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THE EFFECT COMMUNITY EMPOWERMENT OF ADOLESCENT TO INCREASE KNOWLEDGE AND ATTITUDE OF YOUNG AGE MARRIAGE

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ABSTRACT

Young age marriage was one of the most international issues and was mostly done in developing countries including Indonesia. The strongest factor was poor adolescent perception. Improvement of knowledge and attitude of adolescent reproductive health could be done with preventive health promotion. Adolescent tends to against their teachers or parents and prefers to mingle or trust their peers. Gunungkidul Regency was the region with the highest incidence of young age marriage in the province of Yogyakarta in 2015. The research objective was to know the influence of community empowerment of adolescent to increase knowledge and attitude of young age marriage. Research method of experiment with pretest-postest with control group design. Location was in Wonosari District. The number of samples was 50 respondents selected by two stages simple cluster sampling, both in the experimental group with the counseling by the adolescents who had been trained or controlled by the extension by the midwife of the Public Health Care. The data collection instrument was a questionnaire. Bivariable analysis using paired sample t-test and independent sample t-test, Wilcoxon and Mann-Whitney. Multivariable analyzed with logistic regression. The result of knowledge and attitude before the intervention given to both groups in sufficient category. The average after intervention in either category. There is an increase in the average knowledge and attitude on evaluation I and II in each group (p-value: <0,05). There was no difference in the average improvement of evaluation knowledge I, there was a difference of average improvement of evaluation knowledge II, and there was a difference of the average increase of evaluation attitude I and II between the two groups. There was an influence of empowering adolescent to increase knowledge and attitude of young age marriage.

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INTRODUCTION

Youth marriage is one of the international issues that have long been a world priority to be abolished. According to a report by the Director of the United Nations Fund for Population Activities (UNFPA) estimates that by 2020 there will be an increase in young marriage reaching 14.2 million and by 2030 increasing to 15.1 million. In 2010, one

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in three married women at the age of fewer than 18 years. Young marriage is mostly done in developing countries. Indonesia as a developing country with the fourth most populous population in the world is ranked 37th for the case of world young marriage and second rank of ASEAN after Cambodia.[1]

The impacts of young marriage are many, both in general, on the local environment, families, and individuals. A woman who has entered the marriage stage then she must prepare for the process of pregnancy and childbirth. In the meantime, if a woman is pregnant and giving birth at an age below 20 years may result in a risk of morbidity and death.[2]

Young marriage can occur due to several factors. These factors can come from individuals, families, and communities. Rafidah research in 2009 proves that the strongest factor is the perception of respondents who are less good about marriage. Other factors in succession ranging from the most powerful relationships are low juvenile education, unemployed parents, poor parental perceptions and family economic difficulties. The risk to the respondents is higher than in the parents, so the understanding of the adolescent is more important than the understanding of the parents.[3,4]

The preparation of human resources in order to realize quality family in the future should be done since adolescence. WHO emphasizes the importance of reproductive health education to young people (younger adolescents), namely the age group 10-14 years. This age is a golden period for the formation of a strong foundation of reproductive health, so it can prepare them to make safer and wiser general decisions in their lives.[5]

Increasing knowledge and attitude of adolescent reproductive health can be done with preventive health promotion. Counseling is one form of health promotion that is simple and can cover the wide target. Implementation of counseling was using rational lecture method as an element of the process of education and improvement of knowledge. The advantage of the lecture is stimulating the mind and can be combined with dialogue between the lecturer and the audience. Counseling of group methods can also be used at primary prevention levels such as schools or peer groups.[6,7,8]

Gunungkidul Regency is the most area for marriage case of young age in Yogyakarta. Wonosari District is the capital of Gunungkidul Regency. In Wonosari Sub-district in 2016, there is still a young marriage. From the preliminary study conducted on 10 adolescents in Wonosari Subdistrict, only 30% have good knowledge of young marriage. The purpose of this study is to know the influence of empowerment of adolescent society to increase knowledge and attitude of young age marriage at

adolescent in District Wonosari Gunungkidul year 2017. While long-term goal is to prevent the happening of young marriage.[9,10]

METHOD

This research was conducted by the experimental or experimental method. The aim of this study was to see the influence of empowerment of adolescent society to increase knowledge and attitude of the marriage of young age. The design of this study was a true experimental design with pretest-postest with control group design. In this study, randomization was performed, in the grouping of experimental group and control group members were randomly or randomly assigned to the appropriate subject. The pretest was given to experimental group and control group. Intervention gave to the experimental group that is the counseling about the young marriage provided by teenagers who have been trained by the research team (empowerment of adolescent community).[11]

Population in this research was all adolescent in District Wonosari Gunungkidul Regency. Sampling in this research was using two-stage technique simple cluster sampling. The sampling method is by randomizing the village first then randomizing the adolescent based on the village of residence by lottery. In Sub Wonosari there were 14 villages under the working area of two health centers, namely Wonosari I and Wonosari II. Researchers then meter two Public Health Care and selected the location of research is in the working area of Wonosari II Public Health Center. The working area of Wonosari Public Health Center II consists of 8 villages. From 8 villages were randomly selected and elected 5 villages, 1 village for validity test, 2 villages for the intervention group and 2 villages for the control group. Inclusion criteria: aged 10-14 years, willing to participate in research activities from extension to pretest, post test I, mentoring and post-test II, have not followed similar counseling about young marriage, willing not to seek or read other sources in addition to counseling delivered during the study. The number of samples obtained from the formula of the sample for hypothesis testing on the average of two populations. The minimum sample used is 50 teenagers for each group. Some of the samples were taken randomly from the population with random number tables. Experimental group members are 50 subjects from Karang Tengah and Gari Village. Members of the control group were 50 subjects from Wonosari and Kepek villages.[12]

Independent Variables are Youth Community Empowerment. The dependent variable is the knowledge and attitude of young marriage. The instrument of data collection in this research is a questionnaire about young marriage with a closed question model with a choice of right or wrong answer. If the answer is correct in accordance with

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the answer key, then get the score 1, but if the wrong answer that is not in accordance with the answer key then got a score of 0. Questionnaire amounted to 21 knowledge questions and 16 attitudinal statements that have been tested the validity and reliability.

Primary data types with data collection techniques by embedding pretest questionnaires to respondents. Giving treatment to the experimental group respondents in the form of counseling about the young marriage presented by a youth group that had been trained before by the research team containing the material about young marriage for 2 x 60 minutes. Counseling was delivered by lecture and question and answer method. Media counseling was using electronic media in the form of power point slides and video playback of young marriage with duration of 6 minutes. The control group was counseled with the same material by the Public Health Care's midwife and played the same video as the intervention group. Provided a post-test I questionnaire at 20 minutes after the intervention. Post-test questionnaires were collected to the research team. During the interval of 20 minutes, the research team provides entertainment in the form of simple games that are not related to the topic of marriage a young age. Assistance to experimental groups by adolescent communities in the form of consultation services related to young marriage for 14 days (2 weeks). It can be in the form of direct consultation or through the social media group. Rather the experimental group and control group respondents at the same time 14 days (2 weeks) after counseling or after post-test I at different places. Conduct post-test II. Data analysis was univariable with the distribution of frequency, bivariable with paired sample t-test and independent sample t-test, Wilcoxon and Mann-Whitney. Multivariable analysis with logistic regression with 95% significance.[13,14]

RESULT

Characteristics of socio-cultural community Wonosari District is a society that still holds the ancestral cultural heritage of ancestors. The culture of young marriage is also still found in some villages. It is still a culture as well as a pride for some parents when girls can get married at a young age. They are less aware of the problems that can arise that is high-risk pregnant women (pregnant women), nutritional prone, Unwanted Pregnancy (KTD), abortion, maternal/infant mortality, and domestic violence (KDRT). In accordance with information from midwife of adolescent reproductive health program counselor, in the working area of Wonosari II, Public Health Center was once established PIK-KRR by BKKBN in one village that is Piyaman Village in 2015. But until now the program did not run well.[15]

Table 1. Distribution of Respondents Average Value by Knowledge and Youth Attitude

Characteristic	Experiment n = 50	Control n = 50
	Average	Average
Knowledge		
- Pre	75,52	76,00
- Post 1	83,14	82,86
- Post 2	85,33	80,57
Attitude		
- Pre	74,34	75,91
- Post 1	79,66	78,69
- Post 2	81,81	77,78

Results if the data pre, post 1 and 2 knowledge and pre-attitude are not normally distributed (p-value <0.05). For data post 1 and 2, the attitude has a normal distribution because p value> 0,05. From the characteristics of respondents who include age and gender are not normally distributed (p-value <0.05).

Table 2. Distribution of Respondents by Characteristics and Homogeneity

Characteristics	Experiment n = 50		Control n = 50		*p*
	N	%	N	%	
Age					
- <average	17	47,20	19	52,80	0,835
- ≥ average	33	51,60	31	48,40	
Gender					
- Girls	33	51,60	31	48,40	0,835
- Boys	17	47,20	19	52,80	

Chi-Square Tests

Table 3. The result of Test Analysis of Different Knowledge and Attitude on Average Experiment Group

Characteristics	Experiment n = 50	*p*
	Average	
Knowledge		
- Pre	75,52	
- Post 1	83,14	0,001
- Post 2	85,33	0,001
Attitude		
- Pre	74,34	
- Post 1	79,66	0,001
- Post 2	81,81	0,001

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Table 4. Results Test Analysis Differential Knowledge and Attitude on Control Group

Characteristics	**Control n = 50**	***p***
	Average	
Knowledge		
- Pre	76,00	
- Post 1	82,86	0,001
- Post 2	80,57	0,001
Attitude		
- Pre	75,91	
- Post 1	78,69	0,001
- Post 2	77,78	0,001

Table 5. The Result of Differential Test Analysis of Difference Knowledge Difference at Two Independent Groups

	n	***p***
Evaluation I (Δ Pre-post 1)	50	0,52
Evaluation II (Δ Pre-post 2)	50	0,00

Independent-Samples Mann-Whitney U Test

Table 6. The Analysis Result of Differential Difference Test of Difference of Attitude on Two Independent Group

	N	***Mean***	***Mean Difference***	***(95% CI)***	***p***
Δ Pre – post 1					
Experimental Group	50	5,31	2,53	(0,58 – 4,49)	0,01
Control Group	50	2,78			
Δ Pre-post 2					
Experimental Group	50	7,47	5,59	(0,35 – 7,68)	0,001
Control Group	50	1,88			

Independent Samples test

Table 7. Influence of Age and Gender Variables on Improved Knowledge and Attitudes in Two Groups Independent

Characteristics	**Evaluation I Knowledge**	**Evaluation I Attitude**
	P	***p***
Age		
- < average	0,02	0,15
- ≥ average		
Gender		
- Girls	0,01	0,62
- Boys		
Age		
- < average	0,04	0,28
- ≥ average		
Gender		
- Girls	0,17	0,99
- Boys		

Table 8. Results of Multivariable Analysis of Community Empowerment Adolescents and Outer Variables on Enhancement of Knowledge Evaluation I

Variable	Koef. β	*p-value*	OR	(95%) CI
Adolescents Community Empowerment	0,37	0,49	1,45	0,51 – 4,14
Gender	-1,22	0,07	0,29	0,08 – 1,10

Table 9. Multivariable Analysis Results of Community Empowerment Adolescents and Outer Variables on Enhancement of Knowledge Evaluation II

Variable	Koef. β	*p-value*	OR	(95%) CI
Adolescents Community Empowerment	1,39	0,003	4,03	1,62 – 10,05

Table 10. Results of Multivariable Analysis of Community Empowerment Adolescents and Outer Variables on Enhancement of Attitude Evaluation I

Variabel	Koef. β	*p-value*	OR	(95%) CI
Adolescents Community Empowerment	2,23	0,005	9,34	1,94 – 44,83
Gender	1,004	0,09	2,73	0,83 – 8,99

Table 11. Results of Multivariable Analysis of Community EmpowermentAdolescents and Outer Variables on Enhancement of Attitude Evaluation II

Variable	Koef. β	*p-value*	OR	(95%) CI
Adolescents Community Empowerment	3,29	0,002	26,95	3,23 – 224,86
Gender	1,67	0,010	5,30	1,50 – 18,73

DISCUSSION

From the analysis of age and gender data in both groups was homogeneous, so both groups were equivalent to be compared. Respondents in the intervention group, as well as control groups aged 10-14 years, at this age, is a great time to start providing reproductive health education. WHO emphasizes reproduction health education to begin to be given to younger adolescents (age group 10-14 years). This age is a golden period for the formation of a strong foundation of reproductive health.[5]

The average of knowledge and attitudes in both groups before being given the intervention are equally sufficient. There are differences in the value of pre-post 1 and pre-post 2 knowledge and attitude (evaluate I and II) in each group. This shows that the level of knowledge and attitudes of adolescents increased after being counseled by teenagers who have been trained and after being counseled by midwives of Wonosari II public health center. However, the level of knowledge and attitudes in evaluation I and II is higher in the group given counseling by teenagers who have been trained than those given midwife counseling. After statistically tested there was no difference in improvement of knowledge of evaluation I in both groups. It shows that teenagers who have been

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trained can give youth marriage counseling well like a midwife. Analysis of the difference in evaluation knowledge II between the two groups showed significant results. The results of the differences in evaluation attitudes I and II between the two groups also showed significant results. At the time of the counseling process by a group of adolescents trained, participants feel unashamed by many asking questions. Consultation of adolescent communities with teenagers who have been trained through the WhatsApp group for about two weeks can improve the knowledge and attitude of young marriage. This proves that there is the influence of adolescent society empowerment to increase knowledge and attitude of adolescent about young age marriage.

Research conducted in Iran proves that health education in peers will raise awareness and lead to positive attitudes toward mental and social changes during adolescence. Peer education can improve adolescent knowledge and behavior on reproductive health issues. Desmarnita et al. conducted in Jakarta show that there is an effect of health education on peer group methods on knowledge and attitude about reproductive health. Research conducted in District Semin Gunungkidul showed that bad general behavior is more prevalent in respondents who have a negative association. The development of adolescents declared in the process of maturation, the influence of family and health personnel has shifted to peers. This is evidenced by the large direct influence of peers on risk behavior. Teenagers who decide to engage in a young marriage because they are motivated by the influence of the group (peers) in an attempt to be part of the group by following the norms held in the group.[16,17,18]

According to Green in Notoadmodjo peers is one of the driving factors that have an influence in encouraging teenagers to do health behavior one of them is a young marriage. Peers have a very large role for adolescents. Their roles include: as an amplifier in wanting something, for example, to be praised, as a model, having a strong relationship with self-esteem through comparison to values and as a pointer to cultivating a sense of community.[19]

Adolescent community groups trained through empowerment of adolescents with participants is a group that is closely intertwined based on interests and interests in a person. In addition, as a place to devote or discuss problems encountered that can not be done at home. The thing they discuss is something fun or not but needs the support of trusted peers. In addition, peers also do the behavior of help-help and cooperation.

From the analysis results, age affects the improvement of knowledge of evaluation I and II, but it does not affect the improvement of attitude evaluation of I and II. From this, it can be seen that the improvement of knowledge evaluation of I and II are still influenced

by age. Age is one factor that will affect the level of knowledge and attitudes of a person including his / her capability in receiving the given material. This is related to the readiness of the organ to receive the material at the age of reproduction and the weakening of the acceptance of the material along with the increase of age. The results of this study are pro-contra with the research of Wijaya, et al in Bali which states there are differences in knowledge and attitude of reproductive health based on age. This difference is because in this study the improvement of attitude is not influenced by age but purely from the adolescent community empowerment intervention.[13,20]

It can be seen that gender affects the improvement of knowledge of evaluation I, but it does not affect the improvement of knowledge of evaluation II and improvement of evaluation attitude I and II. This research is also pro-contra to the research of Wijaya, et al in Bali which states there are differences in knowledge and attitude of reproductive health based on gender. Teenagers of female gender have a better level of knowledge than male adolescents, the attitudes of adolescent girls are better than male adolescents. In contrast to this study which states that increased knowledge of adolescent boys in the evaluation, I am higher than adolescents' women. This is because teenage boys have a greater curiosity than adolescent girls. However, there is no difference in the improvement of knowledge of evaluation II and improvement of evaluation attitude I and II. This is due to increased knowledge and attitude is purely from intervention.[21]

After being tested simultaneously with age and gender variables, adolescents in the control group had a risk of 1.45 times had lower knowledge than the experimental group at evaluation I and 4.03 times lower on evaluation II. Adolescents in the control group also had a risk of 9.34 times having lower attitudes on evaluation I and 26.95 times lower on evaluation II. This proves that the intervention of adolescent empowerment does influence to increase knowledge and attitude of the marriage of young age after controlled by variable age and gender.

CONCLUSION

There is an influence of empowering adolescent society to increase knowledge and attitude of the marriage of young age. Adolescents in the control group had a risk of 1.45 times had knowledge of evaluation I lower than the experimental group after gender controlled. Adolescents in the control group had a 4.03-times risk of having knowledge in evaluation II lower than the experimental group after controlling for age and gender. Adolescents in the control group had a risk of 9.34 times having an attitude on evaluation I lower than the experimental group after gender-controlled. Adolescents in the control

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group had a risk of 26.95 times having an attitude on evaluation II lower than the experimental group after controlled by gender.

SUGGESTION

For the Head of Wonosari II Public Health Center, Wonosari District, Gunungkidul Regency to be able to use the results of this research as a consideration of making health promotion program by empowering the adolescent community in improving knowledge and attitude to prevent the happening of young marriage.

REFERENCES

1. BKKBN. 2012. *Pernikahan usia muda pada Beberapa Provinsi di Indonesia:Akar Masalah dan Peran Kelembagaan di Daerah*. Jakarta: BKKBN.
2. Fadlyana, E., Larasaty, S. 2009. *Pernikahan usia dini dan permasalahannya*. Sari Pediatri,11 (2), 136-140. Acessed November 20th 2016 from http://www.idai.or.id/saripediatri/pdfile/11-2-11.pdf
3. Noorkasiani., Heryati., Rita. I. 2009. *Sosiologi Keperawatan*. Jakarta: EGC
4. Rafidah., Emilia, O., Wahyuni, B. 2009. *Faktor-Faktor yang Berhubungan dengan Pernikahan Usia Dini di Kabupaten Purworejo Jawa Tengah*. Berita Kedokteran Masyarakat, 25 (2), 51-58. Acessed November 2nd 2016 fromhttp://isjd.pdii.lipi.go.id/admin/jurnal/252095158.pdf
5. WHO. 2011. *The genderual and reproductive health of younger adolescents*. Acessed November 3th 2016 from http://whqlibdoc.who.int/publications/2011/9789241501552_eng.pdf
6. BKKBN. 2006. *Buku Sumber untuk Advokasi Keluarga Berencana, Kesehatan Reproduksi, Gender, dan Pembangunan Kependudukan*.Jakarta: BKKBN
7. Rahmadiliyani, N., Hasanbasri, M., Mediastuti, F. 2010.*Kepuasan Remaja SLTA Terhadap Penyuluhan Kesehatan*. Berita Kedokteran Masyarakat, 26 (4), 203-210. Acessed November 20th 2016 from http://berita-kedokteran-masyarakat.org/index.php/BKM/article/view/237/133
8. Emilia, O. 2008. *Promosi Kesehatan dalam Lingkup Kesehatan Reproduksi*. Yogyakarta: Pustaka Cendekia.
9. PKBI Kabupaten Gunungkidul. 2015.
10. Kantor Urusan Agama Kab Gunungkidul. 2016. *Daftar Pernikahan, Rujuk, Talak dan Cerai Menurut Umurnya Tahun 2015*. Gunungkidul: Kantor Urusan Agama Kab Gunungkidul.
11. Notoadmodjo, S. 2010. *Metodologi Penelitian Kesehatan*. Jakarta: Rineka Cipta.
12. Lemeshow, S., Hosmer, D.W., Klar, J., Lwanga, S.K. 1990. *Adequacy of Sample Size in Health Studies*. New York: WHO.
13. Mubarak, W. I., Chayatin, M., Rozikin, A., Supradi. 2007. *Promosi Kesehatan Sebuah Pengantar Belajar Mengajar dalam Pendidikan*. Yogyakarta: Graha Ilmu
14. Riwidikdo, H. 2010. *Statistik Untuk Penelitian Kesehatan dengan Aplikasi Program R dan SPSS* . Yogyakarta: Pustaka Rihama
15. Dinas Kesehatan Kabupaten Gunungkidul. 2016. *Info Gunungkidul*. Kabupaten Gunungkidul: Dinas Kesehatan Kabupaten Gunungkidul.

16. Hatami, M. Kazemi, A. Mehrabi, T. *Effect of peer education in school on general health knowledge and attitude in girl adolescents*. Jeduc Health Promote. 2015; 4(78).
17. Desmarnita, U. Djuwitaningsih, S. Rochimah. *Pengaruh pendidikan kesehatan metode peer group terhadap pengetahuan dan sikap remaja putri tentang kesehatan reproduksi*. J Kep. 2014; 2(3). 55-62.
18. Yulianti, N. 2015. *Hubungan Pergaulan Teman Sebaya dengan Perilaku Seksual Remaja pada Siswa Kelas XI IPS di SMA N 1 Semin Gunungkidul Yogyakarta*. Skripsi. Yogyakarta: Sekolah Tinggi Ilmu Kesehatan Aisyiyah Yogyakarta.
19. Runika, RT. 2014. *Penggunaan Facebook sebagai Media Promosi Kesehatan Reproduksi Remaja terhadap Sikap Seks Pranikah pada Siswa Kelas XI SMAN 1 Kretek Tahun 2014*. KTI. Yogyakarta: Poltekkes Kemenkes Yogyakarta.
20. Hetherington, EM. Parke. 1996. *Child Psychology*. UK: Blackwell Publishing Ltd.
21. Wijaya, MK. Agustini, NNM. Tisna, GD. *Pengetahuan, sikap dan aktivitas remaja SMA dalam kesehatan reproduksi di kecamatan buleleng*. KEMAS. 2014; 10(1). 33-42.