THE IMPORTANCE OF THE COMMUNITY SKILL BUILDING PROGRAM (CSBP) TOWARD THE TREND OF EARLY MARRIAGE OF ADOLESCENT GIRLS IN TASIKMALAYA CITY

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Abstract

Introduction: Early marriage occurs in many countries worldwide, especially in Indonesia, one of the ten countries with the highest number of child marriages under 18. Lack of knowledge about the impact of early marriage, poor socioeconomic level, culture, and family history of early marriage are influencing factors, so there is a need for an intensive program involving policymakers and empowering youth to reduce the incidence of early marriage. Therefore, the study aimed to determine the effect of the community skills building program (CSBP) on the tendency to early marriage in adolescent girls in Tasikmalaya.

Methods: Research was quasi-experimental pre-post-test with a control group. The population is all adolescent girls in one of the public junior high schools in the city of Tasikmalaya, with a sample of 60 respondents who were selected using consecutive sampling. The inclusion criteria are adolescent girls aged 10-18 years, healthy and unmarried, for the exclusion criteria are adolescent girls who have moved domicile. Data retrieval using questionnaires on the tendency of early marriage contained 47 valid and reliable data. Data analysis used univariate and bivariate analysis with the Wilcoxon signed ranks test and Mann Whitney u test.

Results: The results of data analysis showed that p-value 0.000 < p-value 0.05, which indicates a significant influence of the community skills building program (CSBP) on the tendency to early marriage in adolescent girls.

Conclusions: It can be concluded that the application of the community skill-building program (CSBP) can reduce the tendency of early marriage in adolescent girls.

Keywords: adolescence, community skill-building program, early marriage

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INTRODUCTION

Adolescence is a transitional age that prepares one to form a family and marriage and enter the world of work. Adolescents experience changes intellectually, physically, and psychologically. These conditions are emotional related to conditions and aggressive behavior in adolescents. This makes adolescent behavior risky, especially related to sexual behavior (Ortuño-Sierra, García and Fonseca-Pedrero, 2022). The total population of adolescents in the world in 2012 aged 12-24 years amounted to about 1.6 billion people, of which 721 million were adolescents aged 12-17 and 850 million were adolescents aged 18-24 years (United Nations, 2012). Meanwhile, the adolescent population in Indonesia is 17% of the total population whereas West Java is the highest province for the adolescent population (UNICEF, 2021). Youth is an investment and the next generation will continue the struggle for development and the future of the nation, whereby the State is obliged to protect from acts of violence (UU RI 17, 2016).

There is potential for acts of violence against girls married before the age of 18 by their partner (Nasrullah, Zakar and Zakar, 2014). Early marriage violates the right to grow and develop, so it will impact the child's physical and psychological condition (Malik, Nadeem and Adil, 2022). Early marriage is a marriage that is carried out both formally and informally before the age of 18, which has an impact on gender equality, health, and the development of a nation (Efevbera and Bhabha, 2020). Based on world data, it is estimated that there are 650 million child brides, including girls under the age of 18 adult women who married childhood (UNICEF, 2018). Indonesia is

among the 10 countries with the highest child marriage rates in the world, reaching 1,220,900. West Java ranks second highest with the incidence of early marriage in women aged 7-15 years, namely 11.48% (BPS, 2020).

The factors that cause early child marriage include mother and education. socioeconomic conditions. religion, and caste. However, the factors that directly influence the occurrence of marriage early are socioeconomic conditions and caste, while maternal education and religion have an indirect influence on the occurrence of early marriage (Binu et al., 2022). Other studies also show that the risk factors for early marriage are living environment/culture, economy, education. knowledge/information sources, and the number of family members (Saleheen et al., 2021). Early marriage has a negative impact, especially on girls, both physically and psychologically.

The impact of early marriage experienced by girl adolescents in the event of pregnancy is the birth of a baby with low birth weight, as well as an increasing neonatal mortality (Trommlerová, 2020; Batyra and Maria, 2021). Other research also shows that the impact of early marriage reproductive health problems, acts of violence from partners, psychosocial health disorders, and physical health problems (Efevbera and Farmer, 2021). Based on the negative impact of early marriage that occurs especially on adolescent girls, efforts are needed to reduce the number of early marriages.

The effort to suppress early marriage is by empowering teenagers to increase their knowledge and skills so that

they provide knowledge, can and understanding that they change the mindset of teenagers to be more critical, rational, and productive. Research shows that programs to increase the knowledge and skills of adolescent girls suppress the desire to early marriage (Amin, Saha and Ahmed, 2018). Other research shows that the skills for adolescents with healthy sexuality (SAHS) program is effective in improving the knowledge, skills, and attitudes of adolescents regarding free sex to prevent the occurrence of HIV (Lindayani, 2018). Other research also shows the importance of the government as a policymaker and regulator to overcome the increasing incidence of early marriage, in addition to the results of this study explain that community/community involvement needed by involving stakeholders in finding the right strategy based on customs and habits in the community as an effort in reducing the incidence of early marriage (Mirzaee et al., 2021). So it is very necessary to provide education programs related to reproductive health, skills in increasing economic innovation, and the ability in decision-making for adolescents. Research on the tendency of early marriage in adolescent girls is still scarce and has not been discussed greatly in previous studies. This research is aimed to determine the effect of the community skills building program (CSBP) on the tendency to early marriage in adolescent girls in Tasikmalaya.

METHODS Study Design

This research is a quantitative study using a quasi-experimental research design using a control group, namely pretest post-test with a control group design.

Population, Samples, and Sampling

The research population is all adolescent girls who are in one of the SMPN Tasikmalaya cities. The research sample consisted of 60 respondents, namely 30 intervention groups and 30 control groups based on some studies (Kerlinger and Lee, 2000) using consecutive sampling techniques.

Materials

The research instrument was a questionnaire on the tendency to early marriage which consisted of 47 question items with 28 favorable statements and 19 unfavorable statements. The statement component in the questionnaire comes from two factors, namely intrinsic motivation in the form of encouragement of interest, enjoyment, and curiosity, while extrinsic motivation in the form of encouragement from parents, friends, and environment/culture. The instrument has been tested for validity with a validity coefficient of 0.30 and reliability with Cronbach's alpha of 0.9174 (Meliyanti, 2007). In addition, audio-visual media is an instrument used to carry out community skill-building packages for teenagers.

Procedure

The stages of data collection in this study are Stage 1: The administrative stage is in the form of research licensing and submission of research ethics. Stage 2: Preparation, namely determining respondents, and asking for approval from teenagers who are willing to become respondents. Then, data collection at the State Junior High School in Tasikmalaya Stage 3: Intervention City. implementation of the intervention is carried out offline by implementing a health protocol in the treatment group, namely the implementation of a pre-test of the tendency to early marriage, followed by the implementation of the intervention, namely the provision of a community skill building program which includes three stages and follows the implementation guidelines. The first stage is providing information about: Reproductive health, the impact of early marriage, an overview of the health status of those who marry early, and the laws and regulations regarding marriage from the KUA. The second stage is providing skills in entrepreneurship, financial management, and innovation in the economy entrepreneurship actors. The third stage is providing information and skills regarding case analysis, negotiation, critical thinking, and decision-making, followed by a review of the material provided and a post-test using a questionnaire filled out by the respondent.

The control group intervention was after the respondent signed the informed consent sheet and the demographic data were in the form of a pre-test of the tendency to early marriage followed by an intervention that was providing information on the implementation standards carried out by the relevant work area, followed by a post-test with a questionnaire on the tendency to early marriage.

Data Analysis

Data analysis in this study used univariate and bivariate analysis. Univariate analysis in the form of frequency distribution which includes age, religion, culture, parental education, and parental occupation, while the bivariate analysis used the Wilcoxon Signed Rank Test and the Mann-Whitney U Test because the data scale was ordinal.

Ethical Clearance

This research has been submitted to the ethics committee and an Ethics Approval Decree has been issued from the Health Research Ethics Commission,

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RESULTS

Table I. Distribution of Characteristics in the Intervention Group

in the intervention Group		
Characteristics	n	(%)
Age (years)		
13	I	3.4
14	16	53.3
15	13	43.3
Age of Menarche (years)		
H	4	13.3
12	12	40
13	13	43.3
14	ı	3.3
Religion		
Islam	30	100
Ethnic		
Sundanese	30	100
Parents' job		
Entrepreneur	7	23.3
Others	23	76.7
Parents' education		
Elementary school	4	13.3
Junior high school	10	33.3
Senior high school	13	43.3
University	3	10
•		

Distribution of intervention group characteristics is seen in Table 1. Based on Table I, most of the respondents in the intervention group were 14 years old, with as many as 16 respondents (53.3%), the age of menarche showed that most of them occurred at the age of 13 years, with 13 respondents (43.3%), the religion of the respondents is mostly Islam (100%), Sundanese (100%),other parents' occupations are traders, farm laborers are 23 respondents (76.7%), and the education of parents is primarily high school as many as 13 respondents (43.3%). Also, the distribution control of group characteristics is seen in Table 2.

Table I shows that most of the respondents in the intervention group were 14 years old, as many as 17

Table 2. Distribution of Characteristics of Respondents in the Control Group

Or respondents in the v		
Characteristics	n	%
Age (years)		
13	0	0
14	17	56.7
15	11	36.7
16	2	6.7
Age of Menarche		
(years)		
10		3.3
11	4	13.3
12	П	36.7
13	11	36.7
14	3	10
Religion		
Islam	30	100
Ethnic		
Sundanese	30	100
Parents' Job		
Teacher	1	3.3
	-	
Self	2	6.7
Civil Servants	2	6.7
Others	25	83.3
Education of Parents		
Elementary school	5	16.7
Junior high school	14	46.7
Senior High school	11	36.7

respondents (56.7%), and the age of menarche showed most occurred at the age of 12 and 13 years with 11 respondents (36.7%), the religion of the respondents mainly was Islam (100%), Sundanese (100%), other parents' occupations were traders, farm laborers as many as 25 respondents (83 .3%). Most of the parents' education was the junior high school, with 14 respondents (46.7%).

Table 3 shows that some respondents before being given CP

Table 3. Distribution of respondents based on the level of the early marriage tendency in the intervention group (pre-test)

	0 1 1	
Category	n	%
High	0	0
Medium	14	46.7
Low	16	53.3

Table 4. Distribution of respondents based on category of tendency to early marriage after given CBSP in the intervention group (post-test)

Category	n	%
High	0	0
Medium	8	26.7
Low	22	73.3

intervention in the category of the tendency to early marriage were low, as many as 16 respondents (53.3%), but the tendency for early marriage is not too high, namely with 14 respondents (46.7%).

Table 4 shows the distribution of respondents based on the tendency to early marriage after (post-test) given the community skill building program (CBSP) in the intervention group. Table 4 shows that some respondents, after being given CBSP intervention, are low, with as many as 22 respondents (73.3%), while the tendency for early marriage is moderate with eight respondents (26.7%).

Table 5 shows that some respondents in the category of the

Table 5. Distribution of respondents based on category of early marriage tendency in the control group (pre-test)

Category	n	%)
High	0	0
Medium	6	20
Low	24	80

tendency to early marriage are low, as many as 24 respondents (80%), but for moderate early marriage, that is six respondents (20%). And t Table 6 shows the posttest of control group after intervention.

Table 6. Distribution of respondents based on the tendency of early marriage in the control group (post-test)

Category	n	%)
High	0	0
Medium	6	20
Low	24	80

Table 6 shows that some respondents in the category of low early tendency 28 respondents marriage (93.3%), but two respondents (6.7%) for medium early marriage tendency. After that, we examine the effect of CBSP on the tendency of early marriage in the intervention group using Wilcoxon Signed Rank Test by 95% confidence interval (95% CI) and p < 0.005 (0.000). For the control group we examine the effect, the result showed p > 0.05 (0.229). Last, we examine the difference of the effect CSBP between intervention and control group Whitney test by 95% using Mann confidence interval (95% CI) by p < 0.005(0.021).

DISCUSSION

Age

Based on the study results, most respondents in the intervention and control groups were 14 years old, which is the age of children. The age of 14 years is included in the category of adolescent age, namely the age of early adolescence. Adolescents experience a change in growth and development and undergo physical changes that lead conditions of sexual maturity (puberty) (Marcdante and Kliegman, 2019).

Adolescence is an age that has reached sexual maturity so that there is an attraction to the opposite sex and the desire to have sexual relations. Data show that high school children in Britain have had sexual intercourse and 48% have had sexual intercourse in the past four weeks, and 68% have used contraception (Scott, Wellings and Lindberg, 2020). **Conditions** that occur indicate adolescence that adolescence essential is an age in providing information related to

physical changes, especially related to reproductive, sexually transmitted diseases, contraception, and screening pregnancy; adolescents must continue to be trained in the discussion process, case analysis and wise problem-solving processes, so that they have the skills to make decisions in their lives (Ball et al., 2017).

Religion

The results showed that as many as 100% of the respondents' religion was Muslim. Adolescence is a period of transition, so at this time, a teenager will experience a very noticeable change in determining his identity. Adolescence is a vital age stage for spiritual growth, closely related to religion. Religion is a guide to life that is very much needed in adolescence, providing direction and guidance in resolving a spiritual conflict (Rijal, 2017).

Ethnicity

Respondents in this study are all Sundanese because the respondents are domiciled in Tasikmalaya, which is part of West Java Province, where the majority of the population is Sundanese. The results showed that one of the factors related to the incidence of early marriage was ethnicity (Khotimah and Lindawati, 2022). Tribes are related to the people's customs, behavior and habits in a particular area. So it is necessary to conduct a more profound study related to the culture of a particular area to find out the area's customs so that an appropriate statement can be taken.

Occupation

The analysis results show that most of the respondents' parents' occupations are labor, trade, textile

worker, and farming. Work is closely related to economic factors. Economic factors are in the form of income or income owned by the family. Income is significant to meet family needs in the form of needs for education, nutrition, health and recreation. The lack of family economic conditions will also lead to a lack of fulfilment of nutrition so malnutrition can occur, affecting health conditions, school dropouts, and domestic violence. The results showed that the high factor of early marriage was economic (Saleheen et al., 2021).

Parental

Parental education in this study is that the majority is of junior and senior high school education. Parental education is closely related to parenting children, in how to communicate, interact and behave with their children. This condition shows how parents direct their children. The results show that maternal education is related to adolescents' early marriage incidence (Bhan et al., 2019).

The results showed that the tendency to early marriage in the respondents in the intervention group and the control group experienced changes. The value of the tendency for early marriage during the pre-test in the majority intervention group was at a moderate level. However, in the post-test, the tendency for early marriage in the majority intervention group was low. The level of the tendency to early marriage is a desire, interest or motivation individuals to carry out marriages early / underage. The difference in the tendency level in the intervention group before and after the intervention was mainly influenced by intrinsic factors such as interests, needs, pleasure, and curiosity. Moreover, there was also the influence of extrinsic factors in the form of influences from parents, friends, and culture / environment. Based on the results of the study, it indicates that the very dominant intrinsic factor is curiosity. These results follow the characteristics of adolescents, namely their sexual curiosity and desire to try. Curiosity and interest in sex of a teenager is normal and healthy and is a development that occurs in adolescents (Saputro, 2018). In addition. characteristics of the adolescent age are shown by increased thinking logically, as well as being idealistic to form self-identity (Diananda, 2019).

As for the extrinsic factors that influence the tendency of teenagers to early marriage, it is encouragement from friends. The results of this study are in line with the theory which shows that, at the age of adolescents, in the process of interaction and communication, they often experience pressure in the form of following an invitation from their peers, which is called conformity. This is because, at the age of adolescence, their closeness is with peers compared to their parents (Casper, Card and Barlow, 2020). There are two types of conformity, namely, positive and negative. Positive conformity is the existence of intense pressure from peers, which will shape attitudes and behaviors that lead to positive things. However, negative ones are pressure from peers, which will plunge teenagers into harmful things such as stealing, making noise, relationships, free sex and other negatives.

The results of the analysis of the influence of the Community Skills Building Program (CSBP) on the tendency of early marriage in adolescent girls

Changes in the level of the tendency to early marriage the intervention group were more at a low tendency. This condition was because the intervention had received treatment in the community of a skill-building program (CSBP). It contains the provision of educational programs and regarding reproductive health materials, the impact of early marriage, the basic of marriage entrepreneurship and decision-making materials, and role play in a case analysis of the decision-making process. Providing education and decision-making skills is a method of increasing knowledge, understanding. and thinking skills analyse a problem.

The results showed that the provision of education could positively influence behavior, desire / motivation, person's and change mindset. Furthermore, the low tendency of early the marriage in intervention group respondents after being given the intervention indicates that there is a change in the mindset shown by the respondents after receiving education and knowledge programs so that the provision of knowledge is capital in shaping a person's mindset. A person's mindset will be one of the factors that will affect a person's intention / desire / motivation / tendency, namely the decreased desire to early marriage (Cui and Bell, 2022).

Other research also shows that the CSBP activity program involving the Ministry of Religion, namely KUA, and educators who are experts in reproductive and adolescent health and entrepreneurship is an effort to reduce the tendency of early marriage in adolescents so that if the tendency to early marriage is low, it will reduce the incidence of early marriage (Muntamah,

Latifiani and Arifin, 2019). Thus, CSBP significantly affects the tendency of early marriage in adolescents and is related to reducing the incidence of early marriage in adolescent girls in Tasikmalaya.

CONCLUSIONS

It can be concluded that there is a Community Skill Building significant Program (CSBP) on the level of the tendency to early marriage in adolescent girls in one of the public junior high schools in the City of Tasikmalaya, West Java, which was shown to decrease the tendency to early marriage from the moderate level to the majority of the low level in the intervention group. The results of this study are expected to be one of the recommendations as the basis for making community programs in the City of Tasikmalaya, which affect reducing the incidence of early marriage, thereby reducing neonatal mortality.

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CONFLICT OF INTEREST

There is no conflict of interest in this study.

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