

## **Influence *Health Education* Regarding Knowledge in Efforts to Prevent Early Teenage Marriage at SMK Negeri X Gorontalo**

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### **ABSTRACT**

In the current era of globalization, many problems occur, especially problems among teenagers which result in an increase in early marriage. Several factors ranging from behavior, knowledge, education, religion, parental education level, family socio-economics, place of residence, culture, decision making, access to information and promiscuity are causes of early marriage. Therefore, the role of all parties is very important, especially regarding health education which aims to change behavior in forming a structured mindset so that this becomes an effort to prevent early marriage. This research is a type of quantitative research using pre-experimental research methods, with a one group pretest-posttest research design. The population consisted of all 1,582 class X and XI students, sampling using the probability sampling method with a total of 158 students as samples. The research instrument used a questionnaire. The research results showed that there was an influence of health education on knowledge in efforts to prevent early marriage among teenagers at SMK Negeri. Researchers realize that this research still has many shortcomings so it still needs to be developed, especially examining the factors that cause early marriage.

**Keywords:** *Health Education, Knowledge, Early Marriage, Teenagers*

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## **1. INTRODUCTION**

In today's era of globalization, teenagers are increasingly facing various challenges, ranging from environmental concerns and the development of human rights to the rise in underage marriage, commonly referred to as early marriage. According to the United Nations Children's Fund (UNICEF), early marriage refers to marriage that occurs before the age of 18 (Ferusgel et al., 2022). Currently, early marriages are more frequent than ever before, and the numbers continue to rise every year.

According to a report by the World Health Organization (WHO), there are 28 cases of early marriage per 1,000 women each year, or approximately 39,000 early marriages every day globally (Nurfazriah & Hartati, 2023). This phenomenon is particularly common in South Asia and the Middle East, as well as among certain communities in Sub-Saharan Africa. In South Asia, 48% of 9.7 million girls were married before turning 18 (Sondakh et al., 2020). In Southeast Asia, it is estimated that around 10 million children under the age of 18 are married. Indonesia is one of the Southeast Asian countries with the highest prevalence of early marriage (Isnaini & Sari, 2019).

Globally, Indonesia ranks 37th out of 158 countries for early marriage prevalence and holds the second-highest position among ASEAN member states after Cambodia (Parwata & Izzah, 2022). According to the Central Statistics Agency (2020), the provinces with the highest percentages of early marriage (before age 18) include West Nusa Tenggara (16.23%), Central Kalimantan (14.72%), Gorontalo (13.65%), West Kalimantan (12.84%), and Central Sulawesi (12.65%).

Gorontalo Province ranks third with a rate of 13.65%. According to the Central Statistics Agency of Gorontalo Province (2022), 12% of teenagers experienced out-of-wedlock pregnancies and abortions. Among those aged 15–19 years, the rate of early marriage increased by 2% between 2018 and 2020. Furthermore, data from the Gorontalo Provincial Office of the National Population and Family Planning Board (BKKBN) showed that in 2022, early marriage among teenagers aged 15–19 placed Gorontalo third highest (12%), after Central Sulawesi (18%) and North Sulawesi (17%). According to data from the Ministry of Religious Affairs in Gorontalo Province, the city of Gorontalo recorded one of the highest rates of early marriage, with 148 cases. This data clearly indicates that early marriage among teenagers is an ongoing and uncontrolled issue.

The high incidence of early marriage threatens the fulfillment of children's basic rights. Beyond its impact on physical health, early marriage can contribute to poverty, stunting, school dropout, and increased risk of cervical and uterine cancers. It also negatively affects the psychological and emotional well-being of both the couples and their children. Emotional instability among teenagers often leads to domestic violence (KDRT) and divorce (Nurfazriah & Hartati, 2023).

The continued rise in early marriage is partly due to the normalization of sexual activity among dating teenagers. For instance, when unwanted pregnancies (KTD) occur, teenagers often feel compelled to marry without adequate preparation. Several factors contribute to early marriage, including both internal and external influences (Herlin Fitriana Kurniawati & Monica Yullianti Lestari, 2023).

According to Indanah et al. (2020), internal factors include knowledge, education, and religion, while external factors include parents' educational levels, family socioeconomic status, residence, cultural background, decision-making patterns, access to information, and peer influence.

Ridwan et al. (2021) state that knowledge is developed through curiosity, evolving from not knowing to knowing. This knowledge may come from various sources, particularly through questioning and discussion. Adolescents' limited knowledge about reproductive health, coupled with misperceptions and attitudes, can lead to deviant behaviors that increase the risk of early marriage. Community involvement plays a critical role in reducing this risk (Nurfazriah & Hartati, 2023).

One important strategy in preventing early marriage in schools and communities is raising awareness. Community strategies may include educating the public about the risks of early marriage and emphasizing the serious consequences it can bring. These are part of preventive efforts (Sondakh et al., 2020).

Preventive efforts include health education, which aims to bridge gaps in knowledge, promote healthy behaviors, and discourage harmful habits. Health education encourages individuals to acquire accurate information, protect themselves, and build long-term health-promoting behaviors. Specifically, educating teenagers about early marriage helps form a structured mindset that can support better life choices (Millenia et al., 2022).

A study by Agulstyanti, Wirastri, and Fatmasari in SMPN 1 Wanasaba, West Nusa Tenggara, showed that health education significantly increased students' knowledge. Before the intervention (pre-test), 55.8% of students had low knowledge. After the intervention (post-test), 71.2% had improved knowledge.

Similarly, research conducted by Sondakh, Aisyah, and Palkana (2020) in Bone Bolango Regency revealed a 100% improvement in teenagers' knowledge following counseling about early marriage at SMA Negeri 1 Suwawa. These studies show that health education can significantly enhance teenagers' understanding of early marriage.

Initial observations at SMK Negeri X Gorontalo showed a total of 2,262 students across three grade levels. Interviews with five students revealed that only two had a good understanding of the dangers of early marriage and prevention strategies. The remaining three lacked sufficient understanding. Interviews with a teacher indicated that only a few students involved in the Youth Information and Counseling Center (PIK-R) were knowledgeable about early marriage. Although outreach efforts were made by the Planning Generation Forum (GENRE) in 2022, they primarily focused on the issue of free sex rather than early marriage. Counseling was conducted only once at the beginning of the year.

Additional interviews found that about 80% of students engaged in dating behaviors, such as hand and cheek kissing within the school environment. Despite warnings, these behaviors persisted. Moreover, approximately 20% of students were involved in intimate relationships outside of marriage, leading to cases of pregnancy—especially among students in female-dominated departments. During the COVID-19 pandemic in 2020, the school saw a rise in early marriage cases. Counseling at the time addressed free sex and promiscuity but did not thoroughly discuss early marriage.

## 2. METHOD

A pre-experimental research method with a one-group pre-test–post-test design was employed. The sample of 158 student respondents was selected using purposive sampling. A questionnaire was used as the research instrument.

## 3. RESULTS AND DISCUSSION

### 3.1. Result

#### 3.1.1 Knowledge Prevention Wedding Religious Teenagers Before Doing Health Education

Based on the research conducted, respondents' knowledge after the intervention is presented in the following table:

**Table 1** The level of student knowledge before being given lecture and audiovisual education

No.	Student Knowledge Level	Lecture and audiovisual educational groups	
		Pre Test	
		N	%

1.	Good	28	17,7
2.	Enough	89	56,3
3.	Not enough	41	25,9
Total		158	100

Source: Primary Data; 2024

Based on Table 1, the data show that the majority of the 158 respondents had a certain level of knowledge regarding the prevention of early marriage at SMK Negeri.

### 3.1.2 Knowledge of preventing early teenage marriage after it has been carried out *Health Education*

The results of the study regarding respondents' knowledge after the intervention are shown in the following table:

**Table 2** Knowledge of preventing early teenage marriage after it has been carried out *Health Education*

No.	Student Knowledge Level	Lectures and educational groups audiovisual	
		Post Test	
		N	%
1.	Good	112	70,9
2.	Enough	44	27,8
3.	Not enough	2	1,3
Total		158	100%

Source: Primary Data; 2024

Based on table 2, it shows that of the 158 respondents studied, the data obtained on the level of knowledge of preventing early marriage for the majority of teenage respondents at SMK Negeri

### 3.1.3 Analysis of the influence of health education on knowledge in efforts to prevent early teenage marriage

**Table 3** Analysis of the influence of health education on knowledge in efforts to prevent early teenage marriage

No	Knowledge						<i>p-value</i>
		n	Mean	Average difference	Std. Devi ation	My Max	
1	<i>Post test</i>	158	9.95	5.88	3.324	4-18	0.000
2	<i>Post test</i>	158	15.47		3.086	6-19	

Source: Primary Data, 2024

Based on Table 3, the results show that the average score of students' knowledge about early marriage before receiving health education was 9.59 with a standard deviation of 3.324. After the health education intervention, the average score increased to 15.47 with a standard deviation of 3.086. This indicates a notable difference in the mean scores before and after the intervention. According to the SPSS output using the Wilcoxon Signed-Rank Test, the Asymp. Sig. (2-tailed) value was 0.000. Since  $0.000 < 0.05$ , it can be concluded that the hypothesis is accepted, indicating that health education significantly influences students' knowledge in efforts to prevent early teenage marriage at SMK Negeri X Gorontalo.

## 3.2. Discussion

The results of the bivariate analysis using the Wilcoxon test on students' knowledge about early marriage before and after receiving health education showed a  $p$ -value of 0.000 ( $p < 0.05$ ). This indicates a significant influence of health education on knowledge as part of efforts to prevent early marriage among teenagers at SMK Negeri X Gorontalo.

According to Notoatmodjo (2016), health education is defined as an effort to provide information and skills related to health to individuals, groups, or communities. In essence, health education includes all activities aimed at improving health quality by providing information, knowledge, or skills.

Based on the research results, it can be concluded that there is a difference in students' knowledge regarding early marriage before and after receiving health education. The respondents showed an increase in knowledge after the intervention. The majority of respondents were female, comprising 99% (99 respondents). This aligns with Wulandari (2021), who found that women tend to have a higher level of knowledge than men, possibly due to

differences in interest in acquiring information.

This supports the theory presented by Notoatmodjo (2012), which states that knowledge is the result of knowing and is obtained through perceiving objects, primarily through sight and hearing, but also through smell, touch, and taste. Without sufficient knowledge, it is difficult for an individual to decide on appropriate actions to solve problems.

Similarly, research by Sondakh et al. (2020) showed that counseling significantly influenced teenagers' knowledge about early marriage at SMA Negeri 1 Suwawa ( $p = 0.000$ ). Likewise, Nurfazriah (2023) found that health promotion through peer education effectively improved young women's knowledge and attitudes about the impacts of early marriage at SMPN 5 Cilegon, with a  $p$ -value of 0.000.

The significant increase in respondents' knowledge after health education can be attributed to the delivery of comprehensive information about the definition of early marriage, its causes, impacts, and prevention efforts using lecture and audiovisual methods, which effectively captured students' attention.

In essence, lectures and audiovisual media can enhance students' knowledge and understanding of efforts to prevent early marriage. This is supported by Isrohmaniar (2023), whose research showed that knowledge improved from 90.0% in the poor category before health education to 98% in the good category after health education using audiovisual media and lectures. The Wilcoxon signed-rank test also showed a significant result with  $p = 0.000$ . Contrastingly, Adha et al. (2018) found no significant difference in knowledge levels before and after health education, likely because the transfer of information during the health education process through lectures and audiovisual methods was consistent in both quality and quantity.

Furthermore, Edgar Dale's Cone of Experience theory, cited by Musdalifah (2021), explains that audiovisual media such as videos can help retain up to 60% of the material learned, while lectures result in a retention rate of 40%. During the learning process, videos provide information through both sight and hearing, while lectures also involve sight and hearing but rely more on verbal communication from the resource person (Musdalifah et al., 2021).

#### 4. CONCLUSION

Most students' knowledge about early marriage before receiving health education through lectures and audiovisual methods was in the sufficient category (56.3%). After receiving the health education, most students' knowledge improved to the good category (70.9%). This shows that health education has a significant influence on students' knowledge in efforts to prevent early marriage among teenagers at SMK Negeri.

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