

Youth Planning Program Through Peer Counselor Approach as An Effective Prevention of Early Wedding in Senior High School, Aluh-Aluh District

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Abstract— Early marriage is a form of marriage bond where the age that should not be ready to carry out a marriage bond. Marriage is carried out too early, will cause various negative impacts, such as the impact on psychological conditions, biological impacts, impacts on reproductive health, the impact of maternal and infant mortality, and the impact of divorce. Early marriage has an impact, which is one of the impacts on health, early marriage will provide a dangerous risk to the mother either during pregnancy, childbirth or in the postpartum period. As a result of early marriage, teenagers during pregnancy and childbirth easily suffer from anemia, miscarriage, bleeding, prolonged labor and physical unpreparedness. Adverse effects on the health of the baby in the form of babies born with low weight (LBW), LBW incidence based on the age of the mother highest occurred in mothers giving birth with less than 20 years of age at 9.8%. This will make the baby grow into an unhealthy teenager. One of the efforts to overcome this problem is by conducting training and education activities for young people in Aluh-Aluh Subdistrict, precisely at SMAN 1 Aluh-Aluh. Therefore, we established a youth planning program with a peer counselor approach in efforts to prevent early marriage at SMAN 1 Aluh-Aluh, Aluh-Aluh District. This activity implements promotive and preventive efforts in overcoming the problems that can arise in young students and students especially in the case of early marriage and the consequences of early marriage both through health education and peer counselors. This activity is carried out with a peer approach model. In this model there are several programs that are carried out as a program to train and improve adolescent knowledge, namely educational activities, socialization and discussion, cadre training, listening counselors, and campaign against early marriage.

Keywords— youth planning program; early marriage; peer counselor; senior high school

I. INTRODUCTION

Aluh-Aluh Subdistrict is one of the sub-districts where most of the area is rivers, swamps, and the rest is land area. So based on this, the Aluh-Aluh Subdistrict is one of the wetlands areas in South Kalimantan. As for access to asphalt road conditions, only a few villages are in good condition to travel to Aluh-Aluh Subdistrict, while the roads in other villages are still a lot of soil and gravel rocks. In addition to access from the sub-district to the villages in the District of Aluh-Aluh there are also those who must use river transportation (kelotok). In terms of educational facilities, Aluh Subdistrict has as many as 35 educational facilities consisting of elementary, junior and senior high schools. The number of high schools in Aluh-Aluh Subdistrict is only 1 school, namely SMAN 1 Aluh-Aluh, so that most teenagers aged 15-19 years old take senior high school education at SMAN 1 Aluh-Aluh [1].

One problem that occurs in adolescents today is the case of early marriage that continues to increase. If you look at the existing laws in Indonesia. Early marriage in law number 1 of 1974, article 7 paragraph (1) which states that "Marriage is only permitted if the man has reached the age of 19 years and the woman has reached the age of 16 years". Marriage that takes place below that, is called early marriage. A global consensus on the need to abolish early marriages, forced marriages, and child-age marriages has emerged in recent years. In 2014, the Secretary-General of the United Nations (UN) recommended a specific target in the post-2015 Sustainable Development Goals to eliminate child marriage. This recommendation is supported by 116 member countries, including Indonesia [2]. Meanwhile, according to the BKKBN (2014) Marriage under the age of 18 conflicts with the child's right to education, pleasure, health, freedom of expression and discrimination, to foster a quality family that requires physical and mental maturity. One problem that occurs in adolescents today is the case of early marriage that continues to increase. If you look at the existing laws in Indonesia [3].

Early marriage in law number 1 of 1974, article 7 paragraph (1) which states that "Marriage is only permitted if the man has reached the age of 19 years and the woman has reached the age of 16 years". Marriage that takes place below that, is called early marriage. A global consensus on the need to abolish early marriages, forced marriages, and child-age marriages has emerged in recent years. In 2014, the Secretary-General of the United Nations (UN) recommended a specific target in the post-2015 Sustainable Development Goals to eliminate child marriage. This recommendation is supported by 116 member countries, including Indonesia [2]. Meanwhile, according to the BKKBN (2014) Marriage under the age of 18 conflicts with the child's right to education, pleasure, health, freedom of expression and discrimination, to foster a quality family that requires physical and mental maturity. Ideally for men is recommended to marry at the age of 25 years because at that age men are considered quite mature physically and spiritually. Women are encouraged to get married at the age after 20 years because at that age women have completed growth and the uterus performs its functions optimally. The impact on married women in their teens is two-thirds more likely to divorce within 15 years of their marriage compared to women who postpone marriage. In addition, women who get married in their teens tend to have more children. marriage is also associated with lower levels of education, women who marry before the age of 19 are 50% more likely to drop out of high school and four times lower to graduate from college [3].

According to the World Health Organization (WHO) in 2013, as many as 14.2 million girls each year were married under age. The highest prevalence of early marriage cases was recorded in Nigeria (75%), Chad and Central Africa (68%), Bangladesh (66%), Guinea (63%), Mozambique (56%), Mali (55%), Burkina Faso and Sudan South (52%) and Malawi (50%). While Indonesia ranks 37th in the world and ranks second in the Association of Southeast Asian Nations (ASEAN) after Cambodia in the case of child-age marriages. Data from the United Nations Population Fund for Population Activities (UNPFA) in 2015, more than 2 million women in sub-Saharan Africa, Asia, the Arab Region, Latin America and the

Caribbean are estimated to live with fistulas, and 50,000 to 100,000 new cases develop each year . Based on the 2013 Riskeddas data, women first married at the age of less than 15 years by 2.6% and those who married at the age of 15-19 years amounted to 23.9%. Whereas based on the 2018 Basic Health Research Data, women who were first married at the age of less than 15 years experienced an increase of 4.1% and those married at the age of 15-19 years increased by 63.2% [4].

Marriage is done too early, will cause various negative impacts, such as the impact on psychological conditions, biological impacts, impacts on reproductive health, the impact of maternal and infant mortality, and the impact of divorce. Early marriage has an impact, which is one of the impacts on health, early marriage will provide a dangerous risk to the mother either during pregnancy, childbirth or in the postpartum period. As a result of early marriage, teenagers during pregnancy and childbirth easily suffer from anemia, miscarriage, bleeding, prolonged labor and physical unpreparedness. Adverse effects on the health of these infants in the form of babies born with low weight (LBW), LBW incidence based on maternal age occurs highest in mothers giving birth with less than 20 years of age at 9.8%. This will make the baby grow into an unhealthy teenager [5].

Early marriage also impacts pregnancy. Pregnancy at the age of less than 20 years increases the risk of medical complications. Marriage at a young age is at risk of causing reproductive tract infections or sexually transmitted infections which continue to lead to pelvic inflammatory disease, miscarriages, anemia and death due to bleeding or pregnancy at a young age that is apparently correlated with maternal mortality and morbidity. For example, Pregnancy in adolescence is at risk of miscarriage. Factors that influence miscarriages are due to anatomical maturity factors that are not yet fully ready for conception and fetal development. Besides psychological also because women are not emotionally mature and are very important in saving pregnancy. In terms of health, women who marry at an early age of less than 15 years have many risks, even though they have experienced menstruation or menstruation. There are two medical effects caused by this early marriage, namely the impact on the womb and obstetrics. uterine diseases that suffer many women who marry early, including infections of the womb and cervical cancer. This happens because the occurrence of the transition of children cells into adult cells is too fast. In fact, in general the growth of cells that grow in new children will end at the age of 19 years [6].

Based on the above, we need an effort to empower people who try to provide a solution and creative innovation with an approach to young people who have the will to contribute in preventing early marriage in Aluh-aluh District. So that the Community Service Study Team tries to form a service activity with the name of the Anti Marriage Early Cadre, which means that cadres play an active role in preventing the occurrence of early marriage. This program is carried out with the aim of preventing early marriage as an effort to improve health status and so that adolescents can live more productive and prosperous.

II. METHOD OF IMPLEMENTATION

The concept of the adolescent planning program with a peer counselor approach is to form a cadre of students from SMAN 1 Aluh-Aluh who are willing to be fostered, and are taught matters relating to the prevention of early marriage at SMAN 1 Aluh-Aluh, Aluh-Aluh District Banjar Regency. The following is an explanation of the community empowerment program that will be implemented:

2.1. Planning and preparation

At this stage the planning for the place and the target of the program is carried out The place we chose was SMAN 1 Aluh-Aluh. At this stage also determined the parties to be involved namely the Public Health Study Program, the SMAN 1 Aluh-Aluh Student Committee, the board of teachers, and students. At this stage an initial meeting is held between the chairperson and members of the dedication team, setting a joblist, setting a time frame of

activity, establishing a devotional design, preliminary surveying and implementing organizational structure. The strategies used in this program are the advocacy approach, community development, and community empowerment movement. Preparation in this strategy is to advocate for agencies and parties involved in youth planning programs. The next preparation is planning the implementation of youth planning program activities, field surveys, licensing, determination of facilities and infrastructure.

2.2. Implementation

Before a series of activities are carried out, the service team determines the organizational structure of the youth planning cadre program. The establishment of this organizational structure explains the division of cadres' tasks and helps show how these program activities can be integrated. The concept applied to this program is education and empowerment that is accompanied by the team, to the community especially teenagers to prevent early marriages through educational activities regarding early marriages and anti-early marriage campaigns to the community especially teenagers. Through these activities it is expected to be one of the efforts to achieve the Marriage Age Maturing program that is being implemented by the government.

Activities in the youth planning program include the following:

2.2.1. Educational activities, socialization and discussion

this educational, socialization and discussion activity aims to convey the intent and purpose of the coming of service. In addition, to introduce prospective local cadres about the importance of preventing early marriage. The socialization given was about the importance of preventing early marriage, so the young cadres who were there were given provisions to know the importance of maturing marriage age and to know what are the negative impacts during early marriage, as well as to be given knowledge about the positive effects of having married age. Furthermore, the activity continued with discussion, the discussion aims to bring all parties involved closer together. The discussion was in the form of question and answer activities from the children of prospective cadres to the team about the problem of early marriage. This discussion is held once a week in order to find out what developments they have made. In this program will be interspersed with pre-test and post-test to determine the level of understanding of the target.

2.2.2. Cadre training

This activity is the core of the peer counselor approach model in which student representatives are given education to be able to share friends with other friends by inserting educational matters in each counseling activity. This activity is carried out to provide training to cadres who later educate to become peer counselors so that those who are selected to become cadres will become peer counselors to their peers to spread promotive and preventive efforts to not marry early. The cadre helps his friend as a place to confide in and ask for opinions about the problems faced. Peer counselors are trained to be good listeners and contributors, of course by not forcing input to be provided but giving advice and consideration to clients because decision makers remain in the hands of clients so that with this training cadres are ready to become peer counselors.

2.2.3. Listening counselors

Cadres who have received training will become counselors whose job is to be a place for sharing, friends, giving input and a place to pit their peers. Counselors can insert education to their peers who want to get married early, with the provision of this input adolescents can weigh the negative impact that will be obtained if they do early marriage. Knowledge enhancement is not only felt by cadres who participate in educational activities, outreach, and discussion and training of cadres, but they redistribute the knowledge they can through the

activities of counselors to hear this so that by knowing the effects they do not have early marriage.

2.2.4. Campaign against early marriage

In this activity cadres and clients are given a short video content about the negative impacts and dangers of early marriage and invitations to reject early marriages, so that they not only provide an understanding of the story but provide a direct visual story in order to better understand the negative effects of early marriage. After they got the content they were asked to spread the content through their Instagram social media and a one-minute video creation contest was held about an early marriage decline campaign so that they could hone their understanding and creativity and disseminate the campaign against the early marriage to their peers who were friends in their social media.

2.3. Evaluation

The success assessment of the achievements of this activity can be seen from the change in adolescent knowledge and the formation of a cadre of youth planning programs. Changes in knowledge seen from the results of pre-test and post-test. Changes in attitude seen from the participation of adolescents in the campaign to reject early marriage through their respective social media.

III. RESULTS

This community service activity has been carried out at SMAN 1 Aluh-Aluh, Aluh-Aluh Subdistrict, Banjar Regency with a total of 51 students, to determine the effectiveness of the intervention in the form of counseling, it is necessary to have an analysis before and after counseling using t-test or paired T-test to determine increased knowledge. However, before conducting the test, the normality test is first performed to find out whether the data to be tested is included in normal distribution or not. The following are the results of the normality test for the pre and post test values:

Table 1. Normality test of knowledge level before and after giving interventions regarding early marriage

	Kolmogorov-Smirnov ^a			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	Df	Sig.
Score_post	,132	51	,026	,953	51	,041
Score	,132	51	,026	,956	51	,056

a. Lilliefors Significance Correction

Based on the normality test that has been done, it can be seen that the sample size is 51 people which means we use the results of the sig value. on kolmogorov-smirnov. In the table above, it can be seen that the value of sig. pre and post test values were 0.026 and 0.026 <0.05 which means the data were not normally distributed. If the data to be tested is not normally distributed, it does not meet the requirements for conducting a paired T test and is replaced with the Wilcoxon test. The following is a Wilcoxon test table to assess the significant differences between before and after the intervention in the form of counseling about early marriage.

Table 2. Wilcoxon test of knowledge level before and after counseling about early marriage Test Statistics^a

	NILAI_POST - NILAI
Z	-6,051 ^b
Asymp. Sig. (2-tailed)	,000

- a. Wilcoxon Signed Ranks Test
- b. Based on negative ranks.

In the Wilcoxon test table above, note that the value of sig. 0.0001 < 0.05 which means the decision is H_0 rejected, meaning that there is a significant difference in knowledge between before and after counseling interventions regarding early marriage. If seen based on the frequency distribution before and after, then it can be presented as follows:

Table 3. Frequency distribution of knowledge before and after counseling about early marriage

Knowledge level	Before (%)	After (%)
Low	37 (72,5)	9 (17,6)
High	14 (27,5)	42 (82,4)
Total	51 (100)	100

Based on table 3, it can be seen that the level of knowledge of adolescents before counseling is low as 37 people (72.5%) and as high as 14 people (27.5%). However, after being provided with knowledge counseling the majority increased to 42 people (82.4%).

In line with research from Irfan and Harmawati (2018) shows that the provision of counseling greatly affects the knowledge of a person, where from the results of pre-test observations of adolescent knowledge about early marriage is still somewhat lacking. After giving counseling about early marriage post-test observations obtained the results of post-test observations are quite good [7].

To find out the effectiveness of the intervention in the form of counseling, it is necessary to have an analysis before and after counseling by using t-test or paired T-test to determine changes in attitude. However, before conducting the test, the normality test is first performed to find out whether the data to be tested is included in normal distribution or not. The following are the results of normality tests before and after:

Table 4. Normality test attitudes before and after the provision of interventions regarding early marriage
 Tests of Normality

	Kolmogorov-Smirnov ^a			Shapiro-Wilk		
	Statistic	Df	Sig.	Statistic	df	Sig.
category_attitude_before	,405	51	,000	,613	51	,000
category_attitude_after	,445	51	,000	,572	51	,000

a. Lilliefors Significance Correction

Based on the normality test that has been done, it can be seen that the sample size is 51 people which means we use the results of the sig value. on kolmogorov-smirnov. In the table above, it can be seen that the value of sig. the value of attitude before and after is 0.0001 and 0.0001 < 0.05 which means the data are not normally distributed.

If the data to be tested is not normally distributed, it does not meet the requirements for conducting a paired T test and is replaced with the Wilcoxon test. The following is a Wilcoxon test table to assess the significant differences between before and after the intervention in the form of counseling about early marriage.

Table 5. Wilcoxon test attitudes before and after counseling about early marriage
 Test Statistics^a

	category_attitude_posttest – category attitude
Z	-1,000 ^b
Asymp. Sig. (2-tailed)	,317

a. Wilcoxon Signed Ranks Test

b. Based on negative ranks.

In the Wilcoxon test table above, note that the value of sig. 0.317 > 0.05 which means the decision is H_0 accepted, meaning that there is no significant difference in attitude between before and after counseling interventions regarding early marriage significantly. If seen based on the frequency distribution of attitude before and after, then it can be presented as follows:

Table 6. Frequency distribution of attitudes before and after counseling about early marriage

Attitude category	Before (%)	After (%)
Less	19 (37,3)	15 (29,4)
Good	32 (62,7)	36 (70,6)
Total	51 (100)	51 (100)

Based on tables and graphs, it can be seen that the level of adolescent attitudes before counseling is less as many as 19 people (37.3%) and high as many as 32 people (62.7%). Then, after counseling there was no significant change in good attitude only increased to 36 people (70.6%).

There are several things that cause adolescent attitudes about bad early marriage. Among them there is no provision of information about education and health counseling from health workers, the school as well as from the family and the environment of adolescents themselves. The majority of adolescents see early marriage as a form of responsibility from the actions that have been done, not as desires, a small number of adolescents view marriage as normal because they have found their soul mates [8].

IV. CONCLUSIONS

Conclusions from this community service are:

- a. There is a difference in the form of increased knowledge about after the intervention was given.
- b. There was no difference in attitude between before and after the intervention was given.

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