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THE RELATIONSHIP OF PROVIDING EDUCATION TO KNOWLEDGE KNOWLEDGE OF ADOLESCENTS ABOUT EARLY MARRIAGE

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ABSTRAK: HUBUNGAN PEMBERIAN EDUKASI TERHADAP PENGETAHUAN REMAJA TENTANG PERNIKAHAN USIA DINI

Latar belakang: Pernikahan usia dini berdampak serius pada kesehatan, pendidikan, dan kesejahteraan remaja, terutama anak perempuan. Risiko kesehatan ibu dan bayi meningkat, sementara pendidikan sering terhenti, memperburuk siklus kemiskinan. Rendahnya edukasi tentang dampak negatif pernikahan dini menjadi penyebab utama. Solusi mencakup kampanye edukasi, akses pendidikan, penegakan hukum, dan kolaborasi dengan tokoh masyarakat. Upaya holistik diperlukan untuk melindungi masa depan remaja. Tujuan: Penelitian ini bertujuan untuk memberikan Gambaran remaja tentang pernikahan usia dini sebelum dan setelah diberikan edukasi. Metode: Jenis penelitian yang digunakan dalam penelitian ini adalah penelitian kuantitatif dengan metode *Kuasi Experiment One Groub Pre dan Post Test.* Hasil: sebelum dilakukan intervensi pemberian edukasi tentang pernikahan usia dini hampir semua pengetahuan remaja berada pada kategori kurang sebanyak 35 remaja (77.8%), sedangkan untuk kategori pengetahuan cukup baik sebanyak 10 remaja (22.2%), setelah dilakukan intervensi pemberian edukasi pernikahan usia dini, rata – rata pengetahuan remaja berada pada kategori cukup baik sebanyak 37 remaja(82.2%) dan untuk pengetahuan baik sebanya 8 remaja (17.8%). Nilai *P-Value* sebesar 0.002 yang berarti nilai *P-Value < 0.05* sehingga dapat diartika terdapat hubungan pemberian edukasi terhadap peningkatan pengetahuan remaja tentang pernikahan usia dini. Kesimpulan: pemberian edukasi memiliki pengaruh yang signifikan terhadap peningkatan pengetahuan responden sehingga dapat dijadikan sebagai salah satu upaya dalam mengubah sifat dan perilaku remaja. Saran: penelitian lebih lanjut dianjurkan untuk menggunakan metode penelitian kuantitatif dengan menggunakan sampel yang berbeda sehingga lebih memahami hubungan pemberian edukasi terhadap pengetahuan remaja tentang pernikahan usia dini.

Kata kunci: Edukasi, Pernikahan Usia Dini, Pengetahuan, Remaja

ABSTRACT

Background: Early marriage has serious impacts on the health, education and well-being of adolescents, especially girls. Maternal and infant health risks increase, while education is often interrupted, exacerbating the cycle of poverty. Lack of education on the negative impacts of early marriage is a major cause. Solutions include education campaigns, access to education, law enforcement, and collaboration with community leaders. Holistic efforts are needed to protect the future of adolescents. Objectives: This study aimed to provide adolescents' overview of early marriage before and after education. Methods: The type of research used in this study is quantitative research with the Quasi Experiment One Groub Pre and Post Test method. Results: Before the intervention of providing education about early marriage, almost all adolescents' knowledge was in the poor category as many as 35 adolescents (77.8%), while for the category of good knowledge as many as 10 adolescents (22.2%), after the intervention of providing early marriage education, the average knowledge of adolescents was in the good enough category as many as 37 adolescents (82.2%) and for good knowledge as many as 8 adolescents (17.8%). The P-value is 0.002 which means the P-value <0.05 so that it can be interpreted that there is a relationship between providing education to increase adolescents' knowledge about early marriage. Suggestion: further research is recommended to use quantitative research methods using different samples so as to better understand the relationship between providing education to adolescents' knowledge about early marriage.

Keywords: Education, Early Marriage, Knowledge, Teenagers

INTRODUCTION

Marriage is an important event in life. With marriage, a person will gain balance in life both

biologically, psychologically and socially. The ideal age limit for marriage for women is 21-25 years and for men 25-28 years. At that age, women's reproductive organs are physiologically well developed and strong and ready to give birth to offspring physically have begun to mature. While in men aged 25-28 years, their psychological and physical conditions are very strong, so they are able to support family life to protect both psychologically, emotionally, economically and socially.(Haswati, 2019).

Child marriage, or often called early marriage has long been known and widespread throughout the world. Early marriage is a marriage that is carried out under the age of 18, before the girl is physically, physiologically and psychologically ready to bear the responsibility of marriage and childcare. Law Number 1 of 1974 on Marriage states that a prospective groom may marry if he is 19 years old and the prospective bride is 16 years old. However, if viewed from the perspective of health science, both in terms of physical and psychological perfection, the ideal age for marriage is 25 years for men and 21 years for women(Buton, 2021)

Early marriage occurs in the teenage phase. Adolescence is a transitional period or transition period from childhood to adulthood and has a sense of attraction to the opposite sex (Diananda, 2018) Adolescents experience rapid growth and development in physical, psychological and intellectual aspects. Some characteristics of adolescents are having great curiosity, liking adventure and challenges and daring to take risks for their actions without prior consideration. This causes adolescents to easily have free sex which ends in early marriage(Unicef, 2020)

Globally, the practice of child marriage continues to decline in various countries around the world. UNICEF in 2018 estimated that around 21 percent of young women (aged 20 to 24) were married at a young age. This figure has decreased compared to ten years ago when the figure reached 25 percent. This reduction also marks an acceleration of the trend that is occurring in many countries. Over the past decade, an estimated 25 million child marriages have been prevented through various effective efforts. However, there are still around 650 million women and girls alive today who were married before their 18th birthday. The largest number is in South Asian countries followed by Sub-Saharan Africa(Unicef, 2020)

With the various negative impacts that have been identified, eliminating the practice of child marriage is included in the target of the Sustainable Development Goals (SDGs) in 2030. The aspect of child marriage is listed in target 5.3 of the SDGs, namely "eliminating all harmful practices, such as child marriage, early and forced marriage and female genital mutilation". Specifically, the SDGs include indicator 5.3.1* in the form of the proportion of women aged 20-24 who are married or living together before the age of 15 and before the age of 18. This indicator is one of the bases for policy making to protect children from marriage practices and reduce the rate of population growth5. This is because if the prevalence of child marriage remains high, then several other SDG goals will be difficult to achieve.(Siregar, 200)

In the last ten (10) years, there has only been a small decline in child marriage in Indonesia, namely 3.5 percentage points. In October 2019, the Indonesian Government passed Law Number 16 of 2019 which is an amendment to Law Number 1 of 1974 concerning Marriage. In 2018, 11.21 percent of women aged 20-24 years were married before they were 18 years old. In 20 provinces, the prevalence of child marriage is still above the national average. The provinces with the highest prevalence of child marriage are West Sulawesi, Central Sulawesi and Southeast Sulawesi. There are more than 1 million girls who marry at a young age. According to the absolute figures for the incidence of child marriage, West Java, East Java and Central Java are the 3 provinces with the highest. In 10 years, the prevalence of child marriage in rural areas has decreased by 5.76 percentage points, while the prevalence in urban areas has only decreased by less than 1 percentage point(Gitayant, 2016)

Teenage pregnancy is still a problem in the world. Teenage pregnancy is a pregnancy that occurs at a young age, where the pregnancy occurs at a mother's age of less than 20 years. Data from the World Health Organization (WHO) in 2017 showed the incidence of teenage pregnancy aged 15-19 years was 11%. The incidence of pregnancy at a young age is still relatively high. According to the Study of The Council Foreign Relations (CFR), the phenomenon of teenage marriage occurs in various parts of the world, namely Southeast Asia at 46.90%, Africa 37.30%, Latin America 29%, East Asia and the Pacific 17.60%. The percentage of teenage pregnancy in Indonesia is 1.97% at the age of 15-19 years, Indonesia is ranked 37th in countries with the percentage of marriage and the second highest in ASEAN after Cambodia(Sekarayu, 2021)

According to the World Health Organization (WHO), teenage pregnancy is a pregnancy that occurs in women aged 11-19 years. The incidence of teenage pregnancy is increasing and has a negative impact on both the mother and the fetus. WHO data

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on maternal mortality rates in the world in 2017 showed a high figure of 289,000 people. In Cameroon, Ethiopia, and Nigeria, maternal mortality rates under the age of 16 increased even higher. In Southeast Asian countries, Indonesia ranks first with a maternal mortality rate of 190 per 100,000 live births, followed by Vietnam with 49 per 100,000 live births, Malaysia with 29 per 100,000 live births, Brunei Darussalam with 27 per 100,0000 live births, and in Thailand with 26 per 100,000 live births (WHO, 2017).

Child marriage can cause various health problems where mothers under the age of 18 have a higher risk of giving birth to low birth weight babies (LBW), premature birth, congenital abnormalities or defects that occur during pregnancy and increased morbidity and mortality of mothers and babies compared to mothers who give birth at the age of over 19 years. The incidence of morbidity and mortality can be caused by poor maternal nutrition during pregnancy, the mother's physical and psychological immaturity, lack of access to health services and infectious diseases.(Aprianti, 2018)

This fatal and life-threatening condition will be experienced by 14.2 million girls worldwide who become child brides each year between 2011 and 2015. Child marriage leads to early pregnancy and childbirth, which are associated with high mortality rates and abnormal conditions for the mother because the girl's body is not fully mature for childbirth. Girls aged 10-14 years are five times more likely to die in pregnancy and childbirth than girls aged 20-24 years, and globally, pregnancy-related deaths are the leading cause of death for girls aged 15-19 years.(Unicef, 2020)

RESEARCH METHODS

This research is a quasi-experimental one group pre and post test research. This research was conducted in Worusampu Village, Palu City. The population in this study were all teenagers in Worusampu Village, Palu City, totaling 50 teenagers. The sampling technique used in this study was non-probability sampling in the form of accidental sampling consisting of inclusion criteria and exclusion criteria. To determine the relationship between variables, a correlation analysis was then carried out using the Chi-Square statistical test using *Statistical Product and Solution Service* (SPSS) to determine whether or not there is a relationship between two variables, namely the independent variable and the dependent variable on a nominal scale (Sugiyono, 2009). with the degree of significance determined as $\alpha = 0.05$, meaning that if the statistical test results show $p \leq \alpha$, then there is a significant relationship between the variables.

RESEARCH RESULTS

A study has been conducted on the relationship between providing education and adolescent knowledge about early marriage at the adolescent health post in Dolupo Karya village in the Pete, Bea Health Center working area, with the following research results:

Response Characteristics

Respondents in this study were teenagers, with the following respondent characteristics:

Table 1
Respondents' Gender Characteristics

Category	f	%
Gender		
Man	19	42.2
Woman	26	57.8
Age		
≤ 10 years	2	4.4
11 – 15 years old	33	73.3
>15 Years	10	22.2
Number of siblings		
1 – 3 People	33	4.4
>3 People	12	73.3

**Secondary Data

Based on the table above, the majority of respondents are female, 26 respondents (57.8%), while male respondents are 19 respondents (42.2%), on average, respondents are in the 11-15 year age group, 33 respondents (73.3%), in the age group above 15 years, 10 respondents (22.2%), while in the age group below 10 years, 2 respondents (4.4%), on average, respondents have 1 to 3 siblings, 33 respondents (4.4%), while the number of respondents who have more than 3 siblings is 12 respondents (73.3%).

Bivariate Analysis

Based on the table above before the intervention of providing education about early marriage, almost all adolescents' knowledge was in the category of less than 35 adolescents (77.8%), while for the category of knowledge quite good as many as 10 adolescents (22.2%), after the intervention of providing education about early marriage, the average knowledge of adolescents was in the category of quite good as many as 37 adolescents (82.2%) and for good knowledge as

many as 8 adolescents (17.8%). The P-Value value is 0.002

Table 2
Relationship between Provision of Education and Adolescent Knowledge

Knowledge	Pre Test		Post Test		P-Value
	f	%	f	%	
Good	0	0.0	8	17.8	
Pretty good	10	22.2	37	82.2	0.002
Not enough	35	77.8	0	0.0	

***Chi-Square*

DISCUSSION

Knowledge is the impression of the human mind as a result of the use of its senses. The basis of knowledge continues to develop, depending on the process of human experience. Knowledge can be obtained from the five senses, from the learning process, and from stimuli in the form of health information to evoke reactions or reactions from the learning process. Knowledge is an important area in shaping a person's actions. Your knowledge can be influenced and obtained through television, radio, newspapers and information from health professionals, such as health education (Sufrianto, A. Ellyani, and JQ Demmawela, 2020).

Based on table 5.4 before the intervention of providing education on early marriage, almost all adolescents' knowledge was in the category of less as many as 35 adolescents (77.8%), while for the category of knowledge quite good as many as 10 adolescents (22.2%), after the intervention of providing education on early marriage, the average knowledge of adolescents was in the category of quite good as many as 37 adolescents (82.2%) and for good knowledge as many as 8 adolescents (17.8%). The P-Value value is 0.002 which means the P-Value value <0.05 so that it can be interpreted that there is a relationship between providing education and increasing adolescent knowledge about early marriage.

The results of this study are in line with research conducted by Larassati & Rumintang, (2018) on adolescents at SMPN 1 Lingsar in 2018, which reported that using video media on adolescent knowledge increased with an average pre-test result (69.00) and post-test (87.38) with an average increase of 18.38%. In addition, research conducted by Johari et al., (2016) also stated that educational videos were able to increase the average knowledge from 59.47 to 78.31 (18.84). This increase in the average knowledge value occurred because the sense of sight would channel knowledge of approximately 75-87%, 13% from the sense of hearing and 12% from other senses. Educational videos contain images and sound so that respondents are able to absorb the information given around 88% while e-modules only contain writing and images so that respondents are only able to absorb the information given around 75%.

The results of the wrong knowledge score indicate that there are respondents who are still mistaken and do not understand the pretest questions because respondents have never received information about early marriage and they are less active in asking about events or phenomena that are currently common, such as early marriage. This is in line with research (Y. Novitasari, 2018) that adolescents seek their own information about health problems, which is sometimes incorrect. They feel comfortable searching through TV, the internet and social media (Y. Novitasari, 2018). According to Desiyanti (2015), factors that influence knowledge are level of education, information received, experience, culture, and socio-economics.

Research conducted by Dwi & Sundayani, (2018) also stated that the knowledge of adolescents who were given videos had a p-value = 0.000 or <0.05 so that it can be stated that there is an influence of counseling with video media on adolescent knowledge about the risks of early marriage in the Gerung Butun Timur Environment in 2018. (Study et al., 2018) stated that from a sample of 33 respondents, respondents with good knowledge were 17 respondents (51.1%), respondents with sufficient knowledge were 16 respondents (48.5%) and respondents with poor knowledge were none. Based on the test results, it can be seen that there was an increase in knowledge before and after being given health education. This indicates that there is an influence before being given

counseling and after being given counseling on the level of respondent knowledge.

Leaflets, posters, educational videos, power points, modules are good supporting media for health promotion and have been proven to increase knowledge, regardless of the advantages and disadvantages of each media. In this case, the impact of health promotion through education does take a long time, but if the behavior is successfully adopted by the community, it will continue to be remembered and applied. Factors that influence respondents' knowledge are lacking because previously respondents had received information about early marriage either directly or indirectly such as print media or counseling but did not delve deeper into studying the sources of information that had been obtained.

CONCLUSION

This study shows that educational intervention significantly increases adolescent knowledge about early marriage, where before the intervention: 77.8% had poor knowledge, and only 22.2% had fairly good knowledge, after the intervention: 82.2% had fairly good knowledge, and 17.8% had good knowledge. This increase is supported by a P-Value of 0.002 (<0.05), indicating a significant relationship between education and increased knowledge. Education through effective media, such as videos, can significantly increase adolescent knowledge. Education requires a sustainable approach to ensure long-term behavioral change.

SUGGESTION

Suggestions that can be given to increase the effectiveness of education related to early marriage are to pay attention to the use of appropriate educational media. Media such as videos that combine visual and audio elements can be the main choice, because they have proven to be more effective in helping teenagers understand information compared to print media or text modules alone. In addition, the development of educational materials must be adjusted to the level of understanding and needs of teenagers. Relevant materials, using simple language, and accompanied by real examples from everyday life will be easier for them to understand and apply. It is also important to hold regular educational sessions so that the information provided can be understood more deeply and behavioral changes can be realized sustainably. The involvement of parents, teachers, and local communities in the educational process is also needed to create an environment that supports the

transformation of knowledge and attitudes of teenagers towards the issue of early marriage.

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