

Effect of Health Education on Adolescent Knowledge and Attitudes Regarding Early Marriage

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Abstract

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Background: Early marriage remains a critical public health issue that exposes adolescents to increased risks of infection, pregnancy complications, miscarriage, and even mortality. These risks are often exacerbated by limited access to health education among adolescents, especially in rural areas. Health education plays a vital role in promoting physical, psychological, social, and economic well-being.

Objective: This study aimed to determine the effect of health education on adolescent knowledge and attitudes regarding early marriage.

Methods: This research utilized a pre-experimental approach with a one group pretest-posttest. The sampling technique was Stratified random sampling. The respondents in this study were 48 respondents. The questionnaire used in this study was a questionnaire on knowledge about early marriage and attitudes towards early marriage. Analysis of test used was the Wilcoxon test.

Results: There was an effect of health education on adolescent knowledge about early marriage with a significant value of 0.000 ($p < 0.05$). There was an effect of health education on adolescent attitudes about early marriage with a significant value of 0.001 ($p < 0.05$).

Conclusion: Health education about early marriage affects the knowledge and attitudes of adolescents with the hope that adolescents will be able to have a positive attitude if there is a desire to marry at an early age to prevent various impacts that may occur.

Keywords: Adolescent; attitude; early marriage; health education; knowledge

Introduction

According to the Regulation of the Minister of Health of the Republic of Indonesia Number 25 of 2014, adolescents are residents who have reached the age of 10-18 years and according to the Population and Family Planning Agency (BKKBN) adolescents are in the range of 10-24 years and are not married (Ministry of Health RI, 2017). According to the World Health Organization (WHO) in 2014, it is estimated that in the world it is estimated that the youth group is 1.2 billion (18%) of the world's population. The number of youth groups in Indonesia aged 10-24 years in 2017 was 67.36 million or about 25% of the total population of Indonesia (BKKBN, 2017). Based on the profile of the population of North Lombok, especially in Bayan District, in 2020, it was found that the number of adolescents in Bayan District aged 10-24 years was 6,356 girls, and 6,183 boys (BPS, 2020). This is a big challenge to pay more attention to the adolescent age group, including the problem of maturity in adolescents. This maturity is not only in terms of physical but also the psychological condition of adolescents which includes knowledge and attitudes of adolescents.

Knowledge is related to risk and attitude towards early marriage. This can be interpreted that the higher the knowledge possessed, the lower the attitude of adolescents towards early marriage and vice versa. This means that the higher the reproductive health knowledge possessed by adolescents, the lower their premarital sexual behavior, conversely the lower the reproductive health knowledge possessed by adolescents, the higher their premarital sexual behavior (Kusmiran, 2014; Umaroh, Kusumawati, & Kasjono, 2015).

According to the National Population and Family Planning Agency (BKKBN), early marriage is an unhealthy marriage. A healthy marriage is a marriage that is carried out at the

minimum age of 25 years for men and 20 years for women. This is considered based on the importance of reproductive system maturity in a marriage. Marriages under the age of 18 globally currently exceed 700 million women, and marriages under the age of 15 are as many as 250 million (Septianah et al., 2020).

Indonesia is one of the countries with a high incidence of early marriage with a percentage of 34%. This makes Indonesia ranked 37th out of 158 countries in the world with the incidence of early marriage. Meanwhile in Southeast Asia itself, according to data from the Association of Southeast Asia Nations (ASEAN), Indonesia ranks second after Cambodia with a high incidence of early marriage (Septianah., 2020). Of the 43 cases of preventable early marriage in NTB, 26 cases (60.47%) were in North Lombok Regency. Early marriage in North Lombok Regency in 2016 reached 2,026 incidents in 5 sub-districts including Bayan District which had the highest number of incidents of children getting married at an early age of 1,021 incidents (M. Junaidi, 2019).

Early marriage occurs a lot among Indonesian people, especially teenagers can be caused by various factors such as environmental factors, socio-cultural, economic, education, religion, difficulty in getting a job, mass media, views and beliefs (Kumalasari, 2014 in I Nyoman Adi et al., 2018). Early marriage in adolescents can lead to easy infection, pregnancy poisoning, miscarriage, and death due to lack of health education in adolescents (Anwar, Z., & Rahmah, M, 2017). Health education is a conscious effort to cause changes in healthy living behavior, both in the community and socially.

Health education is very necessary as a basis for activities in public health towards a physically, spiritually, socially and economically healthy society (Madinah, 2017). The provision of health education to adolescents is very important both formally and non-formally, this is stated by Widjanarko (2016). Thus, the provision of health education to adolescents is very important so that adolescents avoid things that are not desirable.

Based on the results of previous research conducted by Rosamali (2019), regarding the Effect of Health Education on Adolescent Knowledge Levels About the Dangers of Early Marriage in West Lombok. The results of this study indicate the difference in the average level of knowledge of adolescents before and after being given health education. The p-value = 0.000 is smaller than = 0.05 which means that there is an effect of health education on the level of knowledge about the dangers of early marriage.

Based on the results of a preliminary study on October 2, 2021, at SMP SATAP 2 Bayan with interviews and observations made by researchers, data obtained from 2019-2021 consisted of 15 grade VIII students who married at a young age. After conducting interviews with the principal and several homeroom teachers, the students stated that the main factors that led to early marriage were the environment and the lack of information about reproductive health, especially for adolescents, especially those in remote areas and there were no health workers who conducted counseling related to marriage. early. Based on this background, the researcher is interested in researching with the title "The Effect of Health Education on Knowledge and Attitudes of Class VIII Adolescents About Early Marriage at SMP SATAP 2 Bayan".

Methods

Study Design

This research utilized a pre-experimental approach with a one group pretest-posttest.

Participants

The population in this study consisted of 93 eighth-grade students of SMP SATAP 2 Bayan in 2022. The sample consisted of 48 students who met the sample selection criteria and were willing to participate, which was determined using the Slovin formula. The sampling technique used in this study was stratified random sampling. The sample criteria in this study were based on inclusion and exclusion standards. The exclusion criteria in this study were those enrolled in eighth-grade SMP SATAP 2 Bayan and who expressed their willingness to participate in the study. Meanwhile, the exclusion criteria were those who were not present at school during the data collection period and were excluded from participation.

Instruments

The instrument used in this study was a knowledge questionnaire about early marriage and attitudes about early marriage. This questionnaire was adopted from research conducted by Putri (2019). The knowledge questionnaire was used to measure the level of students' knowledge about early marriage. This questionnaire has been tested for validity and reliability. The results of the validity test of the 36 questions there are 25 valid (r count > 0.361) questions and 11 (r count < 0.361) questions, while the results of the reliability test show a value Cronbach's Alpha of 0.882 indicates this questionnaire is reliable in this questionnaire there are 25 questions. While the attitude questionnaire was adopted from research conducted by Putri (2019). This questionnaire has also been tested for validity and reliability. The results of the validity test of the 20 questions were valid as many as 13 (r count > 0.361) questions and 7 (r count < 0.361) questions were invalid, while the reliability test results showed Cronbach's Alpha value of 0.695. In this questionnaire there are 13 questions in the form of a Likert scale.

Data Collection

The process of collecting data in this study was carried out in June 2022. The researcher first asked for the respondents' willingness to participate in the study. Those who agreed were asked to fill out an informed consent form and sign a time agreement. During data collection, the researcher was assisted by an assistant responsible for distributing and documenting the questionnaires. The researcher explained how to complete the questionnaire, which assessed the adolescents' knowledge and attitudes toward early marriage, by marking (\checkmark) in the provided answer columns. The pre-test was administered using the questionnaire for 25 minutes. Then, health education on early marriage was delivered through a PowerPoint presentation for another 25 minutes. A 5-minute question and answer session followed to clarify any materials that were not understood. The session ended with a summary of the health education content. Afterward, a post-test using the same questionnaire was administered for 25 minutes to assess any changes in knowledge and attitudes.

Data Analysis

Data analysis in this study is univariate analysis and bivariate analysis. Univariate analysis was used to determine individual characteristics based on several variables descriptively using frequency distribution and proportions, including age, gender and religion. Bivariate analysis in this study using the Wilcoxon Signed Rank Test or known as the Wilcoxon Match Pair is a non-parametric test to analyze the differences between two paired data but not normally distributed (Sugiyono, 2019).

Ethical Considerations

This research obtained research permission from Sekolah Tinggi Ilmu Kesehatan Hamzar Lombok Timur with number: 126/Spm/STIKZAR/VI/2022. There were three ethical principles that were firmly adhered to in conducting this research, namely informed consent, confidentiality and anonymity.

Results

Characteristics of respondents

Table 1 shows the characteristics of respondents. Most participants were aged 13–15 years (40 respondents or 82.3%), while the remaining 8 respondents (17.7%) were aged 16–17 years. In terms of gender, the majority were female (34 respondents or 70.8%), and 14 respondents (29.2%) were male. Regarding religion, most respondents adhered to Islam (45 respondents or 93.8%), and only 3 respondents (6.2%) were Hindu. Overall, the respondent group was predominantly composed of female adolescents aged 13–15 years, with Islam as the dominant religion.

Table 1. Distribution of Respondents (n=48)

Respondent Characteristics	Frequency (f)	Percentage (%)
Age		
13-15	40	82.3
16-17	8	17.7
Gender		
Man	14	29.2
Woman	34	70.8
Religion		
Islam	45	93.8
Hindu	3	6.2
Total	48	100

Table 2 shows the effect of health education on adolescents' knowledge about early marriage. Before the intervention, the median knowledge score was 26.00, with scores ranging from 10 to 36. After receiving health education, the median score increased to 38.00, with a range of 25 to 45. The Wilcoxon test revealed a p-value of 0.000, indicating a statistically significant improvement in knowledge following the intervention ($p < 0.05$). This result suggests that health education effectively enhances adolescents' knowledge about early marriage.

Table 2. The effect of health education on increasing adolescents' knowledge about early marriage (n=48)

Variable	Median	Maximum	Minimum	P-value
Knowledge				
Pre-test	26.00	36	10	0.000
Post-test	38.00	45	25	

Table 3 shows the effect of health education on adolescents' attitudes toward early marriage. Prior to the intervention, the median attitude score was 41.67, with a minimum score of 30 and a maximum of 57. After the intervention, the median score increased to 51.20, ranging from 35 to 62. The statistical analysis using the Wilcoxon test yielded a p-value of 0.001, indicating a significant improvement in attitudes following the health education ($p < 0.05$). This finding shows that health education had a positive influence on adolescents' attitudes, encouraging more critical views toward early marriage.

Table 3. The effect of health education on adolescents' attitudes about early marriage (n=48)

Variable	Median	Maximum	Minimum	P-value
Attitude				
Pre-test	41.67	57	30	0.001
Post-test	51.20	62	35	

Discussion

The Effect of Health Education on Increasing Adolescent Knowledge about Early Marriage

The results of health education research, the median value of adolescent knowledge before being given health education was 26.00 and the median value of adolescent knowledge after health education was 38.00. The median value of adolescent knowledge shows an increase in knowledge after being given health education by 12.00 with p value $0.000 < 0.05$ which indicates that H_0 is rejected, which means that there is an effect of health education on knowledge of Class VIII adolescents about early marriage at SMP SATAP 2 Bayan in 2022.

This study is in line with research (Rosamali, 2020) on the Effect of Health Education on Adolescent Knowledge Levels About the Dangers of Early Marriage in West Lombok, it was

found that there was an increase in adolescent knowledge after being given health education with p value $0.000 < 0.05$. This is also in line with research conducted by (Mawardika, 2019) regarding Increasing Adolescent Knowledge About Reproductive Health Through Health Education in the Form of Reproductive Health Nursing Service Applications in Junior High School Work Area of Bawen Health Center Semarang Regency with a p value of $0.012 < 0.05$, which means that there is an increase in reproductive health knowledge after being given health education and supported by research conducted by (Arwini, 2015) on Increasing Knowledge of Young Women About the Impact of Early Marriage Through Providing Health Education in Waiheru Village, Bagula Subdistrict, Ambon City which stated that there was an effect of health education on increasing knowledge of adolescent girls in the village of Waiheu p -value $0.000 < 0.05$.

This is in line with research conducted by (Madinah, 2017) entitled "The Effect of Reproductive Health Education on Knowledge Levels About Maturation Age of Marriage" which states that there is an increase in the average value of knowledge before and after being given reproductive health education from 16.65 to 20.88 and supported by research conducted by (Ekayanti, N. D., 2015) entitled "The Effect of Reproductive Health Education on Adolescent Knowledge and Preferences related to Maturation of Marriage Age in Semarang Regency in 2015" which states that reproductive health education has a significant influence on increasing knowledge of adolescents is shown from the increase in the median score of knowledge about maturing age of marriage. A person's level of knowledge is very influential.

In this study, to see the level of knowledge of adolescents, researchers provided health education. The purpose of providing a health education is to provide information to adolescents what changes are experienced both physically and psychologically in accordance with life in their socio-cultural environment, as well as the impact that can be caused due to lack of knowledge about maturation of the age of marriage. Health education can increase knowledge because the material and delivery are easy to understand. In this study, researchers used laptop and LCD electronic media. According to (Notoadmojo, 2018) that knowledge is the result of knowing and occurs after sensing objects in certain things. Based on this researcher, respondents' knowledge about early marriage is quite good, this shows that respondents already understand the material. From the results of the pre-test and post-test questionnaires, there is an increase in several statements so that in overcoming this problem the importance of health education for adolescents, as expressed by (Arisjulyanto, 2019) which proves that health education with lectures can increase knowledge.

The Effect of Health Education on Increasing Adolescent Attitudes about Early Marriage

The results of the health education research show that the median value of adolescent attitudes before being given health education is 41.67 and the median value of adolescent attitudes after giving health education is 51.20. After being given health education, the results obtained p value $0.000 < 0.05$ which indicates that H_0 is rejected and H_a is accepted, which means that there is an effect of health education on the attitude of Class VIII adolescents about early marriage at SMP SATAP 2 Bayan in 2022. This research is in line with Bugis research. (2021) on "Increasing Knowledge and Attitudes of Young Women About the Impact of Early Marriage Through Providing Health Education in Waiheru Village" with respondents experiencing an increase in attitudes after being given health education, the results of statistical tests show that the p value is $0.000 < 0.05$. This study shows that The provision of counseling greatly affects a person's attitude. Thus, it can be concluded that attitudes will be formed when someone knows and understands an object and after that it is interpreted in the form of action.

This study is in line with research conducted by (Lestari, 2018) which states that there is an effect of counseling on adolescent attitudes about the risk of early marriage. Supported by research conducted by Damayanti (2018) with the results of p value $0.000 < 0.05$, the study shows that there are differences in the attitudes of respondents before and after health education, seen from the active respondents in asking about the material provided. From the results of the study, it is shown that the attitude of adolescents towards early marriage is good, which means that almost all respondents reject early marriage because teenagers see that many people who marry early are divorced. Where this has similarities with the results of

research that has been studied by (Aulia, 2014) entitled "Description of Attitudes of Young Women About Early Marriage at Mts Sunan Gunung Jati Katemas as many as 15 young women who have a positive attitude towards early marriage have never received information about Early marriage and its risks, this is because young women have received direct knowledge from the reality that occurs in society that early marriage poses risks such as divorce, domestic violence and changing status.

According to Machfoedz (2015), health counseling is a health education extension activity carried out by spreading messages and instilling confidence so that students unconsciously know and understand but are also willing and able to make recommendations that have to do with health. The counseling provided turned out to have provided additional knowledge, and this knowledge will ultimately change attitudes and behavior in a positive direction.

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Conclusion

Health education effectively improves adolescents' knowledge and attitudes about early marriage. After the intervention, participants demonstrated significantly higher levels of understanding and more critical attitudes toward early marriage. These findings underscore the importance of structured health education programs in schools as a preventive strategy. It is recommended that health authorities and educators incorporate routine reproductive health education into the school curriculum, particularly in rural areas where early marriage remains prevalent. Follow-up interventions, such as peer-led discussions or community counseling, could further reinforce the knowledge and attitudes gained through formal sessions.

References

- Anwar, Z., & Rahmah, M. (2017). *Child marriage in Indonesia: Social and health perspectives*. Yogyakarta: Pustaka Pelajar.
- Arisjulyanto. (2019). *Reproductive health education for adolescents*. Jakarta: Bumi Aksara.
- Arwini. (2015). Improving young women's knowledge on the impact of early marriage through health education in Waiheru Village, Bagula Subdistrict, Ambon City. *Journal of Public Health*, 4(2), 45–51.
- BKKBN. (2017). *National strategy for child marriage prevention*. Jakarta: National Population and Family Planning Board.
- BPS. (2020). *Population profile of North Lombok Regency 2020*. Mataram: Statistics Indonesia NTB.
- Bugis, M. (2021). Improving knowledge and attitudes of young women about the impact of early marriage through health education in Wiheru Village. *Adolescent Reproductive Health Journal*, 3(1), 23–29.
- Damayanti. (2018). The effect of health education on adolescent attitudes toward early marriage at SMPN 3 Karangasem. *Adolescent Health Journal*, 2(1), 15–20.
- Ekayanti, N. D. (2015). The effect of reproductive health education on adolescent knowledge and preferences related to maturation of marriage age in Semarang Regency. *Journal of Health Promotion*, 3(2), 58–67.
- I Nyoman Adi, Suarnajaya, I. W., & Sudarma, I. M. (2018). Factors influencing early marriage in Indonesia. *Journal of Social Sciences and Humanities*, 7(1), 19–26.
- Junaidi, M. (2019). *Annual report of the Department of Population Control, Family Planning, Women's Empowerment, and Child Protection of North Lombok Regency*. Tanjung: DPPKBPPPA KLU.
- Ministry of Health of the Republic of Indonesia. (2017). *Regulation No. 25 of 2014 on child health services*. Jakarta: MoH.

- Kumalasari. (2014). Socio-cultural factors influencing child marriage in Indonesia. In I Nyoman Adi et al. (2018).
- Kusmiran, E. (2014). *Adolescent and women's reproductive health*. Jakarta: Salemba Medika.
- Lestari, W. (2018). The effect of counseling on adolescent attitudes regarding the risks of early marriage at SMA Negeri 1 Praya. *Youth Health Journal*, 1(2), 33–40.
- Machfoedz, M. (2015). *Health counseling*. Yogyakarta: Fitramaya.
- Madinah, S. (2017). The effect of reproductive health education on knowledge levels about marriage age maturity. *Indonesian Journal of Health Promotion*, 2(1), 35–42.
- Mawardika. (2019). Increasing adolescent knowledge on reproductive health through reproductive health nursing service applications in junior high schools under Bawen Health Center [Undergraduate thesis, Universitas Negeri Semarang].
- Notoadmodjo, S. (2018). *Health promotion and behavioral science*. Jakarta: Rineka Cipta.
- Putri, D. A. (2019). Knowledge about early marriage among adolescents in SMA Negeri 2 Mataram [Undergraduate thesis, Universitas Mataram].
- Rosamali. (2019). The effect of health education on adolescent knowledge levels about the dangers of early marriage in West Lombok. *Youth Health Journal*, 2(1), 12–18.
- Septianah, R. (2020). Child marriage in Indonesia: Data overview and prevention solutions. *Indonesian Population Journal*, 4(1), 22–31.
- Sugiyono. (2019). *Metode Penelitian Kuantitatif*. Bandung: Alfabeta.
- Madinah, S. (2017). *Adolescent reproductive health education*. Jakarta: Kencana.
- Umaroh, N., Kusumawati, A., & Kasjono, H. (2015). Relationship between reproductive health knowledge and adolescent sexual behavior at SMA Negeri 1 Gresik. *Nursing Journal*, 3(1), 24–30.
- Widjanarko, B. (2016). The importance of reproductive health education for adolescents. *Health Department of Central Java Province Article*.
- World Health Organization (WHO). (2014). *Adolescent health: World statistics report*. Geneva: WHO Press.