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Child marriage dispensation from a reproductive health perspective: why do judges grant or reject applications?

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Abstract

Objectives: Child marriage remains a critical public health concern in Indonesia, with significant implications for reproductive health and maternal well-being. In South Kalimantan, Indonesia, the practice is often justified through court-approved dispensations, exposing young brides to higher risks of complications during pregnancy and childbirth, perpetuating cycles of poverty and inequality. This study investigates the determinants influencing judicial decisions on child marriage dispensation applications from a reproductive health perspective, focusing on 13 Religious Courts in South Kalimantan, Indonesia.

Methods: Utilizing a mixed-method design, this study combines quantitative descriptive analysis with qualitative approaches to understand judges' considerations. Data were collected from secondary data source and review of 249 child marriage dispensations case documents from 13 Religious Court in South Kalimantan in 2024.

Results: Among 249 child marriage dispensation cases in 2024, only 27 (10.84 %) involved health examinations for both partners. This disparity indicates that grooms are less likely to comply with health examination requirements, with 181 grooms and 10 brides granted dispensations without health certificates. Despite brides presenting general health certificates, judges often grant dispensations, potentially overlooking significant health risks. Approximately 71.49 %

of cases are approved without comprehensive health examinations. Most examinations only provide general health information, with 79.12 % of cases involving health assessments solely for brides, highlighting a significant disparity in pre-marital health evaluations.

Conclusions: Thorough health evaluations and legal age adherence in marriage dispensations protect minors' physical, emotional, and socio-economic well-being. Judges should enforce strict evaluations to safeguard minors' health and rights.

Keywords: child; child welfare; judicial role; marriage; premarital examinations

Introduction

Child marriage is defined by the United Nations as the formal or informal union of individuals under 18. It is widely seen as a human rights violation and detrimental practice that negatively affects the health, increase of violence, exploitation, abuse and development of children, especially girls [1–3]. According to the UNICEF 2021, global data estimates that 650 million girls and woman married before reaching 18 years old and each year, 12 million new cases of child marriage occur, equating to 28 girls getting married every minute [4, 5].

Indonesia has recorded a consistent reduction in the proportion of women married or cohabiting before the age of 18 has steadily decline over the past five years, dropping from 10.82 % in 2019 to 5.9 in 2024 [6]. The same decline also occurred in South Kalimantan Province, from 21.8 % in 2019 to 7.8 % in 2024 and this figure still exceeds the national average and reflects persistent reproductive health vulnerability [6]. South Kalimantan remains a province of strategic concern. Data from the 2024 National Socioeconomic Survey (Susenas) reveal that South Kalimantan recorded the second-lowest median age at first marriage (20 years) and the second-highest proportion on women married before age 19 (36.84 %) [7]. These early union patters are compounded by elevated fertility risk: the province ranked third national in the proportion of women who has ever give birth to a live born child, reach 51.66 % [7].

To achieve Sustainable Development Goals (SDGs) target to eliminating child marriage by 2030, Indonesian

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government has made efforts to increase the minimum age 16–19 years old for girls according to Marriage Law No.16 of 2019 [8]. Judges in religious and civil courts have the authority to approve dispensations for child marriages and petitioners are permitted to register their marriages [9]. Study in West Java and a report Plan International Australia, found that over 90 % of marriage dispensation cases presented to the courts are approved. This high approval rate poses significant challenges for Indonesia in achieving the Sustainable Development Goal target [10]. This condition also show that the religious court has not yet considered the best interests of the child, especially regarding the child rights and the spirit to prevent and protect children from child marriage [11, 12]. Socioecological model by multiple layers such as individual, familial, community, societal and institutional is used in the national strategy to prevent child marriage and judicial review on child marriage [13].

The Supreme Court Republic Indonesia No. 5 of 2019 stipulates several prerequisites that judges must consider when deciding to grant or reject marriage dispensation cases. Not only administrative document and following the entire court process as per the regulation, but also judges' value and understanding of children's rights and reproductive health rights which include health condition of the child before married is also needed as a part of the key considerations for judges to protect children from the risk of early pregnancy complication, maternal and infant mortality, sexual and reproductive health risk such as Sexual Transmitted Diseases (STDs), Human Immune Deficiency Virus (HIV), cervical cancer, and other reproductive health risk in the future [11, 14].

Objectives

This study explores key factors influencing judicial decisions on child marriage dispensation applications from a reproductive health perspective, focusing on all Religious Courts located across 13 regencies and municipalities of South Kalimantan Province. Specifically, it explores how health examination results are considered by judges in deciding to approve or reject child marriage dispensation application.

Methods

Study design and participants

This sequential exploratory mixed method approach was conduct in August-December 2024. This study analyzes the child marriage dispensation case document focus on cases filed between January 1, 2024 until December 31, 2024 in South

Kalimantan. This period reflects post pandemic stabilization in judicial practices and coincides with full implementation of Indonesia's update marriage law and integrated case management systems (*Sistem Informasi Penelusuran Perkara* (SIPP)) and the supreme court's decisions directory.

Data collection

Data for this study were obtained from child marriage dispensation case documents accessible for public on the Indonesia Supreme Court's Decision Directorate Website [15], by entering keywords "child marriage dispensation", selecting the document type of verdict and searching by each religious court individually such as Religious Court Amuntai, Banjarbaru, Banjarmasin, Barabai, Batulicin, Kandangan, Kotabaru, Marabahan, Martapura, Negara, Pelaihari, Rantau, Tanjung. Although case information is fully available on supreme court's official website, but many records do not include complete attachments of the court verdict document. Therefore, it is necessary to cross-reference their records with the case tracking information system SIPP of each respective religious court. As of 2024, a total of 440 verdict document concerning child marriage dispensation have been recorded, yet only 249 include complete attachment of the verdicts and were used for further analysis due to their completeness and reliability. Furthermore, data from each attachment of child marriage dispensation cases were carefully transcribed into a master table with rigorous double-checking procedures implemented to maintain accuracy and consistency. Finally, the data were securely stored in a digital format, with backup measures in place to safeguard against data loss, ensuring both the integrity and confidentiality of the research data.

Ethical consideration

This study received approval for The Ethics Committee of the University of Indonesia, approved this study No: Ket-539/UN2.F10. D11/PPM.00.02/2024. All personal data were kept confidential and permissions were also secured from Provincial Religious Court and 13 Religious Court from each district/city in South Kalimantan were informed about the aim of the study.

Data analysis

This study applies an explanatory sequential mixed method design, combining both quantitative and qualitative analysis. Quantitative analysis, including descriptive statistics techniques facilitated by microsoft excel. Pivot tables were

employed to organize and summarize data, allowing for efficient calculation of frequencies, percentages for several key factors. Socioecological model was used in judicial review on child marriage such as individual variable (demographic information's and the urgent reason for requesting child marriage) and institutional variable (health examination result) also include in this analysis. Others variable such as familial, community, societal dimension will be excluded from this analysis due to the limited availability in the official documents of marriage dispensation rulings.

For qualitative component, data were analyzed manual coding techniques which involved thematic coding of the case documents to identify recurring themes and motives presented in court. This analysis particularly focused on understanding how judges consider reproductive health impacts when making decisions on child marriage dispensation applications.

Data trustworthiness

To ensure the trustworthiness of the findings derived 249 verdict document reviews child marriage dispensation cases, four essential principles were rigorously applied. Credibility, which pertains to the accurate representation of reality, was achieved through source triangulation by comparing information across documents sections, researcher triangulation involving multiple analysts in the coding process, and data immersion via repeated reading. Crucially, the study supervisor and advisor (SP, AK), reviewed all research procedures, codes, and concepts to validate the credibility of the results. Dependability, emphasizing process consistency, was established through the creation of an audit trail documenting each research step, the development of clear analysis protocols, and systematic data storage. Confirmability, focusing on objectivity, was strengthened by researcher reflexivity, regular inter-researcher discussions, and the use of direct quotations to support interpretations. Finally, transferability, addressing the applicability of findings in other contexts, was enhanced through rich contextual description, maximum variation sampling, and the use of supporting data from external sources. By strictly adhering to these principles, the validity and reliability of the research findings were ensured, along with their relevance to broader contexts.

Results

This study examines the documentation of child marriage dispensation cases within the province of South Kalimantan,

Indonesia, during the calendar year 2024. A quantitative analysis of 440 cases adjudicated between January 1st and December 31st, 2024, revealed that only 249 cases (percentage to be inserted) possessed complete documentation. This lack of complete documentation significantly impedes a comprehensive understanding of the procedural aspects, judicial considerations, and outcomes associated with these dispensation cases within the specified timeframe.

Characteristic of prospective grooms and brides applying for child marriage dispensation

Table 1 shows that this demographic information is crucial for understanding judicial discretion in granting or rejecting child marriage dispensations. Emphasizing education and economic empowerment, along with strict adherence to legal age requirements for marriage, can help mitigate these risks and promote healthier futures for young individuals. After the amendment of Indonesia Marriage Law—specifically Law No.16 of 2019, which raising the minimum age for prospective brides from 16 to 19 years, it appears that child marriage involving girls aged 17–18 years old (75.90 %) and boys 17–18 years old (16.87 %) with median age of 17 for girls. Table 1 shows that 6 boys (2.41 %) and 41 girls (16.47 %) married under the age of 16, with some as young as 13 years old for girls and 14 years old for boys. The median age for grooms is 22, and 17 for brides. Furthermore, the vast majority of both grooms were categorized as never married, with only a small proportion having been previously married (2.41 % of grooms and 1.20 % of brides).

Table 1 educational attainment among brides is comparatively low, with 40.56 % having only a junior high school education and 23.29 % only elementary education. The employment data shows gender disparity status among grooms and brides. Nearly half of the grooms are formal workers (49.79 %) such as government employed, private sectors, teacher/educator. Informal employment among grooms also substantial (48.59 %), with many working as farmers, freelancers, religious workers, and entrepreneurs, reflecting diverse income-generating roles outside formal labor protections. In contrast, the majority of brides are unemployed (81.93 %), with only 12.05 % in formal employment, mostly as student and just 6.02 % in informal work.

Age disparity in marriage dispensation cases

Table 1 also shows the age disparity between prospective spouses is notable, with a majority of grooms being significantly older. Almost half of the cases (41.74 %)

Table 1: Demographic information of prospective groom (n=249) and bride (n=249).

Demographic Information	Groom, Boys f, %	Bride, Girls f, %
Age, years		
Early adolescent (ages 11–13)	0 (0)	1 (0.40)
Middle adolescent (ages 14–16)	6 (2.41)	41 (16.47)
Late adolescents (ages 17–19)	60 (24.10)	199 (79.92)
Adulthood (ages 20–45)	183 (73.49)	8 (3.21)
Range, min–max	14–45	13–29
Median	22	17
Age disparity between prospective spouses	Man older than female	Female older than man
<5 years	101 (40.56)	16 (6.43)
5–10 years	94 (38.84)	4 (1.61)
>10 years	33 (13.64)	1 (0.40)
Marriage status		
Never married	243 (97.59)	246 (98.80)
Previously married	6 (2.41)	3 (1.20)
Education level		
Not applicable ^a	6 (2.41)	6 (2.41)
No education background ^b	4 (1.61)	4 (1.61)
Elementary school	39 (15.66)	58 (23.29)
Junior high school	54 (21.69)	101 (40.56)
Senior high school	133 (53.41)	77 (30.92)
Diploma/bachelor degree	13 (5.22)	3 (1.2)
Job classification		
Formal workers	124 (49.79)	30 (12.05)
Informal workers	121 (48.59)	15 (6.02)
Unemployed ^c	4 (1.61)	204 (81.93)
General income (standard Rp. 3,282,812)		
Not applicable ^a	15 (6.02)	29 (11.65)
Unemployed ^c	4 (1.61)	204 (81.93)
≤Under standard	122 (49)	16 (6.43)
Moderate – high standard	108 (43.37)	0
Range, min–max	100,000–100,000,000	900,000–3,000,000
Median	3,000,000	1,650,000

Data source: Case document analysis from the Indonesia Supreme Court's Decisions Directory and SIPP, system in South Kalimantan. ^aNot applicable: data was not recorded in case file child marriage dispensation cases. ^bNo education background: individual has never attended school or received formal education. ^cUnemployed: without any form of employment/students/housewife.

have an age difference of less than 5 years, while 38.84 % are 5–10 years older, and 13.64 % exceed a 10-year age gap.

Defining “urgent reasons” in child marriage permits

Judicial discretion in granting or rejecting child marriage dispensations should consider the reasons for these requests is very crucial for judges to make informed decision. Basically, the reasons for applying for marriage dispensations are multifaceted; nearly all cases involve more than one factor such as in relationship with the following reason such as committed to marry, pregnant, child bearing and pressure to marry with several conditions.

To aid interpretation, case outcome is categorized into four legal dispositions: “granted”, indicating that the court approved the dispensation request, “rejected”, indicating the petition was substantively examined and denied, “dismissed”, referred to cases closed without substantive review due to procedural deficiencies, and withdrawn, denoting petitions voluntary retracted by the applicants prior to adjudication.

Table 2 shows that the urgent reasons were “committed to marry” (43.78 %), and “in relationship” (39.76 %). Together the two urgent reasons representing 83.54 % for all recorded cases, which 68.27 % were granted child marriage dispensation. The category “committed to marry” encompassed situation in which the prospective spouses in relationship and entered into a formal engagement or already set a

Table 2: Urgent reason for requesting child marriage dispensation (n=249).

Urgent reason for requesting child marriage dispensation	Withdrawn		Dismissed		Granted		Rejected		Total	
	f	%	F	%	F	%	f	%	F	%
In relationship	3	1.20	1	0.40	86	34.54	9	3.61	99	39.76
Committed to marry	3	1.20	–	–	84	33.73	22	8.84	109	43.78
Has had sexual intercourse					1	0.40	2	0.80	3	1.20
Pregnant	2	0.80			30	12.05			32	12.85
Childbearing					3	1.20	1	0.40	4	1.60
Pressure to marry					1	0.40	1	0.40	2	0.80
Total	8	3.21	1	0.40	205	82.33	35	14.06	249	100

Data source: Case document analysis from the Indonesia Supreme Court's Decisions Directory and SIPP, system in South Kalimantan.

wedding date. Finding also shows, duration their relationship may vary with ranging from 1 to 84 months. The average duration is 19 months, with median 12 month.

Furthermore, almost all cases also explain about mutual affection that makes separation difficult, and the desire to marry promptly to avoid premarital sexual activity or behaviors prohibited by religious beliefs, social norm and cultural norms and could lead to actions that are consider inappropriate or unacceptable with their community or religion.

Due to the close relationship between the two parties, the judge opines that to prevent greater harm and for the benefit of all parties, With this legal marriage, violations of religious norms, legal norms, and social norms can be avoided (119/Pdt.P/2024/PA.XX)

Notably, of the 32 pregnancy related cases, two were withdrawn while the remaining 30 were granted, confirming full approval of pregnancy as an urgent reason. The gestation ages form all cases ranging from 1 to 8 months and a median of 4 months. It also becomes clear that cultural expectation and pregnancy status has a strong influence on court decisions and serves as a key driver for approving marriage dispensation.

The urgent reason for the Applicant's to marry is that they have been dating for approximately three years and got engaged in April 2024, and the Prospective Bride is currently pregnant.... (65/Pdt.P/2024/PA.XX)

Completeness of health examination certificate requirements

Table 3 show that among 249 child marriage dispensation cases in 2024, 72.7 % groom were “granted dispensation without health examination certificate”. Furthermore, religious court also “granted” brides only with general health certificate (71.5 %). In contrast, only 12.4 % (groom) and 1.6 %

(bride) were “rejected without health examination certificate” and only 9.2 % brides were “rejected without health examination certificate”. Furthermore, only 2.8 % cases document were support by a pregnancy test. It's not guarantee judicial approval. This study also show, only three cases (1.2 %) were granted, while four (1.6 %) were rejected. Furthermore, only 27 (10.84 %) involved both prospective partners undergoing health examinations before marriage.

Despite brides providing general health certificate in religious courts, judges continue to grant their applications for marriage dispensations. This suggests that the judges may not be thoroughly considering the health examination results provided.

The child is in good physical and psychological health, and therefore able to proceed with the marriage (289/Pdt.P/2024/PA.XX)

Most of the information just show general information about their health conditions such as body weight, height and blood pressure, but sometimes general health certificate also shows previous health conditions, blood type and hemoglobin levels.

Both prospective spouses are physically fit to enter into marriage, with the bride currently pregnant, her hemoglobin is low and neither party has a history of any life-threatening illness (65/Pdt.P/2024/PA.XX)

Moreover, this result also shows the majority of health examinations conducted at primary health centers (*puskesmas*) and government hospital (8.84 % grooms and 87.95 % brides), and less than 3 % their conducted health examination in private hospital or clinic. Moreover, approximately 79.12 % of the cases involve health assessments only for the bride, while only 11.24 % include examinations of both the bride and groom, which focus exclusively on the health condition of the prospective bride rather than both partners. Specifically, this indicates a significant disparity in premarital health evaluations, where the health of the groom is often overlooked.

Table 3: Premarital examination recommendation letters based on court decision and gender of prospective brides and groom (n=249 case).

Total Cases	Grooms, boys				Premarital examinations recommendation letter				Brides, girls				Total Cases
	Withdrawn	Dismissed	Granted	Rejected	Withdrawn	Dismissed	Granted	Rejected	Withdrawn	Dismissed	Granted	Rejected	
8 (3.2 %)	7 (2.8 %)	1 (0.4 %)	–	–	7 (2.8 %)	1 (0.4 %)	–	–	7 (2.8 %)	1 (0.4 %)	–	–	8 (3.2 %)
212 (85.5 %)	1 (0.4 %)	–	181 (72.7 %)	31 (12.4 %)	Without health examination certificate	1 (0.4 %)	–	–	Without health examination certificate	–	10 (4 %)	4 (1.6 %)	15 (6.0 %)
27 (10.9 %)	–	–	23 (9.2 %)	4 (1.6 %)	General health certificate	–	–	–	General health certificate	–	178 (71.5 %)	23 (9.2 %)	201 (80.7 %)
1 (0.4 %)	–	–	1 (0.4 %)	–	Premarital health examination certificate	–	–	–	Premarital health examination certificate	–	7 (2.8 %)	4 (1.6 %)	11 (4.4 %)
–	–	–	–	–	Marriage readiness certificate	–	–	–	Marriage readiness certificate	–	1 (0.4 %)	–	1 (0.4 %)
NA ^a	NA ^a	NA ^a	NA ^a	NA ^a	Pregnancy certificate	–	–	–	Pregnancy certificate	–	3 (1.2 %)	4 (1.6 %)	7 (2.8 %)
NA ^a	NA ^a	NA ^a	NA ^a	NA ^a	Ultrasonography certificate	–	–	–	Ultrasonography certificate	–	4 (1.6 %)	–	4 (1.6 %)
NA ^a	NA ^a	NA ^a	NA ^a	NA ^a	Immunization certificate	–	–	–	Immunization certificate	–	2 (0.8 %)	–	2 (0.8 %)
249 (100)	8 (3.2 %)	1 (0.4 %)	205 (82.4 %)	35 (14 %)	Total	8 (3.2 %)	1 (0.4 %)	205 (82.3 %)	Total	8 (3.2 %)	205 (82.3 %)	35 (14.1 v%)	249 (100 %)

Data source: Case document analysis from the Indonesia Supreme Court's decisions directory and SIPP system in South Kalimantan. ^aNA: not applicable for grooms (boys)

Health examination result in child marriage dispensation case documents

The appended documents provide an overview of the health examination result for the prospective bride and groom involved in the child marriage dispensation cases. The health examination result shows various health parameters in general because the majority prospective groom and bride with the following statement below:

In good health and able to proceed with the marriage (104/Pdt.P/2024/PA.XX)

"The examination results indicate that there are no health conditions necessitating the immediate marriage of the applicants' child (48/Pdt.P/2024/PA.XXX)

Table 4 show health examination results in child marriage dispensation case documents, which primarily come from two sources: general health certificates and premarital health examinations, are assumed by the judge as the basis for considering the child marriage dispensation.

Discussion

Child marriage dispensation is a human rights violation and also public health problem. Socio-ecological model shows interrelated factors such as individual, interpersonal, community and social factors to considering granted or rejected result [16–18]. During judicial process of granting child marriage dispensation, judges will follow procedure based on Supreme Court Regulation (Perma No.5/2019) as a guideline for adjudicating application for marriage dispensation [18, 19].

Table 4: Health examination result in child marriage dispensation case documents.

Category	Subcategory
General health information	Pregnancy status and gestational age
	Assessed as being good physical and mental health
	There are no health conditions requiring an immediate marriage
	Declared to be in good health, therefore can proceed with the marriage
Pre-marital health examination	Physically healthy to marry
	Has any history of dangerous illnesses
	Hemoglobin measurement
	Tetanus toxoid (TT) immunization
	Comorbid medical history
	Received pre marital health counseling

Individual factor consideration such as age gaps between spouses is very important in judicial discretion, specifically for considering the reproductive health risk that may arise if one partner is significantly older, can create power imbalances, limiting decision-making power of the younger partner, may harm mental health, foster dependency, and disrupt household harmony and increasing the risk of domestic violence and divorce in the future [20–26]. Furthermore, educational level, their job and the general income before marriage mostly mentioned as a human rights dimension potentially affected by child marriage, such as threats to education and economy security, but not directly use as judicial criteria in dispensation hearing [27].

This study also highlights, significant gendered difference in labor participation, with brides overwhelmingly positioned outside the workforce, often in unpaid domestic roles with a significant number of brides are unemployed and indicating a high level of financial dependence on their spouses. This dependency can reduce their negotiating power within the household and limit access to healthcare and other essential services. While most grooms are employed, many have under-standard incomes (49 %), suggesting potential financial instability. Low-income levels can impede access to quality healthcare, nutrition, and education for any future children, affecting the overall well-being of the family [28].

Moreover, this study also shows the reason such as committed to marry, in relationship and also pregnancy status, confirming full approval of pregnancy as an urgent reason. It also becomes clear that relationship and pregnancy status has a strong influence on court decisions and serves as a key driver for approving marriage dispensation. Study in Purwokerto shows the several reason such as in relationship, sexual intercourse and unwanted pregnancy as the urgent reason of judge's granted child marriage dispensation [29]. Study in Wonosobo, shows judicial discretion is exercised within the framework of Law No.16/2019, but often lack consistency in interpreting what constitutes "very urgent reason" [30]. These reasons are used collectively as "very urgent reason" by the judge in considering the trial for marriage dispensation. According to the Elucidation of Article 7 paragraph (2), define the very urgent reason is that there is no other choice and it is imperative that a marriage takes place. However, it is not clearly stated that the reason is very urgent, for example in relationship or being pregnant [31].

Several study show, judges also consider their the economic wellbeing of daughters, social pressures faced by families when the brides in relationship and also protect them from risks associated with school attendance, such as rape and physical abuse and unwanted pregnancy [32, 33]. Furthermore, judges often refer to religious and cultural

laws and fear of premarital sexual relations (*zinah* = زنى) and unwanted pregnancy as influential factors to protect girls from social stigma and ensure the legitimacy of unborn children [34]. Study in Luwuk Religious Courts shows, judges also considering child in the womb, morality, financially and also Islamic law for weighting between *maslahah* (well-being) and *mafsadah* (harm/damage) [35].

Institutional variable such as pre-marital health examinations is also play crucial role for granted or rejected child marriage dispensations. This study show, 72.7 % grooms were granted marriage dispensation without presenting health certificate and the judges also still granted 71.5 % brides only with general health certificate. This study also shows, general health certificate only shows general information and limited to basic health measurement such as blood pressure, height and weight without any assessment of reproductive, psychological or development health.

Without comprehensive explanations and detailed health examination results, judges find it challenging to understand and interpret the potential health impacts of child marriage. For example, height is a critical factor, as a height below 150 cm is associated with a higher risk of caesarean sections due to a narrow pelvic structure [36–39]. Similarly, weight and Body Mass Index (BMI) in line with underweight individuals at risk of preterm birth and low birth weight infants, while overweight individuals face higher risks of gestational diabetes and hypertensive disorders [40]. Moreover, other health parameters such as blood pressure and hemoglobin levels play significant roles. Low blood pressure can indicate anemia, increasing complications during pregnancy, while high blood pressure is a risk factor for preeclampsia [40, 41].

Pre-marital health screening and counselling are vital ensure family health readiness and also can prevent maternal and infant mortality, stunting, birth defect which include common genetic disorders and disabilities [42, 43]. To reduce the practice of marriage dispensation, pre-marital guidance and counseling, are recommended to prepare couples psychologically and mentally for marriage through recommendation letters from health services and other supplementary documents as part of their decision-making process for judges [19]. However, Indonesia still struggling to implementing pre-marital screenings. Many brides lack comprehensive pre-marital health screening. Primary health care faces multiple challenge such as the limited human resources may lead limited scheduled activities for couples get pre-marital screening, ineffective coordination among various stakeholders, limited logistic, monitoring and budget constraints which has led to this program not being prioritized yet [42, 44]. The lack of standardized health reporting from healthcare providers limits judges to general

assessments, hindering comprehensive consideration of reproductive risks.

Conclusions

This study is limited to child marriage dispensation case document. This finding reflects the procedural and evidentiary dimension captured within these records, and may not fully represent broader socio legal dynamics or informal judicial reasoning. Additionally, the findings are context-specific and may not be generalizable beyond the studied jurisdictions. Future research incorporating interviews, observation data, or cross-jurisdiction comparisons could enrich understanding and validate the pattern identified. To conclude, the relationship and pregnancy status remains the most frequently cited urgent reason may contribute to judicial tendencies toward granting child marriage dispensation, without fully weighing the medical, psychological and social implications. The lacked documented health assessments also bring the absence of comprehensive evaluation can lead to decision that inadvertently compromise the wellbeing of the child. Strengthen collaboration between district health office and religious court is very important to ensure the quality and comprehensiveness judicial consideration in marriage dispensation cases. In addition, capacity building is needed for healthcare provider to deliver examination results in formats that are easily understood by judges, and for judges to interpret these finding more comprehensively as part of evidence-based decision-making in marriage dispensation cases.

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Research ethics: This study received ethical clearance from the relevant institutional review board for The Ethics Committee of the University of Indonesia, approved this study Number: Ket-539/UN2.F10. D11/PPM.00.02/2024, valid until July 2025.

Informed consent: This study relied exclusively on publicly accessible secondary data obtained from the official case registry website (SIPP), with institutional access permissions granted by 13 Religious Courts in South Kalimantan, the South Kalimantan Provincial Religious Court, and the

Supreme Court of the Republic of Indonesia. As the data did not involve direct interaction with human subjects and contained no identifiable personal information, informed consent from individual participants was not required. Nevertheless, the authors ensure that any case-related personal information accessed during the study was handled with strict confidentiality and use solely for academic and analytical purposes.

Author contributions: All authors read and approved the final manuscript. All authors take responsibility for the integrity of the data and the accuracy of the data analysis.

Use of Large Language Models, AI and Machine Learning

Tools: The authors confirms that all of the content of this manuscripts is entirely based on our original data analysis, all analytic process, interpretations, academic reasoning, and conceptual development conducted by the authors. A large language model using Microsoft copilot (2025) to support the translation and refinement of grammar and sentence structure. All idea, interpretations and conclusions remain the sole responsibility of the author. The final manuscript preserves the authors original voice, reviewed and verified to ensure accuracy and integrity.

Conflict of interest: The authors declare that they have no competing interests.

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References

1. Zaman M, Koski A. Child marriage in Canada: a systematic review. *PLoS One* [Internet] 2020;15:1–13. Available from.
2. Parmar A. Recommendations for action against child and forced marriages. *Unnati Int J Multidiscip Sci Res Peer Rev J Impact Factor-4* [Internet] 2022;8:2581–8872. Available from: <https://www.unicef.org/india/what-we-do/end->.
3. Subramanee SD, Agho K, Lakshmi J, Huda MN, Joshi R, Akombi-Inyang B. Child marriage in south Asia: a systematic review. *Int J Environ Res Publ Health* 2022;19. <https://doi.org/10.3390/ijerph192215138>.
4. UNICEF. A profile of child marriage south Asia [Internet]; 2023. Available from: <https://data.unicef.org/resources/a-profile-of-child-marriage-in-south-asia/>.
5. United Nation Human Rights. Child and force marriage including in humanitarian settings [Internet]; 2023. Available from: <https://www.ohchr.org/en/women/child-and-forced-marriage-including-humanitarian-settings#:~:text=One>.
6. Badan Pusat Statistik. Survei sosial Ekonomi nasional Proporsi perempuan umur 20-24 Tahun Yang Berstatus Kawin Atau Berstatus Hidup Bersama Sebelum umur 18 Tahun Menurut Provinsi (Persen)

- [Internet]. Survei Sos Ekon Nas 2024. <https://www.bps.go.id/id/statistics-table/2/MTM2MCMY/proporsi-perempuan-umur-20-24-tahun-yang-berstatus-kawin-atau-berstatus-hidup-bersama-sebelum-umur-18-tahun-menurut-provinsi.html> [Accessed 2025 Aug 12].
7. Badan Pusat Statistik. Profil Kesehatan Ibu dan Anak 2024 [Internet]; 2024. Available from: <https://web-api.bps.go.id/download.php?f=Shf2uXUvW1aV7tQ0PLfjdE84THp2Q1J3NkcvTjhZMFBsNXV6VWU0ek5iWGQxRUY0SXdnepkHcktiTDZIWWhwZ2Q1RUpsbnY1YWdKSkdpRU9wUHZOUtBJeUhrWWG0VjdvT1cvb2pjOFdOaFhMRGIrRGJ1NGhWVDV3ajhRNm9oc1BTUkcyRzVCQTZMbyXTk9vTDg1V01oRXVjTUNYznYxdk>.
 8. Fitriahadi E, Rokhmah I, Hidayah K, Nugraheni IA, Nopiya D. Aisiyah's role in preventing child marriage in Indonesia: a qualitative study. *J Heal Technol Assess Midwifery* 2023;6:25–35.
 9. Fernando E. Criminal law policy on the protection of the marriage of the underage children. *Indones J Law Soc* 2020;1:75.
 10. Horii H. Child marriage as a choice: rethinking agency in international human rights. Meijers-reeks; 2020. Available from: <https://hdl.handle.net/1887/87059>.
 11. Susanti L. When children's rights are at stake, shall court remain silent? Analysis on the implementation of passivity of judge principle in child marriage dispensation in Indonesia. *Indones Law Rev* 2021;11:29–44.
 12. Sumner C. Policy paper 19 – ending child marriage in Indonesia the role of the courts [Internet]; 2020. Available from: https://law.unimelb.edu.au/_data/assets/pdf_file/0004/3331813/CILIS-Policy-Paper_Sumner-20200326.pdf.
 13. Kementerian PPN/Bappenas, Kementerian Pemberdayaan Perempuan dan Perlindungan Anak, UNFPA, UNICEF. Strategi nasional Pencegahan Perkawinan Anak [Internet]; 2020. Available from: <https://www.unicef.org/indonesia/media/2856/file/National-Strategy-Child-Marriage-2020.pdf>.
 14. Fakihudin R, Raharjanti P, Huda MWS. Relevance of religious court decisions regarding dispensation in child marriage. *Indones Priv Law Rev* 2022;3:41–52.
 15. Mahkamah Agung Republik Indonesia. Direktori putusan mahkamah agung republik Indonesia [Internet]. <https://putusan3.mahkamahagung.go.id/search.html> [Accessed 2025 Aug 12].
 16. Putri ND, Achmad H, Aries D, Pulubuhu T. Determinants of child marriage using ecological theory: a literature review. *Budapest Int Res Critics Inst Humanit Soc Sci* [Internet] 2021;4:8338–47. Available from: <https://www.bircu-journal.com/index.php/birci/article/view/2774>.
 17. Pourtaheri A, Mahdizadeh M, Tehrani H, Jamali J, Peyman N. Socio-ecological factors of girl child marriage: a meta-synthesis of qualitative research. *BMC Public Health* [Internet] 2024;24:1–23. Available from:.
 18. Pardede JN, Asih WT, Siregar TA. Progressivism of judges in deciding applications for marriage dispensation. *Lambung Mangkurat Law J* 2021;6:41–55.
 19. Mahkamah Agung Republik Indonesia. Peraturan mahkamah agung Republik Indonesia No.5 Tahun 2019 Tentang Pedoman Mengadili Permohonan Dispensasi Kawin [Internet]; 2019. Available from: <https://peraturan.bpk.go.id/Home/Details/206071/perma-no-5-tahun-2019>.
 20. Wilson B, Smallwood S. Age differences at marriage and divorce. *Popul Trends* 2008;17–25.
 21. Reed DM, Radin E, Kim E, Wadonda-Kabondo N, Payne D, Gillot M, et al. Age-disparate and intergenerational sex partnerships and HIV: the role of gender norms among adolescent girls and young women in Malawi. *BMC Public Health* 2024;24:1–10.
 22. Qoza P, van Heerden A, Essack Z. The dynamics of sexual risk amongst South African youth in age-disparate relationships. *Front Reprod Heal* [Internet] 2023;5. Available from: <https://doi.org/10.3389/frph.2023.1125552>.
 23. Sekine K, Khadka N, Carandang RR, Ong KIC, Tamang A, Jimba M. Multilevel factors influencing contraceptive use and childbearing among adolescent girls in Bara district of Nepal: a qualitative study using the socioecological model. *BMJ Open* 2021;11:1–10.
 24. UNICEF. Child marriage and sexual and reproductive health and rights. *Glob Partnersh to End Child Marriage*; 2018:1–8 pp.
 25. Fan S, Koski A. The health consequences of child marriage: a systematic review of the evidence. *BMC Public Health* [Internet] 2022;22:1–17. Available from:.
 26. Burgess RA, Jeffery M, Odero SA, Rose-Clarke K, Devakumar D. Overlooked and unaddressed: a narrative review of mental health consequences of child marriages. *PLOS Glob Public Heal* [Internet] 2022;2:1–21. Available from.
 27. Kartoningrat RB, Andayani I. The legal effects of age limits in Indonesian marriage after the issuance of Law No. 16 of 2019 concerning marriage. *Int J Law Pol Soc Rev* 2024;6:102–8.
 28. Ijaiya MA, Anjorin S, Uthman OA. Income and education disparities in childhood malnutrition: a multi-country decomposition analysis. *BMC Public Health* 2024;24. <https://doi.org/10.1186/s12889-024-20378-z>.
 29. Syufa'at. Marriage dispensation in underage marriage: a case study at the purwokerto religious court. *Al-Manahij J Kaji Huk Islam* 2022;16: 91–102.
 30. Amalia AN, Ramdan M, Julian FP. The impact of law no. 16 of 2019 on judicial considerations in granting child marriage dispensations: a case study of the wonosobo class IA religious court. *Int J Multidiscip Res Anal* 2025;08:2899–906.
 31. Wahyuningrum DR, Suhariningsih S, Sulistyorini R. Jurisdictional implications vagueness of marriage dispensation norms in law number 16 year 2019. *Int J Multicult Multireligious Underst* 2021;8:559.
 32. Iswantoro TF, Tobroni F. Rationalization of islamic legal considerations in marriage dispensation: a lesson from Katingan, Central Kalimantan. *Al-Manahij J Kaji Huk Islam* 2022;16:301–14.
 33. Schaffnit SB, Lawson DW. Married too young? The behavioral ecology of 'child marriage'. *Soc Sci* 2021;10. <https://doi.org/10.3390/socsci10050161>.
 34. Mies G, Hoko H. Child marriage in a village in West Java (Indonesia): compromises between legal obligations and religious concerns. *Asian J Law Soc* 2018;5:453–66.
 35. Sustiono NA, Marzuki M, Sidik S. Judge considerations in accepting underage marriage applications in luwuk religious court. *Pendidik dan Stud Islam* 2022;8:325–36.
 36. Tanko M, Salissou M, Olivier SM, Muchirewesi D, Mukuzunga M. Risk factors for caesarean section due to cephalopelvic disproportion at Sakubva hospital in mutare distict Manicaland Zimbabwe. *Unnes J Public Heal* [Internet] 2024;13. Available from: <http://journal.unnes.ac.id/sju/index.php/ujph>.
 37. Malabarey OT, Balayla J, Abenhaim HA. The effect of pelvic size on cesarean delivery rates: using adolescent maternal age as an unbiased proxy for pelvic size. *J Pediatr Adolesc Gynecol* [Internet] 2012;25: 190–4. Available from.
 38. Marbaniang SP, Lhungdim H, Chaurasia H. Effect of maternal height on the risk of caesarean section in singleton births: evidence from a large-scale survey in India [Internet]; 2022. Available from: <https://pubmed.ncbi.nlm.nih.gov/34987043/>.
 39. Al Qahtani N H, Al Ganmi S, Badran A. The risk of cesarean delivery in short Saudi women. *Int J Clin Med* 2012;03:238–41.

40. Yu Z, Han S, Zhu J, Sun X, Ji C, Guo X. Pre-pregnancy body mass index in relation to infant birth weight and offspring overweight/obesity: a systematic review and meta-analysis. *PLoS One* 2013;8. <https://doi.org/10.1371/journal.pone.0061627>.
41. Young MF, Oaks BM, Tandon S, Martorell R, Dewey KG, Wendt AS. Maternal hemoglobin concentrations across pregnancy and maternal and child health: a systematic review and meta-analysis. *Ann N Y Acad Sci* 2019;1450:47–68.
42. Ibrahim AM, Okesanya OJ, Ahmed MM, Ukoaka BM, Lucero-Prisno III DE. Enhancing public health through the Kano pre-marital health screening bill: analysis of implications, challenges, and opportunities. *PAMJ – One Heal* 2024;14. <https://doi.org/10.11604/pamj-oh.2024.14.9.44265>.
43. Sidabutar NHT, Hadi EN. Premarital screening: a catalyst for achieving good health and well-being. *J Promkes; Indones J Heal Promot Heal Educ [Internet]* 2024;12:146–54. Available from: <https://e-journal.unair.ac.id/PROMKES/article/view/52708>.
44. Nugraheni SA, Mawarni A, Purnami CT, Winarni S, Asna AF, Kartini A, et al. Implementation of premarital counseling description in Grobogan district, Central Java, Indonesia. *Amerta Nutr [Internet]* 2023;7:70–8. Available from: <https://e-journal.unair.ac.id/AMNT/article/view/17068>.