4. Conclusion

Butonese young women believe that when they are in the posuo, they will be kept away from all kinds of dangers when they enter adulthood and have a household. They are also ready to get pregnant and give birth because they are traditionally considered adults and have been advised on domestic life. However, even though they have such beliefs, they still feel the health effects of early marriage. Even though people aged 15-17 are considered adults by custom and believe they will be kept away from all kinds of dangers, in terms of health, getting married at the age of 15-17 hurts the health of mothers and babies because that age is a teenager who ranges from health problems if pregnant and giving birth. Early marriages carried out by Butonese young women hurt their health. The health problems experienced by young women of the Buton tribe due to marriage at an early age, namely labor problems, prolonged labor, and infant health problems, occur in infants and LBW and are not given exclusive breastfeeding.

Suggestion: Early marriage is almost always present in every region. Its existence must be acknowledged inevitably. The impact of early marriage is felt by many young women, especially the health impact. So, the researchers suggest that the Buton tribe does not make the process of the posuo ritual, which is a sign of a girl's transition from adolescence to adulthood, an excuse for teenagers to marry at a young age. Because even though culturally, adolescents who have undergone the posuo ritual are considered adults and have avoided all the ugliness of life, it is not from a health perspective because marrying at a young age is at risk of experiencing health impacts on the mother and baby. Early marriage has a negative impact, especially on the health of young women and babies born at a young age. Therefore, socialization about the impact of early marriage is necessary. There is a need for collaboration between traditional leaders and health workers in posuo rituals so that posuo participants get education about household life and health, especially the health impacts of young women when pregnant and giving birth at a young age.

5. References

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