

Promoting reproductive health to reduce early marriage case and its challenges

Bondowoso is one of 38 districts/cities in East Java which has the highest rate of early-marriage within the province. It was selected as one of the 3 UNICEF piloting districts for Improving Maternal Health in Indonesia (IMHI) Project in order to strengthen the National Policy of Making Pregnancy Safer (MPS). The project has been started since 2006.



Relating with reduction of early-marriage case, the project covers activities in improving knowledge of adolescent girls on reproductive health. Besides this topic, promotion for having better health status also covers topic on healthy balanced diet which also indirectly influence reduction of mortality.

The activities were begun with training for 30 school supervisors, teachers and Health Center staff. Teachers came from 10 selected Senior High Schools (SMA and MA), Senior Vocational Schools (SMKK) and Islamic Boarding Schools (Pondok Pesantren). Life skills on health and nutrition became main topics of discussion in that training.

Those teachers then train the students. In each school, 40 students were trained as peer educators. It means around 400 students are ready to perform as peer educator on nutrition and reproductive health. Those peer educators then develop their own plan to share with their colleagues using various approaches.

This activity was welcomed by all involved people. One of them was Dr. Kemala Hayati, the Head of Sumber Wringin Health Center which located near Ijen crater, who said: "We need this activity here, because majority of adolescent in this area are not aware of reproductive health as well as nutrition issue. After graduated from Junior High School, many of adolescent girls here did not continue their study to Senior High School because of various factors such as lack of access to Senior High School, economy, local tradition or wisdom of woman's role, geographical barrier, etc. Those are reasons of parents did not bring their daughter to Senior High School. Then the only choice is to ask or let their daughters get married. It is rather difficult for us to talk and discuss openly with the local community, because we also aware that the cause of early marriage are complicated. Solving this problem needs integrated multi sectoral intervention. Please imagine how difficult for us to promote about proper age for marriage without answering a question from the community on what the girls should do during the age of 15-18 years?".

During participation in the training those 400 peer educators were examined their status of hemoglobin and weight-height by health center staff. The result

showed that 61% has hemoglobin >12 gr% and 39% has <12 gr%. The worst figure was at Sumber Wringin sub-district, among 80 examined adolescent girls, 90% had hemoglobin status <12 mg%.

"It is good to know the figure of adolescent nutritional status and also their anemic status in our district. Now, we know that approximately 40% of adolescent girls have suffered anemia. I really did not realize that the number is quite high in several sub-districts" said Ms. Sri Mulyati, the Head of Family Health sub-division of District Health Office, Bondowoso. She explained that she already followed up this result: "I reported this figure to the Head of District Health office of Bondowoso. He gave direction that by the year 2008 we should pay attention to adolescent health and nutrition services. It means that health education, nutrition services and supply for adolescent should be prioritized in the government annual plan"

When VoC reporter asked the Islamic Boarding School students during the training: "What do you want to do after being graduate from this school?", most of them were shouting: "We want to go to school.....! We want to go to school!".

It seems that we really need to think seriously the impact of the activity. Beyond the efforts to increase awareness on reproductive health and nutrition issues, we face with challenges in education and child protection factors. Imagine, if most of adolescent girls already have good health and nutrition status, what can they do in the own village in waiting reaching 18 years old? Do they really have nothing to do until 18 years they reach the age of 18, when they can get married without being categorized as early marriage? Aha! We realize then, that health sector/unit cannot stand and walk alone in promoting reduction of early marriage case!

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