

## PREVENTING EARLY MARRIAGE: REPRODUCTIVE HEALTH EDUCATION AS THE KEY TO ADOLESCENTS' FUTURE

Sukmawati<sup>1\*</sup>, Masruroh<sup>1</sup>, Almira Gitta Novika<sup>1</sup>

<sup>1</sup>Midwifery Study Program Diploma Three Program, Faculty of Health Sciences, Respati Yogyakarta University  
Jl. Raya Tajem KM 1,5, Maguwoharjo, Depok, Sleman, Yogyakarta - Indonesia

\*Corresponding Author: [sukmayogya1809@respati.ac.id](mailto:sukmayogya1809@respati.ac.id)

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### Article history:

Received: December 2025

Revised: December 2025

Accepted: December 2025

**ABSTRACT** Early marriage is still a serious problem in Indonesia, especially in rural areas, which has a negative impact on adolescents' reproductive health, education, and social welfare. Reproductive health education is an important preventive strategy in reducing the rate of early marriage. This study aims to evaluate the effectiveness of reproductive health education in increasing adolescents' understanding of the risks of early marriage in Malangrejo Hamlet, Wedomartani, Sleman, Special Region of Yogyakarta. The method used is pre-experiment with a one group pretest-post-test design approach. A total of 30 adolescents aged 13–21 years became teenagers and were given pretests, education through interactive lectures and discussions, as well as post-tests. The results of the analysis showed a significant increase in comprehension scores after educational interventions ( $p < 0.05$ ), especially related to the impact of early marriage on physical, mental, and social health. The implications of this study show that targeted and contextual reproductive health education can be key in shaping adolescent awareness to postpone marriage until a more mature age. In conclusion, community-based educational approaches have been shown to be effective in increasing adolescent literacy about early marriage. The recommendations of this study are the need to integrate reproductive health education into routine school programs and adolescent activities at the hamlet level, as well as the active involvement of parents and community leaders in supporting the prevention of early marriage.

**KEYWORDS:** *Adolescents. Early Marriage, Reproductive Health Education*

### 1. INTRODUCTION

Early marriage is a social issue that is still a serious concern in Indonesia, especially in rural areas such as Malangrejo Hamlet, Wedomartani, Sleman, Special Region of Yogyakarta. Based on data from the Badan Pusat Statistik (2023), the rate of child marriage in Indonesia is still at 8.06%, with a higher prevalence found in rural areas. This phenomenon reflects the low level of adolescent literacy on reproductive health issues and limited access to correct and scientific information about

the negative impact of child marriage. This low awareness can cause adolescents to make irrational decisions, potentially affecting their quality of life in the long run.

Marriage at a young age has serious impacts both physically, psychologically, and socially. Adolescents who marry early do not have the maturity of their reproductive organs, are prone to experiencing pregnancy complications, and are not ready to face social responsibilities as spouses and parents. In addition, early marriage is also often the cause of school dropouts and leads to a cycle of intergenerational poverty. This condition makes early marriage a multidimensional problem that not only impacts individuals, but also society at large.

This community service was carried out in response to the urgent need to improve adolescent reproductive health literacy in Malangrejo Hamlet. The lack of structured education at the community level makes it easy for adolescents to get caught up in decisions that endanger their future. Through a targeted and participatory educational approach, this activity aims to strengthen adolescents' understanding of the risks of early marriage and encourage them to postpone marriage until a more mature age. This activity also serves as a bridge between the academic world and the real needs of the community.

The main problem that this activity aims to solve is the low understanding of adolescents on reproductive health and the consequences of early marriage. The education provided aims to enrich knowledge, form critical attitudes, and build awareness of the importance of planning for the future in a healthy and responsible manner. The discussion of early marriage is important because it concerns the basic rights of children to grow and develop in optimal conditions. Therefore, an educational approach is needed that is able to touch the cognitive, affective, and social aspects of adolescents as a whole.

The method used in this activity is a pre-experimental approach with a one group pretest-posttest design. Education is provided through interactive lectures, group discussions, and case-based simulations relevant to local conditions. Before and after the education, participants were given a pretest and posttest to measure the improvement in knowledge. The innovation of this service lies in the preparation of contextual educational materials, involving the active participation of adolescents, and the use of fun but meaningful learning methods.

This service has an important contribution in filling the gap between national policies and the implementation of reproductive health education at the community level. Most similar programs are still centered in formal schools, while adolescents outside the education system are often overlooked. Through this activity, education reaches vulnerable groups but has not been optimally touched. It is hoped that this activity can increase adolescents' knowledge and attitudes towards early marriage and foster a culture of postponing marriage until they are of sufficient age biologically and

psychologically. Strengthening literacy is expected to be an effective preventive step in creating a healthy, independent, and competitive young generation.

## **2. METHOD**

The method of implementing this service activity uses a pre-experimental design with a one group pretest-posttest design. This design was chosen to measure the effectiveness of reproductive health education on adolescents' understanding of the risks of early marriage before and after the intervention.

The target in this activity is all teenagers in Malangrejo Hamlet, Wedomartani, Sleman, Special Region of Yogyakarta, with an age range of 13-21 years. The number of adolescents was 30 people, selected in total sampling because the population was relatively small and it was still possible to be fully included.

The materials and tools used include online devices (laptops, smartphones, and internet networks), presentation media in the form of PowerPoint slides, and online questionnaires. Education is provided online using a virtual meeting application that allows for direct interaction between facilitators and participants. Comprehension evaluation was conducted with a pretest and posttest using a Google Form, which contained multiple-choice questions regarding reproductive health and early marriage risks.

The questionnaire in this activity uses Google Form as the main data collection instrument. The questionnaire design consists of 20 questions with knowledge indicators (definition of early marriage, causative factors, health impact, social impact, and prevention efforts). The productivity of activities was measured from the level of adolescent participation (the percentage of adolescents who took the pretest and posttest), as well as the comparison of scores before and after education.

Data collection was carried out by distributing questionnaires online through Google Form. The data collected included the basic identity of adolescents (age, gender, and education level) as well as answers to questions related to educational topics.

Data analysis uses descriptive and inferential analysis. Descriptive analysis was carried out to determine the frequency distribution of adolescent characteristics and an overview of their understanding. Meanwhile, inferential analysis was carried out with a paired t-test to find out the significant difference between pretest and posttest scores. The results of the analysis were interpreted to see the extent to which reproductive health education has an effect on improving adolescents' understanding of early marriage prevention.

This community service activity was carried out in Malangrejo Hamlet, Wedomartani, Sleman, Yogyakarta. Participants amounted to 30 teenagers aged 13–21 years who participated in the activity.

The implementation method consists of:

1. Pretest to measure adolescents' initial knowledge of early marriage.
2. The material was given in the form of interactive lectures on the topic of reproductive health, the risks of early marriage, and prevention strategies.
3. Group discussions to strengthen understanding and provide a space for sharing experiences between teens.
4. Digital educational media in the form of presentations, educational videos, and online questionnaires through Google Form.
5. Post-test to evaluate knowledge improvement after intervention.

Data were analyzed descriptively (average pretest and post-test scores) and inferential statistical tests using paired t-tests to determine the significance of differences.

### 3. RESULT AND DISCUSSION

Based on the problems of partners in Malangrejo Hamlet, Wedomartani, Sleman, Yogyakarta, it is necessary to hold counselling on the prevention of early marriage and the impact of early marriage. The activity was carried out with 30 teenagers which was carried out online via zoom. The material provided was about the prevention of early marriage and the impact of early marriage The following are the results of the distribution of adolescent frequencies based on age, gender and education level in Malangrejo Hamlet, Wedomartani, Sleman, Yogyakarta.

Table 1. Distribution of adolescent frequencies by age, gender and education level

Variable	F	%
Age		
- Early Teens (11-13 years old)	3	10
- Middle Teens (14-17 years old)	21	70
- Late Teens (18-21 years old)	6	20
Gender		
- Female	13	43,33
- Male	17	56,67
Education Level		
- Junior High School	11	36,67
- High School	14	46,67
- College	5	16,66
Quantity	30	100

(Data primer, 2025)

Based on Table 1, the majority of adolescents are in the category of middle adolescents (14–17 years) as much as 70%, followed by late adolescents (18–21 years) at 20%, and early adolescents (11–13 years) at only 10%. These findings are in line with the theory of adolescent development put forward by Hurlock (2014), that middle adolescence is a critical transition phase in which individuals begin to experience significant biological, psychological, and social changes, including increased curiosity about self-identity and relationships with the opposite sex. This is also in accordance with the research of Wahyuningsih et al. (2024) which states that the middle adolescent age group is more vulnerable to environmental influences related to risky behaviors, including early marriage, due to limited knowledge and self-control.

In terms of gender, adolescents are dominated by males (56.67%), while females account for 43.33%. This proportion gives an idea that reproductive health education is not only important for adolescent girls, but also very relevant for boys. As stated by Santrock (2019), adolescent males also play an important role in decision-making related to relationships and sexuality, so increasing reproductive health literacy for them can help reduce the practice of early marriage. This is reinforced by a study by Ageng & Apriyani (2024) which found that adolescent boys with good knowledge of reproductive health tend to have more positive attitudes in support of marriage delay.

In terms of education, adolescents are mostly pursuing high school education (46.67%), followed by junior high school (36.67%), and college (16.66%). Education level is closely related to adolescents' knowledge, attitudes, and behaviors in making decisions about marriage. According to research by Fitria et al. (2024), higher education is a protective factor in preventing early marriage, because adolescents with access to education tend to postpone marriage in order to continue their studies and have career aspirations. On the other hand, low education is often associated with a high risk of marrying young due to limited information and opportunities.

Overall, the distribution of adolescents shows that reproductive health education interventions in Malangrejo Hamlet are on target, considering that the majority of participants are in the critical age of middle adolescents, dominated by men who are often neglected in reproductive health programs, and most are still in high school which is a strategic period to receive preventive interventions. Thus, these results support the importance of an inclusive educational approach, not only targeting adolescent girls, but also involving men and considering the level of education as a key factor in the success of early marriage prevention programs.

Table 2. Pretest and Posttest Results of Adolescent Knowledge about Early Marriage

Variable	Average $\pm$ SD	Differences	p-value
Pretest	62,8 $\pm$ 7,5		
Post-test	78,0 $\pm$ 6,8	15,2	0,001*

The results of the activity showed a significant increase in adolescents' understanding scores about early marriage after being given reproductive health education. The average posttest score increased by 15.2 points compared to the pretest, with the results of the paired t-test showing a p value of  $< 0.05$ . This indicates that community-based educational interventions have high effectiveness in improving adolescent reproductive health literacy.

These findings are in line with research by (Aulia, 2025 & Marpaung, 2025) which reported that reproductive health education has a significant effect on increasing adolescents' knowledge about the impact of early marriage. Increasing this understanding is important, considering that low reproductive health literacy has proven to be one of the driving factors for child marriage in Indonesia (KPPPA, 2022).

Theoretically, the improvement of adolescent understanding through education can be explained by Bandura's social learning theory approach, which emphasizes the importance of hands-on learning experiences, discussions, and role models in shaping individual knowledge and attitudes. Through the interactive lecture and group discussion methods used in this activity, adolescents not only obtain information, but are also able to reflect on new knowledge in the context of daily life.

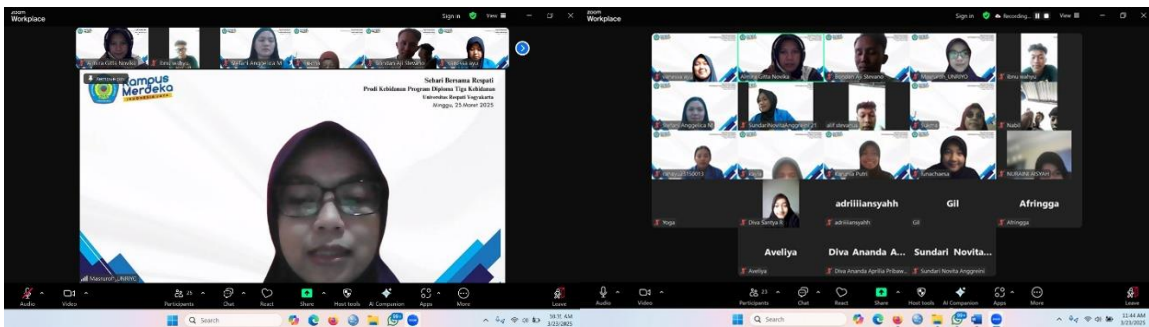
Early marriage has been shown to pose a variety of reproductive health risks, including high-risk pregnancies, complications of childbirth, and increased maternal and infant mortality rates (WHO, 2021). In addition, child marriage is associated with school dropouts and a decline in the quality of human resources (UNFPA, 2020). Therefore, the results of this activity affirm the importance of educational interventions as a preventive strategy that contributes directly to the achievement of the Sustainable Development Goals (SDGs), especially in reducing child marriage rates.

The use of an online approach with Google Form instruments in this activity has also proven to be effective and productive. Digital accessibility allows teens to actively participate even in limited conditions. This is in accordance with research by Handayani et al. (2022) which states that digital technology is able to be an effective health education medium for the younger generation because it is interactive, flexible, and accessible.

With a significant increase in understanding, this activity makes a real contribution to filling the gap in education programs that have been focusing more on formal schools. Strengthening literacy at the community level through a community-based approach is an important innovation that can

expand the reach of early marriage prevention interventions. However, despite the results showing a positive impact, the sustainability of the program is still a challenge. The support of parents, community leaders, and educational institutions is needed so that this education can run regularly and integrated.

Thus, this discussion confirms that community-based reproductive health education not only increases adolescents' knowledge, but also has the potential to form critical attitudes and collective awareness in rejecting early marriage. This program can be a model of intervention replicated in other regions with similar conditions, to strengthen efforts to prevent child marriage in Indonesia.



**Figure 1.** Documentation during the implementation of early marriage education online

#### **4. CONCLUSION**

The reproductive health education activities carried out in Malangrejo Hamlet, Wedomartani, Sleman, Yogyakarta were obtained by the characteristics of the respondents, the majority of participants in reproductive health education activities were in the middle adolescent group (14–17 years) with a background in junior and high school education, which is a crucial developmental phase in the formation of knowledge and attitudes related to marriage. The involvement of adolescent boys and girls shows that reproductive health education is relevant and needed by both groups as a preventive effort against early marriage. It has been shown to be effective in increasing adolescents' knowledge about the risks of early marriage. The average increase in knowledge score by 15.2 points with the results of the paired t-test showed a significant difference ( $p < 0.05$ ).

Therefore, it is recommended that reproductive health education be carried out in an ongoing manner, integrated with school and community-based programs, and involve families and local stakeholders to strengthen adolescents' understanding and awareness in postponing marriage until they achieve biological, psychological, and social readiness. Community-based education with a participatory approach and the use of digital media is a potential preventive strategy in reducing the number of child marriages.

## ACKNOWLEDGEMENT

We would like to thank the PBLKK-PKMD Team (Midwifery Field Learning Practice of the Village Public Health Development Community) Midwifery Study Program Diploma Three Program for accommodating this Community Service activity. Thank you to the Dean of the Faculty of Health Sciences, Respati University of Yogyakarta for providing support and permission to carry out community service activities in Settlement Malangrejo. Thank you to the Chairman of LPPM Respati University of Yogyakarta for providing support to carry out this community service activity.

## CONFLICT OF INTERESTS

This Community Service activity was carried out independently with private funds and received support from Respati Yogyakarta University.

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