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The Effectiveness of Health Counseling Using Leaflet and Video Media on Teenagers' Knowledge about The Risks of Early Marriage, North Jakarta

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ABSTRACT

Background: UNICEF data (2021) shows that marriage of underage girls is most common in Niger, reaching 76% who were married before the age of 18. Chad and the Central African Republic rank second at 61%. Indonesia is ranked second in terms of early marriage in ASEAN after Cambodia and 8th in the world for cases of child marriage. The impact of early marriage, when a teenage girl becomes pregnant, can have a significant impact on education, the safety of the mother due to childbirth, and employment opportunities that affect her life and income in the future. Children who are born are also at risk of death in newborns, LBW, and stunting. Meanwhile, another problem experienced by young married couples is the vulnerability to the practice of domestic violence resulting in divorce.
Purpose: Determine the effectiveness of health education using leaflets and videos on teenagers' knowledge about the risks of early marriage.
Methods: Quasi-experimental research type with one group pretest-posttest design. The sample in this study were all teenagers who lived in the RT. 12 RW. 03 Kel. Lagoa North Jakarta has as many as 55 people. The sampling technique is total sampling.
Conclusion: The majority of adolescents were knowledgeable before being given health education (78.2%) and afterward had good knowledge (58.2%). There is an effect of providing health education using leaflets and videos on the level of knowledge of adolescents with a p-value of 0.000 ($p < 0.005$). There is an influence of health education using leaflets and videos on the level of knowledge of teenagers. It is hoped that health workers will optimize programs to increase teenagers' knowledge about the risks of early marriage.

Keywords: Health education; Teenagers; Early marriage

1. Introduction

United Nations International Children's Emergency Fund (UNICEF) data for 2020 states that the population in 82 countries has around 115 million boys who are married under the age of 18, where one in five children are married before they are 15 years old. The Central African Republic has the highest prevalence of boy brides in the world, at 28%, followed by Nicaragua at 19% and Madagascar at 13% (UNICEF, 2021).

According to (UNICEF) in 2021, the most frequent marriages of underage girls occurred in Niger. This country in the West African region has the highest percentage of women who were married before the age of 18 in the world, reaching 76%. This means that more than half of women in Niger experience early marriage. Chad and the Central African Republic rank next with the same percentage, namely 61%. Mali follows with the percentage of women who marry early at 54% (Rizaty, 2022).

Indonesia is ranked second in terms of early marriage in ASEAN after Cambodia and 8th in the world for cases of child marriage. It is known that around 22 of the 34 provinces in the country have child marriage rates that are higher than the national average. Even though the trend in the number of child marriages has decreased nationally from 11.21 percent (2018) to 10.82 percent (2019), the number of child marriages in 18 provinces in Indonesia has experienced an increase in cases. Four provinces include South Kalimantan Province which increased to 21.2 percent, Central Kalimantan Province around 20.2 percent, Central Sulawesi Province with 16.3 percent and West Nusa Tenggara Province with 16.1 percent (Pranita, 2021).

The impact of early marriage, when a teenage girl becomes pregnant, can have a significant impact on education, the safety of the mother due to childbirth, and employment opportunities that affect her life and income in the future. Children who are born are also at risk of death in newborns, LBW, and stunting. Meanwhile, another problem experienced by young married couples is the vulnerability to the practice of Domestic Violence (KDRT) resulting in divorce (Chamdan, 2021).

Many factors cause early marriage, including economic factors which are more common in poor families for the reason that it can reduce the burden of responsibility on parents and improve the welfare of teenagers who are married and usually there is a compulsion to enter into early marriage. The effects of early marriage include stress, anemia, preeclampsia and eclampsia, and free sex in adolescents are also driving factors for early marriage (Mulyati, 2020).

Efforts that have been made by the government to reduce the number of early marriages include the stipulation of marriage laws for age limits for marriage, maturation policies for child marriages, as well as guidance for teenagers who are growing up regarding reproductive health, both formal and non-formal education. Adolescent reproductive health services are focused on adolescents, including: Genre (Planned Generation Movement), Youth Family Development, peer guidance, etc. to transfer existing problems, especially those related to reproductive health issues and child marriage, which can be done through group discussion media, Providing reproductive health education to groups of teenagers using certain media, for example flip-flop sheets, leaflets, booklets and utilizing modern technology such as social media by uploading videos via YouTube, Tik Tok, Instagram, Facebook which are currently popular with today's teenagers. to increase teenagers' knowledge about early marriage (Handayani, 2019).

Various media that can be used when conducting health education include visual aids, audio hearing aids or audio-visual aids as well as written aids such as posters, leaflets, booklets, flip sheets, and flipcharts. Leaflet media is one of the media that is often used by public service agencies. A leaflet is a piece of paper containing printed images and writing that contains certain content to convey a message to achieve a certain goal. The advantages of this leaflet are that the development process is relatively fast, effective for short messages and easy to carry. The disadvantages of this leaflet are that it is easily lost and damaged and the message conveyed is limited. (Notoatmodjo, 2018)

One of the reasons for good knowledge regarding early marriage is the existence of correct information regarding early marriage. The information provided can be in the form

of health education equipped with media such as leaflets. Education is one way that can be used to increase a person's knowledge, education can be given in various fields including health. Health education is a process that can improve a person's health status (Notoatmodjo, 2018).

Based on a preliminary study conducted by researchers at RT. 12 RWs. 03 Ex. Lagoa North Jakarta of 10 teenagers through interviews, found that 2 teenagers (20%) had good knowledge, 3 teenagers (30%) had sufficient knowledge, and 5 teenagers (50%) had poor knowledge about the risks of early marriage. From the background description above, researchers are interested in conducting research entitled "The effectiveness of health education using leaflets and videos on teenagers' knowledge about the risks of early marriage in RT. 12 RW 03 Ex. Lagoa, North Jakarta in 2023".

2. Methods

Quasi-experimental with a one-group pretest-posttest design. The sample in this study were all teenagers who lived in the RT. 12 RWs. 3 Ex. Lagoa, North Jakarta in November 2023, as many as 55 people. So the sampling in this research was total sampling. The analytical method used is univariate and bivariate analysis with the Paired Samples Test

3. Results

Table Captions

Table 1 Frequency Distribution of Teenagers' Knowledge Levels About the Risks of Early Marriage Before and After Giving Health Education Using Leaflet Media and Videos

No	Knowledge	Pre-test		Post-test	
		F	%	F	%
1.	Good	0	0,0	32	58.2
2.	Sufficient	12	21.8	23	41.8
3.	Insufficient	43	78.2	0	0,0
Total		**55**	**100,0**	**55**	**100,0**

Table 2 Effectiveness of Health Education Using Leaflets and Videos on Adolescents' Knowledge About the Risks of Early Marriage

Variabel	Mean		SD		*P value*
	Pre	Post	Pre	Post	
Knowledge	44,64	80,18	15.362	10,800	0,000

Based on Table 1 above, it can be seen that of the 55 respondents before being given health education about the risks of early marriage using leaflets and videos, most of them had little knowledge, 43 people (78.2%), 12 people (21.8%) had sufficient knowledge and those with good knowledge were not found (0%). Of the 55 respondents after being given health education about the risks of early marriage using leaflets and videos, the majority

had good knowledge, 32 people (58.2%), 23 people had good knowledge (41.8%), and those with poor knowledge were not found (0 %).

Based on Table 2 above, the average level of knowledge of teenagers about the risks of early marriage before being given health education using leaflets and video media is 44.64 and the standard deviation is 15.362 and the average level of knowledge of teenagers about the risks of early marriage after being given health education using leaflets. and video of 80.18 and a standard deviation of 10.800. The results of statistical tests obtained a p-value of 0.000, so it can be concluded that there is an influence of providing health education using leaflets and video media on the level of knowledge of adolescents, because there is a significant difference in the level of knowledge of adolescents before and after being given health education using leaflets and video media, in other words there is the effectiveness of health education using leaflets and videos in increasing teenagers' knowledge about the risks of early marriage in RT. 12 RW. 03 Ex. Lagoa, North Jakarta.

4. Discussion

Knowledge Level of Adolescents Before and After Being Given Health Education Using Leaflets and Video Media

From the research results, it can be seen that of the 55 respondents before being given health education about the risks of early marriage using leaflets and videos, most of them had little knowledge, 43 people (78.2%), 12 people (21.8%) had sufficient knowledge and 12 people (21.8%) had sufficient knowledge. good knowledge not found (0%). Of the 55 respondents after being given health education about the risks of early marriage using leaflets and videos, most of them had good knowledge, 32 people (58.2%), 23 people had good knowledge (41.8%), and those with poor knowledge were not found (0 %).

Knowledge is the result of knowing and this occurs after people sense certain objects. The level of human knowledge varies, this can be caused by many factors including experience, level of education, social culture, income, beliefs and facilities (Notoatmodjo, 2018). A teenager's lack of knowledge will have an adverse impact on him, as will a lack of knowledge about the risks of early marriage. Poor efforts to prevent early marriage by teenagers are influenced by their knowledge about the risks of early marriage. Low knowledge of teenagers will fail to take action to prevent early marriage and not know the risks of early marriage.

Information sources are one of the factors that can influence the level of knowledge (Notoatmodjo, 2018). It is this source of information obtained by the respondents that may lead to a sufficient level of knowledge. After health education was carried out by researchers, it was found that there was an increase in the level of knowledge for the better. This shows that information sources can influence knowledge. This research uses video media where this video media uses 2 senses in respondents, namely the sense of hearing and the sense of sight, this makes health education more effective because it uses more than 1 sense.

The results of this research are in accordance with the research results of Wildia Nanlohy (2021) who said that before being given health education through leaflet media, the majority of respondents had poor knowledge, 63.3%, and after being given health education through leaflet media, the majority of respondents had good knowledge, 89.8%. . The average knowledge of respondents about early marriage before being given health education using leaflet media was 1.714, and after being given health education using leaflet media was 1.183.

According to the researchers' assumptions, before being given health education about the risks of early marriage using leaflets and videos, it was found that the majority of

teenagers had little knowledge of 78.2% and those with sufficient knowledge were 21.8%. The low level of knowledge among teenagers is caused by the fact that there are still many teenagers who do not know about the risks of early marriage. This is also proven by research results, where it was found that 78.2% of teenagers' knowledge about the risks of early marriage is still lacking. The low or lack of knowledge among teenagers can be seen from the results of the research questionnaire, where 78.2% of teenagers had poor knowledge and 21.8% of teenagers had sufficient knowledge, in fact not a single teenager had good knowledge about the risks of early marriage. This is also caused by the lack of sources of information that teenagers get, both at school and outside school, about the risks of early marriage. After providing health education about the risks of early marriage, it was found that there was an increase in teenagers' knowledge about the risks of early marriage. An increase in teenagers' knowledge can also be seen from the research results, where it was found that 58.2% of teenagers' knowledge was in a good category, whereas previously good knowledge was not found (0%). There is an increase in teenagers' knowledge about the risks of early marriage after being given health education using leaflets and videos because leaflets and videos can help simplify the process of teenagers' understanding of the risks of early marriage. Adolescents who still have insufficient knowledge about the risks of early marriage after being given health education through leaflets and videos have changed their knowledge to be good and sufficient. This is evident from the results of research after receiving health education about the risks of early marriage, the majority of teenagers with good knowledge, 58.2%, moderately knowledgeable, 41.8% and teenagers with less knowledge are no longer found.

The Effectiveness of Health Education Using Leaflets and Videos on Adolescents' Knowledge About the Risks of Early Marriage

From the research results, it can be seen that the average level of knowledge of teenagers about the risks of early marriage before being given health education using leaflets and videos is 44.64 the standard deviation is 15.362 and the average level of knowledge of teenagers about the risks of early marriage after being given health education using leaflet and video media was 80.18 and the standard deviation was 10.800. The results of statistical tests obtained a p-value of 0.000, so it can be concluded that there is an influence of providing health education using leaflets and video media on the level of knowledge of adolescents, because there is a significant difference in the level of knowledge of adolescents before and after being given health education using leaflets and video media, in other words, there is the effectiveness of health education using leaflets and videos in increasing teenagers' knowledge about the risks of early marriage.

Health education is an activity or effort to convey health messages to the community, groups or individuals. With the hope that with this message, society, groups or individuals can gain better knowledge about health. In the end, this knowledge is expected to influence behavior. Where the aim of health education is so that communities, groups or individuals can behave according to health values. Health education is one of the nursing actions that have an important role in providing practical knowledge to communities, groups or individuals (Notoatmodjo, 2018).

Knowledge is an action taken to know something. When someone knows or gets information about something, they will carry it out. According to Notoatmodjo (2018), knowledge is a very important domain for the formation of inner responses in the form of attitudes which will ultimately lead to further responses such as a person's actions in maintaining personal hygiene.

The results of this research are to the research results of Wildia Nanlohy (2021) which states that the results of the test using Mc Nemar obtained a significance value for

knowledge before and after which was p value 0.000 (p-value < 0.05) so it can be concluded that there is an influence of video media on adolescent knowledge before and after about early marriage.

The researcher assumes that there is an influence of health education on teenagers' knowledge about the risks of early marriage because the health education about the risks of early marriage that is given can be immediately understood by teenagers so that it can influence teenagers' understanding of the risks of early marriage. Apart from that, the health education provided by researchers to teenagers through leaflets and videos about the risks of early marriage is also provided with counseling, so that the health education provided and assisted by leaflets and videos can change teenagers' knowledge before being given health education and after being given health education. This is also proven by research results, where before being given health education, it was found that 78.2% of teenagers had less knowledge about the risks of early marriage and after being given health education using leaflets and videos, it was found that 0% of teenagers had little knowledge about the risks of early marriage. This is an increase in teenagers' knowledge from poor and sufficient knowledge to good knowledge about the risks of early marriage.

5. Conclusion

The majority of respondents were in their late teens (17-19 years) 70.9%, female 54.5%, and had secondary education 70.9%. Frequency distribution of respondents' knowledge before being given counseling using leaflets and videos, most of them had poor knowledge, 78.2% and after counseling, most of them had good knowledge, 58.2%. There is the effectiveness of health education using leaflets and videos on teenagers' knowledge about the risks of early marriage (p. value 0.000).

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