THE EFFECT OF REPRODUCTIVE HEALTH EDUCATION ON KNOWLEDGE IMPROVEMENT AMONG ADOLESCENTS IN EARLY AGE MARRIAGE PREVENTION EFFORTS

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Article Info	ABSTRACT
Article history: Received Oct 12, 20 23 Revised Nov 20, 20 23 Accepted Nov 26, 20 23 **Keywords:** Knowledge Health Education Reproduction health Prevention of Early Marriage	In the modern era like today, early marriages occur a lot especially among teenagers. One of the factors that influences the incidence of early marriage is knowledge. Based on 2021 data, in Sumedang Regency there were 9,905 marriages recorded and 13% of them were early marriages which were dominated by women. In 2022, in Cimanggung District there will be 327 marriages recorded. Of the 327 marriages, 89 of them were married at the age of less than 21 years. This research aims to determine the effect of health education on increasing students' knowledge about reproductive health and early marriage. This research was carried out at PGRI 314 Parakanmuncang Middle School with a population of 518 people. The sample in this study was 84 people. The method used is Pre experimental design with one group pre-test post-test design . Data collection uses research instruments in the form of questionnaires. The data analysis technique used is the Wilcoxon test . The research results showed that the average knowledge of students before being given health education was 83%, and after being given health education it was 90.1%. The Wilcoxon test results obtained Asymp.Sig value. 0.000, this value is smaller than the alpha value of 0.05. It can be concluded that there is an influence of health education on increasing students' knowledge. Researchers suggest that schools collaborate with local health centers to hold adolescent reproductive health counseling programs.

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1. INTRODUCTION

Adolescence is a transition period from childhood to adulthood. Adolescents will experience rapid physical changes when they enter puberty, one of the changes is the ability to carry out the reproductive process (Ernawati in Cahyani, et al, 2019). According to the World Health Organization (WHO) , adolescence occurs between the ages of 10-19 years. According to the Regulation of the Minister of Health of the Republic of Indonesia Number 25 of 2014, teenagers are residents in the age range 10-18 years and according to the Population and Family Planning Agency (BKKBN), the age range for teenagers is 10-24 years and unmarried (Diananda, 2018)

The stage of growth and development of a teenager towards adulthood consists of three stages, including the early adolescence stage which occurs between the ages of 12-15 years. At this age, teenagers experience the early stages of puberty. Teenagers begin to notice hair growth in certain areas, wet dreams of breast growth in teenage girls and menstruation begins. The next stage of adolescence is the middle adolescence

phase which occurs at the age of 15-18 years. The growth of teenage boys begins to progress rapidly, starting from their bodies getting taller and heavier, their muscles getting bigger, their voices becoming deeper. The final adolescent stage which occurs between the ages of 18-21 years, the adolescent's physique has fully developed. Many changes occur, from thought patterns to emotional control.

In general, the early stages of adolescence are students at Junior High School (SMP) with an age range of 13-15 years. Early stage teenagers who are at the beginning of secondary school are very vulnerable to having pre-marital sexual relations. The early teenage stage is a golden period in building a strong foundation regarding reproductive health, so that it can prepare a teenager in responding to reproductive health problems, especially sexual problems in his life.

Global data shows that there are 115 million teenagers in the world who are married under age (UNICEF, 2021). In fact, in the UN's global development goals, it is emphasized that every country must end cases of early marriage by 2030. Indonesia ranks 7th as the country with the most cases of early marriage. Throughout 2021, in Indonesia there were 59,709 cases of early marriage, 2% of which were married under the age of 18 (BPS , 2021). According to the Central Statistics Agency (BPS), 48% of women aged 20-24 years have dropped out of school due to marrying under the age of 18. Factors that cause high cases of early marriage in Indonesia include low levels of education, low socio-economic status and lack of information regarding the risks of marrying at a young age. West Java is the province with the second highest number of cases of early marriage in Indonesia.

West Java Women's Empowerment, Child Protection and Family Planning (DP3AKB) Service recorded 8,607 applications for early marriage dispensation in West Java. The factor in increasing applications for this dispensation is unwanted pregnancy (KTD). Of the 8,607 marriage dispensation applications issued by the West Java religious court, 4,297 were submitted by women and 4,310 were submitted by men. Based on 2021 data, in Sumedang Regency there were 9,905 marriages recorded and 13% of them were early marriages which were dominated by women (DP3AKB Sumedang Regency, 2021). In 2022, in Cimanggung District there will be 327 marriages recorded. Of the 327 marriages, 89 of them were married at the age of less than 21 years .

Early marriage is the legal marriage of a man and a woman who are not yet ready and mature so it is feared that they will experience great risks. This risk can even affect health during childbirth. Lack of knowledge among teenagers about reproductive health is the main cause of problems among teenagers such as free sex, unwanted pregnancies, sexually transmitted diseases, abortion and sexual violence. Limited access to information for Indonesian teenagers regarding reproductive health and sexuality is due to the conflict between Indonesian traditional values and westernized globalization which is considered to have arisen with the existence of reproductive health education.

Based on the explanation above, reproductive health education is very important in efforts to prevent reproductive health problems and indirectly prevent early marriage. In Indonesia, reproductive health education for early adolescents is relatively lacking, even though the participation rate for junior high school (SMP) students in Indonesia is very high. Adolescents who are at the beginning of secondary school are at risk of having pre-marital sexual relations, whether intentionally or not. Therefore, the most appropriate time to provide reproductive health education is at the early secondary school level.

Based on a preliminary study conducted by researchers on March 18 2023 at PGRI 314 Parakanmuncang Middle School, interviews were conducted with PGRI 314 Parakanmuncang Middle School (BK) teachers, in 2015 there were 3 students who dropped out of school at PGRI 314 Parakanmuncang Middle School, one of which was due to early marriage or young marriage. Apart from that, of the 10 students who were respondents, only 2 students (20%) knew about reproductive health and the impact of early marriage, 8 students (80%) admitted that they did not know about reproductive health and the impact of early marriage. There are no subjects that fully discuss adolescent reproductive health, it is only touched on in science subjects. There has never been a health education activity held specifically about reproduction at this school. Based on the results of the preliminary study above, this research was conducted to determine the effect of reproductive health education on increasing knowledge in efforts to prevent early marriage among students at PGRI 314 Parakanmuncang Junior High School (SMP).

2. METHOD

The research method used is quantitative research with an analytical design approach using the pre-experimental design method with one group pre-test post-test design. The population in this research was 518 students of PGRI 314 Parakanmuncang Middle School. The sampling used in this research was random

sampling with a sample size of 84 students. The instrument used is a questionnaire. Data analysis includes univariate and bivariate analysis using the Wilcoxon test.

3. RESULTS AND DISCUSSION

3.1. Results

A. Univariate Analysis

1) Description of Students' Knowledge Before and After Being Given Health Education

Table 1 . Description of students' knowledge before and after being given education Health

Criteria	Frequency	Percent (%)
Pretest		
Good	63	74
Enough	21	26
Not enough	0	0
Total	84	100
Posttest		
Good	68	81
Enough	16	19
Not enough	0	0
Total	84	100

From the table above, it can be seen that students' knowledge before being given health education was that 62 people (74%) had good knowledge. Meanwhile, students' knowledge about reproductive health and the impact of early marriage increased after being given health education, namely, 68 people (81%) had good knowledge.

2) Differences in Students' Knowledge Levels Before and After Being Given Health Education

Table 2 . Descriptive Statistics Distribution of Students' Knowledge Before and After Being Given Health Education

	N	Min	Mean	Max	elementary school	Median	Mode
Pretest	84	24	33.19	39	3,250	33.00	35
Posttest	84	29	36.33	40	3,642	37.50	37

From table 2 , the average score for students' knowledge before being given education about reproductive health and the impact of early marriage was 33.19, the lowest score was 24 and the highest score was 39. The median score was 33.00 with a standard deviation of 3,250. Then, after being given intervention in the form of health education about reproductive health and the impact of early marriage, the results of the analysis of the average value obtained were 36.33 with the lowest value being 29 and the highest value being 40. The median value was 37.50 with a standard deviation of 3,642. Standard deviation describes the distribution of sample values, the smaller the standard deviation value , the closer it is to the average value. These data illustrate that there was an increase in the average knowledge of students after being given health education about reproductive health.

B. Bivariate Analysis

1) Differences in Students' Knowledge Levels Before and After Being Given Health Education

Table 3 . Distribution of differences in levels of knowledge about reproductive health before and after being given health education

	Health Education Posttest - Health Education Pretest
Z	-7,349 [b]
Asymp. Sig. (2-tailed)	,000

From the table data above, it shows the Asymp value. Sig 0.000 < α 0.05, it can be concluded that there are differences in the level of knowledge about reproductive health and the impact of early marriage before and after being given health education.

3.2. Discussion
A. Description of Knowledge Before Being Given Health Education

The results of the analysis of the average value of students' knowledge about reproductive health before being given health education was 33.19 (83%) of the total highest score. This initial average score shows that students have good knowledge about reproductive health and the impact of early marriage before being given health education.

Knowledge is a continuous formation by someone who at any time experiences reorganization with new understandings. Knowledge is the result of a person's knowledge of objects through their senses. This sensing occurs through human senses, namely the senses of sight, hearing, smell, taste and touch. Most of this knowledge is obtained through the eyes and ears (Notoatmodjo, 2014). Individuals' knowledge and perceptions about early marriage are influenced by their perceptions of the risks and benefits. Individuals' knowledge about the consequences of early marriage, both positive and negative, can influence their decisions in this regard (Santhya, 2017).

In Benita's (2017) research entitled The Effect of Counseling on the Level of Adolescent Health Knowledge in Adolescents of Gergaji Christian Middle School Students, it shows that the level of knowledge of respondents before being given health education was 36.4% in the category of lacking and having never received information about reproductive health before, 42.7% were in the moderate category had received information from mass media only or from counseling with teachers only, and 21% in the good category had received information from either mass media, the internet, or counseling with teachers. This is because some respondents already know about reproductive health from mass media such as television and the internet, from health workers, teachers, siblings and parents.

This research is not in line with research by Ika (2022) entitled The Influence of Reproductive Health Education on Adolescents' Knowledge in Preventing Early Marriage in Class 53.8%), while the least knowledge level category was in the good category, namely 2 people (2.5%). This is because respondents admitted that they had never disclosed information from social media regarding the impact of early marriage and respondents admitted that they were embarrassed to talk about early marriage which has an impact on the health of parents, because it is related to taboo matters that are not appropriate to discuss with parents.

According to researchers, many factors influence a person's knowledge. Knowledge is not only obtained from school. Knowledge can be obtained from various sources, including social media, the internet, leaflets and brochures. Education is one of the factors that influences knowledge, for example health education. Health education is a process that bridges the gap between health information and health practices, which motivates a person to obtain information and keep themselves healthier by avoiding bad habits and forming habits that benefit health.

B. Description of Adolescents' Knowledge After Being Given Health Education

Students' knowledge about reproductive health after being given health education has an average score of 36.33 or 90.1% of the total number of highest scores. The value obtained after providing health education is greater than the value before providing health education intervention. This shows that there is an increase in knowledge between before and after the intervention. However, the results obtained do not provide too significant a difference in value.

Knowledge has a strong contribution to the attitude or decision a person will take. Therefore, it is important to provide reproductive and sexual health education for adolescents both formally and non-formally, as stated by Suryoputro and Widjanarko (2016), it is important to hold an appropriate and comprehensive educational program regarding sexual and reproductive health which can be introduced through schools. school.

Prahesti (2018) in his research entitled The Effect of Reproductive Health Education on Knowledge of Early Marriage in Class 7 respondents (21.2%) had constant knowledge, 5 respondents (15.1%) had less knowledge. This is because health education increases respondents' knowledge, attitudes and behavior in maintaining and improving their own health.

This research is not in line with research by Susanti (2014) entitled The Effect of Health Education about HIV/AIDS on the Level of Knowledge in Preventing HIV/Aids in Class decreased by 7 teenagers (18%). This is because in delivering the material the researchers did not master the material and their appearance was less attractive so they did not achieve maximum marks.

According to researchers, providing health education is one of the right efforts to overcome the dangers of early marriage and enrich teenagers' knowledge about reproductive health. The goal of health education is

to change behavior from those that are detrimental to health towards behavior that benefits health or norms that are consistent with health. Apart from that, mass media is a means of communication in various forms such as television, newspapers, magazines and others which have an influence in increasing knowledge.

C.   The Influence of Reproductive Health Education on Increasing Adolescents' Knowledge in Efforts to Prevent Early Marriage

Based on the results obtained in this study, the average student knowledge about reproductive health at the pretest was 33.19 with a standard deviation of 3,250, at the posttest the average student knowledge was 36.33 with a standard deviation of 3,642. From this description we can get information that the difference in the average score between the pretest and posttest is 3.2. The Wilcoxon test results obtained Asymp.Sig value. 0.000, this value is smaller than the alpha value of 0.05. Thus, it can be concluded that there is a significant difference in students' knowledge between before and after being given the intervention.

In accordance with Syafrudin's theory (2009), health education is a learning process to develop the correct understanding and positive attitude of individuals or groups towards health who have their way of life based on their own awareness and will. The aim of counseling is to bring about changes in behavior in terms of knowledge, attitudes and practices. Through reproductive health education, it will make it easier to understand material about early marriage which can influence respondents' preventative attitudes.

The results of this research are in line with Buzarudina's (2018) research entitled the effectiveness of adolescent reproductive health counseling on the level of knowledge of students at SMAN 6, East Pontianak District. The results of the research using the Wilcoxon test obtained a Sig value. of 0.000 ($p<0.05$) which indicates that there is a significant difference between the score before counseling and the score after counseling. This is because there are several factors that influence knowledge, including education, mass media/information, socio-cultural and economic, environment, experience and age.

This research is not in line with research by Septiana (2014), entitled The Influence of Health Education on the Level of Knowledge of Adolescents About Reproductive Health at Ruhama Ciputat Islamic Middle School. The results of hypothesis testing with an alpha error level of 0.05 obtained a p value of >0.05, which means there is no significant difference in teenagers' knowledge before and after being given health education. This is because the level of ability of instructors is still low. The instructor's knowledge and skills in providing information and the unattractive condition of the tools can influence the decrease in the value obtained from the questionnaire questions.

According to researchers, one of the factors that influences students' good knowledge about reproductive health and early marriage is educational factors. The factors that influence this research are perception, motivation and experience which according to Notoatmodjo (2010) are factors that influence a person's knowledge. Providing health education is one of the appropriate efforts to overcome the dangers of early marriage and adolescent reproductive health problems (Rosamali and Arisjulyanto, 2020). The factor that caused the difference in respondents' scores between the pretest and posttest was not that big because some respondents had previously received information about reproduction from teachers during science lessons, 43% of the respondents admitted that they had received information about reproductive health from various sources.

4.   CONCLUSION

Based on the results of research on the Influence of Reproductive Health Education on Increasing Adolescents' Knowledge in Efforts to Prevent Early Marriage in Class VII and VIII Students at PGRI 314 Parakanmuncang Middle School, Sumedang Regency in 2023, the following conclusions can be drawn:

a. Students' knowledge about reproductive health before being given health education had the lowest score of 24 and the highest score of 39 with an average score of 33.19, respondents had good knowledge.

b. Students' knowledge about reproductive health after being given health education had the lowest score of 29 and the highest score of 40 with an average score of 36.33.

c. The statistical test results obtained the Asymp value. Sig 0.000 < 0.05 then Ha is accepted, and it can be concluded that there is a significant influence from providing health education on increasing teenagers' knowledge about reproductive health and the impact of early marriage due to an increase in the average value between before and after the intervention.

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