



The Impact of Child Marriage On Maternal Identity And Reproductive Health (*Systematic Review*)

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Abstract. Child marriage will become one of the obstacles in the development of maternal identity, this process leads to the adoption of maternal behavior and it can influence of reproductive health. Aims of this study was to explore of the impact of child marriage on maternal identity and reproductive health. literature review method used PICOS framework. Child marriage had several determinants such as modernization, education, economic, socio-cultural pressures, unwanted pregnancy, peer influence, parent role, and media exposure, lack of support for child marriage among girls and young women. Child marriage in terms of reproductive health is very influential for mothers and babies, both physically and psychologically for mothers and children. This must be addressed immediately, especially from young mothers in Indonesia, must be provided with assistance both physically and psychologically so mothers can accept physical conditions that have changed and psychologically mothers can accept the role of motherhood. The process is used so that young mothers get maternal identity. Finally, early marriage was very closely related to reproductive health and maternal identity.

Keywords: early marriage, maternal identity, reproductive health.

1 Introduction

Child marriage is a violation of human rights and has a devastating impact on the children (especially girls) who enter into this marriage, and on children in the future, and will create intergenerational cycles of misfortune. Child marriage is also defined as marriage that takes place when one of the partners is younger than 18 years at the time of marriage or legal union [1]. Child marriage is a global issue across countries, culture and religion. This extraordinary phenomenon has been experienced by a large number of women in the world [2]. More or less 650 million girls and women alive today were married before their 18th birthday, and when the progress is not accelerated. It is estimated that by 2030 there will be 150 million girls who will marry at a young age [3]. It is likely to increase to around 15.1 million girls per year from 2021 to 2030, if current trends are allowed to persist. Child marriage is actually rooted in the socio-cultural practices of society and is an act of violation of human rights [4, 5].

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To achieve Sustainable Development Goal 5.3 with the aim of ‘eliminating all harmful practices, such as child, early and forced marriage and female genital mutilation.’ Child marriage has been associated with a range of health, economic and social impacts, and has been confirmed in a variety of situations [6] in Indonesia, the government has a lot to do to reduce the prevalence of child marriage.

Child marriage in Indonesia was also found to be related to lower levels of education, lack of access to social protection, lower likelihood of resulting in births assisted by skilled midwives and lack of breastfeeding for babies, increased divorce rates and greater likelihood of working in informal sector [7–9]. The Central Bureau of Statistics in 2018 found that as many as eleven percent of Indonesian women aged 20 to 24 years were married before the age of 18. This number is more than one million Indonesian women, around 60,000 of whom were married before the age of 15 [9], so the Indonesia parliament decided to increase the legal age of marriage for women from 16 to 19 years, and in line with the legal age of marriage for men [10].

Girl brides tend to experience unwanted pregnancies and high fertility rates, reported never knowing how to use contraceptive methods [11–13], and reduced access to public health services and particularly maternal health. They are often stuck in relationships with differing personalities and decision making is often not offered [14–16].

Child marriage will become one of the obstacles in the development of maternal identity, this process leads to the adoption of maternal behavior. Because not all child marriages last long and they know little about how child marriages end and what the consequences are for teenage mothers. Age at marriage is considered critically because age marks the transition to adulthood, and is often a limiting sign for certain educational, occupational, and social life opportunities [17]. The process attaining maternal identity, the construction of attaining maternity role, that is, becoming a mother. Deefined process of role performance as the attainment of maternity role and the ability achievement to incorporate maternal behaviors in the established order [18]. In addition, child marriage has a significant adverse effect on reproductive health, such as a history of rapid recurrent births, current use of modern contraception, female sterilization, not using contraception before first delivery, termination of pregnancy, unwanted pregnancies, and use of maternal health services that are not adequate, although the association is not always consistent across countries. In addition, women who were married in early adolescence or childhood showed a higher tendency to have mostly negative outcomes, compared with women who were married in mid-adolescence [19].

From the description above that has been submitted, it makes researchers interested to explain of the impact of child marriage on maternal identity and reproductive health.

2 Tools and Method

The method used in this literature review uses a comprehensive strategy such as articles in research journal databases, internet searches, article reviews including Google

Scholar, Pubmed, and ScinceDirect criteria for journals that have been indexed or accredited both nationally and internationally (ISBN/ISSN). In the early stages of searching for articles using the keywords "child marriage", "maternal identity", "reproductive health" with a total of 10 journals in the timeframe starting from 2018-2022. Search for articles or journals using keywords (AND, OR, NOT or AND NOT) which are used to broaden or specify the search so that it makes it easier to determine the article or journal to use. The keywords in this literature review are adjusted to the Medical Subject Heading (MeSH).

Comprehensive summary in the form of a literature review on the impact of early marriage on maternal identity and reproductive health in Indonesia. The protocol and registration of the literature review will use the PRISMA checklist to determine the selection of studies that have been found and adapted to the objectives of the literature review (Nursalam, 2020). According to Nursalam (2020), a literature review is the overall conclusion of several research studies that are determined based on a particular topic.

A literature search was conducted in November 2022 - February 2023. The article search strategy in this study uses the PICOS framework format [20] which consists of:

- a. The population is the population or problem taken in the research topic that has been determined in the literature review.
- b. Intervention, namely the action or management chosen in a predetermined research topic.
- c. Comparator is an action or other management that is used as a comparison of interventions in the topic of literature review research.
- d. Outputs are the results obtained from previous studies that are in accordance with the topics specified in the literature review.
- e. Study type used in this research is quantitative and qualitative.

The following are the criteria in the literature review entitled the impact of early marriage on maternal identity and reproductive health in Indonesia following the PICOS format. These criteria are used as the basis for the relevance of the articles used.

Table 1. Research Inclusion and Exclusion Criteria (the impact of early marriage on maternal identity and reproductive health)

Criteria	Inclusion	Exclusion
Population	The journal discusses the age of the child	The journal undiscusses the age of the child and child unmarriage
Intervention	Child marriage	
Coparison		
Output	The impact of early marriage on maternal identity and reproductive health in Indonesia	
Study design	Qualitative, quantitative, literature review	

The results of the research are presented in a flowchart based on PRISMA (Preferred Reporting Items for Systematic Review and Meta Analyzes) in the following figure.

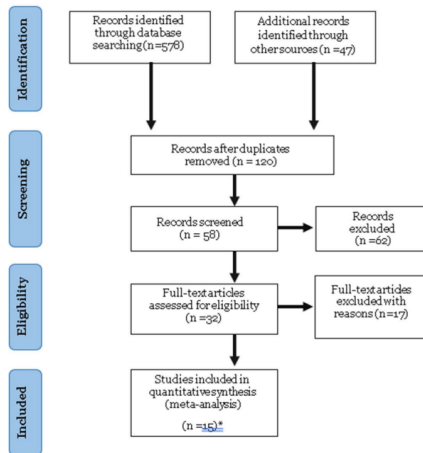


Fig. 1. Flow diagram of the study selection process (seven studies were finally included)

This study finding are 15 articles published in 2018 until 2022. Based on the result of the study on 22 articles, the following is a summary of the the impact early marriage on maternal identity and reproductive health in Indonesia in table 2.

Table 2. Research Contribution Analysis

No	Article title	Author	Year	Country	Purpose	Population and sample	Research design	Result
1	Understanding the impacts of child marriage on the health and well-being of adolescent girls and young women	Elnakib, S., Elsallab, M., Wanis, M. A., Elshiwiy, S., Krishnapalan, N. P., & Naja, N. A	2022	Egypt	investigates the impacts of child marriage on the health and well-being of girls residing in urban Egypt using a multi-method	data from Egypt's 2014 DHS to examine consequences of child marriage using a sample of ever-married urban wom-	quantitative and qualitative data	The prevalence of marriage under age 18 was 13.22%. Child marriage was significantly associated with ever use of contraception (Adjusted Odds Ratio (AOR) 2.95 95% CI 1.67–5.19), multiple births (AOR 12.93 95% CI 5.45– 30.72), rapid repeat childbirth (AOR 2.20 95% CI 1.34–3.63), and pregnancy termination (AOR 1.89 95% CI 1.11–3.23). Many of these associations disappeared after adjusting for marriage duration.

No	Article title	Author	Year	Country	Purpose	Population and sample	Research design	Result
	residing in urban areas in Egypt				approach	en ages 20–24 and child brides—defined as girls aged 10 to 19 married under age 18—in three urban sites		Girls married under age 18 had larger spousal age gaps (AOR 2.06; 95% CI 1.24–3.41) and higher odds of FGM (AOR 2.14; 95% CI 1.11–4.13). They were significantly more likely to report receiving no ANC care (AOR 0.39; 95% CI 0.19–0.80), and less likely to deliver through C-section (AOR: 0.53; 95% CI 0.34–0.83). Consequences emerging from the qualitative data centered around five themes: (1) Access to and use of sexual and reproductive health services; (2) exposure to FGM; (3) marriage and birth registration; (4) marital relations; and (5) relationship with in-laws
2	Child marriage and health disparities in adulthood: the differential risk of untreated hypertension among young adult women in India	Datta, B. K., & Haider, M. R.	2022	India	investigates whether there exists any disparity in receiving treatment for hypertension between the child brides at young adult age and their same-age peers who were married as adults	22,140 currently married hypertensive women aged 20 to 34 years from the 2015–16 wave of National Family Health Survey (NFHS-4) of India	Quantitative method	Among the study participants, 72.6% did not receive any treatment for hypertension. While the share was 70.6% among women who were married as adults, it was 4.3 percentage points higher ($P < 0.001$) among the child brides. Results from the multilevel logistic regressions reveal that adjusted odds of having untreated hypertension for child brides were 1.12 times (95% confidence interval, 1.00–1.25) that of those who were married as adults.
3	Child marriage: using the Indonesian family life survey to examine the lives of women and men who married at an early age	Cameron, L., Contreras Suarez, D., & Wiecekiewicz, S.	2022	Indonesia	to move from associations towards causal estimates (while acknowledging that the estimates are unlikely to be entirely causal	the Indonesian Family Life Survey (IFLS)—a high quality, Longitudinal socioeconomic survey which allows us to follow the lives of a sample of 40,800	Survey method	the lives of both girls and boys who marry early, and the differential experience of girls marrying older men versus young boys. Child marriage is found to be associated with lesser educational attainment, lower earnings and less say in household decision-making, for both men and women. Women are less likely to have a medically-supervised birth and their children are more likely to die, be stunted and perform worse on cognitive tests. Negative factors are mostly exacerbated when young girls marry similarly underage men.

No	Article title	Author	Year	Country	Purpose	Population and sample	Research design	Result
						women and men, some of whom were married at a young age, for up to 20 years—to examine impacts on a wide range of variables including educational attainment, labor force participation, participation in household decision-making, divorce rates, maternal and child health.		
4	Effect of Early Marriage on Reproductive and Sexual Health	Rosmiati, E., Mustofa, S. B., & Rahfiludin, M. Z.	2022	Indonesia	to examine the sexual and reproductive health consequences of child marriage	This research uses library research methods or literature research	Literature review	Early marriage as a result of poverty has many adverse consequences on girls' sexual and reproductive health including death in childbirth, physical and sexual violence, isolation, depression, cervical cancer and risk of sexually transmitted diseases (STDs). Teenage pregnant women have a higher risk of premature birth and more neonatal death than other women. Marriage of girls at an early age can increase the risk of sexual and reproductive complications. Therefore, training programs should be implemented to raise awareness of the community, parents, and religious leaders, to empower girls in this regard.
5	Negotiating Identities and Power: Adolescent	Chamdimba, E., & Breimo, J. P.	2020	Malawi	explores the experiences of adolescent mothers who were in child	adolescent mothers	qualitative methods	what emerged from the data is that adolescent mothers embodied fragmented identities that are changing over time given the influence of life events. Amid different combinations

No	Article title	Author	Year	Country	Purpose	Population and sample	Research design	Result
	Motherhood and Child Marriage in Central Malawi				marriages in the cultural context of central Malawi			of roles, several identities were observed: mother, wife, young, adolescent, girl, married, unmarried, victim of child marriage, survivor of child marriage, unemployed, employed, re-enrolled student, and school dropout. While these identities changed, gender did not, thus the changing identifications provided displays for 'doing gender' under a diverse set of subjectivities. Expressions of power at the micro-level were demonstrated by adolescent mothers through 'resilience vs. perseverance'.
6	Prevalence of child marriage and its impact on fertility outcomes in 34 sub-Saharan African countries	Yaya, S., Odusina, E. K., & Bishwajit, G.	2019	Sub-Saharan	explores the prevalence of child marriage among women aged 20–24 years in sub-Saharan Africa countries and examines the association between child marriage and fertility outcomes. Methods:	Sixty thousand two hundred and fifteen women aged 20–24 years were included from the surveys conducted 2008–2017	quantitative	In the study population, the overall prevalence of women who experience child marriage was 54.0% while results showed large disparities across sub-Saharan African countries ranging from 16.5 to 81.7%. The prominent countries in child marriage were; Niger (81.7%), Chad (77.9%), Guinea (72.8%), Mali (69.0%) and Nigeria (64.0%). Furthermore, women who experience child marriage were 8.00 times as likely to have ≥ 3 number of children ever born (lifetime fertility), compared to women married at ≥ 18 years (OR = 8.00; 95%CI: 7.52, 8.46). Women who experience child marriage were 1.13 times as likely to use modern contraceptive methods, compared to adult marriage women (OR = 1.13; 95%CI: 1.09, 1.19). Those who married before the legal age were 1.27 times as likely to have lifetime terminated pregnancy, compared to women married at ≥ 18 years (OR = 1.27; 95%CI: 1.20, 1.34). Also women married at < 18 years were more likely to experience childbirth, compared to women married later (OR = 5.83; 95%CI: 5.45, 6.24). However, women married at < 18 years had a reduction in early childbirth and a rapid repeat of childbirth respectively.

No	Article title	Author	Year	Country	Purpose	Population and sample	Research design	Result
7	Early marriage and maternal health care utilisation: Evidence from sub-Saharan Africa	Li, C., Cheng, W., & Shi, H.	2021	Sub Saharan	Identify the effects of early marriage on maternal healthcare utilisation	The data from Demographic and Health Survey (DHS)	Quantitative methodes	that a woman who married before age 15 was 17 percentage points less likely to use prenatal services; and marrying before age 16 reduced that likelihood by 9,6 percentage points. Not found any statistically significant reduction in maternal health care utilisation for women who married at age 17 or older.
8	A Literature Review of Factors Influencing Early Marriage Decisions in Indonesia	Rizkia Nabila, Roswiyani, Roswiyani1, Heryanti Satyadi	2021	Indonesia	to classify and summarize the factors associated with decision making to marry at an early age in Indonesia	22 articles consisting of 21 articles and 1 thesis	the literature review method	that the factors that influence early marriage decisions in Indonesia are family ties, gender inequality, poverty and economic survival strategies, control over sexuality and protecting family honor, tradition and culture, and insecurity. The results showed that there are no specific factors happening in Indonesia, the only difference is the tradition and culture factor. Finally, the most common factors found in the journal articles studied are control over sexuality and protecting family honor.
9	Description of the Characteristics of Young Girls Who Do Early Marriage in Bantul, Yogyakarta, Based on the Maternal Role Attainment Model	Samaria, D	2020	Indonesia	finding out the characteristics of female adolescents in Bantul Regency, Yogyakarta, who had been married under age by applying the Maternal Role Attention model	60 adolescent girls who were married under the age of 18 years, and had children aged 0-12 months	Quantitative method	the level of achievement of maternal role identity was in the medium category. It is recommended that periodic health promotion be carried out to help mothers achieve self-confidence and satisfaction in carrying out the optimal role of the mother and the adequate bonding of love between mother and baby
10	Child marriage and associated outcomes in northern Ghana: A cross-	De Groot, R., Kuunyem, M. Y., Palermo, T., Osei-Akoto, I., Adamba, C., Darko, J.	2018	Ghana	to examine the association between child marriage and adverse outcomes for women	The sample consisted of 1349 ever-married women aged 20–29 years from 2497 households	Quantitative methods	Child marriage in this sample was associated with increased odds of poorer health, as measured by difficulties in daily activities (OR = 2.08; CI 1.28–3.38 among women 20–24 years and OR = 1.58; CI 1.19–2.12 among women 20– 29 years), increased odds of child mortality

No	Article title	Author	Year	Country	Purpose	Population and sample	Research design	Result
	sectional study	K., Osei, R. D., Dompae, F., Yaw, N., Barrington, C., Abdoulayi, S., Angeles, G., Chakrabarti, A., Otchere, F., Akaligaung, A. J., Aborigo, R., Kidman, R., & Caparello, A.			among a uniquely vulnerable population	in the Northern and Upper East regions of Ghana		among first-born children (OR = 2.03; CI 1.09–3.77 among women 20–24 years) and lower odds of believing that one's life is determined by their own actions (OR = 0.42; CI 0.25–0.72 among women 20–24 years and OR = 0.54; CI 0.39–0.75 among women 20–29 years). Conversely, child marriage was associated with lower levels of reported stress (regression coefficient = - 1.18; CI - 1.84–0.51 among women 20–29 years).
11	Causes of Early Marriage and Its Effect on Reproductive Health of Young Mothers in Bangladesh	Md. Ruhul Kabir, Susmita Ghosh and Asma Shawly Department	2019	India	the present situation of early marriage in Bangladesh, its social context and also identifies its effect on reproductive health.		In-depth analysis of this serious issue this literature review	Early marriage has been a long term practice in Bangladesh. Two crucial factors for early marriage are poverty and illiteracy. Miscarriage, still birth, abortion, pre-term delivery, low birth weight baby, complications during delivery and poor attention to her own health and child upbringing are some of health issues that are precipitated by early marriage. The pervasiveness of child marriage and its relationship with higher fertility and lower control of fertility-factors linked to various poor maternal and child health outcomes-promotes the urgent need for maintaining proper marriage laws and regulation along with strong determination of governments, civil societies and communities to work in tendon to face this national as well as global crisis. Recommendation
12	Prevalence of child marriage and its impact on fertility outcomes in 34 sub-	Sanni Yaya, Emmanuel Kolawole Odusina and Ghose Bishwajit	2019	Egypt	explores the prevalence of child marriage among women aged 20–24 years in sub-	Demographic and Health Surveys (DHS) are comparable nationally representative-	This study utilized pooled data from the latest Demographic and Health	In the study population, the overall prevalence of women who experience child marriage was 54.0% while results showed large disparities across sub-Saharan African countries ranging from 16.5 to 81.7%. The prominent countries in child marriage were; Niger (81.7%), Chad (77.9%), Guinea

No	Article title	Author	Year	Country	Purpose	Population and sample	Research design	Result
	Saharan African countries				Saharan Africa countries and examines the association between child marriage and fertility outcomes	tive household surveys that have been conducted in more than 85 countries worldwide since 1984	Surveys (DHS) conducted between 2008 and 2017 across 34 sub-Saharan Africa country	(72.8%), Mali (69.0%) and Nigeria (64.0%). Furthermore, women who experience child marriage were 8.00 times as likely to have ≥3 number of children ever born (lifetime fertility), compared to women married at ≥18 years (OR = 8.00; 95%CI: 7.52, 8.46). Women who experience child marriage were 1.13 times as likely to use modern contraceptive methods, compared to adult marriage women (OR = 1.13; 95%CI: 1.09, 1.19). Those who married before the legal age were 1.27 times as likely to have lifetime terminated pregnancy, compared to women married at ≥18 years (OR = 1.27; 95%CI: 1.20, 1.34). Also women married at < 18 years were more likely to experience childbirth, compared to women married later (OR = 5.83; 95%CI: 5.45, 6.24). However, women married at < 18 years had a reduction in early childbirth and a rapid repeat of child birth respectively
13	An empirical exploration of female child marriage determinants in Indonesia	Rumble, L., Peterman, A., Irdiana, N., Triyana, M., & Minnick, E.	2018	Indonesia	We analyze nationally representative data from Indonesia to examine structural factors predicting child marriage dynamics among a sample of women aged 20 to 24 to inform policy and programs. Understanding determinants of child marriage in	Data from the nationally representative 2012 Indonesian Demographic and Health Survey and the Adolescent Reproductive Health Survey to estimate determinants of child marriage and marital preferences	Quantitative method	Among the child marriage research sample (n = 6578, females aged 20–24 at time of survey), approximately 17% and 6% report being married before 18 and 16 years old respectively. Among the marital preferences research sample (n = 8779, unmarried females 15–24), the average respondent preferred marriage at approximately 26 years and 5% had attitudes approving child marriage. Education, wealth and media exposure have protective effects across marriage outcomes, while rural residence is a risk factor for the same. There are significant variations by region, indicating roles of religious, ethnic and other geographically diverse factors.

No	Article title	Author	Year	Country	Purpose	Population and sample	Research design	Result
					Indonesia is of high relevance to the global understanding of child marriage dynamics as Indonesia contributes significantly to the regional and global burden of child marriage.			
14	Determinants Of Early Marriage In Indonesia: A Systematic Review	Sri Windiarti & Besral	2018	Indonesia	to examine the determinants of early marriage in Indonesia	4 articles	systematic review	Determinants of early marriage in Indonesia were unwanted pregnancy, peer influence, parent role, education level, knowledge of reproductive health, family economic status, culture, and media exposure.
15	Role Of Local Institution In Early Marriage Issue: A Case Study In Some Provinces In Indonesia	Tubagus Adi Satria, Rezariansyah Abdullah, Fajar Ajie Setiawan, Fitriana Putri Hapsari	2018	Indonesia	to obtain inaccurate overview of current policies and policy recommendations related to government's effort in controlling marriage age in Indonesia	4 provinces that experienced high marriage based on Riskesdas 2010 data, among others, South Kalimantan, Bangka Belitung, Central Sulawesi and West Java. Study done on Family and Local Policy Makers. In	qualitative using explorative approach.	the analysis is that the role of customary and religious institutions are very strategic as a tool of social control in controlling early marriage. In addition, it was concluded that weak inter-sectoral coordination and government policy planning in early marriage control are among the issues to be addressed.

3 Term and Discussion

3.1 The dimension of child marriage in Indonesia

Child marriage is still considered an important issue and must have clear boundaries, both on a national and international scale. Child marriage often results in detrimental health and development for women, and is also one of the most frequently neglected human rights violations [33]. Satria et al. (2018) [32] in their study has found based on these descriptions, the root cause of early marriage in several provinces in Indonesia in general is due to several dimensions, among others: modernization, education, economic and socio-cultural pressures. Others study, finding of determinants of early marriage in Indonesia like unwanted pregnancy, peer influence, parent role, education level, knowledge of reproductive health, family economic status, culture, and media exposure [31]. Supported by other studies that determinants of child marriage in Indonesia were appears to be lake of support for child marriage among girls and young women. They are indicating an entry point for interventions of structural that would lead to lasting change. Future research efforts should prioritize rigorous testing of gender- transformative education and economic strengthening interventions, including cost-effectiveness considerations to better understand how interventions and policies can be leveraged to deliver on ending child marriage in Indonesia and globally [30].

Dimension of economi terms are one of the problems related to the impact of child marriage [34] (Jones & Gubhaju, 2008) this is the same as what happened in Indonesia where the economy has a very big impact on the life of the family that will be lived. Child marriage will certainly reduce the need for higher family consumption because of the desire to increase purchasing power while reducing the burden of family economic pressure. This is a demand along with dimension of modernization and the flow of information into the country. Moreover, it also encourages the flow of consumption to occur more quickly in rural areas [32]. Child marriage is an issue that must be watched out for when families are trapped in becoming victims of an uncertain future. The public response to social change that must be faced is a revisionist strategy, namely the victims are obsessed with the repetition of routines that have been successfully adapted before but are actually not in accordance with the current situation [35].

In fact the educational dimension can be a strong protective factor against child marriage and against preferences and attitudes that are very detrimental to child marriage [36]. In line with fact in Indonesia has various regions. Terms of social-culture, like “adat“ was strongly influencing on high number of early marriage [37].

Child marriage in urban areas in Egypt it was found that it is important about the practice to provide insight on child marriage and describe the various adverse consequences associated with the practice of child marriage [21]. This condition like Indonesia, because the role of custom and religion is very large and must be increased as Social Control. The role of traditional leaders and religious leaders in several provinces is still very strong and very influential in social control, especially teenagers. In fact, the role of traditional leaders and religious leaders can basically be one of the entry points in efforts to control early marriage [32]. Child marriage is

common in Northern Ghana and is associated with poor health, increased child mortality, and low agency among women in this sample of extremely poor households. While not much is known about effective measures to combat child marriage in the context of Ghana, programmes that address key drivers of early marriage such as economic insecurity and school enrolment at the secondary level, should be examined with respect to their effectiveness at reducing early marriage [28].

Child marriage in Indonesia any factors that influence early marriage decisions in Indonesia are family ties, gender inequality, poverty and economic survival strategies, control over sexuality and protecting family honor, tradition and culture, and insecurity [26].

3.2 The impact child marriage towards reproductive health

The statement on child marriage stated that the practice of child marriage would be related to the fact that such marriage would definitely violate children's human rights, would definitely limit their choices and would definitely limit their opportunities, and would definitely make them vulnerable to violence, exploitation and abuse. Child marriage also marks the peak of adolescence for both girls and boys, which should be a period of physical, emotional and social development before entering adulthood [38]. Efforts to prevent child marriage, focused on the underlying causes of child marriage are very important and the health consequences are serious and require the enactment of appropriate laws and address the socio-economic causes that support child marriage [29]. Other study found that in general early marriage has a negative effect and can be detrimental to young mothers and their children and society. Teenage mothers will have more children and give birth earlier than their adult counterparts, and will suffer a long chain of health complications [39].

Child marriage that often occurs is followed by pregnancy at a young age so that it has a very dangerous impact on women's health because they are not ready physically and psychologically [29]. Physically, the impact of child marriage can increase the risk of various sexually transmitted diseases, obstetric fistulas, premature births [29], rapid of repeat childbirth, lifetime pregnancy termination [24]. Beside that young pregnancy would cause anemia, pelvic disproportion which is an indication of cesarean section, and perinatal death [40].

Study conducted by Rosmiati et al. (2022) [23] also support that Early marriage as a result of poverty has many adverse consequences on girls' sexual and reproductive health including death in childbirth, physical and sexual violence, isolation, depression, cervical cancer and risk of sexually transmitted diseases (STDs). Teenage pregnant women have a higher risk of premature birth and more neonatal death than other women. Marriage of girls at an early age can increase the risk of sexual and reproductive complications. And hypertensive women who were married as children are at greater risk of not receiving hypertension care at young adult age [22].

Psychologically can increase miscarriages accompanied by mental depression, physical violence, lack of social coherence and isolation and so on [29]. The result of study found that maternal physiological immaturity formed a 2–3 times higher risk for

low birth weight and fetal growth restriction, prematurity, and poor newborn health. Child marriage can also risk maternal health, and a US register study on pregnancies under 25 years found that anemia and medical risks (e.g., hemorrhage, blood transfusion) were significantly higher in mothers under 16 years [41]. And Women who gave birth at 13–19 years of age reported more anxiety and somatization symptoms than later delivered, and those married younger than 25 showed a higher level of depressive symptoms than later married. Child marriage formed a heightened risk for somatic illnesses [42].

From the research analysis it was found that child marriage has a dangerous negative impact, both on the mental and physical health of mothers and children. Therefore, policies on child marriage and maintaining reproductive health in adolescents and adolescent mothers must have firmness from the government. One of them is the policy in family planning for families who have already married at a young age. In study Yaya et al. (2019) [24] mention that modern contraceptive methods could help reduce child marriage, especially among women who enter marriage due to unwanted pregnancy. Overall, global consensus points to laws restricting the minimum marriage age at 18 years are essential, and considerable evidence has associated child marriage to adolescent sexual and reproductive health problems. And Nabila et al. (2022) [26] express opinions that control over sexuality and protecting family honor.

The impact child marriage towards maternal identity and reproductive health

A person's maturity is marked by a number of characteristics related to the attainment of a new social role to reach maturity and overcome a period of crisis. This stage is equally relevant in the context of maternity studies. When a woman becomes a mother, she gets a new social role – as a mother. By internalizing it with a woman reaches a new level of maturity and maternal identity [43]. For mothers who are under the age of 19, say young mothers, immature ages. to be able to accept maternal identity is still not able to. This is because the young mother is still in a psychologically unstable condition. thus requiring assistance to these young mothers in undergoing a process to gain identity as a mother.

Whereas the maternal identity is attention to achieving and continuing to develop the role of a mother can occur about four months after giving birth. MI shows that a woman views herself as a mother based on three indicators: 1) attachment involving emotional commitment, feelings of love, and connectedness with the baby; 2) role competence to train skills and confidence in parenting; and 3) satisfaction in the role that involves a sense of satisfaction when interacting with the baby. The MI transition that can be achieved is a complex process depending on the physical, emotional, and cognitive maturity to learn and apply competent motherhood. this makes for a development that is familiar among adult women but has less experience for adolescents in today's society [18, 44].

Acceptance of maternal identity in child age is very difficult. Samaria (2020) mention that Provisions for achieving maternal role identity for adolescent girls who engage in early marriage are not easy. Adolescent girls who marry at an early age are not psychologically mature enough to take responsibility and carry out the

roles of wife, mother and sex partner [45]. Mothers who get pregnant at an early age will also experience prolonged trauma and a crisis of confidence [46].

The data that emerges relates to teenage mothers in realizing fragmented identities which then change from time to time due to the influence of a life event. While women's identities will change, so changes in identification give the appearance of 'doing gender' under various subjectivities. Strength to be gained at the micro level demonstrated by teenage mothers through 'resistance vs. perseverance' [17].

In accepting maternal identity requires several things that must be met with the goal that the mother is not confused with her health, both physically and psychologically. Because child marrying before 16 years old had significant negative impact on maternal health care utilization and less like visiting a medical center or a clinic for check up [25].

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