



The Relationship Between Adolescent Female Knowledge Levels and Early Marriage Risk

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ABSTRACT

Introductions: Cases of early marriage are now common in various parts of the world. This is of particular concern, considering the many risks that will arise in early marriage or forced marriage, pregnancy at a young age, sexual intercourse at an early age, namely: Sexually transmitted infections, the risk of complications that will occur during pregnancy or childbirth, so can increase maternal and infant mortality.

Aims: This study aims to determine the relationship between the knowledge of young women and the risk of early marriage in the working area of the Ciamis Health Center.

Methods: The research used a quantitative correlation method with a cross-sectional approach. The population in this study were all pregnant women and mothers who had given birth under the age of 20 in the working area of the UPTD Ciamis Health Center, Ciamis Regency, with as many as 30 respondents. the sample in this study uses Total Sampling.

Results: Of the 30 respondents, 1 person had good knowledge (3.3%), 16 people had sufficient knowledge (53.3%) and 13 people had less knowledge (43.3%). out of 30 respondents, 26 people were not at risk of early marriage (86.7%) and as many as 4 were at risk of early marriage (13.3%).

Conclusions: Based on the results of statistical tests using the Chi-Square test, a p-value of 0.632 was obtained, when compared to α (0.05), the p-value was more significant than the value of α ($0.632 > 0.05$), so H_0 failed to be rejected, which means that there is no relationship between adolescent knowledge daughter with the risk of early marriage in the Working Area of the UPTD Puskesmas Ciamis.

Keyowrds: Early-age Marriage, Early-age Marriage Risk, Women's Knowledge.

Introduction

Early marriage is a marriage carried out by one of the partners or a partner who is said to be a teenager and under 19 years of age (WHO, 2013) in (Isnaini & Sari, 2019). Adolescence is a phase transition from childhood to adulthood and is accompanied by physical and psychological changes. Quoted from WHO's field of activity, namely adolescent

health, the main problem that is considered an emergency related to health in adolescents is pregnancy that occurs at a young age (Lihu *et al.*, 2019).

Cases of early marriage are now common in various parts of the world. This is of particular international concern considering the many risks that will arise in early marriage or forced marriage, pregnancy at a young age, sexual intercourse at an early age, namely: Sexually transmitted infections, the risk of complications that will occur during pregnancy or childbirth, so that it can increase in maternal and infant mortality (Fauzi *et al.*, 2018; Mawaddah *et al.*, 2019). Early marriage is more at risk of higher death during pregnancy or childbirth due to complications compared to women who marry at an adult age. The high number of pregnant women aged 15-19 years will be more at risk of leading to death, which is the impact that occurs in early marriage. Pregnancy or giving birth to women aged 10-14 years have a 5 times greater risk of death and 2 times greater for women aged 15-19 years compared to women aged 20-25 years (Barokah & Zolekhah, 2019). Doing marriage at a young age or having sexual intercourse early will put a woman at risk for cervical cancer or cervical cancer (Lihu *et al.*, 2019).

Marriage at an early age is a violation of one of the rights of the child, because having to start a household commitment at the age of less than 18 years carries risks, including the potential to become a victim of sexual violence and complications during pregnancy or childbirth (Waroh, 2020). The ages of adolescents range from 12 years to 21 years. Adolescence is divided into three periods, namely early adolescence between the ages of 12-15 years, mid-adolescence between the ages of 15-18 years and finally late adolescence between the ages of 18-21 years (Sutarto *et al.*, 2018)

External factors that influence early marriage are the environment, socio-culture, information from media sources that are not appropriate and will affect parenting patterns and lifestyles, so that they have a major influence on attitudes, knowledge and behavior of adolescents related to reproductive health (Elba *et al.*, 2020). The main cause of the increase in young maternal mortality in developing countries such as Indonesia is due to the many problems that occur during pregnancy and birth. The age factor that is too young causes a lack of knowledge and understanding of pregnancy and the risks of teenage childbirth. The psychological state will also be very disturbed due to experiencing very severe conditions that she cannot face and will result in treatment during pregnancy not being very optimal (Sutarto *et al.*, 2018).

Law No. 16 of 2019 concerning changes to the Marriage Law article 7 paragraph (1) states that marriage is only permitted if a man or woman has reached the age of 19 (Ilma, 2020). Meanwhile, according to the National Population and Family Planning Agency (BKKBN) in 2017 the ideal age for marriage recommended by the government is 21 years for women and 25 years for men (Oktriyanto *et al.*, 2019).

Indonesia is a country with the 2nd highest early marriage rate in ASEAN after Cambodia. Nearly 10% of girls aged 16 years become mothers in poor and developing countries, with the highest rate being one of them in Southeast Asia (Ria Dini & Nurherlita, 2020).

The Central Statistics Agency (BPS) shows data related to women aged 20-24 who were married before the age of 18 by province in 2019, showing South Kalimantan as the province with the highest number of women marrying before the age of 18 in Indonesia, namely 21.2%, followed by Kalimantan Central 20.2%, sequentially from high to low, West Sulawesi is ranked third with 19.2% early marriage (Badan Pusat Statistik, 2020).

In the records of the Directorate General of the Religious Courts, there were 34,000

requests for dispensation submitted from January to June 2020. A total of 97 percent of the requests were granted. 60% of those who apply for marriage dispensation are children under 18 years old (Han & goleman, daniel; Boyatzis, Richard; Mckee, 2020).

The 2017 National Socioeconomic Survey (Susenas) shows data that in West Java province there are 17.28% of child marriages <16 years old, and there are 23.43% of child marriages <17-18 years old. Early marriage which is still high is not a simple matter. In the midst of celebrating National Children's Day (HAN) 2018, child marriage is quite worrying. Moreover, the impact on the future of children. In West Java province in 2018 the percentage of early marriages for children aged less than 15 years was 7.5% and those aged between 15-19 years were 52.1%. This composition places West Java in the second national ranking (Ria Dini & Nurherlita, 2020).

The Ciamis District Health Office stated that the prevalence of maternal deaths under the age of 20 in Ciamis District was recorded at 83 cases. This number is divided into several causes of maternal death including bleeding 32.8%, abortion 21.8%, placenta previa 11.4%, and infection 6%. Complications that occur because the reproductive organs are immature and there is no readiness for women under the age of 20 to get pregnant, causing complications that cause maternal death (Hindiarti *et al.*, 2019).

According to data from the National Population and Family Planning Agency (BKKBN) in Ciamis Regency in 2019, there were 3,600 cases of teenagers who married at the age of 20 and under, and in Ciamis District there were 130 cases of early marriage, with data obtained from the Ciamis Health Center there were 3 cases of risk of Early marriages are anemia, prematurity and infant mortality. Also, judging from the data from the Ciamis District Health Office, the highest number of abortions and LBW were found at the Ciamis Health Center.

This is evidenced by the research conducted by Ishak Fifi "Knowledge Overview of the Impact of Early Marriage on Class XI Young Girls at SMK Negeri 1 Limboto" the results of the study found that respondents with a good level of knowledge (14.4%), respondents with a sufficient level of knowledge (52.8%), respondents with less knowledge (32.8%) (Ishak Fifi *et al.*, 2019).

Based on the results of a preliminary study conducted in the working area of the Ciamis Health Center on 10 married young women, it was found that 6 married young women who were interviewed said that they did not know about the risks of early marriage, the reason was because they had never heard of or read about it and of the 6 of these people there are 4 people who have anemia and 2 other people who do not experience the risk of pregnancy at an early age. But there were 4 married young women who said they had heard glimpses of the risks of early marriage.

Based on the background above, the authors are interested in taking the research title, namely "Relationship of Knowledge of Young Women with the Risk of Early Marriage in the Working Area of the Ciamis Health Center".

Method

The design used in this study uses a quantitative correlation method with a cross sectional approach. The population in this study were all pregnant women and mothers who had given birth under the age of 20 in the working area of the UPTD Ciamis Health Center, Ciamis Regency, as many as 30 respondents. How to take samples with total sampling. The instrument used was a questionnaire about knowledge of the risks of early marriage. Data

processing uses univariate analysis to determine the frequency distribution and bivariate analysis using the kai square statistical test (chi-square).

Result

Research on the relationship between knowledge of young women and the risk of early marriage in the Working Area of the UPTD Puskesmas Ciamis has been carried out on 30 pregnant women and mothers who have given birth under the age of 20. Data retrieval is done through charging. In the following, the results of the research will be explained in the form of univariate and bivariate analysis.

1. Univariate Analysis

a. Description of Respondents' Knowledge

Table 1. Frequency Distribution of Respondents' Knowledge

Knowledge	f	%
Good	1	3,3
Enough	16	53,3
Less	13	43,3
Total	30	100

Based on Table 1, from 30 respondents, there are 16 respondents have an enough knowledge (53,3%)

b. Description of Early Marriage Risk

Table 2. Frequency Distribution of Early Marriage Risk

Early Marriage Risk Events	F	%
No Risk	26	86,7
Have a risk	4	13,3
Total	30	100

Based on Table 2, most of respondent have no risk of early marriage (87%).

2. Bivariate Analysis

Table 3. Distribution of the Relationship between Knowledge of Young Women and the Risk of Early Marriage in the Working Area of the UPTD Puskesmas Ciamis

Kejadian Resiko Pernikahan Dini	Pengetahuan								P Value
	Baik		Cukup		Kurang		Total		
	F	%	F	%	f	%	f	%	
Tidak terjadi resiko pernikahan dini	1	3,8	13	50,0	12	46,2	26	100	0,632
Terjadi resiko pernikahan dini	0	0	3	75,0	1	25,0	4	100	
Jumlah	1	3,3	16	53,3	13	43,3	30	100	

The results of the cross tabulation in Table 3 show that of the 26 respondents who were not at risk of early marriage, as many as 1 person had good knowledge (3.8%), as many as 13 people had sufficient knowledge (50%) and as many as 12 people had lack of knowledge (46.2%). Meanwhile, of the 4 respondents who were at risk of early marriage, as many as 3 people had sufficient knowledge (75%) and as many as 1 person had less knowledge (25%).

Based on the results of statistical tests using the Chi Square test, a p value of 0.632 was obtained, when compared to α (0.05), the p value was greater than the value of α ($0.632 > 0.05$), so H_0 failed to be rejected, which means that there is no relationship between adolescent knowledge daughter with the risk of early marriage in the Working Area of the UPTD Puskesmas Ciamis.

Discussion

Azwar (2013) states that there are several factors that affect one's knowledge including the mass media. Information obtained from both formal and non-formal education can have a short-term impact (immediate impact) resulting in a change or increase in knowledge. Socio-culture also influences knowledge. Habits and traditions that people do without going through reasoning whether what is done is good or bad, thus a person will increase his knowledge even if he doesn't do it. A person's economic status will also determine the availability of a facility needed for certain activities, so that this socio-economic status will affect a person's knowledge, and the environment also affects the process of entering knowledge into individuals who are in that environment. This happens because there is a reciprocal interaction or not which will be responded to as knowledge by each individual. Knowledge can be obtained from experience, both from personal experience and from the experience of other people, this experience is a way to obtain the truth of a knowledge and age influences one's comprehension and mindset.

Knowledge or cognitive is a very important domain in shaping one's actions. In theory, a person's behavior in carrying out actions related to health is influenced by three factors, namely: predisposing factors, enabling factors and reinforcing factors. Knowledge can also be obtained from learning experiences from formal and non-formal education. The results showed that as many as 13 people had less knowledge (43.3%), as many as 16 people had sufficient knowledge (53.3%) and only 1 respondent had good knowledge (3.3%). According to the researchers' assumptions, this is due to the low level of education of the respondents. most of the respondents (63.4%) only had elementary/equivalent and junior high school/equivalent education. Varied knowledge can also be caused by the different learning abilities of each person (Notoadmojo, 2014). Another factor that also influences the respondent's lack of knowledge about the risks of early marriage is due to personal experience and that of others. This is in accordance with the theory according to (Mubarak, 2011) personal experience can also be used as an effort to gain knowledge by repeating experiences that have been obtained in solving problems encountered in the past.

The impacts caused by early marriage are generally more experienced by women, including complications during pregnancy such as anemia, and a very high risk of experiencing complications of childbirth, such as bleeding, infection, abortion and the risk of increasing cases of maternal death (Erba Fadila, 2020), loss of educational opportunities, domestic violence and poverty. In addition, early marriage has several impacts from health aspects, psychological aspects, social aspects and population aspects (BKKN, 2012).

Based on the results of the study, it was shown that out of 30 respondents, 26 people were not at risk of early marriage (86.7%) and as many as 4 people were at risk of early marriage (13.3%). According to the observations of researchers, the results of the study found that 4 people were at risk of early marriage, namely abortion (miscarriage), premature birth and anemia. The results showed that out of 30 respondents, 4 people were at risk of early marriage (13.3%), namely having a miscarriage (abortion), experiencing anemia during pregnancy and premature birth. Respondents who experienced the risk of

early marriage were having a miscarriage (abortion) aged 19 years and having sufficient knowledge. One respondent also had a miscarriage (abortion) and premature birth aged 19 years with less knowledge, one respondent aged 19 years with sufficient knowledge also had a miscarriage (abortion) and premature birth and one respondent aged 18 years with sufficient knowledge experienced anemia during pregnancy.

Based on the results of statistical tests using the Chi-Square test, a p-value of 0.632 was obtained, when compared to α (0.05), the p-value was greater than the value of α ($0.632 > 0.05$), so H_0 failed to be rejected, which means that there is no relationship between adolescent knowledge daughter with the risk of early marriage in the Working Area of the UPTD Puskesmas Ciamis. The results of this study are in line with the results of a study conducted by (Darmasaputra Alan, 2015) which showed that there was no relationship between the knowledge of PUS women and the incidence of early marriage.

According to the researcher's assumptions, there is no relationship between knowledge and the risk of early marriage occurring because there are some respondents who do not carry out blood tests, namely haemoglobin examination to determine anaemia status, do not perform urine protein examinations and do not carry out routine blood pressure checks and have never even had a blood test. during pregnancy, so the respondent did not know/was not aware of the risk of early marriage, one of which was anaemia during pregnancy, so that when filling out the questionnaire the respondent answered that he did not experience the risk of early marriage. In addition, the respondents I studied also used technology facilities well and were able to absorb information about health, especially the health risks that can occur during pregnancy and childbirth.

Conclusion

Based on the results of the study through data collection on "The Relationship between the Knowledge Level of Young Women and the Risk of Early Marriage in the Working Area of the UPTD Puskesmas Ciamis". Using a questionnaire sheet of 30 respondents to mothers who were married or gave birth under the age of 20, the results of the study showed the following:

1. The results of the study found that knowledge of the risks of early marriage was sufficient for 16 people (53.3).
2. The results showed that most of the 26 people (86.7%) had no risk of early marriage.
3. The results of the study show that there is no relationship between the knowledge of young women and the risk of early marriage in the working area of the UPTD Puskesmas Ciamis.

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