Abstract

Child marriage is a formal or informal union between a child under 18 years old and an adult or another child. The prevalence of child marriage in Indonesia is still high. In East Java, the prevalence of child marriage is 10.44%. Several factors contribute to this phenomenon, such as low education, financial needs, culture, arranged marriage, free sex, and pregnancy before marriage. Child marriage has many negative impacts, especially from the health perspective, because of an adolescent's immature reproductive organs, knowledge, and mentality. This study aims to analyze the effect of counseling on adolescent knowledge about child marriage and reproductive health at SMP Plus Al-Ishlah and SMK Multi-Media, Jember. The method used in this study was Pre-Experimental with One Group Pre-test - Post-test research design. The population in this study were students of SMP Plus Al-Ishlah and SMK Multi-Media, totaling 131 students. The number of samples is 80 respondents. The sampling technique used was random sampling. The data was collected using a questionnaire. The research results show a significant difference in the level of adolescent knowledge after counseling about child marriage and reproductive health at SMP Plus Al-Ishlah and SMK Multi-Media. It is proven by p-value 0.001 ≤ α 0.05. This study concludes that counseling increases adolescent knowledge about child marriage and reproductive health. There is an increase in knowledge on reproductive organ anatomy, how to maintain the health of reproductive organs, sexually transmitted diseases (STDs), and HIV/AIDS.

Keywords: Education; Counseling; Child marriage; Student knowledge

1. Introduction

UNICEF defines child marriage as a formal or informal union between a child under 18 years old and an adult or another child. Marriage itself is a complicated thing to do, therefore there is a minimum age restriction for someone to be married. The law in Indonesia stated that the minimum age for marriage is 19 years old both for men and women. Despite this, the number of child marriages in Indonesia is still concerning [1].

The number of child marriages in Indonesia is still high. In 2021, it reaches 9.23%. In East Java, the number is higher, which is 10.44%. Adolescents, who are the main subject of child marriage, have a big proportion of Indonesia's population. 1 in 4 people in Indonesia is an adolescent [2]. The nature of teenagers who have a high curiosity can result in good or bad things. One of the bad results of this curiosity is unprotected free sex, which will also result in child marriage, considering the high chance of getting unwanted pregnancies before marriage [3].

There are many factors behind the high incidence of child marriage. These factors can come from the social, economic, cultural, and also the problem of juvenile delinquency. The occurrence of early marriage can be caused by low levels of education, economic needs, young marriage culture, arranged marriages, free sex in adolescents, and pregnancy outside marriage [2]. Generally, girls of childbearing age who live in villages, have low education, and have very poor economic
status, are vulnerable to early marriage because the child’s family assumes that by marrying off their child, the family’s economic burden will be reduced [4].

Child marriage has many negative impacts, especially on health problems, due to the unpreparedness of the reproductive organs, knowledge, and mental-emotional of adolescent children [5]. Health problems that can arise include mental health problems from children who are not old enough to marry, high-risk pregnancies, poor nutritional status, inadequate utilization of health facilities, and domestic violence [6]. Girls who marry early are more susceptible to sexually transmitted infections such as human immunodeficiency virus (HIV) because they tend to be unable to resist unsafe sexual activities [7]. Girls who get pregnant too early also have many risks. These risks include premature birth, low birth weight (LBW), and post-partum bleeding, which can increase maternal and infant mortality [5].

Based on this background, we felt that it was necessary to provide counseling about the dangers of child marriage and also adolescent reproductive health in Sukamakmur Village, Ajung District, Jember Regency, East Java Province. This counseling aims to prevent early marriage and improve the education and empowerment of women. The counseling was carried out with the target of adolescents, namely Al-Ishlah Middle School and Vocational High School students. With this outreach, the author’s team hopes to increase adolescents’ knowledge about the dangers of child marriage and reproductive health.

2. Material and methods

The method used in this research is a pre-experimental design, a One Group Pretest-Posttest design that does not use a control group (comparison). The study was conducted with a research design carried out by giving a pre-test (early experience) before being given an intervention. After that, an intervention was given in the form of counseling about the effects of child marriage and reproductive health. At the end of the session, a post-test (final experience) was given in the form of a questionnaire to determine the level of knowledge of adolescents about child marriage and reproductive health. Sampling was done randomly and 80 samples were obtained, consisting of 34 boys and 46 girls.

3. Results

The number of respondents in this study amounted to 80 adolescents, consisting of 34 boys (42.5%) and 46 girls (57.5%).

Based on the results of the analysis, there is an increase in the average score from 57.0 at the pre-test to 77.5 at the post-test with a difference in score of 20.5. The standard deviation on the pre-test was 13.159 and the post-test was 15.385 with a difference of 2.226.

3.1. Pre-test score

Respondents’ assessment based on knowledge about child marriage and reproductive health was categorized into 3 categories, namely good (score 76-100), sufficient (score 56-75) and poor (score ≤55).

Based on the results of the analysis that can be seen in table 1, it can be seen that as many as 7 (8.8%) respondents have good knowledge, 61 (76.3%) respondents have sufficient knowledge, and 12 (15.0%) respondents have poor knowledge before being given counseling.

3.2. Post-test score

After given counseling, a post-test was given. Based on the results of the analysis contained in table 1, it can be seen that as many as 52 (65.0%) respondents have good knowledge, 27 (33.8%) respondents have sufficient knowledge, and 1 (1.3%) respondents have poor knowledge after being given counseling.
Table 1: Distribution of number of respondents based on score category (n=80)

<table>
<thead>
<tr>
<th>Score Category</th>
<th>Number of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre-test</td>
</tr>
<tr>
<td>Good (76-100)</td>
<td>7 (8.75%)</td>
</tr>
<tr>
<td>Sufficient (56-75)</td>
<td>61 (76.25%)</td>
</tr>
<tr>
<td>Poor (≤55)</td>
<td>12 (15.00%)</td>
</tr>
</tbody>
</table>

Based on the data that can be seen in table 2, the results of the pre-test and post-test of adolescent knowledge about child marriage and reproductive health can be seen as follows:

- Respondents in the poor category decreased by 11 people (84.62%)
- Respondents in the sufficient category also decreased by 34 people (38.64%)
- Respondents in the good category experienced a significant increase in the amount of 45 people (76.27%).

Table 2: Results of knowledge analysis of students at SMP Plus Al-Ishlah and SMK Multimedia, Desa Sukamakmur, Jember (n=80)

<table>
<thead>
<tr>
<th>Score</th>
<th>Average</th>
<th>Minimum Score</th>
<th>Maximum Score</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-test Score</td>
<td>57.00 ± 13.15</td>
<td>30.00</td>
<td>90</td>
<td>0.000*</td>
</tr>
<tr>
<td>Post-test Score</td>
<td>77.50 ± 15.38</td>
<td>20.00</td>
<td>100</td>
<td></td>
</tr>
</tbody>
</table>

*Significant if p<0.05, Wilcoxon Signed Rank test

Table 2 showed that the average knowledge score of SMP Plus Al-Ishlah and SMK Multimedia students on the pretest was 57.00 ± 13.15 and was categorized as sufficient level of knowledge with 12 students scored lower than the average score. While the average value of knowledge score of SMP Plus Al-Ishlah and SMK Multimedia students on the post-test was 77.50 ± 15.38, which was categorized as good level of knowledge with 65.00% students scored higher than the average and reached the perfect score. Statistical test results showed a significant difference between students’ level of knowledge before and after socialization, with an increase in knowledge of 8.75% (p = 0.000). It can be concluded that the education counseling effectively increased the knowledge of SMP Plus Al-Ishlah and SMK Multimedia students by 56.25%.

In figure 1, the difference in knowledge before and after counseling can be seen, based on the pre-test and post-test scores of each research respondent.

Figure 1: Graph of the difference in knowledge before and after counseling (pre-test and post-test scores)

Based on the results of bivariate analysis, the effect of counseling about child marriage and reproductive health on adolescent shows that the pre-test and post-test scores obtained a mean difference of 20.50; the standard deviation value is 16.218; and the p-value < 0.001. This shows that counseling has a significant effect on adolescent knowledge about child marriage and reproductive health.
4. Discussion

Based on the pre-test score, respondents who had good knowledge about early marriage were still very low, namely only 7 people (8.75%). This is still not good enough for adolescents, where this figure illustrates that there are still many teenagers who lack knowledge about marriage at an early age. Even though the Al-Ishlah Education Foundation is located in Sukamakmur Village which is close to Jember City, it is undeniable that there are several things that cause adolescents’ knowledge about early marriage to be poor.

The factor causing the lack of knowledge of adolescents is the inactivity of the village health center (poskesdes) located at the Sukamakmur Village Hall. This is supported by the habit of the people who always refer their health to the sub-district Health Center. Thus, the lack of interaction between the community and Poskesdes administrators in Sukamakmur Village has resulted in a lack of education for youth in the village. The lack of the role of teachers for students in delivering reproductive health results in a lack of understanding of students about the risks that can occur if marriage occurs at an early age. Then the lack of counseling to provide knowledge to students, and the low role of parents in providing basic knowledge to their children.

Low knowledge of adolescents affects the incidence of early marriage 2 times compared to highly knowledgeable adolescents [8], so according to researchers it is necessary to provide health education about early marriage. This is in line with research with result that the higher the level of education, the smaller the number of teenagers who marry at a young age [9]. By adding insight and information about marriage, reproductive health, and about adolescent health, of course, it can help adolescents to make decisions in determining the appropriate age for marriage, especially for young women [10]. Family support and the school environment are necessary in this regard so as to help adolescents understand marriage [11].

This statement is supported by the results of research conducted in Banjarmasin, which shows that providing education regarding reproductive health makes adolescents' knowledge 6 times better than adolescents who do not get it [12]. Adolescents with low-educated parents have a greater risk of getting married early than adolescents with highly-educated parents. One of the factors that can influence the decision of parents towards their children, one of which stands out is the factor of family education [13].

Broadly speaking, after conducting counseling and analyzing the results of the pre-test and post-test of adolescent knowledge about early marriage, it can be seen that there is a significant increase in terms of knowledge of adolescents after being given counseling. Students at SMP Plus Al-Ishlah and SMK Multi Media did not have sufficient knowledge before the researchers conducted the research, which could be seen from the pretest score in the good knowledge category, only 8.75%. Providing counseling conducted by researchers gave a significant influence which resulted in 52 (65.00%) respondents having good knowledge.

The advantage of counseling with the lecture method is that it is easy to use, can influence opinions, stimulates critical thinking and can be combined with dialogue between the lecturer and the audience [14,15]. Extension media such as slides are very effective for discussing a particular topic and the audience can examine each material carefully because slides can be repeated and help the audience to understand, remember well and help overcome language difficulties [15,16,17].

From the results obtained in this study, efforts to provide information need to be increased again as an effort to comprehensively increase the knowledge and attitudes of adolescents regarding early marriage, one of which is through the establishment of information and counseling centers for adolescents at school. The counselors come from health workers in the local village, so that respondents can better anticipate themselves against risky behavior.

5. Conclusion

This study aims to determine the effect of counseling on the level of knowledge of child marriage and reproductive health in adolescents. Based on the results of the research that has been conducted regarding the effect of counseling on increasing adolescent knowledge about early marriage, it can be concluded that the provision of counseling on maturing the age of marriage to students at SMP Plus and SMK Multi Media has a significant impact (p <0.001) on respondents' knowledge about early marriage. This can be seen from the results of the respondents' pre-test and post-test measurements. Providing counseling also has an impact on increasing knowledge on the topics of anatomy and physiology of the reproductive organs, how to maintain the health of the reproductive organs, as well as sexually transmitted diseases (STDs) and HIV/AIDS.
Compliance with ethical standards

Acknowledgments

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Disclosure of conflict of interest

The authors have no conflicts of interest to declare.

Statement of informed consent

Informed consent was obtained from all individual participants included in the study.

References