

Parenting Styles and Resilience towards Reproductive Health in Married Female Adolescents in Gunungkidul, Yogyakarta, Indonesia

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ABSTRACT

Background: More than 700 million women were married before turning 18 in all over the world. In 2016, Gunung Kidul Regency, Yogyakarta, Indonesia, had the highest number of child marriages which accounted for 1.395 cases. Considering the many negative factors of early pregnancy, possessing the ability to survive and overcome hardship is imperative for married female adolescents. This study aimed to examine the effects of parenting style on resilience toward health reproductive.

Subjects and Method: This was a cross sectional study conducted in Gunung Kidul, Yogyakarta, Indonesia. A total of 79 married female adolescents were selected for this study. The dependent variable was resilience toward reproductive health. The independent variables were age, education, employment, information source, economic status, knowledge, paternal parenting style, and maternal parenting style. The data were collected using questionnaire and analyzed by a multiple logistic regression.

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Results: High knowledge (OR= 3.48; 95% CI= 0.11 to 10.55; p= 0.028) and democratic parenting style (OR= 5.11; 95% CI= 1.62 to 16.05; p= 0.005) increased the resilience toward reproductive health in married female adolescents, and they were statistically significant.

Conclusion: High knowledge and democratic parenting style increases the resilience toward reproductive health in married female adolescents.

Keywords: resilience, reproductive health parenting style

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BACKGROUND

Worldwide, more than 700 million women were married before turning 18. More than one in three (250 million) get married before age 15 (Unicef, 2014). Almost half of the women in South Asia and more than one-third females in Africa entered into union at the age of 18. The highest prevalence of child marriages occurred in Nigeria (77%), Bangla-

desh (74%), and Chad (69%) (Central Bureau of Statistics, 2016).

The Indonesian Central Bureau of Statistic' data (2017) shows that around 67% of Indonesian territory has high prevalence of child marriages. Three out of five regencies in Yogyakarta Special Region saw high number of child marriage cases especially in Gunung Kidul in which 1, 395 cases of teenagers

entering into union occurred in 2016 (Public Health, 2017).

According to Kartikasari (2014), reproductive health problems experienced by child brides are that they are prone to mental health problems and they lack the necessary information, communication, and access to health services. Considering the many negative factors of early pregnancy, possessing the ability to survive and overcome hardship is imperative for married female adolescents. This ability is called resilience.

Factors affecting women's resilience are personality, family, and environment which help young women to accept the problems they have, to be strong, to adapt to new situation, and to accurately solve problems they encountered (Kumalasari, 2017). The open parenting style on reproductive health might prevent unplanned pregnancies, improve communication during pregnancy, and improve childbirth practices, and postpartum period treatment (Maharjan et al., 2019, 2015). It is necessary for parents to be aware of reproductive health so they can educate their children about this matter (Ambarwati, 2016). The results of the study conducted by Sani (2009) suggested that the more familial support young women receive, the higher resilience they have. On the other hand, married female adolescents with lack of familial support tend to have low resilience resulting in their inability to overcome problems concerning reproductive health.

The result of the interview with 10 female adolescents in Gunungkidul suggests that child marriage simply occurs because it has happened for generations or as a result of unplanned pregnancy. In addition, child marriage in Gunungkidul is also influenced by parents' perception on a cultural value that it is better for a young woman who has someone dear in heart to get married to prevent unplanned pregnancy. This is in line with the research conducted by Murtianing-

sih (2014) on the parents' roles on child marriages in the Coastal Areas of Kuta Beach, Central Lombok Regency.

SUBJECTS AND METHOD

1. Study Design

This is a quantitative study using the cross sectional design conducted in Gunung Kidul, Yogyakarta, Indonesia.

2. Population and Sample

The population of the study was 361 married female adolescents who have born children. A sample of 79 married female adolescents was selected by random sampling.

3. Study Variables

The dependent variable was the resilience toward reproductive health. The independent variables were age, education, employment, information source, economic status, knowledge, paternal parenting style, and maternal parenting style.

4. Operational Definition of Variables

Resilience toward reproductive health can be defined as one's ability to survive and adapt to any reproductive health condition involving pregnancy, childbirth, and postpartum period.

Parenting style was continuous efforts to educate children involving authoritative, authoritarian, and permissive parenting styles.

Economic status was the family's economic condition such as income, household spending, asset ownership, and other indicators.

Education level indicates the highest grade that has been finished or the top degree that has been achieved. Employment status in this context refers to the respondents' trade or profession to earn money.

Information Source was sources that provide respondents with information or knowledge related to reproductive health. The information sources related to reproductive health might come from medical

staff, radio channels, television channels, counseling and such.

Knowledge refers to adolescents comprehension on various issues related to reproductive health.

5. Data Analysis

Sample characteristics were describe by univariate analysis. Bivariate analysis used Chi square. Multivariate analysis used a multiple logistic regression.

6. Research Ethic

The research ethical clearance was obtained from the Research Ethics Committee Faculty of Health, Universitas Aisyiyah Yogyakarta, Yogyakarta, Central Java, Indonesia, with number: 666/KEP-UNISA/IX/2018. Research ethics included informed consent,

anonymity, confidentiality, and ethical clearance.

RESULTS

1. Sample Characteristics

Table 1 shows that most respondents entered into union in their early teens (41 respondents or 51.9%) with relatively low education level (51 respondents or 64.6%). Furthermore, most of them were unemployed (60 respondents or 75.9%) and they mostly belong to upper middle class (66 respondents or 83.5%). However, they have limited access to information sources (47 respondents or 59.5%).

Table 2 shows that in general, both father (69.9%) and mother (76%) adopt the authoritative parenting style.

Table 1. Sample Characteristics

Study Subject Characteristic	Frequency	Percentage (%)
Age		
Early teen	41	51.9
Late teen	38	48.1
Education		
Low	51	64.6
High	28	35.4
Employment status		
Employed	19	24.1
Unemployed	60	75.9
Socioeconomic status		
High	66	83.5
Low	13	16.5
Information Sources		
Good	47	59.5
Lack	32	40.5

Table 2. Frequency distribution of parenting styles

Parenting Style	Paternal Parenting		Maternal Parenting	
	n	%	n	%
Authoritative	55	69.6	60	76
Authoritarian	16	20.3	14	17.7
Permissive	8	10.1	5	6.3

2. Univariate analysis

According to Table 3, most of the respondents are well informed (good) accounted for

60.8%, have good paternal parenting style (63.3%), good maternal parenting style (55.7%), and high resilience (55.7%).

Table 3. Univariate analysis result

Variable	n	%
Knowledge		
Good	48	60.8
Poor	31	39.2
Paternal Parenting Style		
Good	50	63.3
Poor	29	36.7
Maternal Parenting Style		
Good	44	55.7
Poor	35	44.3
Resilience		
High	44	55.7
Low	35	44.3

Table 4. The results of multiple logistic regression

Independent Variables	OR	95% CI		p
		Lower limit	Upper limit	
Age	2.08	0.68	6.32	0.198
Education	0.55	0.16	1.89	0.347
Employment	0.73	0.22	2.40	0.601
Information Sources	1.17	0.38	3.57	0.786
Economic Status	1.06	0.25	4.50	0.943
Knowledge	3.48	0.11	10.55	0.028
Paternal parenting style	2.12	0.70	6.40	0.184
Maternal parenting style	5.11	1.62	16.05	0.005
Constant	5.21			0.064
N observation = 79				
p<0.05				
Nagelkerke R-Square = 33.9%				
p= 0.269				

Table 4 shows that high knowledge (OR= 3.48; 95% CI= 0.11 to 10.55; p= 0.028) and democratic parenting style (OR= 5.11; 95% CI= 1.62 to 16.05; p= 0.005) increased the resilience toward reproductive health in married female adolescents, and they were statistically significant.

DISCUSSION

1. The effect of age on resilience

Age matters significantly because it affects the way the respondents perceive reproductive health. In line with the study conducted by Fibriana (2012), young women in their late teens have better understanding of reproductive health than their younger counterparts. The older a woman gets, the more she

can control her emotion in dealing with life happenings (Hurlock, 2011).

2. The effect of education on resilience

Most of respondents have relatively low education level. It suggests that the 12 year education as the government program has not been achieved yet. Education is related to the ability to comprehend information and improve knowledge. Research conducted by Asiah (2012) shows that education has significant effects on reproductive health that lead to the improvement of one’s attitude. Furthermore, Sarafino and Smith (2014) states that people who have experienced failure in school mostly feel like they are not capable to solve problems they encounter later on and have relatively low resilience

level. In this study, there is no significant correlation between education level and resilience level. This is probably due to the social support received by the respondents which is quite dominant. Hadiningsih (2014) also suggests that social support has a significant effect on teenager's resilience level.

3. The effect of employment on resilience

Most of the respondents get married when they were in their teens. Soon after entering the union, most of them carry a child and they have no opportunity to seek employment. In Gunungkidul case, employment status has no significant effect on the resilience level as earning money to support the family is not the main role of a married woman in Indonesian cultural context. Therefore, being in the unemployed state is not a huge problem for most of the married women. The full-time housewife or stay at home mother status does not affect women's self-esteem and does not prevent them from improving their reproductive health. Rahmananda (2015), states that there is no correlation between employment status and primigravida's resilience. Furthermore, Listyaningsih (2016) has also proven that being a housewife does not limit one's interaction and communication with the world and it does not affect resilience.

4. The effect of economic status on resilience

The questionnaire on economic status reveals that around 93.7% of respondents state that clean water is already available in their houses. Clean water can be accessed from plumbing wells, Regional Drinking Water Company, and protected wells. However, regarding their spending on meals, there are only 32.9% of respondents who spend more than 80% of their income on food.

Economic status has no effect on resilience level because parents marrying off their daughters young not for economic reason but for custom reason. Ikhsanita

(2013) in her study confirms that there is no correlation between economic status and women's resilience, rather it is the socio cultural factor that significantly affects resilience level.

5. The effect of information sources on resilience

Information source is the enabling factor that leads to behavioral changes. The questionnaire analysis shows that 79.7% of respondents get information related to reproductive health from medical staff and no respondent get this information from radio channels. Information source does not affect women's resilience level. This is not due to the limited number of information sources but it is the quality of the information that affects resilience level. Although respondents get information from many sources but the content of the information obtained is not diverse, then it has no effect on their resilience. Setyowati's (2015), reveals that information sources will increase knowledge, enrich understanding, help to overcome the confusion that in turn will increase one's resilience.

6. The effect of knowledge on resilience

According to the questionnaire, respondents with adequate knowledge of reproductive health are respondents aged 21-30 years old (93.7%). This age group is the ideal age to build a marriage. In addition, the knowledge which most respondents do not know about (43%) is the fact that a healthy pregnancy does not necessarily equal to a healthy childbirth and postpartum period. These results suggest that knowledge indeed has significant effects on the married female adolescents in Gunungkidul.

Moningka (2017), states that individuals with high knowledge may not function fully in their lives. Respondents are unfamiliar with quite a few knowledge points related to reproductive health, childbirth process,

and postpartum period. This is probably due to the fact that mostly the respondents come from relatively low education background. Also addressing this issue, Listyaningsih (2016) states that individuals with high resilience are knowledgeable and well-informed so they have the ability to plan, be flexible, and think positively. Knowledgeable women tend to treat their pregnancies, childbirth, and postpartum period better than those with less knowledge (Zaden, 2007).

7. The effect of paternal parenting style on resilience

Respondents in general state that their father gives them opportunities to voice their opinion and speak up their minds (91.1%). In this context, the authoritative parenting style is considered a good paternal parenting style. Authoritative parenting style (Baumrind, 1978) is characterized by a balance of support and monitoring/control and has been linked to optimal child outcomes in European American and African American youth (McMahon and Forehand, 2003; Jones et al., 2005; Sterrett et al., 2009). Distress occurred in child rearing tend to reduce when the father is involved in it as the children receive information from both their father's and mother's perspectives (Amick, 2015).

The result of this study suggests that paternal parenting style affects the respondents' resilience. The protective side of a father gives female children a sense of security. A father figure can provide advice and information to their daughters so that when the daughter are expecting her own child, she feels secured and is resilient to any forms of mental issues (Rahmananda, 2015).

8. The effect of maternal parenting style on resilience

The authoritative parenting style is also considered a good parenting style for a mother to adopt. Most of the respondents say that their mothers are very helpful during postpartum treatment. Their mothers help with the baby

treatment as well as household chores (88.6%).

The maternal parenting style greatly affects the young women's resilience because mother is someone dear and close to their daughters. Women, moreover the married ones, tend to be closer to their mothers than to their fathers as they have the same concerns related to reproductive health. Therefore, it is natural for women to recognize their mother's parenting style better than their father's parenting style.

A mother as the closest person to a daughter has a significant role in shaping the married female adolescents's resilience. A mother can give emotional support and secured feelings so their married daughters do not feel alone in this world. Nadhiroh (2016) states that mother's support make female adolescents secured and powerful. The higher the mother's involvement, the more secured a young woman feel during their first pregnancies. Widyastuti (2013) affirms that parenting style significantly affect one's resilience.

Communicative and supportive relationships with parents is recommended to enhance female adolescents' views of sexual behavior (Lefkowitz and Stoppa, 2006; Lohman and Billings, 2008; Trejos-Castillo and Vazsonyi, 2009).

9. The resilience level of married female adolescents

The resilience discussed in this study is related to reproductive health. Resilience can be defined as one's ability to face and overcome problems and then grow as a person (Grotberg in Dipayanti, 2012). The resilience level is considered high if the respondents meet half of the standard of high resilience. The respondents with high resilience would take better care of themselves during pregnancies and childbirth processes in terms of emotional aspect. In terms of impulse control, the young expecting mothers with high resilience would be able to resist the tempta-

tion of doing things they should not do during pregnancy and they would remain calm. In terms of optimism aspect, the young expecting mothers with high resilience would believe that everything would be all right. In terms of casual analysis, the young expecting mothers with high resilience would feel that the childbirth went smoothly because they had taken good care of themselves and they would not put any blame on their husbands for being pregnant so young. In terms of empathy, the respondents can relate to their husbands expectation of children after marriage.

In terms of self-efficacy, respondents with high resilience would soon consult with health services if they felt decline in their physical health. Respondents would also routinely check their pregnancy, take the medication given, abide the advices given by health workers, and the would not feel reluctant to ask questions as well as tried to find information related to ways to reduce labor pain. In reaching out aspect, the respondent would try to fully cooperate to make the childbirth process went smoothly and tried their best to keep the baby healthy. In addition, they also try to provide food (breast milk) that is good for their babies and do not hesitate in taking care of their children.

Most of respondents are considered to have high resilience level. This is because they do not feel alone. Around them, many women were married young as well. Reisnick (2011) states that social support is important to improve people's resilience especially one who is in trouble. With support from one's surrounding, she would have the strength to overcome the difficulties she encounter.

AUTHOR CONTRIBUTION

Bebby Yohana, Tri Sunarsih, and Dewi Rokhanawati conceived the presented idea, collected the data, did data analysis, discussed

the results, and wrote the manuscript. The authors contributed to the study.

CONFLICT OF INTEREST

There was no conflict of interest in this study

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