

ANALYSIS OF MARRIAGE READINESS FACTORS IN THE SESELA COMMUNITY HEALTH CENTRE

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ABSTRAK : ANALISIS FAKTOR KESIAPAN MENIKAH DI WILAYAH PUSKESMAS SESELA

Latar Belakang: Remaja merupakan generasi penerus yang menentukan kualitas suatu negara, sehingga harus menyiapkan diri dalam merencanakan kehidupannya. Dalam perkembangannya, remaja menemui banyak masalah seperti perilaku seks bebas dan kehamilan tidak diinginkan yang pada akhirnya menikah muda. Kesiapan menikah merupakan suatu keadaan siap atau bersedia berhubungan dengan pasangan, siap menerima tanggung jawab sebagai suami atau istri, siap melakukan hubungan seksual, siap mengurus keluarga, dan siap mengurus anak. Salah satu dampak dari ketidaksiapan menikah ditunjukkan dengan meningkatnya angka perceraian di Provinsi NTB dari tahun 2020 sebesar 1,66% menjadi 2% pada tahun 2021, meskipun sedikit menurun pada tahun 2022 sebesar 1,95%.

Tujuan: Untuk menganalisis faktor kesiapan menikah di wilayah kerja Puskesmas Sesela kabupaten Lombok Barat.

Metode: Penelitian ini menggunakan rancangan penelitian kuantitatif dengan desain cross sectional. Populasi penelitian ini yaitu remaja laki-laki dan perempuan di SMA Negeri dan swasta di wilayah kerja Puskesmas Sesela kabupaten Lombok Barat pada bulan April-Juni 2025 sebanyak 20.000 orang. Sampel sebanyak 377 orang dihitung dengan aplikasi Raosoft. Teknik sampling yang digunakan adalah *purposive sampling* dengan pemilihan sampel hanya remaja perempuan yang hadir saat pengambilan data. Variabel bebas (X) penelitian ini yaitu karakteristik responden (umur), karakteristik orangtua (pendidikan terakhir Bapak dan Ibu, pekerjaan Bapak dan Ibu, pendapatan keluarga), status pacar, umur ingin menikah. Variabel tergantungan (Y) penelitian ini yaitu sikap remaja tentang kesiapan menikah. Penelitian ini dilakukan di SMA/SMK di wilayah kerja Puskesmas Sesela kabupaten Lombok Barat. Instrumen pengumpulan data penelitian ini menggunakan kuesioner dengan pertanyaan tertutup. Kuesioner kesiapan menikah diadopsi dari kuesioner siap nikah Elsimil BKKBN. Analisis data multivariat menggunakan regresi logistik dengan bantuan program SPSS 24 for windows.

Hasil: Sebagian besar responden berumur 18 tahun sebesar 34,2%, 33,4% Ibu responden berpendidikan SMA sebanyak, 32,9% berpendidikan SD, 63,7% tidak bekerja atau sebagai ibu rumah tangga, 82,2% Bapak responden bekerja sebagai wiraswasta atau pegawai swasta, 66,8% pendapatan keluarga sebagian besar kurang dari Rp.2.444.067,-, 57,3% responden tidak mempunyai pacar, 85,9% responden tidak ingin cepat menikah dan 54,6% responden ingin menikah pada umur 26-30 tahun, dan 67,6% responden tidak siap menikah. Dari hasil analisis multivariat, variabel ingin cepat menikah mempunyai risiko 11,96 kali lipat dibandingkan dengan responden yang tidak ingin cepat menikah.

Kesimpulan: Remaja yang ingin cepat menikah mempunyai risiko 11,96 kali lipat siap menikah dibandingkan dengan remaja yang tidak ingin cepat menikah.

Saran: Bidan atau tenaga kesehatan di instansi pelayanan kesehatan dapat memberikan informasi terkait kesiapan menikah beserta konsekuensinya kepada remaja baik terintegrasi dengan program posyandu remaja ataupun di luar program.

Kata Kunci : Kesiapan menikah, ingin cepat menikah

ABSTRACT

Background: Young people are the next generation who will determine the quality of a country, so they must prepare themselves in planning their lives. In their development, young people encounter many problems such as promiscuity and unwanted pregnancies, which ultimately lead to early marriage. Marriage readiness is a state of being ready or willing to be in a relationship with a partner, ready to accept the responsibilities of being a husband or wife, ready to have sexual relations, ready to take care of a family, and ready to take care of children.

One of the impacts of not being ready for marriage is shown by the increase in the divorce rate in NTB Province from 1.66% in 2020 to 2% in 2021, although it decreased slightly in 2022 to 1.95%.

Purpose: To analyse the factors of readiness for marriage in the working area of the Sesela Community Health Centre in West Lombok Regency.

Methods: This study used a quantitative research design with a cross-sectional design. The study population consisted of male and female adolescents in public and private high schools in the working area of the Sesela Community Health Centre in West Lombok Regency from April to June 2025, totalling 20,000 people. A sample of 377 individuals was calculated using the Raosoft application. The sampling technique used was purposive sampling, with the selection of samples limited to female adolescents who were present during data collection. The independent variables (X) in this study were respondent characteristics (age), parental characteristics (father's and mother's highest level of education, father's and mother's occupation, family income), relationship status, and desired age for marriage. The dependent variable (Y) in this study was adolescents' attitudes towards readiness for marriage. This study was conducted in senior high schools/vocational high schools in the working area of the Sesela Community Health Centre in West Lombok Regency. The data collection instrument for this study was a questionnaire with closed questions. The questionnaire on readiness for marriage was adopted from the Elsimil BKKBN marriage readiness questionnaire. Multivariate data analysis was performed using logistic regression with the help of the SPSS 24 for Windows programme.

Results: Most respondents were aged 18 years old (34.2%), 33.4% of respondents' mothers had a high school education, 32.9% had an elementary school education, 63.7% were unemployed or housewives, 82.2% of respondents' fathers were self-employed or private employees, 66.8% of families had an income of less than Rp.2,444,067, 57.3% of respondents did not have a boyfriend or girlfriend, 85.9% of respondents did not want to get married quickly, 54.6% of respondents wanted to get married between the ages of 26 and 30, and 67.6% of respondents were not ready to get married. From the results of multivariate analysis, the variable of wanting to marry quickly has a risk 11.96 times higher than respondents who do not want to marry quickly.

Conclusion: Young people who want to marry early are 11.96 times more likely to be ready for marriage than those who do not want to marry early.

Suggestions: Midwives or health workers in health care institutions can provide information related to marriage readiness and its consequences to adolescents, either integrated with the adolescent health centre programme or outside of the programme.

Keywords: Marriage readiness, desire to marry quickly

INTRODUCTION

Adolescence is a period of rapid physical, cognitive, and psychosocial development that occurs between the ages of 10 and 19 (WHO, 2024). Young people are the next generation who will determine the quality of a country, so they must prepare themselves in planning their lives. In their development, teenagers encounter many problems such as promiscuity and unwanted pregnancies, which ultimately lead to early marriage. In 2023, Indonesia had a proportion of women aged 15-49 who had given birth to their first live child under the age of 20 of 0.258%. This percentage is lower than the percentage in 2022 (0.265%) and in 2021 (0.262%) (BPSRI, 2023b), but this decline is not very significant because this percentage shows that there are still women who become pregnant and give birth during adolescence.

On average, women in West Nusa Tenggara married at around the age of 20 in 2020, but 35.73%

of women married under the age of 18 and 24.36% of women married between the ages of 19 and 20, which is still within the adolescent age group (DinaskesehatanprovinsiNTB, 2023). The province of West Nusa Tenggara, particularly the Sasak tribe on the island of Lombok, has a tradition called 'Merariq', which involves the abduction of women by men to be married, either forcibly or voluntarily. Merariq can lead to high rates of early marriage and high rates of pregnancy and childbirth problems due to the physical and mental unpreparedness of women and men to live a married life (Rosdiana et al., 2018). Newly married couples need to adjust to their new roles and responsibilities in the household. If the couple is unable to adjust to their new roles and responsibilities, problems will arise. One cause of these problems is a lack of readiness to carry out these tasks (Hurlock, 1996). Marital readiness is a state of being ready or willing to be in a relationship with a partner, ready to accept the responsibilities of

being a husband or wife, ready to engage in sexual relations, ready to take care of a family, and ready to take care of children (Duvall, 1985). Marital readiness consists of emotional readiness, social readiness, role readiness, age readiness, and financial readiness (Blood, 1978). One of the impacts of unpreparedness for marriage is shown by the increase in the divorce rate in NTB Province from 1.66% in 2020 to 2% in 2021, although it decreased slightly in 2022 to 1.95% (BPSRI, 2023a).

Indonesia has a premarital screening programme that aims to identify health issues and provide reproductive health education before marriage. Premarital services, which have been carried out collaboratively by community health centres and religious affairs offices, particularly in Gunungsari Subdistrict, have been ineffective in improving knowledge and attitudes towards sexual and reproductive health (Utami et al., 2021). This problem is caused by limited health workers, time constraints, and heavy workloads at community health centres. Religious affairs offices have a premarital training programme that provides prospective brides and grooms with knowledge and understanding about married life and family, but it is only conducted twice a year due to budget constraints. A significant problem is the lack of comprehensive premarital education, which often leads to an inadequate understanding of marital responsibilities and family dynamics among prospective couples (Batubara et al., 2022). Young women in Mataram have limited knowledge about marriage, particularly regarding the prohibition of marrying men due to blood relations, musaharah and rada'ah (Setyawati et al., 2022). The short time span between premarital screening and premarital education and the actual marriage renders premarital preparation meaningless, resulting in various problems, both health-related (pregnancy complications) and non-health-related, in newly formed households. Overcoming these various challenges is crucial to improving marriage readiness.

The premarital screening programme implemented at community health centres and premarital training by religious affairs offices are currently only intended for prospective brides and grooms who have registered their marriage, while there are still many unregistered marriages (nikah siri) so that prospective brides and grooms do not receive premarital screening and training. In addition, marriages that take place due to unwanted pregnancies automatically lack preparation in all aspects. Therefore, it is necessary to be prepared in all aspects well before the marriage takes place in

order to foster self-awareness in determining the right time to get married. Based on the above issues, this study was conducted to determine the determinants of marriage readiness among adolescents in the working area of the Sesela Community Health Centre in West Lombok Regency.

The premarital screening programme conducted at community health centres and marriage education conducted at religious affairs offices have not yet achieved optimal results in reducing complications during pregnancy and problems in the household. Therefore, it is necessary to conduct reproductive health screening and marriage readiness education for adolescents (well before they become prospective brides and grooms) and prospective brides and grooms so that adolescents are able to make their own decisions about the right time to marry and prospective brides and grooms are able to determine the right time to conceive.

Marriage readiness is usually assessed by prospective brides and grooms. Researchers have not found any studies on marriage readiness among adolescents based on premarital screening and education, or among prospective brides and grooms based on pregnancy preparation screening and education. This study aims to analyse factors of marriage readiness in the working area of the Sesela Community Health Centre in West Lombok Regency.

RESEARCH METHODS

This study utilised a quantitative research design with a cross-sectional approach. The study population consisted of female adolescents attending public and private senior high schools within the working area of the Sesela Community Health Centre in West Lombok Regency between April and June 2025, totalling 20,000 individuals. The sample size for this quantitative study was obtained from sample calculations using the Raosoft application. The sample size for this quantitative study was 377 people. The sampling technique used was purposive sampling, with the sample consisting only of female adolescents who were present when the data was collected.

The independent variables (X) in this study were respondent characteristics (age), parental characteristics (father's and mother's highest level of education, father's and mother's occupation, family income), relationship status, and desired age for marriage. The dependent variable (Y) in this study was adolescents' attitudes towards readiness for marriage.

This research was conducted in public and

private senior high schools/vocational schools in the working area of the Sesela Community Health Centre in West Lombok Regency, NTB Province. The research was conducted from March to July 2025. This research has obtained research permission from the West Lombok Regency Development Planning Agency (Bappeda) with letter number 070/322/BAPPEDA/2025 dated 26 May 2025. The research permit letter from the West Lombok District Bappeda was copied to the Head of the West Lombok District Health Office, the Head of the Sesela Community Health Centre in Gunungsari Sub-district, West Lombok District, and the Head of the Sesela Community Health Centre Technical Implementation Unit in Gunungsari. All costs related to this research were borne by the researchers.

The data collected is primary data. The data collection instrument for this study uses a questionnaire with closed-ended questions. The marriage readiness questionnaire was adopted from the Elsimil BKKBN marriage readiness questionnaire. The data obtained will be analysed using univariate and multivariate logistic regression with the help of the SPSS 224.0 for Windows programme.

RESEARCH RESULTS

The Sesela Community Health Centre is a Technical Implementation Unit (UPT) located on Jl.

Raya Sesela Gunungsari, West Lombok Regency, West Nusa Tenggara 83124. The working area of the Sesela Community Health Centre UPT is a highland area with inter-village transportation routes.

Univariate Analysis

Factors of marriage readiness and marriage readiness

The frequency distribution of respondents in the Sesela Community Health Centre working area in 2025 is as follows:

Table 1
Frequency distribution of respondents in the Sesela Community Health Centre working area in 2025

Age	N	%
16 years old	124	32,9
17 years old	124	32,9
18 years old	179	34,2

Table 1 above shows that most respondents were 18 years old, accounting for 34.2%, and 32.9% of respondents were 16 and 17 years old.

The frequency distribution of the characteristics of respondents' parents in the working area of the Sesela Community Health Centre in 2025 is as follows:

Table 2
Frequency distribution of respondents' parents' characteristics in the Sesela Community Health Centre working area in 2025

Characteristics	N	%
Mother's education		
Elementary school	120	31,8
Junior high school	82	21,8
Senior high school	126	33,4
University	49	13
Father's education		
Elementary school	124	32,9
Junior high school	68	18
Senior high school	117	31
University	68	18
Mother's occupation		
Housewife/unemployed	240	63,7
Working	137	36,3
Father's occupation		
Civil servant/Policeman/Indonesian national army	45	11,9
Entrepreneur/private employee	310	82,2
Unemployed	22	5,8
Family income		
<Rp. 2.444.067,-	252	66,8
>=Rp. 2.444.067,-	125	33,2

Table 2 above shows that most of the respondents' mothers had a high school education (33.4%) and a small number had a university education. Most of the respondents' fathers had an elementary school education (32.9%) and a small number had a junior high school or university education (18%). The majority of female respondents are unemployed or housewives (63.7%), while 36.3% are employed. The majority of male respondents work as entrepreneurs or private employees (82.2%), while a small number are unemployed (5.8%). The majority of families have an income of less than Rp. 2,444,067 (66.8%), while 33.2% have an income of more than or equal to Rp. 2,444,067.

The frequency distribution of respondents' relationship status in the Sesela Community Health Centre working area is as follows:

Table 3
The frequency distribution of respondents' relationship status in the Sesela Community Health Centre working area in 2025

Relationship status	N	%
Have	161	42,7
Don't Have	216	57,3

Table 3 above shows that most respondents did not have a partner (57.3%), while 42.7% of respondents had a partner.

The frequency distribution of respondents' desire to marry in the Sesela Community Health Centre working area is as follows:

Table 4
The frequency distribution of respondents' desire to marry in the Sesela Community Health Centre working area in 2025

Desire to marry	N	%
Desire to marry		
Yes	53	14,1
No	324	85,9
Age to get married		
22-25 years old	161	42,7
26-30 years old	206	54,6
31-40 years old	10	2,7

Table 4 above shows that most respondents do not want to marry quickly (85.9%), while 14.1% want to marry quickly. Most respondents want to marry between the ages of 26 and 30 (54.6%), while 2.7% want to marry between the ages of 31 and 40 (2.7%).

Readiness for marriage consists of physical readiness, financial readiness, mental readiness, emotional readiness, social readiness, moral readiness, interpersonal readiness, life skills, and intellectual readiness. The distribution of respondents' readiness for marriage is shown in the following table.

Table 5 above shows that most respondents stated that they were not ready to marry (67.6%), while 32.4% of respondents stated that they were ready to marry.

Tabel 5
Respondents' readiness for marriage in the working area of the Sesela Community Health Centre in 2025

Readiness for marriage	N	%
Ready	122	32,4
Not ready	255	67,6

Multivariate Analysis
Differences in readiness for marriage based on respondent characteristics, parents, relationship status, and desire to marry

After conducting a multivariate analysis using logistic regression, the following results were obtained:

Tabel 6

Results of multivariate analysis of differences in readiness for marriage based on respondent characteristics, parents, relationship status, and desire to marry in the working area of the Sesela Community Health Centre in 2025

Variable	Coefficient B	S.E. (B)	P value	OR (CI95%)
Desire to marry quickly	-2,746	0,387	0,00001	11,96 (5,60-25,53)
Konstanta	-0,927			

Description: multivariate testing using logistic regression analysis

Based on the results of the analysis of independent variables together in Table 6 above, the variable of desiring to marry quickly has a risk 11.96 times higher than respondents who do not want to marry quickly.

DISCUSSION

Most respondents were 18 years old, accounting for 34.2%, and 32.9% of respondents were 16 and 17 years old. Adolescence is a period of rapid physical, cognitive, and psychosocial development that occurs between the ages of 10 and 19 (WHO, 2024). Beginning to show interest and concern for the opposite sex is one of the psychological developments of adolescents aged 14 to 17 (Rosa, 2025a). Eighteen-year-olds have more controlled psychological development compared to 16- or 17-year-olds. At this age, adolescents have begun to think about their future and life goals and are starting to take opposite-sex relationships seriously (Rosa, 2025b).

Most of the female respondents had a high school education (33.4%), while a small number had a university education. Most of the male respondents had an elementary school education (32.9%), while a small number had a junior high school or university education (18%). Dasmo, Nurhayati, and Marhento (2015) believe that the level of education is a form of formal school graduation certificate as proof that the individual has completed a level of education. Law Number 20 of 2003 concerning the National Education System conveys several indicators regarding education levels, namely 1). Basic education: 9 years of basic education, namely Primary School (SD/MA), 2) Secondary education: Further education, namely Junior High School (SMP/MTs) and Senior High School (SMA/MA) and 3) Higher education: post-secondary education, including doctorates, specialists, bachelor's degrees and specialists (Dasmo et al., 2015).

Most of the female respondents were unemployed or housewives (63.7%), while 36.3% were employed. Most of the male respondents were self-employed or private sector employees (82.2%),

while a small proportion were unemployed (5.8%). Employment is a livelihood or something that is done to earn a living (kbbi, 2025b). Research by Lestari, Lestari, and Setyowati in the village of Slogoretno Jatipurno Wonogiri found that the multiple roles played by housewives, especially in farming families, can be divided into seven roles, namely the roles of mother, wife, worker, relative, and roles in domestic, community, and individual activities (Lestari et al., 2024). Private employees are people who work for an institution (office, company, etc.) and receive a salary (wage) (kbbi, 2025a).

The majority of families have an income of less than Rp. 2,444,067 (66.8%), while 33.2% have an income of more than or equal to Rp. 2,444,067. Rp 2,444,067 (two million four hundred forty-four thousand sixty-seven rupiah) is the provincial minimum wage (UMP) for NTB in 2024. Wages are money and other forms of payment given as compensation for services rendered or as payment for labour expended in performing a task; salary; remuneration. The minimum wage is the lowest wage that, according to law or trade union agreement, must be paid by a company to its employees (kbbi, 2025c).

The majority of respondents did not have a partner (57.3%), while 42.7% of respondents did have a partner. Beginning to show interest and concern for the opposite sex is one of the psychological developments of adolescents aged 14 to 17 years (Rosa, 2025a). Eighteen-year-olds have more controlled psychological development than 16- or 17-year-olds. At this age, adolescents are thinking about their future and life goals, and are beginning to take an interest in serious relationships with the opposite sex (Rosa, 2025b). In addition, the desire to have a boyfriend or girlfriend can be influenced by peers, peer pressure or demands to date, and the desire to be like their friends who are dating (Finnisa, 2021).

The majority of respondents did not want to marry early (85.9%), while 14.1% wanted to marry early. The majority of respondents wanted to marry between the ages of 26 and 30 (54.6%), while 2.7%

wanted to marry between the ages of 31 and 40 (2.7%). The factor of readiness for marriage that influences the age at which female students wish to marry is emotional management; the higher the level of emotional management, the older the age at which they wish to marry. Increased readiness and communication skills influence an increase in students marrying at a young age (Sari & Sunarti, 2013).

Based on the results of the analysis of independent variables together, the variable of wanting to marry quickly has an 11.96 times higher risk of being ready to marry compared to respondents who do not want to marry quickly. The results of the study show that the research informants have not fully prepared themselves for marriage. Physically, they tend to focus on physical appearance and health challenges that affect their readiness for marriage. Emotionally and mentally, there is a need to learn to manage emotions in order to understand their partner better. Some students are reluctant to engage in romantic relationships because they consider romance at this age to be an additional source of stress. The majority of students have goals, motivations, and needs to get married in order to form a harmonious family and improve their religious practices, but their knowledge about marriage is not yet fully detailed. They have some skills related to marriage, such as household matters (Lestari et al., 2024).

The Head of the National Population and Family Planning Agency (BKKBN), Hasto Wardoyo, stated that there are 10 dimensions that need to be prepared before marriage in order to form a quality family, namely (1) Age readiness. Age is one of the benchmarks for determining whether someone is ready for marriage. The ideal age for marriage is at least 25 years old for men and at least 21 years old for women; (2) Physical readiness. After marriage, one must be ready to earn a living, do housework, and engage in sexual activity. It is advisable to undergo a premarital medical check-up to understand your partner so that you can create a quality family; (3) Financial readiness. The measure of a happy and quality family is not determined by the amount of money. The wheels of household life will continue to turn, so basic needs and future expenses such as pregnancy preparation, pregnancy, childbirth, babies, and raising children need to be considered before marriage; (4) Mental readiness. Marriage does not always run as smoothly as it did during courtship. There are many household problems that require mental preparedness to deal with them; (5) Emotional readiness. Start controlling your emotions before

marriage. Observe your partner when they are angry and consider whether you can accept them for the rest of your life; (6) Social readiness. After marriage, adaptation to a new environment, new people such as the partner's extended family, the partner's friends, and even new organisations must be followed; (7) Moral readiness. Morality is very important for a family, regardless of religion; (8) Interpersonal readiness. This readiness relates to other people. Before marriage, it is necessary to ensure the ability to interact with people from different backgrounds; (9) Life skills. Life skills such as cleaning the house, cooking, caring for children, and fulfilling obligations as a husband/wife/parent. Even caring for reproductive organs and knowledge of contraception for spacing pregnancies are skills that must be possessed before marriage; (10) Intellectual readiness. Intellectual ability is reflected in the search for information about family life (Lestari et al., 2024).

CONCLUSION

Most teenagers are 18 years old, their mothers have a high school education, their fathers have an elementary school education, their mothers are unemployed or housewives, their fathers are self-employed or private sector employees, and their family income is less than Rp. 2,444,067. Most teenagers do not have a partner, do not want to marry early, and want to marry between the ages of 26 and 30. Most teenagers state that they are not ready to marry. Teenagers who want to marry early are 11.96 times more likely to be ready to marry than teenagers who do not want to marry early.

SUGGESTION

It is expected that educational institutions equivalent to senior high schools/vocational schools will collaborate with health service institutions in providing information related to marriage readiness and its consequences to adolescents so that they are able to make informed decisions about marriage. Health service institutions are expected to provide information regarding marriage readiness and its consequences to adolescents, either integrated with the adolescent health post programme or outside of it, and educational institutions are expected to collaborate with health service institutions or other educational institutions to provide information regarding marriage readiness and its consequences to adolescents through community service activities.

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