

# Legal Protection for Adolescents Against Reproductive Health Rights in Minor Marriages

Fitriani Nur Damayanti<sup>1\*</sup>, Puji Nor Fatimah<sup>1</sup>, Siti Nurjanah<sup>1</sup>, Sandeep Poddar<sup>2</sup>

<sup>1</sup>Department of Midwifery, Faculty of Nursing and Health Sciences, Universitas Muhammadiyah Semarang, Tembalang, Kota Semarang, Jawa Tengah 50273, Indonesia

<sup>2</sup>Research & Innovation Division, Lincoln University College, Wisma Lincoln, No. 12-18, Jalan SS 6/12, 47301 Petaling Jaya, Selangor Darul Ehsan, Malaysia

\*Corresponding Author's Email: fitriani@unimus.ac.id

## ABSTRACT

**Background:** Indonesia ranks seventh highest in the world in terms of early marriage, with many teenagers under the age of 19 years, entering early marriage in Demak City. To describe and analyse the implementation of legal protection for teenagers regarding reproductive health rights in underage marriages, in Mranggen District, Demak Regency. **Methods:** Descriptive analytic with a qualitative sociological juridical approach, as well as purposive sampling a sample of 11 informants. Primary data was obtained through interviews, documents from related in-situations, and direct observation, while secondary data was extracted from books, journals, and other literature. Data collection techniques include field and library studies, with data processing through examination, verification, classification and systematisation of data, which is then analysed qualitatively. **Results:** The findings of the study on Legal Protection of Adolescent Reproductive Health Rights in Underage Marriage in Mranggen Regency, Demak Regency, show that there is still a lack of knowledge regarding the rights of adolescent protection, especially regarding legal protection for women who marry underage. **Conclusion:** Adolescent knowledge of reproductive health rights in underage marriage shows the need for a comprehensive approach in addressing this challenge. Although there are regulations governing the age limit for marriage and dispensation procedures, their implementation is still closely related to social and cultural factors in society.

**Keywords:** *Early Marriage; Legal Protection; Reproductive Health Rights; Teenagers*

## INTRODUCTION

Health Law is "a series of legal provisions, both written and unwritten which relate directly or indirectly to health, the relationship between patients or the public and health workers in efforts to implement health" (Wahi *et al.*, 2019). Reproductive health is defined as a state of overall health both mentally, physically, and social. Reproductive health is not limited to diseases or disorders of the reproductive system, function or process (Sripad *et al.*, 2024).

According to UNICEF data, Indonesia is in the 7<sup>th</sup> highest position in the world. Central Java is one of the three provinces with the highest absolute number of incidents of child marriage (Cunningham & Saleh, 2024). In the last ten years, the prevalence of child marriage in rural areas has decreased by 5.76% points, while in cities it has only decreased by less than 1 percentage point (Beyene, Garoma & Belachew, 2024). A study conducted by the Indonesian Ministry of Health shows that 2.6% of women aged 10–54 years were married for the first time at the age of less than 15 years, and 23.9% were married at the age of 15–19 years. This shows that around 26% of underage women marry before the functions of their reproductive organs develop optimally (Boku *et al.*, 2024). Apart from that, educational, economic, socio-cultural issues, and of course religious beliefs are some of the factors that contribute to the high rate of early marriage in Indonesia (Daraz *et al.*, 2023).

According to data from Islamic Guidance, a total of 50 teenage boys and 257 teenage girls were reported to

*Received: March 5, 2024 Received in revised form: March 20, 2025 Accepted: March 27, 2025*

have entered into underage marriages in 2023. Specifically, in the Mranggen District of Demak Regency, the figures included 10 teenage boys and 28 teenage girls involved in such marriages (General Assembly, 1989). Besides, the overload of content and resources may be considered as a challenge for learning pharmacology course in university context. In this regard, new instructive perceptions and scientific advances in pharmacology research motivate instructors to regularly adjust their teaching strategies (Liu *et al.*, 2023).

Therefore, guidance and counselling are needed about the consequences of underage marriage, both from the government and the private sector, as well as youth and student movements (Adedokun, Adeyemi & Dauda, 2016). Biologically, the reproductive organs of adolescents are still undergoing a process towards maturity (Mwakawanga *et al.*, 2024). Adolescents are not yet ready for sexual intercourse and pregnancy, which is followed by the birth process, because their reproductive organs are still undergoing a process towards biological maturity (Scanteianu *et al.*, 2022). Pregnancy under the age of 19 are at risk of bleeding, miscarriage, pregnancy, molar pregnancy and premature pregnancy. On the other hand, the resulting child is at risk of experiencing LBW and is 5–30 times more likely to die at birth (Pretorius & Ruch, 2025). To reduce problems that occur with reproductive health, the Government sets an age limit for marriage to reduce reproductive health problems. Form the data revealed that in commemorating National Children's Day 2022 there was data on 59,709 cases of marriage dispensations granted by Religious Courts throughout 2021 based on the 2022 (Beckwith *et al.*, 2024). Marriage too early can lead to more divorces because couples do not learn to take responsibility for domestic life and prioritise each other's egos before marriage (Ding, 2023). Especially to protect children, especially girls in early marriage, and to reduce early marriage, the various consequences caused by early marriage for underage teenagers, especially girls, must be analysed (Chan *et al.*, 2022).

From a nursing perspective, early marriage poses critical challenges to adolescent reproductive health, often requiring proactive interventions by nurses. Nurses play a vital role in providing adolescent-focused reproductive health education, identifying early health risks in young brides, and advocating for policy enforcement and community outreach to prevent complications related to underage pregnancies. Their contribution is essential in bridging healthcare, legal awareness, and community support.

## **METHODOLOGY**

This study investigates the legal and social dimensions of early marriage practices in Mranggen District, Demak Regency, with a particular focus on reproductive health rights and legal protection. To explore these complex issues, a qualitative approach rooted in sociological jurisprudence was adopted. This methodology enabled the researcher to examine how legal norms and social practices intersect, offering a comprehensive understanding of the implications of early marriage on adolescent girls and their families.

### **Research Design**

This research adopts a descriptive-analytical approach within the field of law, utilising qualitative sociological jurisprudence to explore the issue of early marriage (Namanda *et al.*, 2023). The qualitative nature of the study allowed for a deeper sociological and legal interpretation of early marriage practices.

### **Sampling Method**

The study employed purposive sampling to select a total of 11 informants directly relevant to the research objective, including five adolescent girls who were married at a young age, five parents of adolescent girls who experienced early marriage, and one key informant—the Head of the Religious Affairs Office—who provided official and institutional insights. Participants were chosen based on specific inclusion and exclusion criteria to ensure the relevance and depth of the information gathered.

### **Data Collection Methods**

Primary data were collected using several techniques, including direct observation, in-depth interviews, and document analysis. The document analysis involved reviewing legal and government sources from the Mranggen District in Demak Regency. Secondary data were gathered through literature reviews on themes such as early marriage, reproductive rights, and legal protection frameworks.

### **Data Analysis Techniques**

The collected data were analysed using qualitative thematic interpretation and legal document analysis.

This dual method enabled the identification of key themes and patterns, supporting an integrated understanding of both legal and social implications of early marriage.

**Focus of the Analysis**

This methodological approach facilitated a deeper exploration of how reproductive health rights are impacted by early marriage, especially in terms of legal protection and enforcement. The study aimed to uncover the interplay between societal norms and legal frameworks in shaping the experiences of underage married girls.

**Ethical Consideration**

The researchers obtained ethical clearance from the Universitas Muhammadiyah Semarang, Indonesia with reference number 438/KE/06/2024 on July 1<sup>st</sup>, 2024.

**RESULTS**

Adolescents who marry at a young age face numerous risks, particularly concerning reproductive health. Young girls are especially vulnerable to pregnancy and childbirth complications, which can pose serious, even life-threatening, health risks. Beyond medical concerns, early marriage often disrupts their education, leading to school dropouts and significantly limiting future opportunities.

No.	Informant	Code
1.	Young Women Who Engage in Underage Marriage.	IU
2.	Parents of Teenage Girls Who Engage in Underage Marriage.	OT
3.	The Head of the Religious Affairs Office.	KUA

Table 1 summarises the interviews conducted with 11 informants to gain an in-depth understanding of early marriage practices in Mranggen District. The participants included five primary informants (IU), who are adolescent girls married at a young age; five additional primary informants (OT), who are parents of these girls; and one supporting informant (KUA), the Head of the Religious Affairs Office.

**General Views on Early Marriage**

Early marriage, defined as a marriage in which one or both partners are under the age of 19, is a complex and multidimensional phenomenon, encompassing social, economic, cultural, and legal aspects. The following are the results of the interview:

*“When I got married, I was 16 years old. Regarding underage marriage, what I know is that it is marriage under the age of 19. When I got married, I had already graduated from junior high school. In my opinion, a person is said to be ready to get married maybe at the age of 20 because at that age they are mentally and emotionally mature.” (IU1)*

*“I got married at the age of 18. Regarding underage marriage, what I know is that it is marriage under the age of 19. At the time of marriage, I had already graduated from high school. In my opinion, a person is said to be ready to get married maybe at the age of 20.” (IU2)*

*“I got married at the age of 18. Regarding underage marriage, what I know is that it is marriage under the age of 18. At the time of marriage, I had already graduated from high school. In my opinion, a person is said to be ready to get married at the age of 21 or when they are truly mentally ready.” (IU3)*

In IU4 and IU5, they have the same opinion that regarding underage marriage, a person is said to be ready to get married perhaps at the age of 20 because at that age they are mature physically and mentally.

Based on the results, this view shows the need for a holistic and in-depth approach in addressing the issue of underage marriage, to ensure protection of adolescent rights and strengthen understanding of the importance of holistic readiness before deciding to get married. Then here are the results of interviews with parents whose children married early:

*“In my opinion, underage marriage is considered better than the risk of slander that may arise from unclear dating relationships. I know that the minimum age limit for marriage is 19 years old, this information I*

*obtained from general sources that I read or heard.” (OT1)*

*“In my opinion, there should be no marriage under the specified age. I know that the minimum age limit for marriage is 19 years old, this information I obtained from sources that I read or heard. In addition, I also know that there is a marriage dispensation, because I followed the application process to the Religious Affairs Office (KUA) and the trial in court related to this recently.” (OT2)*

*“In my opinion, underage marriage is considered better than allowing a relationship that can lead to sin. I don't really know about the minimum age limit for marriage, I don't know where this information came from.” (OT3)*

Based on OT4 and OT5 the same who have various views regarding underage marriage, it can be concluded that understanding of this issue varies. Some of them see underage marriage as a better alternative compared to the moral risks of unclear dating relationships, while others oppose the practice and consider the minimum age for marriage to be 19 years. In addition, all respondents have knowledge of the existence of marriage dispensation, which they learned from the application process to the Religious Affairs Office (KUA) and the trial in court.

### **Impact of Early Marriage**

Pregnant under the age of 19 years is at high risk of bleeding, miscarriage, and premature birth, and increases the likelihood of the child experiencing low birth weight (LBW) and stillbirth by 5–30 times. The following are the results of interviews with key informants:

*“In my experience, getting married at an early age has two sides. The disadvantage may lie in the limited freedom of youth before marriage. My social environment did not change significantly after getting married, and although there were difficulties in building a household because of our young age, we learned to control our emotions and resolve disputes well.” (IU1)*

*“After deciding to get married at an early age, I realised that there were disadvantages in not being able to do as I did before marriage because I had responsibilities to my husband. However, the advantage was feeling happy to have a life partner who provides for me and can be a friend. Although there were difficulties in building a household, we faced them with a natural attitude of joy and hardship.” (IU2)*

*“After deciding to get married at an early age, I realised that there was an adjustment from being a freer girl to being more responsible as a wife. Even so, the advantage is that I feel like I have a true friend in everything with my husband. My social environment did not experience significant changes after getting married, with family and neighbours who always provide support.” (IU3)*

Based on interviews IU4 and IU5, the same respondents who got married at an early age, it can be concluded that they experienced various experiences and different views related to the decision. In general, they expressed that although there were disadvantages such as losing their youth and possible problems in the household, the advantage was feeling happy to have a companion.

### **Interview findings with parents who provided explanations regarding their children's early marriage are as follows:**

*“I've already found my soulmate, sis.” (OT1)*

*“I'm already pregnant, sis, whether I like it or not, I'll just get married rather than giving birth without a husband.” (OT2)*

*“I was already pregnant yesterday, sis, so whether I like it or not, I'll just get married.” (OT3)*

Based on the answers OT4 and OT5 from the people interviewed, there are several reasons that often cause early marriage among teenagers in Indonesia. These reasons include having found a soulmate, pregnancy outside of marriage that requires immediate marriage, and dropping out of school that encourages them to solve problems by getting married. This phenomenon illustrates the complexity of the social and cultural situation where the decision to marry is often influenced by social pressure, unplanned pregnancy, and limited educational priorities.

## **Legal Protection for Adolescents Regarding Reproductive Health Rights in Underage Marriage**

The rights of adolescents to reproductive health in underage marriage must be protected by law. Laws that set a minimum age of 19 for marriage are essential in protecting adolescents from major risks to their reproductive health, such as potentially fatal pregnancy problems.

The results of the interview with the Head of the KUA are as follows: "*I am sure that the number of underage marriages does not increase drastically every year. Although the number of marriages does not increase every year. The need for efforts to raise awareness of couples regarding age limits must reverse this trend. To ensure that all administrative obligations, including the submission of documents such as KK and KTP, are met before the trial, the annulment procedure by the religious court requires the issuance of such a permit*".

The findings young marriages will occur less in the future as more people are aware of the age limit of 19 years for marriage. The rights to adequate education and welfare, freedom from physical and mental violence, and adequate access to knowledge about reproductive health are all included in this protection. To ensure that all children including those who may be at risk of being married at a young age receive adequate protection under the law, the implementation of the Child Protection Law needs to be strengthened.

### **DISCUSSION**

In some cases, parents may decide to marry off their underage daughters, because they are worried that the child will be involved in an unstable relationship or potentially like someone else (Zelege *et al.*, 2022). The results of interviews with parents in this context show a variety of opinions regarding underage marriage, where some parents see marriage as a better alternative than the moral risks of unclear dating.

UNICEF states that early marriage occurs when someone marries before reaching the age of 18, either officially or unofficially. This is considered a fundamental human rights violation because it has the potential to have serious negative impacts on the mental and physical development of girls. Strengthening professional and legal protections for midwives is crucial in addressing the health risks and ensuring proper care for young girls affected by early marriage (Damayanti *et al.*, 2019b). The impacts include social isolation, the risk of early pregnancy, disruption to education, and limitations on opportunities for future career advancement. Interviews with respondents showed differences in views between traditional understandings of society and government policies regarding the age limit for marriage that aims to protect the rights of children and adolescents in this context. Early marriage in girls has significant impacts among others, loss of access to reproductive and sexual health rights: girls who marry at a young age are at risk of experiencing serious complications and maternal death during childbirth because their bodies are not ready for the difficult labour process, Vulnerable to Domestic Violence (Wollum *et al.*, 2025). This underscores the need for stronger legal frameworks to protect minors from early and potentially exploitative marriages, as discussed in the context of child sexual abuse in Indonesia. Early marriage increases the risk of girls experiencing domestic violence, because they are not mentally and psychologically matured enough to live a married life (Damayanti *et al.*, 2019a).

The Indonesian government has taken steps to address reproductive health issues by setting a minimum age for marriage of 19 years, in accordance with Article 7 paragraph (1) of the Marriage Law. This step aims to reduce high reproductive health risks, such as pregnancy complications at a young age. Interview results show that although some communities still have varying views on the practice of early marriage, the importance of this policy to protect the physical and mental health of girls is highly emphasised (Nhampoca & Maritz, 2024). Thus, this regulation is expected to influence community perceptions and behaviour in reducing the practice of early marriage for the welfare of girls as a whole (Kechagia, 2025; Kleprlikova *et al.*, 2019).

The following section provides an overview of child protection rights in the context of early marriage, emphasising that every child has the fundamental right to be protected from all forms of physical and mental violence (Hellwig *et al.*, 2024), including neglect and sexual abuse, children have the right to adequate welfare, care, and direction both at home and in other environments, children's rights to education that suits their interests, talents, and intelligence are guaranteed, and they are protected from sexual violations and violence in the classroom, children have the right to be free from financial and sexual violence, which can endanger their growth, education, and health. As highlighted in a recent bibliometric study by Damayanti *et al.* (2024), research

on midwifery policy increasingly addresses child welfare concerns, reflecting a growing academic and policy-level commitment to safeguarding children's rights in health and social systems.

In addition to midwives, other health workers such as nurses have an important role in providing reproductive health education to adolescents, especially those in underage marriages (Sartika *et al.*, 2025). This education includes: information on reproductive anatomy and physiology, the risks of early pregnancy (medical complications, malnutrition, mental health), prevention of sexually transmitted diseases (STDs), reproductive rights and adolescent sexual health (Howe, 2025). From a nursing perspective, underage marriage poses serious reproductive health risks that require early intervention and continuous care. Nurses play a role in providing comprehensive reproductive health education to adolescents, particularly in rural or high-risk areas. Through school programs, community outreach, and clinical settings, nurses educate young girls on topics such as puberty, contraception, sexually transmitted infections, and the dangers of early pregnancy. The importance of professionalism in delivering such evidence-based reproductive health services, especially by midwives and nurses is essential. Professional competence ensures that adolescents receive accurate, ethical, and culturally sensitive care, which is needed in addressing the unique challenges posed by early marriage (Damayanti *et al.*, 2020). In addition to health promotion, nurses offer emotional support, identify signs of abuse, and advocate for the protection of adolescent rights within families and communities. Their involvement is essential not only in preventing health complications but also in promoting informed decision-making and supporting national efforts to reduce early marriage (WHO, 2020).

Challenges, including the application of customary law, exceptions, unreported marriages, and the absence of legal consequences for marriages between minors. Pregnancy before marriage is one of the most important factors and is often the main reason people want to avoid marriage. This shows the lack of knowledge and awareness of the community regarding the age limit for marriage, especially in remote areas such as Mranggen District. Early marriages are more common in this area due to several other factors, including lack of parental supervision, lack of formal education, the influence of religious differences, and low religious knowledge. Holistic efforts by many organisations, including the government, social institutions, and local communities, must be strengthened to educate and change community beliefs and behaviours around these issues to promote juvenile justice and reproductive health.

### **Limitation**

This study focuses on a sample of adolescents who were married underage. A key limitation of the research lies in the cultural normalization of child marriage within the community, which influences the openness of informants and the interpretation of data. Interviews conducted with underage married adolescents and their families were often met with reluctance, resulting in limited access to comprehensive data and information.

### **CONCLUSION**

Adolescents' understanding of reproductive health rights within the context of underage marriage highlights the urgent need for a comprehensive and multifaceted approach to address this issue. Although legal regulations exist regarding the minimum age for marriage and the procedures for marriage dispensation, their implementation remains heavily influenced by prevailing social and cultural norms. To ensure better protection for adolescents, it is crucial to strengthen reproductive health education, raise awareness about the health risks of early marriage, and enhance the involvement of institutions such as the Religious Affairs Office (KUA) and the courts in regulating dispensation requests. Currently, the protection of reproductive health for minors remains inadequate. Nurses, as frontline health professionals, play a vital role in providing accurate reproductive health information and empowering adolescents to make informed choices about their well-being. Future research should focus on gaining first-hand insights from adolescents who have experienced early marriage, examining how they access reproductive health services, and evaluating the government's role in both preventing early marriage and offering post-marriage support.

### **Conflict of Interest**

The authors declare that they have no competing interests.

## ACKNOWLEDGEMENT

The authors expressed their gratitude to all the respondents who participated in the study voluntarily.

## REFERENCES

- Adedokun, O., Adeyemi, O., & Dauda, C. (2016). Child marriage and maternal health risks among young mothers in Gombi, Adamawa State, Nigeria: Implications for mortality, entitlements and freedoms. *African Health Sciences*, 16(4), 986–999. <https://doi.org/10.4314/ahs.v16i4.15>
- Beckwith, S., Chandra-Mouli, V., & Blum, R. W. (2024). Trends in adolescent health: Successes and challenges from 2010 to the present. *Journal of Adolescent Health*, 75(4), S9-S19. <https://doi.org/10.1016/j.jadohealth.2024.04.015>
- Beyene, S. A., Garoma, S., & Belachew, T. (2024). Addressing disparity in attitudes and utilization of family planning among married couples in the pastoralist community of Fentale District, Eastern Ethiopia. *PLoS One*, 19(9). <https://doi.org/10.1371/journal.pone.0308633>
- Boku, G. G., Abeya, S. G., Ayers, N., & Wordofa, M. A. (2024). The effect of school-linked module-based friendly-health education on adolescents' sexual and reproductive health knowledge, Guji zone, Ethiopia - cluster randomized controlled trial. *Adolescent Health, Medicine and Therapeutics*, 15(0), 5–18. <https://doi.org/10.2147/ahmt.s441957>
- Chan, S. L., Thumboo, J., Boivin, J., Saffari, S. E., Yin, S., Yeo, S. R., Chan, J. K. Y., Ng, K. C., Chua, K.-H., & Yu, S. L. (2022). Effect of fertility health awareness strategies on fertility knowledge and childbearing in young married couples (FertStart): Study protocol for an effectiveness-implementation hybrid type I multicentre three-arm parallel group open-label randomised clinical trial. *BMJ Open*, 12(1). <https://doi.org/10.1136/bmjopen-2021-051710>
- Cunningham, J. K., & Saleh, A. A. (2024). Structural stigma, racism, and sexism studies on substance use and mental health: A review of measures and designs. *Alcohol Research : Current Reviews*, 44(1), 8. <https://doi.org/10.35946/arcr.v44.1.08>
- Damayanti, F. N., Absori, A., & Wardiono, K. (2019a). Legal protection based on transcendent perspective against child sexual abuse in Indonesia. *Medico-Legal Update*, 19(2), 331–335. <https://doi.org/10.5958/0974-1283.2019.00198.1>
- Damayanti, F. N., Absori, A., & Wardiono, K. (2019b). Legal protection of midwives based on professional justice in midwifery practices. *In Indian Journal of Public Health Research and Development* 10(4), 437–441. <https://doi.org/10.5958/0976-5506.2019.00734.4>
- Damayanti, F. N., Absori, A., Wardiono, K., & Rejeki, S. (2020). The evidence-based midwife professionalism. *Indian Journal of Forensic Medicine and Toxicology*, 14(3), 1877–1881. <https://doi.org/10.37506/ijfmt.v14i3.10699>
- Damayanti, F. N., Lutfitasari, A., Santosa, B., Prakasiwi, S. I., Suparman, & Anggraini, N. N. (2024). Bibliometric Analysis of Research Trends and Novelty of Midwifery Policy. *Africa Journal of Nursing and Midwifery*, 26(1). <https://doi.org/10.25159/2520-5293/14031>
- Daraz, U., Khan, Y., Alnajdawi, A. M., & Alsawalqa, R. O. (2023). Empowering hearts and shaping destinies: unveiling the profound influence of education on women's mate selection in Pakistan – a comprehensive mixed-methods study. *Frontiers in Sociology*, 8. <https://doi.org/10.3389/fsoc.2023.1273297>
- Ding, C. (2023). Chinese legal response to the shared motherhood model in lesbians' family-making. *Journal of Law and the Biosciences*, 10(1). <https://doi.org/10.1093/jlb/lsad015>
- General Assembly, U. N. (1989). Convention on the Rights of the Child. Retrieved from: <http://www.hrweb.org/legal/child.html>. Accessed on 10<sup>th</sup> August, 2024.

- Hellwig, F., Moreira, L. R., Silveira, M. F., Vieira, C. S., Rios-Quituzaca, P. B., Masabanda, M., Serucaca, J., Rudasingwa, S., Nyandwi, A., Mulu, S., Rashad, H., & Barros, A. J. D. (2024). Policies for expanding family planning coverage: Lessons from five successful countries. *Frontiers in Public Health*, *12*. <https://doi.org/10.3389/fpubh.2024.1339725>
- Howe, K. (2025). Differential outcomes: Early marriage, marital identity and mental health of displaced female youth in the Kurdistan Region of Iraq. *Vulnerable Children and Youth Studies*, 1–21. <https://doi.org/10.1080/17450128.2025.2457041>
- Kechagia, P. (2025). Vulnerable girls and child marriage in rural Asia: A systematic review. *Vulnerable Children and Youth Studies*, 1–25. <https://doi.org/10.1080/17450128.2025.2489972>
- Kleprlikova, H., Kalis, V., Lucovnik, M., Rusavy, Z., Blaganje, M., Thakar, R., & Ismail, K. M. (2019). Manual perineal protection: The know-how and the know-why. *Acta Obstetrica et Gynecologica Scandinavica*, *99*(4), 445–450. <https://doi.org/10.1111/aogs.13781>
- Liu, C., Jiao, Y., Su, L., Liu, W., Zhang, H., Nie, S., & Gong, M. (2024). Effective privacy protection strategies for pregnancy and gestation information from electronic medical records: Retrospective study in a national health care data network in China. *Journal of Medical Internet Research*, *26*. <https://doi.org/10.2196/46455>
- Mwakawanga, D. L., Massae, A. F., Kohli, N., Lukumay, G. G., Rohloff, C. T., Mushy, S. E., Mgopa, L. R., Mkoaka, D. A., Mkonyi, E., Trent, M., Ross, M. W., Rosser, B. R. S., & Connor, J. (2024). The need for and acceptability of a curriculum to train nursing and medical students in the sexual healthcare of clients with female genital mutilation/cutting in Tanzania. *BMC Women's Health*, *24*(1). <https://doi.org/10.1186/s12905-024-03034-x>
- Namanda, C., Atuyambe, L., Ssali, S., Mukose, A., Tumwesigye, N. M., Makumbi, F. E., Tweheyo, R., Gidudu, A., Sekimpi, C., Hashim, C. V., Nicholson, M., & Ddungu, P. (2023). A qualitative study of influences on the uptake of contraceptive services among people of reproductive age in Uganda. *BMC Women's Health*, *23*(1). <https://doi.org/10.1186/s12905-023-02274-7>
- Nhampoca, J. M., & Maritz, J. E. (2024). Early marriage, education and mental health: Experiences of adolescent girls in Mozambique. *Frontiers in Global Women's Health*, *5*. <https://doi.org/10.3389/fgwh.2024.1278934>
- Pretorius, D., & Ruch, A. (2025). Domestic violence: Screening and management in South Africa. *South African Family Practice*, *67*(1), 1-5. <https://doi.org/10.4102/safp.v67i1.6000>
- Sartika, D. D., Martinus Danang, P., Gita, I., & Soraida, S. (2025). A bibliometric analysis of financial service providers' best efforts to address child sexual exploitation. *Vulnerable Children and Youth Studies*, 1–21. <https://doi.org/10.1080/17450128.2025.2452562>
- Scanteianu, A., Schwandt, H. M., Boulware, A., Corey, J., Herrera, A., Hudler, E., Imbabazi, C., King, I., Linus, J., Manzi, I., Merritt, M., Mezier, L., Miller, A., Morris, H., Musemakweli, D., Musekura, U., Mutuyimana, D., Ntakarutimana, C., Patel, N., ... Feinberg, S. (2022). "...the availability of contraceptives is everywhere.": coordinated and integrated public family planning service delivery in Rwanda. *Reproductive Health*, *19*(1). <https://doi.org/10.1186/s12978-022-01325-w>
- Sripad, P., Pinchoff, J., Dadi, C., & Dougherty, L. (2024). Measuring social norms related to child marriage among married women and men in Niger. *PLoS One*, *19*(7). <https://doi.org/10.1371/journal.pone.0307595>
- Wahi, A., Zaleski, K. L., Lampe, J., Bevan, P., & Koski, A. (2019). The lived experience of child marriage in the United States. *Social Work in Public Health*, *34*(3), 201-213. <https://doi.org/10.1080/19371918.2019.1575312>
- World Health Organization (WHO). (2020). State of the world's nursing 2020: Investing in education, jobs and leadership. Retrieved from: <https://www.who.int/publications/i/item/9789240003279>. Accessed on 21<sup>st</sup> January, 2024.



Wollum, A., Key, K., Mersha, T., Nicholson, M., Page, G., Austen, K., Endale, M. E., & Moseson, H. (2025). Does a values clarification and attitudes transformation (VCAT) workshop influence provider attitudes, knowledge, and service provision related to abortion care?: Evidence from a mixed-methods longitudinal randomised controlled trial in Ethiopia. *Global Public Health, 20*(1). <https://doi.org/10.1080/17441692.2025.2465643>

Zelege, E. D., Assefa, D. G., Woldesenbet, T. T., Gido, R., Mengistu, N., & Molla, W. (2022). Utilization of long acting and permanent contraceptive methods and associated factor among women of reproductive age in west Guji zone, Southwest Ethiopia. *Reproductive Health, 19*(1). <https://doi.org/10.1186/s12978-022-01337-6>