The Counseling of Marital Age Maturity Effect Toward Girls’ Attitude on Early Marriage

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Abstract

Based on data from the office of religious affair in Bandung Barat Jayagiri Lembe Village in 2015, it is revealed that there are 8.5% teenage girls who married at the age 16-19 years. The impacts of early marriage are the high rate of maternal mortality, infant mortality and divorce case. Information of marital age maturity is very important for teenagers to avoid early marriage, one of them is health education. This study purposes to know the effect of marital age maturity especially on the health education on teenage girls’ attitude about early marriage. This study used quasi experimental with one group pretest posttest. Fifteen teenage girls at PGRI 1 Lembang Senior High School were drawn out as respondents on 1 Februari 2016. Interviews were using a media of questionnaire to collect data and then analyzed by using t test. The result of this research showed that there is significant impact of the counseling of marital age maturity toward young woman attitude on early marriage (p=<0,05). Thus, the teenage girl was expected to be active in rising activity; which discuss more about health reproduction, as a foundation in forming a happy and prosperous family in the future.

Key words: Attitude, early marriage, marital age maturity

Introduction

Teen life is the life that determines the future. Based on the 2010 population census, the number of adolescents aged 10-24 years is about 64 million or 27.6% of the total population of Indonesia. A very large number of the above, adolescence as the next generation of the nation needs to be prepared to be a healthy man physically, spiritually, mentally and spiritually. In fact, various studies show that adolescents have very complex problems along with the transition period experienced by adolescents, one of them early marriage (BKKBN, 2012).

Indonesia is a country with a high percentage of early marriages, ranking 37 in the world and the second highest in ASEAN. Adolescent girls aged 10-14 years in Indonesia have been married as much as 0.2% and ages 15-19 as many as 11.7%. West Java is the second highest province with an early marriage rate of 36.4% in 2012, 36.9% in 2013 and 37.2% in 2014 (West Java DHO, 2014). Factors causing early marriage in adolescents are low education, economic needs, young married culture, regulated marriage and free sex (BKKBN, 2012). Other causes are environmental factors, association, and mass media (Sibagariang, 2010).

Early marriage in adolescent girls has several risks, such as domestic violence and in pregnancy at risk of miscarriage, preeclampsia, infection, anemia, cervical cancer, and infant death. Risks that occur in labor such as premature, difficulty in labor, and LBW that ends with the death of the mother and baby. The above condition is supported by the data of SDKI (2012) that the mortality rate of mothers aged 15-19 years as much as 9.9% and those aged 20-24 years as much as 23.2%. In addition to physical factors, the risks facing adolescent girls at early marriage are psychological factors in which adolescents are immature, unstable, emotional, socially incapable, and adaptable (Kumalasari, 2012).

Based on these risks, an approach is needed to achieve new sustainable development goals (SDG’s), which is to eliminate early marriage by 2030 (UNICEF, 2016). Responding to the teenagers’ problems, the National Population and Family Planning Agency (BKKBN) proclaimed the Planned Generation (Genre) program, a program developed in the context of preparing family life for adolescents so that they are able to carry out a planned education, with full planning according to the cycle of reproductive health, is expected to overcome the problem of quantity and quality of population, especially adolescents (BKKBN, 2012).

The substance in the planned generation program in the form of BKKBN in 2010 is the moral cultivation of 8 family functions, the marital age maturity, the triad of reproductive health of...
adolescents (Sexuality, HIV/AIDS, Drugs), life skills and resilience of families with gender insight. Marital Age Maturity is part of the Planned Generation (Genre) program. Marital Age Maturity is an attempt to increase the age at first marriage, the minimum age is 20 years for women and 25 years for men. Marital Age Maturity is not just postponing marriage until a certain age only but make sure that the first pregnancy occurs at a fairly old age. Even cultivated if a person fails to mature the age of marriage, then delay the birth of the first child should be done (BKKBN, 2016).

Strategy in realizing Marital Age Maturity program one of them through counseling. The purpose of counseling is to provide knowledge and attitude formation. Good knowledge will shape good attitude (Syarifudin, 2013).

West Bandung regency is one district in West Java with a percentage of early marriage rate of 12.9% (West Java Health Office, 2014). Data Ministry of Religion West Bandung 2015 shown that the highest incidence rate of early marriage is in District Lembang. Jayagiri occupy the highest number of marriage occurrences from 16 urban villages of 8.3%. PGRI 1 Lembang Senior High School is located in Jl. Barulaksana No.65, Jaya Giri, District Lembang, West Bandung District Accredited with A score.

The results of preliminary study on 10 students of PGRI 1 Lembang Senior High School by November 11, 2016, it was revealed that all respondents claimed to have never get counseling about the planned generation and do not know the limits of the age of early marriage. 6 girls stated agreeing to an early marriage as for avoiding adultery reason. The interview with teachers of PGRI 1 Lembang Senior High School described that in the year of 2016, there were 2 girls got married at the age of 17.

Based on the above background, the authors felt interested to examine “The Counseling of Marital Age Maturity Effect Toward Girls’ Attitude on Early Marriage in PGRI 1 Lembang Senior High School.”

Method

This type of research is a pre-experimental design. The design of the research used was a one-pretest posttest comparison design. The number of samples of 15 female students from grade 1, 2 and 3 aged 15-19 years. The sampling technique is done by cluster sampling. Questionnaires are designed with Likert scale. Univariate and bivariate data analysis using t-dependent test.

Results

<table>
<thead>
<tr>
<th>Attitude</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive</td>
<td>6</td>
<td>40</td>
</tr>
<tr>
<td>Negative</td>
<td>9</td>
<td>60</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>100</td>
</tr>
</tbody>
</table>

Based on table 1, it can be seen that from 15 respondents, more than half of adolescents have negative attitudes about early marriage as much as 9 respondents (60%).

<table>
<thead>
<tr>
<th>Attitude</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive</td>
<td>12</td>
<td>80</td>
</tr>
<tr>
<td>Negative</td>
<td>3</td>
<td>20</td>
</tr>
</tbody>
</table>
Based on table 2, it can be seen that out of 15 respondents, most teens have a positive attitude about early marriage taken out from the answer of 12 respondents (80%).

Tabel 3. Girls’ Attitude Before and After Being Given Counseling of Marital Age Maturity at PGRI 1 Lembang Senior High School Year 2017.

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Mean</th>
<th>Standard Deviation</th>
<th>Mean Differences</th>
<th>P Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before</td>
<td>15</td>
<td>37.20</td>
<td>4.794</td>
<td>33.73</td>
<td>0.00</td>
</tr>
<tr>
<td>After</td>
<td>15</td>
<td>70.93</td>
<td>5.934</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Based on table 3 it can be seen that the average girls' attitude before being given counseling is 37.20 with standard deviation of 4.974. While after being given counseling 70.3% with standard deviation of 5.934. The statistical test results obtained p value = 0.00 with alpha 5% (0.00 <0.05). Thus, there is influence of giving counseling on the attitude of girls toward early marriage.

Discussion

Research shows that 60% of respondents have a negative attitude which means young women support early marriage. Preliminary study results, there are several factors of young women to support early marriage is not yet know the risk of early marriage, stay away from adultery, and in the environment where there is still an early marriage.

The absence of socialization about the risk of early marriage of health workers to form adolescent attitudes towards supporting early marriage, the lack of knowledge about early marriage will form the wrong attitude. Health workers are among the social components that influence attitude. Someone who is considered important, someone who we expect his approval for every move our actions and opinions will greatly influence the formation of our attitude towards something (Azwar, 2015).

The culture in which we live and grow has a major influence on the formation of our attitudes. From the results of interview researchers, those who agree with the early marriage of them because the area where they live there are still doing early marriage and it is a natural thing. Without us knowing the culture influences our attitude toward various problems. It is the culture that gives the experience of individuals who are members of the community's care group (Azwar, 2015).

Factors affecting attitudes are personal experience factors, culture, influences of others that are considered important, social media, educational institutions and religious institutions, and emotional factors (Azwar, 2015).

The study of Montazeri, et al (2016) suggested that less health promotion increases their vulnerability to poor health and increases social problems, one of them is early marriage. This research supported by Husna's research (2014) about the influence of counseling on attitudes obtained before the counseling. 91.2% of respondents have a negative attitude. Sapitriya research (2014) on the influence of Early Marriage Counseling Against Youth Attitude shown the attitude of giving counseling, 11% have less attitude. This shows that the attitude of respondents about early marriage before being given counseling is still low or negative attitude.


The results showed the attitude of young women about early marriage after being given counseling Marital Age Maturity (MAM), 80% of respondents to be positive which means do not support early marriage.

At the time of the counseling of more than 50% of young women questioned about early marriage and MAM so as to form good knowledge. Good knowledge will shape teenage attitudes towards more positive and shape good behavior (Syarifudin, 2014).
Health education on MAM greatly affect teenage attitudes about early marriage. This is in line with Syarifudin (2014) that health education is a learning process to develop the correct understanding and positive attitude of individuals or groups on health.

3. The Counseling of Marital Age Maturity Effect Toward Girls' Attitude on Early Marriage in PGRI 1 Lembang Senior High School.

The result of the research shows that there is influence of Marital Age Maturity counseling to the girls' attitude on early marriage in PGRI 1 Lembang Senior High School in 2017. The results of this research in accordance with the purpose of the research to prove that the respondents after being given counseling has a better attitude; by not supporting early marriage. There are significant differences in attitudes between before and after counseling. According to Lubis (2013) psychologically adolescent eager, have a high willingness to know something new to be one reason teens can think rationally about the risks if they do early marriage.

Good knowledge of the risks of early marriage and maturity of marriage age directly shape attitudes and behavior toward positive. As described in the Theory of health belief model proposed by Rosenstock in Alhamda (2015) states that health behavior is determined by personal belief or perception. The five facets of thinking within the individual that affect the effort within the individual to determine what is good for itself is perceived susceptibility, perceived severity, perceived benefit of action, perceived barrier to action (a perceived obstacle or action taken), cues to action.

The correct perception or understanding of physical, mental, economic, social, education in marital age maturity ultimately giving signals to take the right action (positive) that is to avoid the attitude of willingness to do early marriage.

The results of research reinforced by Yuliasari (2014) explained there is influence of reproductive health education on adolescent attitude about early marriage (p = 0.000). The results of this study are also in line with the results of Husna's research (2014) obtained that the provision of health counseling gives an increase to the attitude of young women (p = 0.00) (<0,05) this indicates a change of adolescent attitude about early marriage towards more positive or does not support early marriage.

Attitude is a mental state of readiness or willingness to act. Attitude is a readiness to react to objects that are organized through experiences that provide dynamic and directional influence on individual responses. Health education in the end is not only to achieve at the level of good knowledge in adolescents but more important is to achieve attitude (attitude) and better behavior or readiness to act on information obtained to be done or done in everyday activities (Widyatun, 2009).

This is also in line with Notooadmojo Theory (2010) that the 4 (four) levels of attitude, starts by receiving, responding, appreciating and responsible. Proven that attitude or behavior based on knowledge will be better than not realized by the knowledge, in a person that there is already a sequential process to adopt the attitude and behavior is to start from awareness, feel attracted to stimulus and object (interest), assessment (evaluation) and adoption where respondents will behave and behave well in accordance with the knowledge it has.

It is also in accordance with the purpose of counseling, in which improving the ability of the community to help themselves in the health sector by implementing a healthy way of life and play an active role in health efforts (Syarifudin, 2014).

Based on the description above, it can be concluded that the extension efforts proved significantly can change the attitude, so counseling is one of effective promotive or preventive efforts to prevent and cope with health problems, especially about early marriage.

Conclusion

1. Girls' attitude before the counseling shown that more than half of the negative attitude about early marriage, seen from the answer of 9 respondents (60%).
2. Girls' attitude after the counseling, almost entirely positive about early marriage, seen from 12 respondents (80%).
3. There is influence of Marital Age Maturity Counseling toward girls' attitude on early marriage (p = 0.00 <0,05).
References
BKKBN. 2012. hasil pernikahan usia dini BKKBN PPT_RS [Read-Only] - hasil_pernikahan_usia_dini_BKKBN_PPT_RS_[Read-Only].pdf. (Diakses pada tanggal 1 Oktober 2016)
Alfabet