



The Effect of Early Marriage Education on The Adolescent Knowledge Level About The Impact of Early Marriage

Ririnisahawaitun^{1*}, Maruli Taufandas¹, Hariawan Junardi¹, Anatun Aupia¹

¹STIKes Hamzar East Lombok, School of Nursing, Nusa Tenggara Barat, Indonesia

*Corresponding Author: ririnisahawaitun@gmail.com

ARTICLE INFO

Article history:

Received 10th June 2023

Revised 23th July 2023

Accepted 29th July 2023

Available online

<https://talenta.usu.ac.id/IJNS>

E-ISSN: 2685-7162

How to cite: Ririnisahawaitun, Maruli T., Hariawan, J., Anatun A. (2023). The Effect of Early Marriage Education on The Adolescent Knowledge Level About The Impact of Early Marriage. *Caring: Indonesian Journal of Nursing Science*, 5(1), 40-45.



This work is licensed under a Creative Commons Attribution-ShareAlike 4.0 International.

<https://doi.org/10.32734/ijns.v5i1.122>

90

ABSTRACT

Marriage is a sacred bond between man and woman to be husband and wife to form a happy and eternal family by believing in the one and only God. Early marriage can lead to high maternal and infant mortality, miscarriage, congenital disabilities in babies, and low birth weight. One of the efforts to reduce early marriage is to increase adolescent knowledge about early marriage by educating them on the impact of it. This study aims to determine the effect of early marriage education on the adolescent level on the impact of early marriage. This study is pre-experiment using a one-group pretest post-test design. The study population is 62 students in XI grade SMKN 1 Pringgasela, East Lombok Regency. All respondents were grouped, educated on early marriage, and presented orally using Powerpoint for 30 minutes. Their knowledge level on the impact of early marriage before and after the education was measured using a questionnaire consisting of 32 questions that had been tested for validity and reliability. The results showed an increase in their knowledge level with a mean pretest of 15.10 and a mean posttest of 31.90 (delta mean = 16.80). Based on the Wilcoxon test, the study obtained $p = 0.000$. It can be concluded that providing early marriage education impacts students' knowledge level at SMKN 1 Pringgasela, East Lombok Regency, with a p -value < 0.05 . It is expected that the school will continue providing early marriage education regularly to reduce the occurrence of early marriage.

Keyword: Education, Early marriage, Adolescent, Knowledge level

1. Introduction

Marriage at an early age is a violation of children's rights. Children who, due to circumstances, have to start a marriage commitment when they are less than 18 years old will be at risk, including disconnection of their aspirations to go to school, becoming potential victims of sexual violence and living at a pre-prosperous economic level (Ministry of National Development Planning/Bappenas, 2020). Women who cannot afford the shame and stigma associated with pregnancy under 17 choose unsafe abortions, leading to complications in the form of disability and death. This is because they do not seek abortion care from health workers but through illegal practices (Petroni et al., 2019). While women who can maintain their pregnancy until birth can be at risk of maternal death and illness.

Not only does it affect the women or mothers, but mothers aged 16 are at risk of stillbirth, miscarriage, and low birth weight (Asamoah, 2018). In addition, being a parent at an early age accompanied by fewer skills in parenting and taking care of children will affect the wrong parenting style and will risk children with developmental delays, behavioural discrepancies, and cultural tendencies of youngsters becoming parents at an early age (Hardianti & Nurwati, 2021).

According to the United Nations Development Economic and Social Affairs (UNDESA, 2011), Indonesia is the 37th country with a high percentage of early marriages. It is the second highest in ASEAN after

Cambodia. Meanwhile, according to data from the Central Statistics Agency (BPS), the % of women aged 20-24 years who were married or lived together before 18 in NTB in 2020 was 16.61%. In 2021, it was 16.59%, whereas NTB province was ranked second in Indonesia in these two years. Then, in 2022, NTB is the highest province with the proportion of women aged 20-24 years who are married or living together before 18, with a percentage of 16.23%. Based on these data, NTB province is a province that still needs serious handling related to early marriage.

One of the factors that cause early marriage is a lack of knowledge about the dangers of early marriage. Based on a preliminary study conducted at SMKN 1 Pringgasela, it was found that five students who were interviewed did not know the future impact of early marriage. They only knew that early marriage was done because of mutual liking. In addition, during the 2020/2021 school year, eight students got married.

Knowledge is the result of curiosity through sensory processes, especially in the eyes and ears of certain objects. Knowledge is obtained through cognitive processes, where a person must first understand or recognize a science in order to know the knowledge. Knowledge is an important domain in the formation of open behavior (Donsu, 2017).

Increasing knowledge about the impact of early marriage can be done through education. In this study, education was carried out directly through Powerpoint. Education is an activity carried out using learning principles so that someone gets a change in knowledge and will achieve the desired living conditions or get ways to achieve these conditions, individually and together (Nurmala, 2018). In the context of early marriage, by educating the students about early marriage, they are expected to know how early marriage changes their desire to do early marriage.

Adolescents' knowledge level will affect attitudes and behaviours in determining a decision (Donsu, 2017). By adding insight and information about marriage, of course, it can make decisions in determining the appropriate age for marriage, especially in teenagers. So, this study aims to determine the influence of early marriage education on the adolescent knowledge level about the impact of early marriage.

2. Method

2.1 Type and design of research

This study is conducted in one group. Before providing the intervention in education on early marriage, the researcher measured the respondent's knowledge of the impact of early marriage (pretest). After the intervention, the researcher remeasured their knowledge level (posttest).

2.2 Population and sample

The population was XI grade students of SMKN 1 Pringgasela, which is sampled, amounting to 62 students. The criteria are all XI grade students of SMKN 1 Pringgasela, and they are present during the research process, either during the explanation of the research, pretest, education, or posttest.

2.3 Time and setting

This research was carried out at SMKN 1 Pringgasela, East Lombok Regency, West Nusa Tenggara (NTB) for 7 days, namely June 17-23, 2022.

2.4 Instrument

The instrument used in this study was a knowledge questionnaire on the impact of early marriage. This questionnaire was adopted from the research of Ulfah Nur Aisah (2017) entitled "The Relationship of Adolescent Knowledge Level about Early Marriage with the Incidence of Early Marriage". This questionnaire has been tested for validity and reliability on 30 respondents with a significance level of 95%. From the validity test results, 32 valid questions were obtained with $r_{\text{count}} > r_{\text{table}}$ ($r_{\text{table}} = 0.361$). In contrast, the reliability test results of all question items were declared reliable with the value of the Cronbach constant $\alpha = 0.935 > 0.60$.

2.5 Research procedure

Before the research process begins, this research goes through the ethical test stage and is declared feasible by STIKes Hamzar East Lombok's ethics committee with ethics letter 67/SP/STIKes/V/2023.

Furthermore, researchers carried out the research process with several stages. Namely, on the first day, all students measured their level of knowledge about the impact of early marriage (pretest). After the pretest, on the same day, the students were gathered in one room and received education for 30 minutes using PowerPoint. The researchers provided the education directly with material including the definition of early marriage, the causes of early marriage and the impact of early marriage on social, psychological, economic,

and health aspects of mothers and fetuses/babies. Finally, measuring students' level of knowledge about the impact of early marriage (posttest) was carried out seven days after providing education.

This research has applied the principles of research ethics. On the principle of autonomy, students are not forced to participate in research activities. Previously, researchers explained everything related to research, including objectives, research procedures, research benefits (beneficence), and an explanation that this research is not harmful or detrimental to respondents (nonmaleficence). Students are given an explanation of the research in writing and directly with honesty (veracity). If students are willing to participate, then they must sign informed consent. All students who had signed informed consent were given intervention and underwent the same research procedure (justice). If the student wants to stop being a respondent in this stage of the research process, the researcher will not stop it.

Furthermore, at the data collection stage, the respondent's identity is not listed on the data collection sheet. The researcher only provides a code on the data collection sheet (anonymity). So, researchers guarantee the confidentiality of respondents both in data collection and presentation of research reports (confidentiality). Researchers only brought up data in the form of age, gender, and knowledge about the impact of early marriage before and after providing education.

2.6 Data analysis

The Wilcoxon test was used as the statistical test. It had been tested for normality, resulting in data on the pretest and posttest not being distributed normally.

3. Result and Discussion

3.1 Result

3.1.1. Respondent characteristics

The characteristics of respondents presented include age and gender

Table 1. Characteristics of respondents based on age and gender

Characteristics	Category	N	%
Age (Years)	16	2	3,2
	17	41	66,1
	18	15	24,2
	19	4	6,5
	Total	62	100
Gender	Boy	53	85,5
	Girl	9	14,5
	Total	62	100
Ethnicity	Sasak	62	100
Religion	Muslim	62	100
Ever/Never get information about early marriage	Never	62	100

Table 1 shows 41 students (66.1%) aged 17, 53 students are boys (85.5%), all students come from Sasak ethnicity (100%), Muslim (100%), and never received information about early marriage (100%).

3.1.2. Adolescents' knowledge level before and after being educated about early marriage

Table 2. Knowledge level of adolescents before (*pretest*) and after being educated (*posttest*)

	Knowledge level	N	%
Before being educated (<i>pretest</i>)	Good	5	8,1
	Good enough	15	24,2
	Not good	40	64,5
After being educated (<i>posttest</i>)	Good	26	41,9
	Good enough	33	53,2
	Not good	1	1,6

Table 2 shows that most adolescents' knowledge level was poor before being educated about early marriage, with as many as 40 people (64.5%). After being educated, most respondents had a reasonably good knowledge level, with 33 people (53.2%).

3.1.3. The effect of early marriage education on adolescents' knowledge level on the impact of early marriage

Table 3. The effect of early marriage education on adolescents' knowledge level on the impact of early marriage

Adolescents' knowledge level	Mean	Delta Mean	SD	P Value
<i>Pretest</i>	15,10	16,80	3,28418	0,000
<i>Posttest</i>	30,86		2,855596	

The researcher carried out a data normality test previously to find out the test used. It was found that the knowledge level data on the pretest was not normally distributed, while the knowledge level data on the posttest was normally distributed. Because one of the data is not normally distributed, the researcher used the Wilcoxon test.

Based on Table 3 above, it can be seen that the Wilcoxon test results obtained a p-value of 0.000 (> 0.05), which means that education about early marriage influences adolescents' knowledge level about the impact of early marriage. In addition, the mean value on the pretest is 15.10, while the mean value on the posttest is 31.90. An increase in the mean value of 16.80 indicates that there is an increase in adolescent knowledge after being educated.

3.2. Discussion

In this study, there was an increase in adolescent knowledge after being educated about early marriage. Adolescents acquire knowledge after they carry out a process, namely sensing objects. If many senses are involved, what happens is that the more knowledge is obtained, the better the knowledge (Notoatmodjo, 2015).

It is necessary to educate adolescents about early marriage and what changes are experienced, both physical and psychological changes following life in their socio-cultural environment, as well as the impact that a lack of knowledge about the maturation of marriage age can cause. It is expected that the higher the level of education, the smaller the teenager to marry at a young age (Yunita, 2014).

It is crucial to educate children on sexual and reproductive health issues through comprehensive sexual education. The key is to provide accurate, timely, and non-judgmental health information to teens. It can empower adolescents to make decisions about their sexual and reproductive health (Ahinkorah, et. al., 2021). Understanding the consequences of early marriage causes adolescents not solely to make decisions to engage in early marriage without knowing the risks (Setiawati & Windayanti, 2018).

These study results are supported by Amelia, Mulia, & Aulia's (2017) research that health education has a significant influence on increasing adolescent knowledge (p-value = 0.016), following that adolescents who are given health education have six times better knowledge compared to adolescents who are not. Other studies also stated an increase in the average score of adolescent knowledge before and after being given health education about reproduction with a mean value at pretest 16.65 and during posttest with a mean value of 20.88. From this mean value, an increase of 4.23 was obtained, meaning that knowledge after being given health education is better than before (Madinah, 2017).

The provision of education in this research is through PowerPoint. It is more effective than providing education through oral or leaflets (Helmiwati, 2016). Deciding which media to use is one of the keys to the success of the learning process. Using exciting and fun media (joyful learning) can increase the acceptance of learning messages by communicants or recipients. With the provision of early marriage education through PowerPoint, the higher the knowledge level, the easier people will be to reason, elaborate and respond to problems, and make decisions.

Research from Ibitoye & Tshwenegae (2021) stated that providing education using PowerPoint improves knowledge, attitudes and practices of breast self-examination in adolescent girls in Nigeria eight weeks after the intervention. Another study by Liu et al. (2019) which focused on providing education about Human Papilloma Virus (HPV) through PowerPoint to 1675 students, found that the level of respondent knowledge in the intervention group was better than the control group. In addition, after one year of education, compared to the control group, respondents in the intervention group were more aware of cervical cancer, and they still wanted to be vaccinated even though their knowledge level was lower compared to their knowledge level measured directly after the education. It is due to a need for more health education during one-year intervals. Health education provided routinely at shorter intervals is highly recommended to ensure a reduction in the incidence of early marriage in the future.

Therefore, the strategy of educational intervention on early marriage involving teachers by incorporating the education into the curriculum, which will undoubtedly be given regularly, will positively increase knowledge, even changing attitudes and behaviour for the better (Kalamar, Rife, & Hindin, 2016).

Efforts to delay marriage can be implemented through sexual and reproductive health programs in schools (Marphatia et al., 2019). Moreover, providing education or health education will be even more effective in reducing early marriage. It can increase the marriage age if given to adolescents aged <17 years (Amin, Saha, & Ahmed, 2018). Adolescents who are still schoolchildren can convey this to other family members because adolescents are one of the health messengers in the community to improve health practices (*Ministry of Health and Family Welfare Government of India*, 2018).

However, in this study, although 55 students increased their knowledge after being educated, there were still two students whose knowledge was the same before and after education. There were even five students whose knowledge decreased after being educated. It happened because of the ineffectiveness of providing education to all students, with as many as 62 students given at once. It allows students to focus on something other than the education researchers provide. Education should be given in groups.

4. Conclusion

Early marriage education influences adolescents' knowledge level about early marriage's impact (p-value 0.000; mean pretest 15.10; mean posttest 31.90; delta mean 16,80). Efforts are needed from the school to coordinate with the Public health centre (*Puskesmas*) and related agencies, in this case, the Office of Women's Empowerment, Child Protection and Family Planning and the National Population and Family Planning Board to carry out education about early marriage regularly to increase the insight of adolescents about the dangers of early marriage, to ultimately prevent the occurrence of early marriage and the various impacts caused by early marriage. It is expected to conduct research by comparing PowerPoint with other media for future research.

Acknowledgements

The author thanks SMKN 1 Pringgasela for permission to conduct the research and STIKes Hamzar for providing the opportunity to research early marriage education's effect on the adolescents' knowledge level about the impact of early marriage.

References

- A Joint initiative of Ministry of Health & Family Welfare and Ministry of Human Resource & Development, G. o. (2018). *Operational Guidelines on School Health Programme under Ayushman Bharat*. India: Ministry of Health & Family Welfare and Ministry of Human Resource & Development, Government of India.
- Ahinkorah, B. O., Okyere, J., Jr, J. E., Seidu, A. A., Aboagye, R. G., & Yaya, S. (2021). The missing link between legal age of sexual consent and age of marriage in sub-Saharan Africa: implications for sexual and reproductive health and rights. *Reproductive Health*, 18(128), 1-7.
- Amelia, R., Mulia, S., & Aulia, A. (2017). PENGARUH PENYULUHAN TERHADAP PENGETAHUAN REMAJA TENTANG PERNIKAHAN DINI DI KELAS VIII DI SMP NEGERI 4 BANJARMASIN. *Dinamika Kesehatan Jurnal Kebidanan dan Keperawatan*, 8(1), 64-77
- Amin, S., Saha, J. S., & Ahmed, J. A. (2018, September). Skills-Building Programs to Reduce Child Marriage in Bangladesh: A Randomized Controlled Trial. *Journal Adolescent Health*, 63(3), 293-300.
- Anita, R., Salazar, M., Jackson, E. C., Wyss, N., McClendon, K. A., Khanna, A., et al. (2019). Students and brides: a qualitative analysis of the relationship between girls' education and early marriage in Ethiopia and India. *BMC Public Health*, 19(19), 1-20.
- Asamoah, B., Kjellstrom, T., & Ostergren, P. O. (2018, Maret). Is ambient heat exposure levels associated with miscarriage or stillbirths in hot regions? A cross-sectional study using survey data from the Ghana Maternal Health Survey 2007. *International Journal of Biometeorology*, 62(3), 319-330.
- Badan Pusat Statistik. (2023). *Proporsi Perempuan Umur 20-24 Tahun Yang Berstatus Kawin Atau Berstatus Hidup Bersama Sebelum Umur 18 Tahun Menurut Provinsi (Persen), 2020-2022*. Jakarta: Badan Pusat Statistik. <https://www.bps.go.id/indicator/40/1360/1/proporsi-perempuan-umur-20-24-tahun-yang-berstatus-kawin-atau-berstatus-hidup-bersama-sebelum-umur-18-tahun-menurut-provinsi.html>

- Badan Pusat Statistik. (2020). "Pencegahan Perkawinan Anak." *Percepatan yang Tidak Bisa Ditunda*, Laporan hasil penelitian Badan Pusat Statistik dan Kementrian PPN/Bappenas. Jakarta: Badan Pusat Statistik.
- Donsu. (2017). *Psikologi Keperawatan*. Yogyakarta: Pustaka Baru.
- Hardianti, R., & Nurwati, N. (2020, Desember). FAKTOR PENYEBAB TERJADINYA PERNIKAHAN DINI. *Jurnal Pekerjaan Sosial*, 3(2), 111-120.
- Helmiwati. (2016). *Pengaruh Penyuluhan Metode Ceramah dengan Media Leaflet dan Media Powerpoint terhadap Pengetahuan dan Sikap tentang Pencegahan Penyalahgunaan NAPZA pada Siswa SMK Fathih Azahra Medan Tahun 2016*. Medan: Universitas Sumatera Utara.
- Ibitoye, O. F., & Tshwenegae, G. T. (2021, February). The Impact of Education on Knowledge Attitude and Practice of Breast Self-Examination Among Adolescents Girls at the Fiwasaye Girls Grammar School Akure, Nigeria. *Journal Cancer Education*, 36(1), 39-46.
- Kalamar, A. M., Rife, S. L., & Hindin, M. J. (2016, 1 27). Interventions to Prevent Child Marriage Among Young People in Low- and Middle-Income Countries: A Systematic Review of the Published and Gray Literature. *Journal of Adolescent Health*, 59, 16-21.
- Liu, C. R., Liang, H., Zhang, X., Pu, C., Li, Q., Li, Q. L., et al. (2019). Effect of an educational intervention on HPV knowledge and attitudes towards HPV and its vaccines among junior middle school students in Chengdu, China. *BMC Public Health*, 19(488), 1-9.
- Madinah, S., Rahfiludin, M. Z., & Nugraheni, S. A. (2017). Pengaruh pendidikan media powerpoint terhadap pengetahuan dan sikap tentang pencegahan penyalahgunaan NAPZA pada siswa SMK Fathih Azahra Medan tahun 2016. Medan: Universitas Sumatera Utara.
- Marphatia, A. A., Saville, N. M., Amable, G. S., Manandhar, D. S., Borja, M. C., Wells, J. C., et al. (2020, Januari 9). How Much Education Is Needed to Delay Women's Age at Marriage and First Pregnancy? *Front Public Health*, 7(396), 1-16.
- Notoatmodjo, S. (2015). *Promosi Kesehatan Dan Perilaku Kesehatan*. Jakarta: Rineka Cipta.
- Painter, K., Reyes, M. D., Barkin, K., Villatoro, A., & Link, B. G. (2017, April 01). Evaluation of anti-stigma interventions with sixth-grade students: A school-based field experiment. *Psychiatric Services*, 68(4), 345-352.
- Petroni, S., Das, M., & Sawyer, S. M. (2019). Protection versus rights: age of marriage versus age of sexual consent. *The Lancet Child & Adolescent Health*, 3(4), 274-280.
- Population Division of United Nations. (2011). *World Marriage Patterns*. New York: Departemen of Economic and Social Affairs : Population Division of United Nations.
- Setiawati. (2018). HUBUNGAN PENGETAHUAN REMAJA TENTANG RESIKO PERNIKAHAN DINI DENGAN KEINGINAN MELAKUKAN PERNIKAHAN DINI. *Jurnal Ilmiah Kesehatan Ar-Rum Salatiga*, 2(2), 47-53.
- Yunita, A. (2014). Faktor-Faktor yang Berhubungan Dengan Kejadian Pernikahan Usia Muda Pada Remaja Putri di Desa Pagerejo Kabupaten Wonosobo. *Media Kesehatan Masyarakat Indonesia*, 5(4), 1-12.