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EFFECTIVENESS OF EDUCATION ON REPRODUCTIVE HEALTH IN IMPROVING KNOWLEDGE AND ATTITUDES TOWARD CHILD MARRIAGE PREVENTION AT THE ADOLESCENT POSYANDU IN TRUCUK

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Abstract
Child marriage remains a significant issue in Indonesia, including in Trucuk District, Bojonegoro Regency. One preventive effort that can be carried out is through reproductive health education at the Adolescent Posyandu. Health education aims to increase knowledge and shape better attitudes in preventing child marriage among adolescents. This study aims to analyze the effectiveness of reproductive health education in increasing knowledge and attitudes toward child marriage prevention at the Adolescent Posyandu in Trucuk. This study uses a quantitative method with a pre-experimental one-group pretest-posttest design. The research sample consists of adolescents actively participating in the Adolescent Posyandu in Trucuk, selected using purposive sampling techniques. Data were collected through questionnaires before and after the reproductive health education intervention. Data analysis was performed using a Wilcoxon Rank to assess changes before and after the education. The study results indicate a significant increase in adolescent knowledge and attitudes after receiving reproductive health education (p-value = 0.000 a <0.05). adolescents who previously had limited understanding of reproductive health and the risk of child marriage showed increased awareness and more positive attitudes after receiving the education. Reproductive health education has proven effective in enhancing knowledge and shaping better attitudes in preventing child marriage at the Adolescent Posyandu in Trucuk. This education program can serve as a recommended strategy for broader implementation to reduce child marriage rates in Indonesia.

Keywords: *Reproductive Health Education, Knowledge, Attitude, Child Marriage Prevention, Adolescent Posyandu.*

INTRODUCTION

Child marriage has now become a multidimensional policy issue because it can have major implications for development, particularly regarding the quality of human resources and gender equality in Indonesia (Plan International Indonesia Foundation 2020). The high number of child marriage cases in Indonesia has made this issue a focus of Indonesian public policy in recent years. In many cases, child marriage is closely related to human rights violations regulated for the protection provided to children under 18, mostly from vulnerable communities. The phenomenon of child marriage is a problem that continues to be a global concern. In Indonesia, the phenomenon of child marriage occurs in both urban and rural areas (Marlina et al., 2021). In Trucuk, the implementation of adolescent integrated health service posts (Posyandu) has been carried out once a month, although many obstacles remain. For example, the Trucuk Community Health Center (Puskesmas) has actively implemented adolescent integrated health services (Posyandu), but adolescent participation, one of the achievements of adolescent integrated health services (Posyandu), remains an obstacle.

Globally, the number of child marriage cases is currently estimated to reach 640 million. In the East Asia and Pacific region, 95 million girls are married at a young age (UNICEF, 2024). In 2021, the child marriage rate decreased from 10.35% to 9.23%, then to 8.06% in 2022, and to 6.92% in 2023. Based

on data (UNICEF, 2023), Indonesia ranks fourth in global child marriage with a total of 25.53% million cases. Breaking down by Regency/City, in 2022 in East Java, the number was recorded at 18.97%. This means that the number of girls who engaged in early marriage was 18.97% of the total number of girls aged 10 years and over who had their first marriage under the age of 17. In Bojonegoro alone, there were 532 requests for early marriage, of which 521 requests were granted, 5 requests were withdrawn, and 6 requests were rejected. In terms of education, 6 applicants, or 1%, were uneducated, 104 applicants, or 20%, were elementary school graduates, 297 applicants, or 56%, were junior high school graduates, and 125 applicants, or 23%, were high school graduates. In 2024, 18 applications for Marriage Dispensation (Diska) were recorded in Trucuk District, Bojonegoro Regency.

Adolescence is a transitional period from childhood to adulthood, marked by puberty. Puberty in girls is marked by menstruation. This indicates that the reproductive organs are functioning properly, influenced by increased levels of the hormones estrogen and progesterone, which can influence the emotional state of young women (Ariani et al., 2021). Adolescence is a vulnerable period for physical, mental, and social development, as well as reproductive health (Ministry of Health of the Republic of Indonesia, 2017). During this period, young women are required to maintain proper reproductive hygiene and health. Knowledge about reproductive organ health and hygiene is essential to support this process, so accurate information regarding reproductive health issues in young women is essential.

Reproductive health is a state of complete well-being, encompassing physical, mental, and social well-being related to the reproductive system. Reproductive health encompasses not only the absence of disease or disability but also comprehensive social well-being.

As a form of prevention and efforts to address adolescent health problems, in accordance with the Regulation of the Minister of Health of the Republic of Indonesia number 25 of 2014, every school-age child and adolescent must be provided with health services. The Ministry of Health has developed Adolescent Care Health Services (PKPR) at Community Health Centers (Puskesmas), promotive and preventive efforts, for example, adolescent Posyandu activities (Ministry of Health of the Republic of Indonesia, 2018). Through the establishment of the Adolescent Posyandu, it is hoped that it can become a place for adolescents to have an understanding and ability to solve their health problems. The initial objectives of the establishment of the Reamaja Posyandu are to monitor health and provide health information for adolescents, reduce the number of early marriages, and increase the capacity and participation of adolescents in development.

RESEARCH METHODS

This study used a quantitative method with a pre-experimental one-group pretest–posttest design. The study was conducted at the Trucuk Youth Integrated Health Post (Posyandu Remaja) in Trucuk. The sample consisted of adolescents who actively participated in Posyandu activities and met the inclusion criteria, selected using a purposive sampling technique.

The research instrument was a questionnaire on knowledge and attitudes about preventing child marriage. Reproductive health education was provided through lectures and discussions using educational media. Data analysis was performed using the Wilcoxon Signed Rank Test to determine differences in knowledge and attitudes before and after the intervention, with a significance level of $\alpha = 0.05$. Data sampling was conducted by selecting 31 respondents at the adolescent integrated health post (Posyandu) in Trucuk village.

Measurements were conducted twice: a pre-test questionnaire administered before reproductive health education, and a post-test questionnaire administered to assess changes in knowledge and attitudes after reproductive health education (Nursalam, 2020). The aim was to determine the effectiveness of reproductive health education on knowledge and attitudes regarding child marriage prevention at the adolescent integrated health post (Posyandu) in Trucuk.

RESULTS AND DISCUSSION

This research was conducted in Trucuk village, located in Trucuk sub-district, Bojonegoro Regency. Based on the table, the results show that the frequency of characteristics based on the age of respondents is 12 years old (3.2%), 13 years old (48.4%), 14 years old (32.3%), 15 years old (16.1%), the total number of respondents is 31 people (100%). From this data, the majority of respondents are 13 years old with a percentage (48.4%), while the least number of respondents is 12 years old with (3.2%).

Table 1, frequency of respondent characteristics based on age at the adolescent posyandu in Trucuk Bojonegoro in March 2025

Kategori	Frekuensi (f)	Presentase (%)
1. Pengetahuan		
a. Pengetahuan baik	17	54,8%
b. Pengetahuan cukup	9	29,0%
c. Pengetahuan kurang	5	16,1%
Total	**31**	**100%**
2. Sikap		
a. Sikap positif	11	35,5%
b. Sikap negatif	20	64,5%
Total	**31**	**100%**

Table 2, frequency of respondent characteristics based on gender at the adolescent posyandu in Trucuk Bojonegoro in March 2025.

Usia	Frekuensi (f)	Presentase (%)
12	1	3,2%
13	15	48,4%
14	10	32,3%
15	5	16,1%
Total	**31**	**100%**

Based on table 2, the results show that the frequency of respondent characteristics based on gender is male (25.8%), female (74.2%), the total number of respondents is 31 people (100%). 78 From this data, the majority of respondents are 23 women, namely (74.2%), while men are only (25.8%).

Table 3 shows the results of the categories of knowledge levels and attitudes of adolescents in preventing child marriage before intervention was given at the adolescent posyandu in Trucuk Village.

Jenis kelamin	Frekuensi (f)	Presentase (%)
L	8	25,8%
P	23	74,2%
Total	**31**	**100%**

Based on Table 3 above, the category of results of the level of knowledge of adolescents in preventing child marriage before being given educational interventions, as many as 17 adolescents (54.8%) had a good level of knowledge regarding the prevention of child marriage, as many as 9 adolescents (29.0%) had a sufficient level of knowledge, the remaining 15 adolescents (16.1%) had a poor level of knowledge. This shows that some adolescents already had a good understanding before being

given education, but there were still some adolescents who had a sufficient or insufficient level of knowledge around (45.1). The category of results of the level of attitudes of adolescents in preventing child marriage before being given educational interventions, as many as 11 adolescents (35.5%) had a positive attitude towards the prevention of child marriage, as many as 20 adolescents (64.5%) still had a negative attitude towards the prevention of child marriage. Some adolescents have negative attitudes, which means they may not understand the importance of preventing child marriage.

Table 4, results of the level of knowledge and attitudes of adolescents in preventing child marriage after intervention at the adolescent integrated health post in Trucuk Village.

Kategori	Frekuensi (f)	Presentase (%)
1. Pengetahuan		
a. Pengetahuan baik	27	87,1%
b. Pengetahuan cukup	4	12,9%
Total	**31**	**100%**
2. Sikap		
a. Sikap positif	14	45,2%
b. Sikap negatif	17	54,8%
Total	**31**	**100%**

Based on Table 4 above, the results of the category of adolescent knowledge levels in preventing child marriage after being given educational intervention, as many as 27 adolescents (87.1%) had a good level of knowledge regarding the prevention of child marriage after the educational intervention, as many as 4 adolescents (12.9%) had a sufficient level of knowledge, no adolescents had a poor level of knowledge after the intervention. There was a significant increase in the category of "good knowledge" from (54.8%) to (87.1%), as well as a reduction in the categories of "sufficient knowledge" and "poor knowledge". The results of the category of attitudes towards preventing child marriage after education were obtained, as many as 14 adolescents (45.2%) had a positive attitude towards the prevention of child marriage, as many as 17 adolescents (54.8) still had a negative attitude towards the prevention of child marriage. 81 There was an increase in positive attitudes from (35.5%) to (45.2%). However, more than half of adolescents (54.8%) still had a negative attitude.

Table 5, Effectiveness of education about reproductive health on knowledge and attitudes towards preventing child marriage at the adolescent health post in Trucuk Village.

Efektifitas edukasi tentang kesehatan reproduksi terhadap pengetahuan dan sikap pencegahan perkawinan anak di posyandu remaja di Trucuk					
	Min	**max**	**Median**	**A**	**P value**
Pre test Pengetahuan	1	3	1,00	0,05	0,000
Post test Pengetahuan	1	2	1,00	0,05	0,000
Pre test Sikap	1	2	2,00	0,05	0,000
Post test Sikap	1	2	2,00	0,05	0,000

Based on table 5 above, it is known that the median value of the level of knowledge before being given educational intervention is 1.00. The minimum and maximum values before being given intervention are min: 1 and max: 3. After being given educational intervention, the median value of the

level of knowledge is 1.00. The minimum and maximum values of the level of knowledge after being given intervention are min: 1, max: 2. For the median value of the level of attitude before being given educational intervention is 2.00. The minimum and maximum values of the level of attitude before being given 82 educational intervention are min: 1 and max: 2. After being given educational intervention, the median value of the level of attitude is 2.00. And the minimum, maximum value is min: 1 and max: 2. Before the data analysis was carried out, a Wilcoxon rank test was carried out with the value of the level of knowledge before being given educational intervention on reproductive health on the level of knowledge of preventing child marriage is 0.000, and the level of attitude before being given educational intervention on reproductive health on the level of attitude of preventing child marriage is 0.000, that before and after the intervention there was a change in the level of knowledge and attitude of preventing child marriage, which is indicated by the value of p = 0.000 < a 0.05. So it is concluded that the value of the level of knowledge before and the value of the level of knowledge after is p = 0.000 < a 0.05. For the results of the level of attitude before being given educational intervention is p = 0.000 < a 0.05. After being given the intervention is p = 0.000 < a 0.05. So the conclusion is stated that the data before and after being given the intervention there is a change. The Wilcoxon results obtained p = 0.000 < a = 0.05. Which means Ha is accepted meaning there is a difference between variables. In these results, it was found that there is effectiveness of education about reproductive health on knowledge and attitudes to prevent child marriage at the adolescent posyandu in Trucuk Village.

DISCUSSION

Level of knowledge and attitude of adolescents in preventing child marriage before intervention is given.

According to researchers, the level of knowledge and attitudes of adolescents before education, before being given education, most adolescents had a level of knowledge that was still insufficient or sufficient regarding the prevention of child marriage. More than half of respondents had a negative attitude towards preventing child marriage, indicating a lack of awareness of the importance of the issue. The effect of education through leaflets after being given education using leaflets, there was a significant increase in knowledge among adolescent girls, which means that all adolescent girls had better knowledge.

Level of knowledge and level of attitude towards preventing child marriage after intervention. According to researchers, the level of knowledge and attitudes of adolescents before education. Before being given education, most adolescents had a level of knowledge that was still lacking or sufficient regarding the prevention of child marriage. More than half of respondents had a negative attitude towards preventing child marriage, indicating a lack of awareness of the importance of the issue. The influence of education through leaflets. After being given education using leaflets, there was a significant increase in knowledge among adolescent girls. Before education, around 75% of adolescent girls had insufficient knowledge about the risks of early marriage, but after being given education, this figure decreased to 0%, which means all adolescent girls had better knowledge. The use of leaflets as an educational tool has proven effective in increasing adolescent girls' understanding of the risks of early marriage.

The effectiveness of education about reproductive health on knowledge and attitudes towards preventing child marriage at adolescent health posts in Trucuk.

According to researchers of educational effectiveness, data shows a significant increase in knowledge and attitudes after being given reproductive health education interventions. Before the intervention, many adolescents had insufficient knowledge about preventing child marriage, but after the intervention the majority experienced an increase in knowledge. Statistical analysis, the Wilcoxon signed-rank test showed a p value = 0.000 (<0.05), which means there was a significant difference before and after the intervention. This means that the education provided had a real impact on changing adolescents' attitudes and knowledge regarding preventing child marriage. Regulatory support, This study also refers to marriage regulations in Indonesia, such as Law Number 1 of 1974 and changes in Law Number 16 of 2019 which raised the minimum age for marriage. Based on government policy and the National

Population and Family Planning Agency (BKKBN), the ideal age for marriage is 21 years for women and 25 years for men to avoid negative biological and psychological impacts.

CONCLUSION

1. The level of knowledge about preventing child marriage before the intervention was given was more than half in the good knowledge category, namely 17 people (54.8%) and the level of attitude before the intervention was given was more than half in the negative attitude category, namely 20 people (64.5%).
2. The level of knowledge after being given educational intervention was mostly in the good knowledge category, namely 27 people (87.1%) and the level of attitude after the intervention was carried out was more than partially in the positive attitude category, namely 14 people (45.2%).
3. There is a significant influence of education about reproductive health on knowledge and attitudes towards preventing child marriage with a significance value of p(v) 0.000 in the Wilcoxon test.

SUGGESTION

Teenagers should receive education and outreach about the negative impacts of child marriage, such as health risks, dropping out of school, and economic hardship. They should prioritize education and understand that marrying too early can hinder academic and career potential. They should be brave enough to say "no" when pressured to marry young and seek support from trusted individuals.

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