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RELATIONSHIP BETWEEN REPRODUCTIVE HEALTH KNOWLEDGE AND EARLY MARRIAGE PREGNANCY IN ADOLESCENT GIRLS: A STUDY IN KEPUNG, KEDIRI DISTRICT

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ABSTRACT

Adolescent girls who marry at a young age are vulnerable to reproductive health risks, especially premarital pregnancy, which can have serious impacts on their future. The high prevalence of premarital pregnancy among young married teenagers is a serious concern in the context of public health, especially in rural areas such as Kepung District, Kediri Regency. This study aims to determine the relationship between reproductive health knowledge among young married women and the incidence of premarital pregnancy in the area. The research method used is descriptive quantitative with an analytical design and cross-sectional approach. The research population was 58 young married women in Kepung District, Kediri Regency, while the sample consisted of 49 respondents who met the inclusion criteria. Data collection was carried out using a questionnaire, and data analysis included univariate and bivariate analysis using the chi-square test. Research findings show that there is a significant relationship between the level of reproductive health knowledge among young married women and the incidence of premarital pregnancy in Kepung District, Kediri Regency.

KEYWORDS *Pregnancy, premarital, knowledge, adolescence, reproduction*

INTRODUCTION

Early pregnancy, especially during adolescence, is a serious global issue. Data from UNICEF shows that more than 650 million girls worldwide are married before reaching the age of 18 (Sari, Lia Meita. 2022). Adolescence is a transitional phase from childhood to adulthood, involving ages 10 to 19 years (Amdadi, Zulaeha.

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2021). Meanwhile, according to the Regulation of the Minister of Health Number 25 of 2014, adolescence is defined as the age group from 10 to 18 years. According to the National Population and Family Planning Board (BKKBN), the adolescent age range is from 10 to 24 years for those who are unmarried (Andriani, Rina. 2022).

Data from the WHO indicates there are approximately 1.2 billion adolescents, comprising about 18% of the total global population (Sopari, Asep. 2023). Based on the 2020 population census by the Indonesian Central Statistics Agency (BPS), the population of Indonesians aged 10 to 24 years is 66.74 million or 24.2% of the total population of 275.77 million in 2022 (Sopari, Asep. 2023). The world is currently facing challenges in adolescent development, with around 600 million adolescent girls "missing" from development agendas due to various vulnerabilities such as gender inequality, malnutrition, child marriage, and teenage pregnancy (Sopari, Asep. 2023).

According to WHO, child marriage is a marriage involving partners or one partner who is still considered a child or adolescent under the age of 19. If according to UNICEF, child marriage is a marriage involving those who have not reached the age of 18. This is also referred to as one of the social pathologies causing or exacerbating poverty (Mutiah, Nur Rohmah. 2024). According to the Marriage Law No. 16 of 2019 Article 7 paragraph (1) concerning amendments to Law No. 1 of 1974 concerning marriage, marriage is only allowed if both the man and the woman have reached the age of 19 (Almahisa, Yopani Selia. 2021). BKKBN continues to promote efforts to increase awareness of adolescent reproductive health. The birth rate among adolescent females aged 15-19 years is increasing. In 2021, the birth rate among adolescents in the Age-Specific Fertility Rate (ASFR) for females aged 15-19 years reached 20.49 per 1,000 women of reproductive age (WRA). However, in 2022, the ASFR rate increased to 26.64 per 1,000 WRA (Kristanto, 2023).

UNICEF ranks Indonesia as 8th in the world and 2nd in ASEAN for child marriage, with a total of around 1.5 million cases by the end of 2022 (Maulana, Arief. 2023). Furthermore, data from BPS in 2022 shows that there are still 8.06% of child marriage cases out of the total recorded marriage cases in BPS. The Supreme Court data also records 54,894 cases of marriage dispensation requests because the marriage was conducted at a young age. It's no wonder that there are many births among young women, with 26-27 women out of 1,000 aged 15 to 19 years giving birth at that age (Sopari, Asep. 2023).

Teenage pregnancy can have negative impacts on maternal and infant health, as well as social and economic issues. Risks of young or adolescent pregnancy include premature birth, low birth weight, postpartum hemorrhage, which can increase maternal and infant mortality. Teenage pregnancy is also associated with unwanted pregnancies and can increase the occurrence of unsafe abortions (Primadi, Oscar. 2017). Data from Bappenas shows births at younger ages, with 0.179 births per 1,000 females aged 10-14 years (Sopari, Asep. 2023).

Child marriage still frequently occurs in Indonesia for several reasons, including parental reasons, economic issues, as well as influenced by social and cultural customs within the family. Some societal views also negatively regard individuals who are not married by the age of 18, seen as "old maids" (Alfa, 2019). The impacts of child marriage involve increased risk of complications during pregnancy and

childbirth, as well as risks of long-lasting death or serious complications. Maternal deaths related to pregnancy and childbirth are significant contributors to 70,000 deaths each year among girls aged 15-19 globally. The risk of pregnancy-related deaths can be four times higher in teenagers under the age of 16 compared to women in their early twenties (Svanemyr et al., 2012). For mothers under the age of 18, the risk of infant death in the first year of life is 60% higher than babies born to mothers older than 19 years. Babies born to young mothers are more likely to have low birth weight, be born premature, and experience other serious health problems (Oktavia et al., 2018).

Data from the East Java Provincial Central Statistics Agency shows that the percentage of females aged 10 and over in East Java with first marriage under the age of 17 in 2022 was 18.97%. In Kediri Regency alone, the percentage is 13.77%. According to data from the Population Control, Family Planning, Population Empowerment, and Child Protection Agency of Kediri Regency, from early 2023 to November 2023, there were 417 cases of child marriage (Wijayanto, Bakti. 2023). Data from the Office of Religious Affairs of Kepung Sub-district, Kediri Regency shows that in 2023, there were 648 women married, with 503 women aged 21 and above, 130 women aged 19-21, and 15 women aged less than 19. Additionally, data from the Health Office of Kediri Regency recorded 1,474 deliveries of pregnant mothers and 9 cases of maternal deaths from early 2023 to December 2023. Of the 9 cases of maternal deaths, most were caused by underlying diseases such as heart attacks, bleeding, and hypertension during childbirth. The risk of bleeding in delivering mothers is also associated with anemia in pregnant women. The Health Office of Kediri Regency has made various efforts to reduce maternal mortality rates, including providing health coaching, especially to adolescent girls about to marry (Anis, 2023).

RESEARCH METHOD

This research method utilizes an analytical descriptive design with a cross-sectional approach and is quantitative in nature. The research population consists of adolescent females who married early in the Kepung District of Kediri Regency, totaling 58 individuals, while the research sample consists of 49 individuals who meet the inclusion criteria. The sampling technique employed is total sampling, where all members of the population are used as samples. The independent variable in this research is the level of reproductive health knowledge of adolescent females who married early, while the dependent variable is the premarital pregnancy rate. The research instrument used is a questionnaire consisting of demographic data and supporting data, which have been validated and tested for reliability.

Data collection process is carried out through primary and secondary data. Data analysis includes univariate analysis to describe each variable descriptively, and bivariate analysis to analyze the relationship between independent and dependent variables using non-parametric chi-square statistical tests. The overall aim of this research is to determine the relationship between the level of reproductive health knowledge of adolescent females who married early and the premarital pregnancy rate in the Kepung District of Kediri Regency.

RESULT AND DISCUSSION

This study investigates the level of reproductive health knowledge among adolescent girls who marry early in the Kepung District of Kediri Regency through the completion of questionnaires by 49 respondents selected according to inclusion and exclusion criteria.

Table 1. Distribution of Respondent Characteristics

Characteristic	n	%
Age (Year)		
15 Year	1	2
16 Year	1	2
17 Year	3	6,1
18 Year	7	14,3
19 Year	37	75,5
Resources		
Electronic media (Television and Internet)	33	67,3
Parents	12	24,5
Healthcare Providers	4	8,2
Fathers education level		
Elementary School	34	69,4
Junior High School	8	16,3
High School/Vocational School	7	14,3

The table shows the distribution of respondent characteristics. The majority of respondents are 19 years old (75.5%), with the primary source of information being electronic media (67.3%), followed by parents (24.5%), and only a small portion obtaining information from healthcare providers (8.2%). Most respondents' fathers have an educational background of elementary school (69.4%), followed by junior high school (16.3%), and high school/vocational school (14.3%).

Table 2. Distribution of Reproductive Health Knowledge Levels

Reproductive Health Knowledge Levels	n	%
Good	9	18,4
Fair	17	34,7
Poor	23	46,9
Total	**49**	**100**

This table presents the distribution of reproductive health knowledge levels among 49 adolescent girls who marry early in the Kepung District of Kediri Regency. The results show that 18.4% have good knowledge, 34.7% have fair knowledge, and 46.9% have poor knowledge..

Table 1. Frequency Distribution of Premarital Pregnancy Incidence Rate in Early Married Adolescents in Kepung District, Kediri Regency

Premarital pregnancy	n	%
Yes	33	67,3
No	16	32,7
Total	**49**	**100**

The table shows the distribution of the prevalence of premarital pregnancy among adolescent girls marrying early in the Kepung District of Kediri Regency, with 67.3% experiencing premarital pregnancy and 32.7% not experiencing it.

Table 4. Distribution of Age of Adolescent Girls Marrying Early and Incidence of Premarital Pregnancy

Age	Premarital Pregnancy				Total	
	Yes		No			
	n	%	n	%	n	%
15 year	1	2	0	0	1	2
16 year	0	0	1	2	1	2
17 year	3	6,1	0	0	3	6,1
18 year	5	10,2	2	4,1	7	14,3
19 year	24	49	13	26,5	37	75,5
Total	**33**	**67,3**	**16**	**32,7**	**49**	**100**

Table 4 shows the majority of premarital pregnancies occur at age 19, where 49% of them experience premarital pregnancies, while 26.5% do not.

Table 2. The Relationship Between Father's Education Level and Knowledge Level of Early Married Adolescents in Kepung District, Kediri Regency

Fathers education level	Level of knowledge						Total		p-value
	Good		Fair		Poor				
	n	%	n	%	n	%	n	%	
Elementary School	2	6,1	13	39,4	18	54,5	33	100	0,022
Junior High School	4	50	1	12,5	3	37,5	8	100	
High School/Vocational School	3	37,5	3	37,5	2	25	8	100	

The table illustrates the relationship between the father's education level and the knowledge level of adolescent girls who marry early in the Kepung District, Kediri Regency. Out of the total 49 respondents, adolescent girls with fathers educated up to elementary school have a good knowledge level with 2 individuals (6.1%), fair knowledge level with 13 individuals (39.4%), and poor knowledge level with 18 individuals (54.5%). In the case of fathers educated up to junior high school, 4 individuals (50%) have a good knowledge level, 1 individual (12.5%) has a fair knowledge level, and 3 individuals (37.5%) have a poor knowledge level. Meanwhile, for fathers educated up to senior high school or vocational school, 3

individuals (37.5%) have a good knowledge level, 3 individuals (37.5%) have a fair knowledge level, and 2 individuals (25%) have a poor knowledge level. The p-value in the table indicates a significant relationship between father's education level and adolescent knowledge level (p = 0.022).

Table 6. Relationship Between Father's Education Level and Premarital Pregnancy in Adolescent Girls Marrying Early in Kepung District, Kediri Regency

Fathers education level	Premarital pregnancy				Total		p-value
	Yes		No				
	n	%	n	%	n	%	
Elementary School	28	84,8	5	15,2	33	100	0,001
Junior High School	3	37,5	5	62,5	8	100	
High School/Vocational School	2	25	6	75	8	100	

Table 6 describes the relationship between the father's education level and the incidence of premarital pregnancy in adolescent girls marrying early in the Kepung District, Kediri Regency. Out of the total 49 respondents, at the education level of fathers educated up to elementary school, 28 individuals (84.8%) experienced premarital pregnancy, while 5 individuals (15.2%) did not. At the education level of fathers educated up to junior high school, 3 individuals (37.5%) experienced premarital pregnancy, and 5 individuals (62.5%) did not. Meanwhile, at the education level of fathers educated up to senior high school or vocational school, 2 individuals (25%) experienced premarital pregnancy, while 6 individuals (75%) did not. The p-value in the table indicates a significant relationship between father's education level and the incidence of premarital pregnancy in adolescents (p = 0.001).

Table 7. Relationship Between Reproductive Health Knowledge Level and Premarital Pregnancy in Adolescent Girls Marrying Early in Kepung District, Kediri Regency

Reproductive Health Knowledge	Premarital pregnancy				Total		p-value
	Yes		No				
	n	%	n	%	n	%	
Good	3	33,3	6	66,7	9	100	0,009
Fair	10	58,8	7	41,2	17	100	
Poor	20	87	3	13	23	100	

Table 7 demonstrates the relationship between the level of reproductive health knowledge and the incidence of premarital pregnancy in adolescent girls marrying early in the Kepung District, Kediri Regency. Out of the total 49 respondents, at the good level of reproductive health knowledge, 3 individuals (33.3%) experienced premarital pregnancy, while 6 individuals (66.7%) did not. At the fair level of reproductive health knowledge, 10 individuals (58.8%) experienced premarital

pregnancy, and 7 individuals (41.2%) did not. Meanwhile, at the poor level of reproductive health knowledge, 20 individuals (87%) experienced premarital pregnancy, while 3 individuals (13%) did not. The p-value provided in the table indicates a significant relationship between the level of reproductive health knowledge and the incidence of premarital pregnancy in adolescents (p = 0.009).

Discussion

This research was conducted in the Kepung District of Kediri Regency with 49 female adolescent respondents who were legally married at the Office of Religious Affairs (KUA). The adolescent phase, characterized by rapid physical, cognitive, and psychosocial growth, greatly influences their behavior, thinking, and interactions (Susilawati, 2023). Adolescents aged 14-17 tend to feel a sense of freedom and often develop romantic bonds through dating (Asyia, 2022). The primary and foremost education for children comes from the family, which influences the character and morals of children (Annisa, Choirul. 2020). Data shows that the majority of respondents' fathers have low education levels, especially at the elementary school level, while higher levels of high school/vocational education are fewer in number. This condition of paternal education can affect the aforementioned factors.

Reproductive Health Knowledge

Adolescent knowledge about reproductive health can come from various sources, with research on adolescent girls who marry early in the Kepung District of Kediri Regency showing that this information is mostly obtained through electronic media such as television and the internet (67.3%). However, there is concern that the information obtained may not always be accurate or well-understood by adolescents. The second common source of information is parents (24.5%), although the explanations they provide may be limited to the knowledge they possess. Information from healthcare providers (8.2%) should ideally be the most reliable source, although efforts are still needed to improve education for adolescents. The research results indicate varying levels of knowledge, with 18.4% having good knowledge, 34.7% fair, and 46.9% poor. This knowledge is influenced by factors such as education level, mass media, and the surrounding environment (Fuadi, 2019).

Premarital Pregnancy in Adolescent Girls Marrying Early

Based on research on 49 adolescent girls marrying early, 67.3% experienced premarital pregnancies while 32.7% did not. The distribution of premarital pregnancies based on adolescent age shows variation: 15 years old (2%), 17 years old (6.1%), 18 years old (10.2%), and 19 years old (49%), while those who did not experience premarital pregnancy were aged 16 years old (2%), 18 years old (4.1%), and 19 years old (26.5%). During data collection, it was revealed that some adolescents who experienced premarital pregnancies had their marriages arranged by their parents until they reached the legal age for marriage.

Relationship Between Father's Education Level and Reproductive Health Knowledge in Adolescent Girls Marrying Early

Based on the data, out of 33 adolescents with fathers educated to the elementary school level, 18 had low reproductive knowledge, 13 fair, and 2 good. Out of 8 adolescents with fathers educated to junior high school level, 3 had low knowledge, 1 fair, and 4 good. Out of 8 adolescents with fathers educated to high school/vocational school level, 2 had low knowledge, 3 fair, and 4 good. The Chi-Square test shows a value of $p = 0.022 < 0.05$, indicating a relationship between paternal education and reproductive health knowledge in adolescent girls marrying early in the Kepung District of Kediri Regency. Education is a shared responsibility, especially for parents, in providing important motivation and guidance. Parents' education levels affect the quality of education that can be provided to children, which in turn influences their understanding and future lives (Mahyuni, 2021).

Relationship Between Father's Education Level and Premarital Pregnancy in Adolescent Girls Marrying Early in the Kepung District of Kediri Regency

From the respondent data, 33 had fathers educated to the elementary school level, where 28 experienced premarital pregnancies and 5 did not. There were also 8 respondents with fathers educated to junior high school level, where 3 experienced premarital pregnancies and 5 did not. Furthermore, 8 respondents had fathers educated to high school/vocational school level, where 2 experienced premarital pregnancies and 6 did not. The Chi-Square test shows a value of $p = 0.001 < 0.05$, indicating a relationship between paternal education and the occurrence of premarital pregnancies in adolescent girls marrying early in the Kepung District of Kediri Regency. The role of parents is crucial in providing education and examples to children, as family education influences the formation of children's character, morals, attitudes, and knowledge (Annisa, 2020).

Relationship Between Reproductive Health Knowledge Level and Premarital Pregnancy in Adolescent Girls Marrying Early in the Kepung District of Kediri Regency

Out of 9 respondents with good knowledge levels, 3 experienced premarital pregnancies and 6 did not. Out of 17 respondents with fair knowledge levels, 10 experienced premarital pregnancies and 7 did not. Out of 23 respondents with poor knowledge levels, 20 experienced premarital pregnancies and 3 did not. The Chi-Square test shows a value of $p = 0.009 < 0.05$, indicating a significant relationship between the level of reproductive health knowledge and the incidence of premarital pregnancies in adolescent girls marrying early in the Kepung District of Kediri Regency. Good knowledge levels can be influenced by various factors, including education, mass media, economic status, socio-cultural factors, environment, experience, age, and occupation (Fuadi, 2019). Early pregnancies pose serious risks such as miscarriage, premature birth, low birth weight, infections, iron deficiency, pregnancy poisoning, and even maternal death (Latifah & Anggraeni, 2013). The impacts also include psychological effects, role changes, and social impacts (Elsa Cindrya, 2019).

CONCLUSION

The majority of respondents are 19-year-old adolescent girls (75.5%) who obtain reproductive health information from electronic media (67.3%) and have a dominant level of paternal education at the elementary school level (69.4%). Adolescent reproductive health knowledge is divided into good (18.4%), fair (34.7%), and poor (46.9%). A total of 67.3% of adolescents experience premarital pregnancies, especially those aged 19 years (24 adolescents). The relationship between paternal education and reproductive health knowledge (p-value = 0.022) and the occurrence of premarital pregnancies (p-value = 0.001) is significant. Reproductive health knowledge influences the incidence of premarital pregnancies in adolescents (p-value = 0.009).

Recommendations from this study: For Health Centers (Puskesmas), it is recommended to enhance reproductive health awareness through community health workers and collaboration with schools. Parents are encouraged to pay special attention to their children, provide positive guidance regarding social interactions, and understand reproductive health knowledge to offer appropriate guidance. Adolescents are advised to actively engage in positive activities, be selective in choosing friends, and practice self-discipline to avoid irresponsible behavior while dating. Highlight the potential for future applications and extensions. It would be beneficial to suggest experiments for the future and/or showcase ongoing experiments.

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