



# The Effectiveness of Local-Leader-Based Social Interventions on Knowledge and Attitudes of Early Marriage among Mother Who Have Teenage Children

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## Abstract

**BACKGROUND:** Early marriage causes pregnancy and early delivery with complications of pregnancy, childbirth, low birth weight, and stunting and has an impact on high maternal and child mortality rates. Local leader-based social intervention for parents with adolescents can increase knowledge and attitudes in preventing early marriage.

**AIM:** This study aims to analyze the effectiveness of social interventions by community leaders on the knowledge, attitudes

**METHODS:** The study was conducted in the district of Deliserdang, Sumatera Utara province, Indonesia. We conducted a prospective cross-sectional interventional study with baseline survey and repeat surveys to evaluate interventions. Fifteen participants local leaders from the community were trained to provide early marriage prevention education. The training was carried out for 2 days. After the training, the researchers assisted for 2 weeks in conducting early marriage prevention education to the community. After mentoring, each participant carried out early marriage prevention education independently. One hundred and fifty-four mothers who have teenage children were selected by systematic sampling to assess the effectiveness. Data were collected using a questioner and analyzed by Mann-Whitney test.

**RESULTS:** Social intervention by local leaders as agents of change in the community for 6 months and controls were given leaflets for adolescents and parents, indicating that interventions carried out by community leaders were more effective in increasing the knowledge and attitudes of mother who has teenage children compared to giving leaflets ( $p < 0.05$ ).

**CONCLUSION:** Social intervention based on local leaders is more effectively used as a method of early marriage prevention education.

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## Introduction

Adolescence is the initial seed of a country and nation, to become better, dignified, and strong [1]. However, currently faced with the problem of many teenagers who want to foster households by having an early marriage. Marriage is a social pattern forming a legitimate family in the eyes of religion, State law, and customary law [2]. According to the Marriage Law No. 1 of 1974 article 7 paragraph (1), the age limit for marriage for women is 16 years while in men it is 19 years [3]. According to the WHO, around 17 million teenage girls give birth each year and most of these births occur in low and middle-income countries so that the health and development of adolescents is a global concern [4].

Early marriage is a phenomenon that we often encounter in Indonesian society. High teenage pregnancy with adverse health and social consequences is an urgent problem facing low and middle-income countries [4]. Teenagers tend to experience pregnancy complications including unsafe abortion and are more likely to become

young mothers a second time [4], [5], [6]. Their babies are also more likely to be born prematurely and die in the perinatal period [6]. Babies born to adolescent mothers face a much higher risk of death than those born to women aged 20–24 [4], [5], [7]. They risk malnutrition, low mental and physical development, inappropriate social relations with parents, and poor education [5], [8]. Girls face a much higher risk of complications associated with childbirth, such as obstetric fistula, infection, heavy bleeding, anemia, and eclampsia [3], [9]. Some studies show that child marriages in Indonesia are associated with poor reproductive health and a lack of awareness of girls about the risk of early labor. Girls aged 10–14 years have a five times greater risk of dying in cases of pregnancy and childbirth than women aged 20–24 years, and globally deaths due to pregnancy are the main causes of death of girls aged 15–19 years [4], [10].

Various studies show that girls who get married at an early age are at high risk for experiencing anxiety, depression, or having thoughts of suicide, partly because they have no status, power, support, and control over their own lives [11]. They are also less able to negotiate

safe sex, thereby increasing susceptibility to sexually transmitted infections such as HIV [6]. Other studies also show that child bride has a greater chance of experiencing physical, sexual, psychological, and emotional violence, and social isolation, which is a result of their lack of status and power in their household [12]. Babies born to daughters who are married at the age of the child have a higher risk of death and are twice as likely to die before the age of 1 year compared to children born to a mother who is in her twenties. Babies born to child brides also have a higher chance of being born prematurely, with low birth weight, and malnutrition [12]. When a girl is still in the process of growth, the nutritional needs of her body will compete with the nutritional needs of her fetus [13]. In a study of five low and middle-income countries, there was a 20–30% increased risk of preterm birth and low birth weight among children when their mothers were <20 years old. Children born to mothers aged <19 years have a 30–40% increased risk of stunting (growth) for 2 years and failure to complete secondary school [14].

In Indonesia, data from the 2020 women's national commission report stated that child marriage increased significantly during the pandemic. There are 176 cases of children getting married every day. When an adolescent becomes pregnant, there is increased competition for nutrients with the fetus, and the pregnant adolescent is at higher risk of being stunted and there is an increased risk of adverse neonatal outcomes, including low birth weight, preterm delivery, anemia, and postpartum outcomes, such as excessive weight retention (Salam *et al.*, 2020). The percentage of early childhood marriage in Percut Sei Tuan (2018) was 37%. To overcome this problem, it is necessary to carry out social intervention by involving community leaders, religious leaders, and other influential stakeholders to garner support and help them speak out against child marriage because there are still many people who do not know the impact of early marriage. Through social intervention, local leaders have an important role in preventing and overcoming early marriage in the community and are expected to be able to overcome these problems.

## Method

This study used a quasi-experimental nonrandomized pretest-posttest control group design. The population in this study were all mothers who had young women in the study area. The sample size in this study was calculated using the formula for calculating the two-proportion hypothesis test (one-sided test)  $n = 154$  (intervention group and control group). The sampling technique was carried out by systematic sampling. First, the researcher will take a household sample by dividing the number of households by the

specified number of samples. If there are no mothers who have young women in the selected household, the researcher will take the closest household.

### Research instruments

Knowledge and attitude data were obtained by conducting interviews using a questionnaire that had been tested for validity and reliability with Cronbach alpha for the knowledge questionnaire 0.691 or 69.1% and 0.615 or 61.5% for the attitude questionnaire. The questionnaire contains questions about early marriage which include the definition of early marriage, requirements for early marriage, the purpose of early marriage, the impact of early marriage.

### Research procedure

#### Local leader training

Local leader is a local leader in the community who cares about the community and can influence the people living in the community or community. Local figures in this study are potential local figures in providing information about early marriage, namely village heads, PKK leaders, cadres, religious leaders, youth organizations, youth health cadres, and student counseling teachers. Before the local leader intervened to prevent early marriage, the researchers first conducted the training. 15 local leaders were trained to be providers of early marriage prevention promotions. The training was carried out for two days. The training method used is the lecture method and practice using learning media in the form of learning modules designed by researchers. Before and after the training of local leaders, the participants' knowledge was measured using a questionnaire designed by the researcher. Sample criteria as follows: Individual samples are young women and parents who are in the area of Saentis village who are the research locus. As an inclusion criterion that is adolescents aged 10–19, the teenager lives with parents. The sample of parents with the criteria of parents (mothers) who have teenagers aged 10–19 years, so that in one intervention group taken 77 intervention and 77 control.

#### Collection of baseline data (pre-test)

At this stage, knowledge, and attitudes of mothers and young women about early marriage were measured using a questionnaire. This measurement is carried out before the intervention.

#### Intervention

At this stage, social intervention is carried out by local leaders in the intervention group. Interventions conducted by local leaders, namely religious lectures

on religious views on early marriage, prevention of early marriage through religion conducted by religious leaders every Friday prayer and during the women's interview, counseling about early marriage by the PKK to housewives, chatting together cadres to housewives conducted by home visits and chatting installs, a healthy and productive youth competition by the village head. At school, counseling about early marriage by adolescent health cadres, guidance, and counseling by teachers, and discussions about early marriage to adolescents by youth cadets. This activity is carried out for 6 months.

The control group was given a leaflet about early marriage which included understanding, impact, and consequences, conditions for a healthy marriage, and healthy marriage. The distribution of leaflets is only done once, at the beginning of the intervention.

#### Collection of end-line data

This stage is the last in the process of conducting research. At this stage, the knowledge and attitude of mothers and young women about early marriage was measured again using the same questionnaire in the collection of data baseline (pre-test). This stage was carried out after 6 months of intervention implementation both in the social intervention group and the control group.

## Research Results

### Local leader training

Before and after the training, measurements were carried out on the knowledge of local leaders who were trained with the results as in Table 1. The influence of Local Leader Training on Local Leader knowledge is measured using a questionnaire and analyzed using paired t-tests because data are normally distributed.

**Table 1: Effects of local leader training on knowledge**

Variable knowledge	Min	Max	Mean ± SD	p-value
Before	5	11	7.67 ± 1.7	0.001
After	15	20	17.93 ± 1.5	

From Table 1 it can be seen that there are differences in the mean knowledge of local leaders before and after the intervention ( $p < 0.05$ ).

### Effectiveness of intervention to prevent early marriage by local leaders

#### Characteristics of respondents (mothers who have teenage children)

Characteristics of mothers who have young women both in the intervention and control groups can be seen in Table 2.

**Table 2: Characteristics of mothers who have teenage children**

Variable	Interventions		Control	
	Amount (n)	%	Amount (n)	%
Profession				
IRT	24	31.17	19	24.68
Farmers	31	40.26	33	42.86
Private	7	9.09	11	14.29
Entrepreneur	15	19.48	14	18.18
Education				
Didn't finish school	4	5.19	5	6.49
Elementary school	27	35.06	25	32.47
Middle School	20	25.97	24	31.17
High school	26	33.77	23	29.87
Age				
28–34	9	11.69	7	9.09
35–40	18	23.38	20	25.97
41–46	23	29.87	22	28.57
47–52	18	23.38	17	22.08
53–58	12	15.58	11	14.29
Total	77	100	77	100

From the characteristics of respondents in mothers who have teenage children, we can see that in general, the work of mothers is farmers both in the social intervention group by the local leader and in the control group. The level of education of mothers, in general, is the elementary school both in the social intervention group by the local leader and in the control group as well as the age of the mother in general in the 41–46 years age group in the social intervention group and the control group.

### Effectiveness of social interventions by Local Leaders

Data normality test conducted, found that all the knowledge and attitude data on adolescent girls and parents were not normally distributed either in the intervention group or the control group ( $p > 0.05$ ) so that the test used to determine the effect in the group was used the Wilcoxon test and to find out the effectiveness of interventions carried out by local leaders was carried out by statistical tests of the average difference between the Mann Whitney test groups. The results of data analysis can be seen in the Table 3.

**Table 3: Effectiveness of early marriage interventions by local leaders**

Variable	Intervention		Control	
	Mean ± SD	p-value	Mean ± SD	p-value
Parental knowledge				
Before	5.61 ± 0.83	0.001 <sup>a</sup>	5.53 ± 1.19	0.527 <sup>a</sup>
After	12.29 ± 1.62		5.56 ± 1.27	
Delta	6.68 ± 1.89		0.03 ± 0.36	0.001 <sup>b</sup>
Parents' Attitude				
Before	16.66 ± 2.162	0.001 <sup>a</sup>	15.43 ± 1.175	0.035 <sup>a</sup>
After	35.03 ± 2.65		15.52 ± 1.19	
Delta	18.36 ± 3.73		0.09 ± 0.37	0.001 <sup>b</sup>

<sup>a</sup>Nilai P value within-group (Wilcoxon test)

<sup>b</sup>Nilai P value between-group (Mann Whitney test).

From Table 3 it can be seen that there is an influence of intervention by local leaders on the knowledge of young women before and after the intervention ( $p < 0.05$ ), and in the control there is no difference in the mean at the beginning of measurement of knowledge and the end of the study (post-test) with the value  $p = 0.438$ . Adolescent attitudes also showed differences in the average attitude before and after the intervention which means there is an influence of the

social intervention on the attitudes of the respondents ( $p < 0.05$ ) and in the control there is no average difference at the beginning of the measurement of attitude and the end of the study (post-test) with a value of  $p = 0.059$ . Intergroup test results with the Whitney Mann test showed that there were differences in the mean changes in knowledge and attitudes of young women on intervention by local leaders with the mean changes in knowledge and attitudes of young women in control, which means that early marriage control interventions carried out by local leaders were more effective than controls.

## Discussion

### ***Characteristics of mother who have teenage children***

Indonesia is an example of global progress towards the elimination of child marriage practices with a 5% decrease in prevalence between IDHS published between 2007 and 2012. However, trends in the prevalence of child marriage at the regional level and its comparison with national prevalence are still little known or published. Early marriage is a marriage performed by children under 16 years for women and under 19 for boys [15], [16]. The education factor of parents influential in making decisions to get married early because low education makes parents less motivating their children to continue higher education so that the child thinks that education is not important [9], [17]. From Table 1 shows that in general the education of parents is elementary (35.06%). Some parents also often think about social life in their environment that wants their children to get married rather than become spinsters. The case of a child who is not married or spinster is the most embarrassing case for parents. Society is something that is believed to be a cultural reality that must be carried out in the aspect of child marriage age [5], [9], [17], [18].

The culture of Indonesian people considers that marriage after passing through puberty, especially among women is something that is considered a disgrace or taboo that should be avoided. If this happens, the people call it a variety of idiosyncratic expressions, for example as an old maid, marriage behavior, and so forth. Mention that is considered inappropriate, by itself must be avoided by the community, so that child marriage will inevitably continue or even in certain circles becomes a necessity [19] Meanwhile, the reasons for economic motives are based on the hope of achieving social and financial security after marriage. This is what causes many parents to agree to early marriage. Parents are often faced with problems that are dilemmatic [19], [20].

On the one hand, there are aspects of hope that might be seen as not excessive, if their children get

a guarantee for their future rather than maintaining the age of their children who are always increasing every day but still do not get a candidate who will be made a match. Therefore, parents do not have many choices, except having to marry their children to someone else even though they are still in their children's age [21]. The reason parents approve of child marriages is often based on feelings of anxiety for their children who do not get a mate and even fears of extra-marital pregnancy due to promiscuity if not married soon [22], [23], [24].

### ***Effectiveness early marriage interventions were conducted by local leaders on the knowledge and attitudes of Mother who have teenage children***

Counseling about early marriage is also carried out in schools, by youth health cadres, guidance, and counseling by teachers, and discussions about early marriage among youth by youth organizations, thereby increasing knowledge and attitudes of parents and adolescents.

After 6 months the local leader implements the intervention, the researcher then measures the impact or effect of the social intervention by measuring the knowledge and attitudes towards the respondent, namely mothers and young women. The measurement results show is the influence of social interventions by local leaders on the knowledge and attitudes of respondents (mothers and young women) ( $p < 0.05$ ). And after compared with controls, it turned out that local leader intervention was more effective than the control ( $p < 0.05$ ). In the control there was a change in the attitudes of the parents although not accompanied by a change in knowledge  $p = 0.035$ , this was possible because in the last week of the intervention there were activities of women and grandmothers namely women and women and each village carried out village services so that communication might occur between early marriages, woman and woman.

The local leader becomes one of the elements that greatly influences the flow of communication. In particular, in the countryside, various changes and progress of the community are determined by the Local leader. For example, local leaders can play a role in motivating people to actively participate in the development, for this reason, the government should pay special attention to this opinion leader. Planned changes to individual groups and communities through social intervention as an effort that can be evaluated and measured by its success [25], [26].

The social intervention carried out by local leaders, namely religious lectures on religious views on early marriage, prevention of early marriage through religion carried out by religious leaders every Friday prayer and counseling on early marriage by the PKK when there are mothers' officers, chatting with cadres to housewives household visits and chatting installs, a competition for healthy and productive youth by the

village head. In the village, there is a tendency in the community, where citizens will more often communicate with each other by choosing a level of education that is not too high. For example, they will be more interested in individuals who have only graduated from elementary and junior high school compared to university graduates [27], [28], [29], [30]. A local leader is someone close to the community, followed and obeyed by the community so that the selection of local leaders as providers of information is more easily accepted than health workers [25], [26], [30], [31].

Significant changes also occur because of information received from each other. Various studies have shown the influence of peer educators in providing information to others is also very influential. Similarly, research has been conducted by Svanemyr *et al.*, Bradley and Greene, Permana [12], [32], [33].

## Conclusion

Analysis with the Wilcoxon statistical test showed that there was an effect of social intervention through local leaders in overcoming early marriage on the knowledge and attitudes of parents and young women with  $p < 0.05$ . Mann Whitney's statistical test showed that social interventions carried out by local leaders were effective in increasing the knowledge and attitudes of mother who have teenage children after being compared to controls ( $p < 0.05$ ).

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## References

- Bahroni A, Sari AG, Widayati SC, Sulisty H. Dispensasi kawin dalam tinjauan undang-undang nomor 23 Tahun 2002 Juncto Undang-Undang Nomor 35 Tahun 2014 Tentang Perlindungan Anak. *Transparansi Huk.* 2019. <https://doi.org/10.30737/transparansi.v2i2.446>
- Ariawan GA, Sudiarmaka K, Adnyani NK. Hukum Adat Kawin Lari Dalam Perpektif UU No. 1 Tahun (Studi Kasus Di Desa Pakraman Pedawa Kecamatan Banjar Kabupaten Buleleng). Vol. 1; 2018.
- Hardani S. Analysis of the Age Limit for Consolidating Marriage according to Indonesian Laws. *An-Nida J Islamic thinker.* 2015;40(2):126-39.
- World Health Organization. Preconception Care Report of a Regional Expert Group Consultation. Geneva: World Health Organization; 2013. Available from: [http://www.searo.who.int/entity/child\\_adolescent/documents/2014/sea-cah-16.pdf?ua=1](http://www.searo.who.int/entity/child_adolescent/documents/2014/sea-cah-16.pdf?ua=1) [Last accessed on 2021 Jul 27].
- Yakubu I, Salisu WJ. Determinants of adolescent pregnancy in Sub-Saharan Africa: A systematic review. *Reprod Health.* 2018;15(1):15. <https://doi.org/10.1186/s12978-018-0460-4> PMID:29374479
- Knox SE. How they see it: Young women's views on early marriage in a post-conflict setting. *Reprod Health Matters.* 2017;25(Suppl 1):S96-106. <https://doi.org/10.1080/09688080.2017.1383738> PMID:29120291
- NCD Risk Factor Collaboration (NCD-RisC) Africa Working Group. Trends in obesity and diabetes across Africa from 1980 to 2014: An analysis of pooled population-based studies. *Int J Epidemiol.* 2017;46(5):1421-32. <https://doi.org/10.1093/ije/dyx078> PMID:28582528
- Bawono Y, Suminar DR, Hendriani W. Low education and early marriage in madura: A literature review. *J Educ Dev.* 2019;7(3):166-72.
- Hardiani H, Junaidi J. Determinants of early marriage and model of maturing marriage age policy. *Innov Issues Approaches Soc Sci.* 2018;11(1):73-92. <https://doi.org/10.12959/issn.1855-0541.iiass-2018-no1-art5>
- Suryaningsih M, Asfiryati A, Santosa H. Relationship of miscarriage and anemia with early marriage in Hapesong Lama village. *J Muara Sains Technol Kedokt Health Sciences.* 2019;3(1):37. <https://doi.org/10.24912/jmstkik.v3i1.1869>
- Ramey SL, Schafer P, DeClerque JL, Lanzi RG, Hobel C, Shalowitz M, *et al.* The preconception stress and resiliency pathways model: A multi-level framework on maternal, paternal, and child health disparities derived by community-based participatory research. *Matern Child Health J.* 2015;19(4):707-19. <https://doi.org/10.1007/s10995-014-1581-1> PMID:25070734
- Svanemyr J, Chandra-Mouli V, Raj A, Travers E, Sundaram L. Research priorities on ending child marriage and supporting married girls. *Reprod Health.* 2015;12(1):10-3. <https://doi.org/10.1186/s12978-015-0060-5>
- Stephenson J, Heslehurst N, Hall J, Schoenaker DA, Hutchinson J, Cade JE, *et al.* Before the beginning: Nutrition and lifestyle in the preconception period and its importance for future health. *Lancet.* 2018;391(10132):1830-41. [https://doi.org/10.1016/S0140-6736\(18\)30311-8](https://doi.org/10.1016/S0140-6736(18)30311-8) PMID:29673873
- Hampton KD, Newton JM, Parker R, Mazza D. A qualitative study of the barriers and enablers to fertility-awareness education in general practice. *J Adv Nurs.* 2016;72(7):1541-51. <https://doi.org/10.1111/jan.12931> PMID:26957079
- Rahayu WD, Wahyuni H. The influence of early marriage on monetary poverty in Indonesia. *J Indones Econ Bus.* 2020;35(1):30-43. <https://doi.org/10.22146/jieb.42405>
- Kartikawati R. Dampak Perkawinan Anak di Indonesia. *J Stud Pemuda.* 2015;3(1):1-16.

17. Montazeri S, Gharacheh M, Mohammadi N, Rad JA, Ardabili HE. Determinants of early marriage from married girls' perspectives in Iranian setting: A qualitative study. *J Environ Public Health*. 2016;2016:8615929. <https://doi.org/10.1155/2016/8615929> PMID:27123012
18. Greene ME. Ending Child Marriage in a Generation, Paper; 2014. p. 1-2.
19. Sukanto. Socio-juridical analysis of early marriage and divorce in East Java. *Al-Daulah J Huk Islamic Law*. 2017;7(2):395-418. <https://doi.org/10.15642/ad.2017.7.2.393-418>
20. Jafar MU, Rachman MT. Socialization of Law No. 1 of 1974 concerning marriage to the problems of early marriage in Indonesia. 2019;1(2):35-43.
21. Green M. Beyond Public Key Encryption; 2017. p. 1-13. <https://doi.org/10.1186/s12889-018-5313-0>
22. Rahman M, Rahim NA, Arif MT. Barrier, weakness and utilization of pre-pregnancy clinic services. *Arch Public Health*. 2017;75(1):67. <https://doi.org/10.1186/s13690-017-0236-2>
23. Pohan NH. Pohan NH. Factors associated with early marriage to young women. *J Endur*. 2017;2(3):424-35. <https://doi.org/10.22216/jen.v2i3.2283>
24. Hanum Y, Tukiman. The impact of early marriage on the health of women's reproductive organs. *J Ex. Healthy and Prosperous*. 2015;13:36-43.
25. Bahfiarti T. Role of "key farmer" as "opinion leader" through group communication in accepting farmer's innovation in south Sulawesi cocoa plantation (peran 'key farmer' sebagai "opinion leader" melalui komunikasi kelompok dalam penerimaan inovasi petani di sentra pertanaman kakao Sulawesi selatan). *J Pekommas*. 2016;1(2):197. <https://doi.org/10.30818/jpkm.2016.2010209>
26. Chili NS, Ngxongo NA. The role of community leadership in fostering an agenda of active community participation in rural regional tourism development: Perspectives from Umhlwazini. *Afr J Hosp Tour Leis*. 2017;6(4):1-12.
27. Rahayu HS, Purwandari S, Wijayanti K. Faktor Determinan dan Resiko Kehamilan Remaja di Kecamatan Magelang Selatan Tahun 2017. 6<sup>th</sup> Prosiding University Research Colloquium; 2017. p. 377-84. Available from: <http://journal.ummgl.ac.id/index.php/urecol/article/download/1543/886> [Last accessed on 2021 Jul 12].
28. Wulanuari KA, Anggraini AN, Suparman S. Factors associated with early marriage in women. *J Ners Midwifery Indonesia*. 2017;5(1):68. [https://doi.org/10.21927/jnki.2017.5\(1\).68-75](https://doi.org/10.21927/jnki.2017.5(1).68-75)
29. Rahman F, Syahadatina M, Aprillisa R, Afika H. Cultural studies of adolescent perpetrators of early marriage in the city of Banjarbaru, South Kalimantan. *Health Media for Indonesian Masy*, Hasanuddin Univ. 2015;11(2):108-17.
31. Rumekti MM, Pinasti VI. Peran Pemerintah Daerah (Desa) Dalam Menangani Maraknya Fenomena Pernikahan Dini Di Desa Plosokerep Kabupaten Indramayu; 2016. p. 1-16. Available from: <http://www.verdadabierta.com/component/content/article/202-conflicto-hoy/2330-cordoba-despues-de-los-paras> [Last accessed on 2021 Jul 07].
32. Bradley BJ, Greene AC. Do health and education agencies in the United States share responsibility for academic achievement and health? A review of 25 years of evidence about the relationship of adolescents' academic achievement and health behaviors. *J Adolesc Health*. 2013;52(5):523-32. <https://doi.org/10.1016/j.jadohealth.2013.01.008> PMID:23535065
33. Permana RT. Pengaruh Pendidikan Kesehatan Melalui Peer Group Terhadap Sikap Remaja Tentang HIV/AIDS Di SMA N 2 Bantul Yogyakarta; 2014. p. 9.