

**An Overview of Social Support from Spouses for Women Who Married Early in Langkaplancar District, Pangandaran Regency**Dian Novita<sup>1</sup>, Siti Yuyun Rahayu Fitri<sup>1</sup>, Taty Hernawaty<sup>1</sup><sup>1</sup>Faculty of Nursing, Universitas Padjadjaran, Indonesia**ABSTRACT**

Support from a spouse, encompassing attention, encouragement, emotional care, and practical assistance, plays a vital role in sustaining wives' psychological well-being, particularly in early marriage when readiness and adaptive capacities are still developing. This study aimed to describe how women in early marriages perceive social support received from their partners. A quantitative descriptive design was employed. The population consisted of women who married early, with 46 participants selected using a total population sampling technique. Data were collected using the Support in Intimate Relationships Rating Scale-Revised (SIRRS-R) instrument and analyzed using univariate analysis, categorizing results into high, medium, and low levels. The findings revealed that most respondents reported a moderate level of overall partner support. Across the four dimensions of support, scores were predominantly in the moderate range, with the lowest proportion observed in the esteem/emotional support dimension. Although women in early marriages receive partner support, it remains suboptimal for addressing the psychological and adaptive challenges associated with early marriage. This study highlights the need to strengthen spousal support, particularly emotional and esteem-related aspects, to enhance psychological well-being and facilitate role adjustment in early marital contexts.

**Keywords:** social support, early marriage, adolescents, spousal support

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**INTRODUCTION**

Early marriage is a critical global public health and social issue, posing significant threats to the rights and well-being of adolescents. According to UNICEF 2023, approximately 640 million girls and women around the world marry before the age of 18, highlighting the widespread nature of this phenomenon across various socioeconomic contexts. This issue is driven by a complex interplay of factors, including poverty, entrenched cultural norms, limited access to education, and social pressures (WHO, 2021). In Indonesia, while there has been some decline in child marriage rates over the past decade, the figures remain concerning. 21,49% of women aged 20-24 were married or living together before the age of 18, with 18,55% in the 16-18 age range and 2,39% under 16 (BPS, 2024). Despite a decrease from 12,14% in 2015 to 6,92% in 2023, early marriage still requires urgent attention from health, educational, and legal sectors (BPS, 2024). West Java

is among the provinces with highest rates of early marriage dispensations in Indonesia. In Pangandaran Regency, characterized by traditional social structures, low educational levels, and economic pressures, early marriage is common. Data from Pangandaran religious affair office indicates that 156 couples applied for early marriage dispensations in 2023, predominantly involving individuals under 19. The consequences of early marriage are profound and multifaceted. Research shows that adolescents who marry early often face adverse reproductive health outcomes, including complications during pregnancy, such as anemia, postpartum hemorrhage, and preeclampsia (Nst *et al.*, 2023). Additionally, early marriage correlates with increased maternal and infant mortality rates due to immature reproductive systems and inadequate access to healthcare services (Sekarayu & Nurwati, 2021)). Psychosocial impacts are also significant, as young brides often experience higher levels of psychological distress, including stress and anxiety, as they navigate their roles as wives and mothers (Rahmawati *et al.*, 2019).

In this situation, spousal social support becomes an important protective factor because it can help women who marry early adapt to new role demands and psychosocial pressures. Emotional, informational, instrumental, and appraisal support from spousal is linked to better self-acceptance, greater utilization of reproductive health services, and improved quality of pregnancy and caregiving in early-age marriages (Taghinezhad *et al.*, 2022). However, the mere willingness of a spousal to marry during adolescence does not guarantee the provision of comprehensive and sustained social support (Mulyani *et al.*, 2020). Despite existing literature on the importance of social support, there is a notable gap in research specifically examining the nuances of how husbands contribute to the well-being of young brides in traditional coastal settings, particularly in regions like Pangandaran (Marsha *et al.*, 2018). Bronfenbrenner's Ecological Systems Theory explains that individual development is influenced by interactions among the microsystem (family and spouse), mesosystem (relations between proximal environments), exosystem (policies, working conditions, and services), macrosystem (culture, values, and laws), and chronosystem (the time dimension); thus, in the context of early marriage, the husband as a central part of the microsystem has a direct influence on the adolescent wife's psychological well-being through the quality of interaction and support, while cultural norms, marriage dispensation policies, and family economic dynamics at broader system levels shape the context of such support, particularly in traditional coastal settings (Elda & Martinelli, 2023).

Despite the recognized importance of spousal support, a clear scientific gap remains. Previous studies have predominantly examined early marriage from the perspectives of health risks, legal issues, or general marital outcomes, while empirical evidence specifically describing the levels and dimensions of perceived spousal social support among women in early marriages especially using standardized instruments and within localized rural contexts is still limited. Moreover, there is a lack of detailed descriptive data that maps how support is distributed across its different dimensions and whether it is sufficient to meet the developmental and psychosocial needs of young wives. Addressing this gap is essential, particularly in areas such as Langkaplancar District where early marriage persists and contextual factors may uniquely shape marital dynamics. Therefore, this study aims to describe the forms and levels of social support provided by husbands to women who marry at an early age. Specifically, it seeks to identify respondents' characteristics (age at marriage, educational level, and duration of marriage) and to analyze the level of perceived spousal social support across its key dimensions.

The findings of this study are expected to contribute theoretically to the advancement of pediatric, family, and community nursing by providing empirical insights into spousal support in early marriage contexts. Practically, the results may inform the development of targeted educational programs, interventions, and future research aimed at strengthening spousal support, improving adolescent mental health, and promoting healthier family dynamics in communities where early marriage remains prevalent.

## METHODS

This study employed a quantitative descriptive design to examine perceived spousal social support among women who married at an early age in Langkaplancar District, Pangandaran Regency, West Java, Indonesia. The study population consisted of all women who had married before the age of 19 and were registered in the study area. A total sampling technique was applied, resulting in 46 respondents who met the study criteria. Inclusion criteria were: (1) women who married before the age of 19, (2) duration of marriage between 0–5 years (adjustment phase), (3) currently living with their spousal, and (4) willingness to participate as indicated by informed consent. Exclusion criteria included: (1) women who were divorced or undergoing divorce proceedings, and (2) those with self-reported mental health conditions that could interfere with questionnaire completion.

Data were collected using a structured, paper-based questionnaire consisting of two sections: demographic characteristics and the Support in Intimate Relationships Rating Scale – Revised (SIRRS-R). The SIRRS-R comprises 25 items measuring four dimensions of social support: informational support, physical comfort, esteem/emotional support, and tangible support. Each item is rated on a 5-point Likert scale ranging from 0 (never) to 4 (very often), with higher scores indicating greater perceived support.

Instrument validity was assessed using Pearson Product-Moment correlation, with all items demonstrating correlation coefficients greater than the critical value ( $r > 0.291$ ;  $p < 0.05$ ), indicating that all items were valid. Reliability testing showed strong internal consistency, with Cronbach's alpha coefficients ranging from 0.86 to 0.92 across subscales and 0.94 for the total scale, confirming high reliability.

Total and subscale scores were calculated by summing item responses. The level of spousal social support was categorized into three levels (low, moderate, high) using a distribution-based approach: low ( $X < \text{Mean} - 1 \text{ SD}$ ), moderate ( $\text{Mean} - 1 \text{ SD} \leq X \leq \text{Mean} + 1 \text{ SD}$ ), and high ( $X > \text{Mean} + 1 \text{ SD}$ ). This categorization was applied to both total and dimensional scores.

Data collection was conducted in several stages. During the preparation phase, administrative permissions and ethical clearance were obtained, and research instruments were prepared. In the implementation phase, eligible respondents were approached with the assistance of local stakeholders, provided with study information, and asked to sign informed consent prior to participation. Questionnaires were then distributed and completed directly by respondents, with guidance provided when necessary to ensure comprehension. In the final stage, completed questionnaires were checked for completeness and accuracy before data entry.

Data were analyzed using univariate statistical methods to describe the distribution of demographic characteristics and levels of perceived social support. Results were presented as frequencies and percentages across low, moderate, and high categories for both total scores and each dimension. Ethical approval for this study was obtained from the Health Research Ethics Committee of the Faculty of Health Sciences and Technology (FITKes), Universitas Jenderal Achmad Yani Cimahi with certificate number Ref: 047/KEPK/FITKes-Unjani/X/2025. The research materials (questionnaire and consent form) have been approved by the Research Ethics Committee of Faculty of Health Sciences and Technology (FITKes), Universitas Jenderal Achmad Yani Cimahi.

## RESULTS

Referring to the data analysis, this study involved 46 respondents, all of whom were women with a history of early marriage. The respondent characteristics analyzed included current age, age at marriage, duration of marriage, highest educational attainment, and employment status.

**Table. 1 Characteristics Respondent**

Characteristics		Frequency (f)	Percentage (%)
Age			
a.	12-18 Years	7	15,2%
b.	19-29 Years	39	84,8%
Education			
a.	Elementary School	13	28,3%
b.	Junior High School	18	39,1%
c.	Senior High School	15	32,6%
Occupation			
a.	Unemployed	44	95,7%
b.	Employed	2	4,3%

A total of 46 women with a history of early marriage participated in this study. The majority were aged 19–29 years (84.8%), had junior high school education (39.1%), and were unemployed (95.7%).

After describing respondents' characteristics based on demographic data, the subsequent section presents data on spousal social support measured using the Support in Intimate Relationship Rating Scale-Revised (SIRRS-R). The level of social support is classified into three categories low, moderate, and high based on the total scores obtained from the SIRRS-R instrument.

**Table 2. Frequency Distribution of women's social support who married early**

Characteristics	Frequency (f)	Percentage (%)
Low	8	17,4%
Moderate	31	67,4%
High	7	15,2%

In Table 2, which presents the frequency distribution of social support, 31 out of 46 respondents (67.4%) all of whom are women with a history of early marriage had moderate levels of social support.

**Table 3. Distribution of Spousal Social Support by Dimension (n=46)**

Dimension	Low n (%)	Moderate n (%)	High n (%)
Informational Support	5 (10,9%)	34 (73,9%)	6 (13%)
Physical Comfort	5 (10,9%)	37 (80,4%)	4 (8,7%)
Esteem/Emotional Support	9 (19,6%)	31 (67,4%)	6 (13%)
Tangible Support	6 (13%)	32 (69,6%)	8 (17,4%)

Across all dimensions of support, the moderate category consistently predominated. Informational support was reported as moderate by 73.9% of respondents, physical comfort by 80.4%, esteem/emotional support by 67.4%, and tangible support by 69.6%.

Notably, the esteem/emotional support domain showed the highest proportion of low support (19.6%), indicating that this dimension is the weakest compared to others.

Overall, these findings demonstrate that although spousal support is present among women who married early, it remains predominantly at a moderate level and is not yet optimal, particularly in the emotional domain.

## DISCUSSION

In Conclusion, the four domains of spousal social support were predominantly in the moderate category, with only small variations in the high and low categories, suggesting that women who married at an early age received support from their husbands, but not yet at a fully optimal level across all aspects. This finding suggests that early marriage does not inherently ensure adequate psychosocial support, particularly in contexts where couples may lack emotional readiness and stability. From a developmental perspective, this reflects incomplete adaptation to marital roles, where support is present but insufficient to fully buffer psychological stress.

The women who married early in this study were generally in early adulthood, had junior high school as their highest education, and were unemployed, making them highly dependent on their husbands both emotionally and economically, a condition that can potentially create relational imbalances when the family's financial situation is unstable. The level of social support perceived by wives from their husbands was moderate, indicating that support was present but not consistent and not fully aligned with the wives' needs, so that its protective function against stress and psychological problems was not yet optimal (Barden *et al.*, 2025). This dependency may create relational imbalances, particularly in low-resource settings, where financial instability can limit the capacity of husbands to provide comprehensive support. In such contexts, support tends to be functional rather than relational, prioritizing basic needs over emotional connection.

Across the domains of informational support, physical comfort, esteem/emotional support, and tangible support, the support received by respondents was in the moderate category, with the lowest proportion in the esteem/emotional support domain. This indicates that husbands are more likely to provide instrumental and physical forms of support than emotional validation, empathy, and appreciation (Chang *et al.*, 2026). The low level of emotional support is related to the unpreparedness and emotional immaturity of young couples, economic pressures, and the complexity of extended-family dynamics, which absorb much of the couple's energy into financial survival and conflict management rather than warm emotional support (Amellia & Farid, 2025). This pattern can be critically interpreted as a reflection of emotional immaturity among young couples, limited communication skills, and economic pressures that shift priorities toward survival rather than emotional intimacy.

These findings can be understood through Bronfenbrenner's Ecological Systems Theory, where the microsystem (spousal relationship) directly influences women's psychological well-being, while broader systems such as socioeconomic conditions and cultural norms shape the quality of spousal support (Selanno & Kristianingsih, 2023). In early marriage contexts, particularly in rural areas, structural pressures often result in unions that are socially accepted but psychologically unprepared.

Consequently, women who marry early are more vulnerable to stress, loneliness, marital dissatisfaction, and adjustment difficulties, although a moderate support may help women maintain marital roles, it is not sufficient to ensure optimal psychological well-being, marital satisfaction, or long-term adjustment (Siregar *et al.*, 2025). This suggests that moderate support represents a vulnerable condition, where women are not entirely unsupported but remain at risk of stress, loneliness, and maladaptive coping. Compared with the study by (Sihombing & Cutmetia, 2024) which showed that strong social support is associated with higher subjective well-being and marital satisfaction, these findings suggest that a moderate level of support is not sufficient to ensure marital readiness and quality, as other factors such as emotional maturity and past life experiences remain crucial.

In low socioeconomic contexts, early marriage often emerges as a strategy to reduce the family's economic burden, yet the couples formed are not fully prepared psychologically and therefore are unable to provide optimal emotional, informational, and instrumental support (A. Rahmawati *et al.*, 2022). Thus, women who marry early still require strengthened support from

both their husbands and the surrounding environment (Ezadany, 2025) and there is a need for health professionals, particularly community nurses, to provide education and ongoing assistance on the importance of social support in marriage through premarital education and continuous post-marital accompaniment, for example via counseling for young couples and optimization of family support teams at the community level.

The findings of this study have important implications for practice, policy, and future research. For nursing practice, community and family nurses should develop and implement targeted interventions such as premarital education, couple counseling, and continuous post-marital support programs that emphasize emotional communication, psychosocial adaptation, and the importance of multidimensional spousal support. At the policy level, these results highlight the need to strengthen early marriage prevention strategies and regulate the use of marriage dispensation, as well as to promote adolescent reproductive health and marital readiness programs, particularly in rural and high-risk areas. For future research, further studies are recommended to employ longitudinal or analytical designs to examine causal relationships, include both wife and husband perspectives, and explore broader contextual factors influencing spousal support in early marriage across different sociocultural settings.

## CONCLUSION

This study demonstrates that women who married at an early age in Langkaplancar District are predominantly in early adulthood, have relatively low educational attainment, and are largely unemployed, placing them in a position of economic and emotional dependence on their husbands and increasing their vulnerability to household stressors. The findings reveal that spousal social support is generally at a moderate level across all dimensions, indicating that although support is present, it is not yet consistent or sufficiently responsive to the wives' psychosocial needs. Notably, esteem/emotional support was the weakest domain, suggesting that husbands tend to prioritize practical and physical forms of support over emotional validation and empathy.

These findings contribute to the growing body of knowledge on early marriage by providing empirical evidence on the multidimensional profile of spousal support using a standardized instrument, particularly in a rural and socioeconomically vulnerable context. The study highlights the critical need to strengthen emotional support within marital relationships as a key component of psychosocial well-being and marital adjustment among young wives.

From a practical and policy perspective, the results underscore the importance of integrating spousal support strengthening strategies into community-based health programs, including premarital education, couple counseling, and ongoing post-marital support, especially in high-risk areas. Future research is recommended to explore causal relationships between spousal support and mental health outcomes, incorporate the perspectives of husbands, and examine broader sociocultural and structural factors influencing support dynamics through longitudinal and mixed-method approaches.

## RECOMMENDATION

Given that spousal social support was predominantly moderate and weakest in the esteem/emotional domain, interventions should prioritize strengthening emotional support among early married couples. Couples should receive structured premarital and early marital counseling focusing on emotional communication, empathy, and conflict management, while young wives should be supported to express their needs assertively and access broader social support systems. For nursing practice, community and family nurses should implement routine psychosocial screening to identify gaps in emotional support among early married women,

followed by targeted interventions such as couple-based counseling sessions, home visits, and facilitated peer support groups. Nurses should also provide practical education on emotional support skills such as active listening, emotional validation, and stress management, directly addressing the identified deficit in the emotional support domain. At the policy level, it is essential to strengthen community-based counseling services and marital support programs, particularly in rural and high-risk areas, alongside reinforcing early marriage prevention strategies. Future research should focus on intervention-based and longitudinal studies to evaluate the effectiveness of these programs, include husbands' perspectives, and explore contextual factors influencing emotional support dynamics.

## REFERENCES

- Amellia, R., Suroso, & Farid, M. (2025). The Relationship between Emotion Regulation and Social Support with Resilience of Mothers with Stunted Toddlers. In *JSRET (Journal of Scientific)* (Vol. 4). <https://doi.org/https://doi.org/10.58526/jsret.v4i3.887>
- Barden, E. P., Gates, M. V, Hill, J., & Balderrama-Durbin, C. (2025). *Partner Support Adequacy in the Association Between Relationship Distress and Trauma Disclosure Avoidance HHS Public Access*. <https://doi.org/10.1037/cfp0000289>
- Chang, W.-C., Chao, S.-F., Hsu, H.-C., & Lin, J.-P. (2026). Being and becoming spouseless in later life: Social support and participation as moderators of psychological well-being. *Social Science & Medicine*, 389, 118844. <https://doi.org/10.1016/j.socscimed.2025.118844>
- Elda, S., & Martinelli, I. (2023). Elda dan Martinelli. *NUSANTARA : Jurnal Ilmu Pengetahuan Sosial*, 10(PERSPEKTIF SOSIAL BUDAYA TERHADAP PERKAWINAN DI BAWAH UMUR PADA DAERAH PANGANDARAN, JAWA BARAT 1), 3017–3027. <https://doi.org/10.31604/jjps.v10i6.2023.3017-3027>
- Ezadany, A. (2025). *KESIAPAN PRA-NIKAH DITINJAU DARI PERSPEKTIF | 407 KESIAPAN PRA-NIKAH DITINJAU DARI PERSPEKTIVE BIMBINGAN DAN KONSELING KELUARGA: TINJAUAN LITERATUR Article History*. 23(2), 2527–9041. <https://doi.org/10.24114/jkss.v23i2.71799>
- Marsha, I., Nicholas, D., & Nurpatria, I. (2018). PSYCHOLOGICAL WELL BEING OF GIRLS WHO MARRIED EARLY BECAUSE OF POVERTY. In *Jurnal Ilmiah Psikologi MANASA* (Vol. 7, Number 1).
- Mulyani, I., Aziz, A., & Nurwanti, N. (2020). *HUBUNGAN PENGETAHUAN, DUKUNGAN SUAMI, DAN TENAGA KESEHATAN TERHADAP PENGGUNAAN ALAT KONTRASEPSI PADA IBU YANG MENIKAH DI USIA DINI* (Vol. 10, Number 2).
- Nst, A. A., Dini, A., Fasion, A., Sunarsih, T., & Rahmawati, D. (2023). *DAMPAK PERNIKAHAN DINI TERHADAP KESEHATAN REPRODUKSI: LITERATURE REVIEW (The Impact Of Early Marriage On Reproductive Health: A Literature Review)* (Vol. 9, Number 2). Online. <http://jurnal.uimedan.ac.id/index.php/JURNALKEBIDANANp126Journalhomepage:http://jurnal.uimedan.ac.id/index.php/JURNALKEBIDANAN>
- Rahmawati, A., Mutahit, & Hasanah, N. (2022). *SOCIAL ECONOMIC RELATED EARLY MARRIAGE ON TEENAGER GIRL IN THE AREA OF THE RELIGIOUS AFFAIRS OFFICE, PAGELARAN* (Vol. 12, Number 1). <https://ejournal.umpri.ac.id/index.php/JIK>

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- Rahmawati, M. N., Rohaedi, S., & Sumartini, S. (2019). Tingkat Stres Dan Indikator Stres Pada Remaja Yang Melakukan Pernikahan Dini. *JURNAL PENDIDIKAN KEPERAWATAN INDONESIA*, 5(1). <https://doi.org/10.17509/jpki.v5i1.11180>
- Sekarayu, S. Y., & Nurwati, N. (2021). *DAMPAK PERNIKAHAN USIA DINI TERHADAP KESEHATAN REPRODUKSI*.
- Selanno, J. N., & Kristianingsih, S. A. (2023). Dukungan Sosial dengan Penerimaan Diri Remaja yang Melakukan Pernikahan Dini Pada Masa Pandemi COVID-19. *Bulletin of Counseling and Psychotherapy*, 4(3). <https://doi.org/10.51214/bocp.v4i3.431>
- Sihombing, H. P., & Cutmetia, C. (2024). Analisis subjective well-being pada pasangan yang menikah pada usia dini. *Jurnal EDUCATIO (Jurnal Pendidikan Indonesia)*, 10(Analisis subjective well-being pada pasangan yang menikah pada usia dini), 670–680. <https://doi.org/https://doi.org/10.29210/1202424419>
- Siregar, H., Meldy, A., Lyana, P., As-Syifa, Z., Sosial, K., & Sumatera Utara, U. (2025). *Dampak Pernikahan Dini terhadap Keharmonisan Keluarga*.
- Taghinezhad, F., Mohammadi, E., Khademi, M., & Kazemnejad, A. (2022). Humanistic care in nursing: Concept analysis using rodgers' evolutionary approach. *Iranian Journal of Nursing and Midwifery Research*, 27(2), 83–91. [https://doi.org/10.4103/ijnmr.ijnmr\\_156\\_21](https://doi.org/10.4103/ijnmr.ijnmr_156_21)