



## Communication, Information, and Education on Self-Awareness about Marriage Age Maturation among Adolescent Girls

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### Abstract

Indonesia has the highest rate of early marriage in the world, according to a UNICEF study, placing 15th out of 63 countries. Child marriage will make it much harder for Indonesia to obtain a high human development index and meet sustainable development goals. To determine whether Communication, Information, and Education (CIE) regarding maturing age at marriage through the Interprofessional Education (IPE) approach affected the students' self-awareness. An experimental study with one group pre-test and post-test design was conducted on 121 participants. They were selected using random sampling from 16-30th August 2021 in Hidayatul Mubtadiat Islamic boarding school, Puri sub-district, Mojokerto district, East Java province, Indonesia. The intervention group attended a workshop led by a religious leader, psychologist, and maternity nursing lecturer, completed by a follow-up program. The data was collected using the self-awareness questionnaire modified from the Situational Self-Awareness Scale (SSAS). IBM SPSS (v.28) was used to analyze the data, including statistical tests such as descriptive statistics and a paired t-test for comparing the mean scores. A 5% level of significance was considered. After interventions, there was a significant self-awareness score improvement (p-value 0.000 and T value = -15.9). The participants had self-awareness in the good category of 60.3 %. Up from 17.4 % before the intervention with a change in mean + standard deviation (SD) pre-post 57.8 + 7.2 to 66.2 + 7.0. Meanwhile, the number of participants who had less self-awareness before the intervention (42.1%) decreased to 5% after the intervention. The study's findings verified the effectiveness of the CIE strategy to enhance self-awareness among adolescent girls using the IPE method. The supply of CIE on the maturity of marriage age with an interprofessional education approach is the proper step to raise adolescents' self-awareness in the right decision-making process. So that they can avoid early marriage deliberately and independently.

### Introduction

The amendment of Act Number 1 of 1974 to Act Number 16 of 2019 concerning Marriage stated that the age limit for marriage has changed from 16 to 19 years old. Child marriage is a marriage that occurs before the age of 19. Child marriage seems to be a sort of infringement on a child's right to grow

and develop (Inayati, 2015). Child marriage creates situations that children's basic rights to refuge from discrimination and violence, human rights, health rights, social equality, and education privileges are violated (Lasode & Awote, 2014). Child marriage will be followed by pregnancy in children, which will disrupt the health of both mother and child (Djamilah

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& Kartikawati, 2014). Pregnancy at a child's age has a risk of maternal death and infant mortality, premature birth, and Low Birth Weight (LBW) (Yulianti et al., 2021). The quality of children from child marriage will contribute significantly to the incidence of children with stunting (Nugraha et al., 2019; Nur et al., 2021; Setiawan, Diaz, et al., 2021).

Child marriage before the age of 18 is still very widespread, accounting for almost one in every four cases. East Java Province occupies the highest position in Indonesia, with 18.44% child marriage cases. Based on the Ministry of Religious Affairs data, the Puri sub-district was ranked three in the number of marriages in the Mojokerto district in 2020. Marriages under the age of 16-20 years were 253 people. This data shows that in the Mojokerto district, there are 2.62% of marriages or child marriages. The case of child marriage will make it difficult for Indonesia to achieve a high Human Development Index and Sustainable Development Goals (Utami & Afwa, 2020).

The nationwide rate for the number of females aged 20-24 who marry while they are under the age of 18 is 10.2%. This number shows a downward trend compared to 2018, which was 11.21%. However, proportionally, there are still 22 provinces in Indonesia that show a proportion that is above the national average. DIY is the province with the lowest proportion of 3.1%. The National Medium-Term Development Plan (RPJMN2020-2024) mandates a child marriage rate of 8.74 % (BPS, 2020).

One of the factors that cause child marriage is a religious point of view. Religion becomes the legitimacy of the practice of child marriage under the pretext of avoiding adultery, arranged marriages, and unwanted pregnancies (Illingworth, P., & Chelvanayagam, 2017). This phenomenon encourages the need for the involvement of religious leaders, health colleges, and psychologists in Indonesia to play an active role together in Marriage Age Maturation and follow up on the policies on child marriage issues (Grijns & Horii, 2018). The main target is the students in the Islamic boarding school as a representation of teenagers who are closely related to religious factors, as one of the factors that influence the occurrence of child marriage

(Wafiq & Santoso, 2017). Teenagers need to be provided with knowledge, understanding, and real examples of the impact of child marriage.

To achieve the aims of the National Medium-Term Development Plan, measures to prevent child marriage must be systematic, comprehensive, and integrative (RPJMN 2020-2024). A new perspective that is more progressive and siding with child protection is needed, especially in reducing the number of child marriages, to create good quality and competitive human resources in the future (Inayati, 2015). This effort can be achieved by making Islamic boarding schools, the center of Communication, Information, and Education (CIE) for Marriage Age Maturation with an Interprofessional Education (IPE) approach. IPE would be a method of learning used by two or even more professions to promote collaboration and learning quality. The learning, in this case, is CIE on adolescent psychology, religious teachings on social and marital procedures, and reproductive health. IPE has the potential as a medium for collaboration between professionals that can embed knowledge, attitudes and behavior in adolescents in Islamic boarding schools. Character attitudes, and behavior will be formed through the self-awareness of students. Self-awareness of Marriage Age Maturation will contribute to the formation of awareness in adolescents to consciously and independently carry out marriage age maturation (Pieterse et al., 2013). Self-awareness about the adverse effects of child marriage, both physically and psychologically, both in adolescent developmental tasks and future developmental tasks (Illingworth & Chelvanayagam, 2017).

A situation analysis on the importance of self-awareness in boarding school students became the basis for researchers to be interested in analyzing the effect of CIE on self-awareness about Marriage Age Maturation through the IPE approach to students at the Hidayatul Mubtadiat Islamic boarding school, Puri sub-district, Mojokerto district. Many students at the Hidayatul Mubtadiat Islamic boarding school are still unaware of the maturing age at marriage, and self-awareness of the potential consequences of early marriage is low. The provision of CIE through interprofessional

education collaboration in encouraging students as wellness clients to make decisions in maintaining their reproductive health through self-awareness efforts. Self-awareness encourages a person to consciously and independently change this behavior in line with Henderson's Nursing theory about the patient's ability to be independent in achieving health status (Peplau, 2021). CIE to adolescents with the IPE approach is expected to be able to increase self-awareness which can guide students in making the right decision, specifically avoiding child marriage. The objective of this paper is to determine whether CIE on marriage age maturation through the IPE approach affects student self-awareness in Hidayatul Mubtadiat Islamic boarding school, Puri sub-district, Mojokerto district.

## Method

This research implemented an Experimental Design, specifically one group Pretest-Posttest Design. This study's population consisted entirely of students in Hidayatul Mubtadiat Islamic Boarding School, Puri District, Mojokerto Regency, with a total of 173 students. The inclusion criteria of the samples were female students recorded in the school database; never married; over the age of 16 years, and have had menarche. The exclusion criteria were: do not have a verbal and hearing impairment; be able to communicate well; have received premarital education. The sample amount after following by Kelly (Kelly et al., 2020) calculated 121 students selected by random sampling with an effect size of 0.5, an error rate of 5%, and a confidence level of 95% (Faul et al., 2007).

The instrument used in this study was a questionnaire that included the characteristics of the participants and their self-awareness level. The questionnaire was adopted from the Situational Self-Awareness Scale (SSAS) by Govern in 2001 with some modifications

based on the study objective and translated into the Indonesian version. The reliability of the questionnaire was assessed using Cronbach's alpha (0.665) and a validity value of 0.85. The nine questions were presented in their original order, and participants were asked to respond on a five-point scale ranging from 1 (strongly disagree) to 5 (strongly agree) (Govern & Marsch, 2001).

This research was approved by the ethics committee of Wahidin Sudiro Husodo General Hospital with no. 12/KEPK.RSWH/EA/2021. This study took time on 16-30th August 2021. Each participant completed an informed consent form as well as a self-questionnaire. On the same day, the pre-test was given at the time before the intervention began. The post-test was performed two weeks after the intervention. The researcher double-checked all questionnaire survey sheets to confirm that all questions were completely answered. Participants who dropped out of the research might withdraw their data at any time. Data analysis uses SPSS version 28 software. In this study, descriptive statistics and inferential statistics were utilized as statistical tests. The T-test compares the distinction between different means of two paired samples under the assumption of normal distribution.

The intervention was given three times in two weeks, with the duration of each being 90 minutes. The material presented at the first meeting was related to the marriage age maturation by religious leaders from the Ministry of Religious Affairs. In the second meeting, the material on adolescent psychology was delivered by psychologists from the Department of Population Control, Family Planning, and Women Empowerment (DP2KBP2) Mojokerto Regency. In the last one, the material on reproductive health was delivered by a reproductive health lecturer from a university. The data was collected through questionnaires to see students' self-awareness before and after CIE.

**Table1. ....**

Sessions	Topic	Summary of Educational Content	Educator	Time
1	Marriage age Maturation	Pre-Test The meaning of marriage age maturation The government policies and programs as an effort to organize family planning regulated by the law The explanation of the purpose of marriage The importance of physical, mental, spiritual, socio-cultural, and economic preparation to build a quality marriage Religious perspective on child marriage and premarital sex	Religious Leaders appointed by the Ministry of Religious Affairs	90 mins
2	Adolescent Psychology	Family Life Planning to build a quality family The role of the family in preparing adolescents to have a Family Life Planning The role of the family as an effort to prevent adolescents from child marriage and premarital sex The concept of the family and the 8 functions of the family Family participation in family planning The negative impact of child marriage on the career and future of adolescents	Psychologists from the Department of Population Control, Family Planning, and Women Empowerment (DP2KBP2) Mojokerto Regency	90 mins
3	Adolescent Reproductive Health	Explaining the adolescent reproductive health to avoid child marriage and premarital sex The effect of child marriage on adolescent reproductive health The government's policy in family planning aims to reduce births and deaths (maternal and child mortality rates), leading to a small, happy and prosperous family to create a quality Indonesian population regulated by the law Determining the age of marriage related to reproduction for a woman to create a healthy family The bad impact of child marriage on adolescent reproductive health: maternal mortality, child mortality, obstacles during childbirth, the potential to create intergenerational poverty, and stunting. Post Test	Lecturers on reproductive health from a university	90 mins

Source: Primary Data, 2021

**Result and Discussion**

Table 2 shows information about the characteristics of the participants. Most participants were 17 years old (76.9%), and

all were female high school students (100%). Before the intervention, all participants had received information related to marriage age maturation.

**Table 2.** Participants' Characteristics

Characteristics	F	%	Mean Score		Change	P
			Pre-test	Post-test		
<b>Age</b>						
16 years	24	19.8	58.8	66.6	7.8	0.000
17 years	93	76.9	57.5	66.2	8.7	0.000
18 years	4	3.3	57.5	65	7.5	0.057
<b>Sex</b>						
Female	121	100.0				
<b>Education</b>						
Senior High School	121	100.0				
<b>Information on Marriage</b>						
<b>Age Maturation</b>						
Never	0	0.0				
Ever	121	100.0				

Source: Primary Data, 2021

Table 3 shows data on the changes in dependent variable scores before and after the intervention. The participants' level of self-awareness increased considerably after the intervention; individuals had self-awareness in the good category of 60.3 %, up from 17.4 %, before the intervention, with a rise in mean + standard deviation (SD) pre-post 57.8 + 7.2 to 66.2 + 7.0. Meanwhile, the number of

participants who had less self-awareness before the intervention (42.1%) decreased to 5% after the intervention. The changes in self-awareness before and after the intervention revealed that the intervention affected the outcome. The T-test was performed to estimate the impact (T) and significance (p) of the intervention's effect, and the results are provided in Table 3.

**Table 3.** Pre-post Score Difference

Variable	Pre-test			Post-test			T	P
	F	%	x ± SD	F	%	x ± SD		
<b>Self-Awareness</b>			57.8 ± 7.2			66.2 ± 7.0	-15.9	0.000
Less	51	42.1		6	5.0			
Fair	49	40.5		42	34.7			
Good	21	17.4		73	60.3			

Source: Primary Data, 2021

With a 95% confidence level, it indicated a difference in the level of self-awareness before and after the intervention. After administering the CIE, the participants' self-awareness levels showed a significant result, p = 0.000 and a T value = -15.9. It demonstrates that the CIE intervention on marital age maturation with an interprofessional education approach has a very powerful impact on participants' self-awareness, with a very high degree of significance.

The intervention results showed a significant change before and after being given CIE. Health information is a process that allows people to increase control and improve their health (Engelhardt, 2017; Setiawan, Setiawan, et al., 2021). The increasing value of participants' self-awareness is the effect of health information provided by multi-disciplines by carrying

the material on Marriage Age Maturation. Marriage age maturation is an endeavor to raise the minimum age for the first married to 20 years for females and 25 years for males (Hardiani & Junaidi, 2018). This age is regarded to be mature enough in terms of physical and emotional development to confront family life (Gastón et al., 2019; Muawwanah, 2019)

Through the Ministry of Health program launched by the Indonesian government to control the population, the Marriage Age Maturation program aims to increase adolescent self-awareness to consider various aspects of family planning. These aspects include health, economic, psychological, and religious (Wilopo et al., 2017). Marriage Age Maturity has consequences for the requirement to raise the marriage age to a more mature age to reduce the number of children born to

a woman throughout her reproductive period or her overall fertility rate (Patoari, 2020). The increase in child marriage has direct implications for the prevalence of pregnancy and the fertility rate (Marphatia et al., 2017; Stover & Winfrey, 2017).

The marriage age maturation program in its implementation has been integrated with the program for preparing family life for teenagers. It is a part of the National Development's main programs in Indonesia (Wilopo et al., 2017). The policy direction of the family life preparation program to achieve a happy and prosperous small family is to build every Indonesian adolescent who is aware of delaying the age of marriage, having healthy behavior, avoiding the risk of drug abuse, premarital sex, and risk of being infected by HIV/AIDS and making adolescents as a role model for peers (Marliania et al., 2018).

The main feature of the demographic transition in any country is an increase in women's education, an increase in the age of marriage, and an increase in the age at which they have their first child. Education is an important component in influencing marriage age maturation significantly (Marphatia et al., 2017, 2020). A low level of education, low level of financial state, customs, and culture are the factors of child marriage (Kalamar et al., 2016; Wilonoyudho & Agus Salim, 2020). The efforts that can be taken care of by making Islamic boarding schools a center of communication, information, and education about marriage age maturation, making health promotion activities more persuasive as a form of communication in conveying health information and increasing the understanding and awareness of the importance of health (Ashcroft et al., 2018).

The main target of providing information and education related to Marriage Age Maturation is adolescents age less than 18 years, as recommended by National Family Planning Coordinating Agency (BKKBN) and UNICEF (United Nations Children's Fund) with the IPE approach (BPS, 2020). IPE is a type of collaborative learning in which two or more professionals work together to enhance the learning process. The learning mentioned before is CIE on adolescent psychology, religious teachings on social and marriage procedures,

and reproductive health. IPE is very potential as a medium for collaboration between professionals that can embed knowledge, attitudes, and behavior in adolescents in Islamic boarding schools (Muawwanah, 2019).

WHO defines IPE as a process conducted by involving a group of students or health professionals with different professional backgrounds and carrying out joint learning within a certain period. IPE entails instructors and learners representing multiple health professions and associated core disciplines working together to establish and promote a meaningful learning experience (Illingworth & Chelvanayagam, 2017; Lapkin et al., 2013). IPE is an interactive, group-based learning method, which is carried out by creating a collaborative learning atmosphere to realize collaborative practices and convey an understanding of interpersonal, group, organizational, and inter-organizational relationships as a professionalization process. The existence of interaction is the main goal in IPE to collaborate with types of services, including promotive, preventive, curative, and rehabilitative (Orbayinah & Utami, 2015).

The establishment of the IPE learning system was motivated by the fact that health systems throughout the world are highly fragmented and, as a result, incapable of addressing health issues that affect many parts of life. The contribution of various disciplines is expected to have a positive effect on solving various health problems. IPE is very important to improve collaboration skills in health promotion and better health outcomes. Many international health organizations have promoted IPE as part of a redesign of health systems to provide the highest quality of care (Van Diggele et al., 2020).

It presupposes that interprofessional education enhances healthcare professionals' ability to collaborate, which may result in improved individual outcomes in comparison to single-profession education (Reeves et al., 2017). A collaborative practice-ready health worker has learned to work in an interprofessional team where the psychologist, religious leader, and maternity nursing lecturer collaborate to identify client goals (McMillan et al., 2021; WHO, 2010). Based on findings

from previous research, IPE was proven to be beneficial in clarifying the duties of different health professions (Earland et al., 2011; MacDonald et al., 2010), which has been demonstrated to be associated with successful interprofessional collaboration (Matziou et al., 2014; Müller et al., 2018).

Carrying out the role of IPE based on core competencies, one of which is communication in conveying health services (West et al., 2016). Health communication is a deliberate attempt to favorably affect public health-related behavior through the use of diverse communication concepts and strategies, including interpersonal and mass communication (Ketcherside et al., 2017). IPE is a systematic effort in communication, information, and health education conveying, with a professional collaborative approach to embed character attitudes of adolescents in Islamic boarding schools so that their self-awareness will be formed.

The self-awareness that develops in one person is directly related to the cognitive function and education of individuals who are actively processing, storing, and retrieving information (Fragkiadaki et al., 2016; Vago, 2014). The outcome of self-awareness affects individual psychology related to information about facts obtained, so individuals will form good self-awareness when planning and carrying out activities (Salvato et al., 2020). Self-awareness of marriage age maturation will contribute to the formation of awareness in adolescents to consciously and independently carry out maturation of marriage age (Pieterse et al., 2013). Self-awareness includes the understanding of the negative impacts of child marriage, both physically and psychologically, both in adolescent developmental tasks and future developmental tasks (Illingworth, P., & Chelvanayagam, 2017).

This study has implications for health education, an element of community-based nursing practice and health policy intended to prevent child marriage. This research is technically capable of utilizing a control group as a comparison. However, due to local authorities policy in the midst of a pandemic, this research is not permitted to undertake a study trial with more than one group.

## Conclusion

The findings of this study confirmed the effectiveness of Communication, Information, and Education (CIE) about Marriage Age Maturation with an interprofessional education (IPE) approach to increase self-awareness in adolescents. CIE on Marriage Age Maturation contributes to the process of forming adolescent self-awareness to consciously and independently carry out marriage-age maturation. The provision of CIE with an interprofessional education approach is the right step to increase the level of self-awareness of children under 18 years old in the right decision-making process to avoid child marriage. For further research, using trials with more than one group as a comparison to determine the effectiveness of similar interventions before and after treatment.

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