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Article Title

Knowledge of Early Marriage Risks among Senior High School Students in Pulang Pisau Regency: A Descriptive Analysis

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ABSTRACT

Early marriage in the rural areas of Central Kalimantan remains a persistent threat to the reproductive health and psychosocial stability of adolescents. This study aims to conduct a descriptive analysis of knowledge levels regarding early marriage risks among senior high school students in Pulang Pisau Regency, focusing on mapping respondents' sociodemographic profiles. The study employed a quantitative descriptive design. Sampling was conducted using a purposive technique involving 70 respondents from a population of 174 students at SMAN 2 Kahayan Tengah. Primary data collection used a closed-ended questionnaire tested for validity and reliability, which was analyzed univariately using frequency distributions and percentages. The results showed that the majority of respondents possessed a knowledge level in the good category (52.86%). A good level of understanding was predominantly found among female adolescents (68.57%), respondents with parents having a higher education (83.33%), the family group with an income below the minimum wage threshold (55.10%), and respondents without a history of early marriage in their family structure (54.54%). Novel findings of this research revealed that non-mass media information channels relying on interpersonal communication interactions from teachers, health workers, and family were the most dominant and effective educational tools (58.06%). In conclusion, adolescents' high cognitive ability serves as strong social capital. Family education levels and interpersonal communication played a much more significant role than economic income levels. As a policy implication, health promotion interventions in schools need to be revitalized by positioning educators and peer cadres as the primary drivers of early marriage prevention education.

Keywords: Adolescent Knowledge; Early Marriage; Health Promotion; Reproductive Health; Sociodemographic.

INTRODUCTION

Adolescence is a transitional period characterized by physical, cognitive, and psychosocial changes that demand the maturity of individual awareness. During this phase, the phenomenon of early marriage remains a major public health threat in various regions of developing countries. The national prevalence of early marriage in Indonesia exhibits a stagnant rate, thereby positioning this issue as a structural challenge that necessitates a systematic resolution (Kuswanto et al., 2024; Kistiana et al., 2025).

This condition is quantitatively depicted in the United Nations Children's Fund (UNICEF) report from 2018, which found that 21% of girls and 4% of boys worldwide were married before age 18. This situation impacts approximately 650 million girls worldwide. Based on data from Statistics Indonesia (BPS) and UNICEF in 2020, one in nine girls and one in 100 boys in Indonesia are bound by early marriage. This estimation reaches 1,220,900 individuals, directly placing Indonesia among the ten countries with the highest absolute number of early marriage cases in the world (Hakiki et al., 2020). This circumstance is increasingly alarming at the regional level. The BPS report in 2020 ranked Central Kalimantan Province second nationally, with a 16.35% share. Furthermore, data from the National Socioeconomic Survey (Susenas) in March 2022 reported that 14.72% of children aged 10 to 18 years in Central Kalimantan were recorded as married. These cases were dominated by girls and mostly occurred within

the 15 to 16 years age range (50.45%), while 10.80% of them occurred at a very early age, specifically 10 to 14 years (BPS Kalteng, 2023).

The practice of early age marriage, reflected in this high prevalence rate, triggers various medical complications and psychosocial risks that potentially impair the quality of life of adolescents. The biological unreadiness of reproductive organs elevates the vulnerability to maternal morbidity and mortality during childbirth. Furthermore, the burden of household responsibilities at a young age frequently induces severe psychological distress, such as the emergence of anxiety disorders and depression that impede the social functioning of individuals (Fakhari et al., 2020; Halawa & Lase, 2024).

The high incidence in Central Kalimantan Province is not solely rooted in economic factors but is also influenced by regional social dynamics. Rural geographic conditions and shifting community norms contribute to the persistence of this practice among adolescents. This demands special attention and targeted management from the public health sector through approaches tailored to local community wisdom and customs (Annah et al., 2024).

The success of early marriage prevention efforts heavily relies on adolescents' reproductive health literacy. An adequate level of knowledge serves as an internal protective factor in individuals' responses to environmental pressures (Sartika & Fauziah, 2024; Pengsin & Meyasa, 2025; Susanti & Istiningsih, 2025). A rational understanding of healthy reproductive age limits provides a strong cognitive foundation for adolescents to develop preventive attitudes that delay marriage (Farikasari & Noorratri, 2023).

Based on a review of the literature, the current state of the art in early marriage prevention studies primarily focuses on evaluating general intervention programs and conducting structural impact analyses. Previous research has not specifically examined the distribution of adolescents' understanding of reproductive health, cross-tabulated with sociodemographic characteristics, particularly in rural settings. This literature gap underscores the urgency of the research, as mapping the profile characteristics of the target group is an absolute prerequisite before relevant authorities can design well-targeted health education programs (Utami et al., 2023).

The urgency of this study is reinforced by empirical findings from a preliminary study conducted at SMAN 2 Kahayan Tengah, Pulang Pisau Regency. Based on a school data search, there were 174 active students in the at-risk age range. Initial observations at the institution found a history of early marriage cases involving students. Further exploration through interviews with 10 students confirmed the presence of very low reproductive health literacy. The information exposure they received was uneven and unstructured.

Based on this background, this study aims to conduct a descriptive analysis of the knowledge level regarding early marriage risks among senior high school students in Pulang Pisau Regency. This analysis focuses on identifying respondents' knowledge profiles examined through sociodemographic characteristics, including gender, educational background and parental income, family history of early marriage, and accessibility to health information sources. The main benefit of this research is to provide an objective data foundation for local educational institutions and public health centers to formulate evidence-based, applicable adolescent-friendly health service programs.

METHOD

This study utilized a quantitative descriptive design to map reproductive health literacy without periodic intervention. Data collection was conducted simultaneously at a single point in time at State Senior High School 2 Kahayan Tengah, Pulang Pisau Regency, Central Kalimantan Province. This location was selected considering the high urgency of the early marriage phenomenon in the targeted area.

The target population encompassed all active students from grades ten to twelve, totaling 174 individuals. Using the Slovin formula with a 10% margin of error, a final sample of 70 respondents was determined, accounting for anticipated potential dropouts. The sampling procedure employed a purposive sampling method based on specific inclusion criteria (Notoatmodjo, 2018): being an active student, being present during data collection, and being willing to provide written informed consent. The examined variables focused on mapping adolescents' knowledge of the risks of early marriage. This knowledge level was then cross-tabulated with the respondents' sociodemographic characteristics, including gender, educational background and parental income, family history of early marriage within the nuclear family, and accessibility to information sources.

Primary data collection used a self-administered, closed-ended questionnaire (Sugiyono, 2019). Validity testing confirmed the appropriateness of 25 of the initial 35 statement items. Internal consistency testing on these valid instrument items yielded a reliability coefficient value of 0.882. This figure significantly exceeded the minimum threshold, thereby mathematically confirming the instrument's high reliability and suitability for use.

Data processing was conducted systematically using standardized statistical computation software to eliminate human mathematical calculation errors. Data analysis applied univariate techniques based on frequency distributions and absolute percentages (Dahlan, 2020). The results of this computational analysis were projected into a composite matrix table that categorized the respondents' knowledge scores into good, sufficient, and poor criteria.

RESULTS

The primary data collection conducted at SMAN 2 Kahayan Tengah, involving 70 respondents, yielded frequency distributions on the knowledge levels regarding early marriage risks. All raw data obtained through the questionnaires were computationally processed and categorized into three main categories: good, sufficient, and poor. This initial data mapping rested on the aggregate measurement of respondents' knowledge levels before being cross-tabulated with other demographic characteristics. Specifically, the general overview of respondents' knowledge levels is presented in Table 1.

Table 1. Distribution of Adolescents' Knowledge Level Regarding Early Marriage Risks

Knowledge Level	Knowledge Level	
	Frekuensi (f)	Persentase (%)
Good	37	52.86
Sufficient	27	38.57
Poor	6	8.57
Total	70	100.00

Source: Primary Data, 2025.

Based on Table 1, the univariate mapping results indicate that adolescents' knowledge of early marriage risks is distributed in a positive profile. The majority of respondents, specifically 37 respondents (52.86%), are in the good knowledge level category. The second-highest proportion is the sufficient category, with 27 respondents (38.57%). Conversely, respondents in the poor-knowledge level category constitute the smallest group, comprising 6 respondents (8.57%). To examine the details of this knowledge distribution more specifically, the aggregate data above were cross-tabulated with core sociodemographic dynamics, starting with gender identification in Table 2.

Table 2. Distribution of Knowledge Level Based on Gender

Gender	Knowledge Level						Total	
	Good		Sufficient		Poor		f	%
	f	%	f	%	f	%		
Male	13	37.14	19	54.29	3	8.57	35	100.00
Female	24	68.57	8	22.86	3	8.57	35	100.00

Source: Primary Data, 2025.

Referring to Table 2, the distribution of knowledge among the 70 respondents, evenly divided by gender, reveals differences in dominant-group patterns. In the male respondent group, the highest proportion is in the sufficient category, comprising

19 respondents (54.29%). Conversely, in the female group, the highest proportion is concentrated in the good category, reaching 24 respondents (68.57%). The poor category occupies the lowest proportion in both groups. Besides gender, parents' educational background is also a fundamental demographic indicator presented in Table 3.

Table 3. Distribution of Knowledge Level Based on Parents' Education Level

Parents' Education Level	Knowledge Level						Total	
	Good		Sufficient		Poor		f	%
	f	%	f	%	f	%		
No formal education	0	0.00	1	100.00	0	0.00	1	100.00
Basic education (SD-SMP)	4	28.57	10	71.43	0	0.00	14	100.00
Upper secondary education (SMA-SMK)	23	53.49	15	34.88	5	11.63	43	100.00
Tertiary education (Diploma-Bachelor)	10	83.33	1	8.33	1	8.34	12	100.00

Source: Primary Data, 2025.

The data in Table 3 reveal that a high level of knowledge predominates among respondents with tertiary education (83.33%) and upper secondary education (53.49%). Meanwhile, in the respondent group with parents who have a basic education, the distribution of knowledge is concentrated in the sufficient category, with 10 respondents (71.43%). There is one respondent with parents who did not attend school, and this respondent is entirely within the sufficient knowledge level. The next sociodemographic variable cross-recapitulated with knowledge level is parental income, as presented in Table 4.

Table 4. Distribution of Knowledge Level Based on Parental Income

Parental Income	Knowledge Level						Total	
	Good		Sufficient		Poor		f	%
	f	%	f	%	f	%		
< Rp 3.223.402	27	55.10	19	38.78	3	6.12	49	100.00
≥ Rp 3.223.402	10	47.62	8	38.09	3	14.29	21	100.00

Source: Primary Data, 2025.

Based on Table 4, the income mapping shows that the majority of respondents come from families with incomes below the minimum wage threshold. In this group with an income below Rp 3,223,402, the knowledge level is dominated by the good category with 27 respondents (55.10%). A similar pattern is also observed in the group with an income of Rp 3,223,402 or more. In that group, the good knowledge category still accounts for the highest proportion, with 10 respondents (47.62%). After extracting internal demographic indicators, the subsequent mapping shifts

to respondents' social environmental exposure, namely the family history of early marriage, presented in Table 5.

Table 5. Distribution of Knowledge Level Based on Family History of Early Marriage

Family History of Early Marriage	Knowledge Level						Total	
	Good		Sufficient		Poor		f	%
	f	%	f	%	f	%		
Present	7	46.67	8	53.33	0	0.00	15	100.00
Absent	30	54.54	19	34.55	6	10.91	55	100.00

Source: Primary Data, 2025.

Table 5 indicates that, among the 70 respondents, the majority do not have a history of early marriage in their families. In the group absent, a high level of knowledge is dominant, with 30 respondents (54.54%). Conversely, in the present group, the highest percentage shifts to the sufficient category, involving 8 respondents (53.33%). The final indicator mapped to measure external exposure is the type of reproductive health information sources accessed by respondents, as recapitulated in Table 6.

Table 6. Distribution of Knowledge Level Based on Information Sources

Information Sources	Knowledge Level						Total	
	Good		Sufficient		Poor		f	%
	f	%	f	%	f	%		
No information received	3	25,00	6	50,00	3	25,00	12	100.00
Print Media	1	50,00	1	50,00	0	0.00	2	100.00
Electronic Media	15	60,00	8	32,00	2	8,00	25	100.00
Non-mass media (Family, Teachers, Health Workers)	18	58,06	12	38,71	1	3,23	31	100.00

Source: Primary Data, 2025.

The recapitulation results in Table 6 reveal that accessibility through non-mass media channels, such as teacher instructions, health workers, and family interactions, is the most dominant source received by respondents (31 respondents). In this non-mass media group, the percentage of knowledge levels is dominated by the good category (58.06%). A pattern of dominant good knowledge is also recorded in the group that obtained information through electronic media (60.00%). Meanwhile, in the respondent group stating no information received, the highest proportion is in the sufficient knowledge category (50.00%), followed by the good and poor categories, which are equally divided with three respondents each (25.00%).

The overall exposure of the cross-frequency distribution in the six tables above confirms the location of the majority and minority distributions of each

sociodemographic characteristic. This result matrix will serve as a foundation for deeper synthesis in the discussion analysis stage by comparing it with relevant literature reviews and public health theories.

DISCUSSION

The respondents' aggregate knowledge level regarding early marriage risks shows a highly positive profile. More than half of the total sample (52.86%) occupied the good category. This descriptive finding confirms that the majority of adolescents at SMAN 2 Kahayan Tengah possess adequate cognitive abilities to receive, process, and absorb information related to reproductive health. This ability aligns with the psychosocial development stage of adolescents at the upper secondary education level, when they begin to think abstractly and project the logical consequences of future actions (Suryana et al., 2022). This encouraging literacy profile indicates that the high school environment provides a supportive climate for students to acquire health insights. This also aligns with the findings of Farikasari and Noorratri (2023), who stated that student status significantly contributes to high basic knowledge regarding healthy marriage age limits.

This adequate cognitive ability serves not merely as an intelligence indicator but fundamentally functions as a mental shield against clinical and psychosocial threats. Comprehensive knowledge enables adolescents to identify biological hazards resulting from the unreadiness of reproductive organs, as well as psychological risks such as anxiety disorders and depression, which are frequently triggered by the burden of household responsibilities at a young age (Fakhari et al., 2020; Halawa & Lase, 2024). Understanding these two risk dimensions ultimately encourages the development of a critical thinking framework in individuals. This finding is consistent with the argument by Oktarianita et al. (2022), who asserted that rational and structured health literacy is the initial step for adolescents to form a positive attitude toward marriage age maturation programs.

Although the general knowledge overview is considered good, demographic mapping reveals a significant gender gap. Female adolescents absolutely dominated the good knowledge category (68.57%) compared to males (37.14%). This disparity reflects a significantly higher sensitivity and need for self-protection among females. Anatomically and socially, women bear the heaviest burden and occupy the most vulnerable position regarding early childbirth complications and economic marginalization post-marriage. This vulnerability naturally drives female adolescents in rural areas to actively seek reproductive health information to protect their future (Utami et al., 2023).

Besides the gender factor, knowledge transmission at the family level through parents' education level proved to be a highly crucial protective factor. The dominance of a high level of knowledge among the respondent group with tertiary-educated parents (83.33%) indicates that educationally aware families can create a more open environment for discussion and education within the household. Parents' educational level does not solely serve as a social status symbol but also functions as the most fundamental preventive measure to break the cycle of early marriage. This reinforces the views of [Fitria et al. \(2024\)](#) and [Kistiana et al. \(2025\)](#), who found that parents' educational level has a multiplicative protective effect on adolescents' likelihood of early marriage in rural Indonesia.

The strong role of this education variable subsequently provides a logical explanation for the data distribution anomaly in the parental income variable. The matrix findings indicate that the majority of respondents living below the minimum wage threshold had a good level of knowledge (55.10%). This empirical fact is highly intriguing as it refutes the classical assumption that always positions poverty as an absolute barrier to health literacy ([Kurniawati & Sari, 2020](#); [Juliawati et al., 2021](#)). This phenomenon aligns with the analysis by [Kuswanto et al. \(2024\)](#) on demographic conditions in Indonesia. The analysis concluded that economic constraints in rural areas do not automatically eliminate adolescents' access to knowledge, provided that other protective factors, such as students' educational status and family awareness, remain effective.

The function of family awareness as a protector heavily relies on the presence of inherited norms, as reflected in the variable of early marriage history within respondents' kinship structures. The high proportion of respondents with good knowledge in the group without a history of early marriage in their families (54.54%) confirms that compliance with marriage age limits tends to be inherited. A family environment that rejects early marriage practices indirectly instills rational social expectations and norms in its children. This value transmission is highly consistent with the social norm perspective proposed by [Abdurahman et al. \(2022, 2023\)](#). They asserted that adolescents' intention levels are strongly influenced by compliance values adopted and practiced by their immediate environment.

The transmission of values from the immediate environment culminates in the novelty identified in this research, namely the dominant ease of access to information through non-mass media channels. The fact that non-mass media groups, such as teachers, health workers, and families, achieved a high level of knowledge with a very high proportion (58.06%) demonstrates that direct face-to-face communication remains the most trusted educational tool in Pulang Pisau Regency. Amid the era of digital information openness, the personal approach taken by community figures proved much more effective in providing a comprehensive understanding. This finding

is highly identical to a qualitative study in rural Malaysia and local findings in Palangka Raya. These studies concluded that direct assistance by key figures within the rural community environment possesses a cognitive penetration power that cannot be replaced by print or electronic media (Kohno et al., 2020; Annah et al., 2024).

The overall descriptive synthesis of the respondents' cognitive dynamics, demographics, and social environment provides strategic implications for future policy formulation. Adolescents' reliance on non-mass media information and family education indicates the need for a policy shift from mere public campaigns towards a more grassroots approach. Relevant authorities, particularly public health centers and educational institutions, must revitalize the Adolescent-Friendly Health Services (PKPR) program by empowering teachers and peer cadres as primary educational agents. A structured intervention design integrated with local cultural wisdom is essential. This step aims to ensure that adolescents' high levels of knowledge in Kahayan Tengah are translated into tangible behaviors that sustainably reduce the early marriage rate (Biahimo et al., 2023).

CONCLUSIONS AND SUGGESTIONS

Based on the descriptive analysis of reproductive health literacy mapping, the majority of senior high school students in Pulang Pisau Regency have a good level of knowledge about the risks of early marriage, with 52.86% reaching this level. This adequate cognitive ability is distributed according to specific sociodemographic patterns. The highest level of understanding is dominated by female adolescents (68.57% in the good category) compared to males, who tend to fall into the sufficient category (54.29%). Analysis based on family background indicates that parents' educational level is a major determining factor. Students with parents who have a higher education recorded the highest proportion of good knowledge (83.33%). On the other hand, these findings also show that economic constraints do not pose a barrier to information absorption in rural areas. This is evidenced by the family group with incomes below the minimum wage threshold, which actually accounted for the highest good knowledge level at 55.10%.

Findings related to the social environment and ease of information access confirm that compliance with family norms and interpersonal communication approaches are the most effective educational tools. Individuals in a family environment without a history of early marriage recorded a more dominant good knowledge level (54.54%) compared to those with a similar history in their families. Furthermore, direct interactions through non-mass media sources, such as teachers, health workers, and family members, helped build a good level of knowledge among 58.06% of the respondents. This empirical fact comprehensively addresses the research objectives and simultaneously confirms that value transmission through

interpersonal communication channels alongside electronic media (60.00%) is the primary defense for adolescents in Kahayan Tengah in responding to the medical and psychosocial threats posed by early marriage practices.

The high baseline knowledge level of these adolescents must be viewed as social capital that requires tangible follow-up from relevant stakeholders. As a policy implication, public health centers and educational institutions in Pulang Pisau Regency need to revitalize the Adolescent-Friendly Health Services program in an integrated manner. Health interventions must shift from mass media campaign approaches toward strengthening school- and community-based education. Health authorities are advised to empower teachers and form health cadres from peer groups as the primary implementers of information dissemination. Academically, further research is recommended to qualitatively evaluate the effectiveness of such interpersonal communication, ensuring that this knowledge is genuinely implemented in tangible behaviors that delay marriage age in the field.

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