Indonesian Journal of Global Health Research
Volume 7 Number 2, April 2025
e-ISSN 2715-1972; p-ISSN 2714-9749
http://jurnal.globalhealthsciencegroup.com/index.php/IJGHR

LOCAL LEADER-BASED EARLY MARRIAGE PREVENTION INTERVENTION

Maida Pardosi*, Elisabeth Surbakti, Efendi Sianturi
Department of Midwifery, Politeknik Kesehatan Kementerian Kesehatan Medan, Jl. Jamin Ginting No.Km.13, RW.5, Lau Cih, Medan Tuntungan, Medan, Sumatera Utara 20137 Indonesia
*maidapardosi1963@gmail.com

ABSTRACT
Early marriage causes early pregnancy and childbirth, which are associated with high maternal mortality rates, pregnancy and childbirth complications, Low Birth Weight, and stunting. The study aimed to improve adolescent knowledge and attitudes about early marriage by empowering local leaders in Tambak Bayan Hamlet, Saentis Village, and Deli Serdang Regency. This study is quasi-experimental. It aims to improve the knowledge and attitudes of adolescents about preventing early marriage. Trained Local leaders carry out Health Promotion. Pre- and post-tests were carried out to evaluate the impact of health promotion on adolescents, and 50 adolescent samples were used. Data analysis with the Paired T-test If the data follows a normal distribution, a parametric test is used; conversely, if the data does not adhere to a normal distribution, the Wilcoxon test is applied. Data analysis using the Paired T-test if the data is usually distributed and if the data is not normally distributed, the Wilcoxon test is used. This study showed increased adolescent knowledge and attitudes about early marriage (p-value <0.05). The conclusion is that nderstanding early marriage can be used to create adolescent maturation programs, avoiding protecting society from the dangerous consequences of early marriage.

Keywords: early age marriage; extensions; local leaders; teenagers; parents

How to cite (in APA style)
Pardosi, M., Surbakti, E., & Sianturi, E. (2025). Local Leader-Based Early Marriage Prevention Intervention. Indonesian Journal of Global Health Research, 7(2), 1157-1164. https://doi.org/10.37287/ijghr.v7i2.5834.

INTRODUCTION

Adolescents are the foundational elements of a country poised for improvement, dignity, and strength. Consequently, the destiny of a country is contingent upon its adolescents. Presently, a prevalent issue among adolescents is the desire to establish a home via early marriage. The WHO reports that over 17 million adolescent females give birth annually, with the majority of these births taking place in low- and middle-income nations. The health and development of adolescents are a worldwide issue (WHO, 2014). The incidence of early marriage varies across different countries. The International Center for Research on Women (ICRW) reports that 51 million girls have been married between the ages of 15 and 19. (IRCW, 2013). The United Nations (UN) forecasts that over 140 million girls will enter into marriage within the decade before 2020. This amounts to 14 million child brides annually, or around 39,000 girls wed each day (Rachman, 2019). Indonesia has the highest proportion of early marriage globally (ranked 7th) and the second highest in ASEAN, behind Cambodia. The 2015 Riskesdas data indicates that 41.9% of individuals marry for the first time between the ages of 15 and 19, while 4.8% get married in the 10-14 age range. Furthermore, according to the 2012 SDKI data, 13% of women marry before the age of 20, with a median marriage age of 20.1 years, and a lower median age of first marriage in rural regions at 19.7 years (Ministry of Health, 2013b). In 2017, the prevalence of early marriages under 18 in Indonesia was 23%.

In 2014, the World Health Organization (WHO) reported that around 16 million births were to women aged 15-19 years, constituting 11% of all global births, with the majority (95%) occurring in poor nations. In Latin America and the Caribbean, 29% of young women were wed before the age of 18. The greatest incidence of early marriage was seen in Nigeria (79%),

Congo (74%), Afghanistan (54%), and Bangladesh (51%) (WHO, 2014). The provinces in Indonesia exhibiting the greatest rates of early marriage (under 15 years) are South Kalimantan (9%), West Java (7.5%), East Kalimantan (7%), Central Kalimantan (7%), and Banten (6.5%). Provinces exhibiting the greatest rates of early marriage (ages 15-19) are Central Kalimantan (52.1%), West Java (52.1%), South Kalimantan (48.4%), Bangka Belitung (47.9%), and Central Sulawesi (46.3%) (BKKBN, 2012). Data from Susenas in 2012 indicated that the proportion of adolescent females married between the ages of 15 and 19 in North Sumatra was 3.6%. In 2014, the World Health Organization (WHO) reported that around 16 million births were to women aged 15-19, constituting 11% of total births.

Early marriage is a prevalent phenomena in Indonesian culture. This phenomena requires attention due to its potential to generate intricate issues. Elevated rates of adolescent pregnancy, accompanied by detrimental health and social repercussions, constitute a significant issue in low- and middle-income nations (WHO, 2014). Adolescents are more susceptible to pregnancy difficulties, including unsafe abortions, and are more likely to become repeat young moms (WHO, 2014;(Ganchimeg et al., 2014) (Horgan & Kenny, 2007). Their babies are also more likely to be born prematurely and die in the perinatal period.(Horgan & Kenny, 2007). Babies born to teenage mothers face a much higher risk of death than those born to women aged 20 to 24 years (WHO, 2014;(Ganchimeg et al., 2014; Muhajir, 2017; NAoCCH, 2009; Statistik, 2020). They are at risk of malnutrition, low mental and physical development, inappropriate social relationships with parents, and poor education.(Ganchimeg et al., 2014; Hodgkinson et al., 2014; Ningsih & Rahmadi, 2020; Nurmala, 2020; Wahyuni et al., 2022).

The negative impact of early marriage, especially on women's health, is that it can increase morbidity and mortality rates for both mothers and children. Early marriage adversely affects women's health by elevating morbidity and death rates for both mothers and their children. (Fadlyana & Larasaty, 2016; Khaerani, 2019; Natalia et al., 2021; Puspasari & Pawitaningtyas, 2020) Early marriage may render children susceptible to domestic abuse, elevate mother morbidity and mortality owing to pregnancy and delivery problems, and result in children being at risk for low birth weight and stunting. Early marriage is a significant problem for the worldwide community due to the associated hazards of coerced unions, premature sexual activity, adolescent pregnancy, and sexually transmitted illnesses. Girls aged 10-14 years are quintuple more likely to succumb to pregnancy and childbirth complications compared to those aged 20-24 years, and worldwide, pregnancy-related fatalities constitute the primary cause of death for girls aged 15-19 years (WHO, 2014).

Females encounter a significantly elevated risk of problems related to delivery, including obstetric fistula, infection, severe hemorrhage, anemia, and eclampsia (Vogelstein et al., 2013).. Research indicates that juvenile marriage in Indonesia correlates with inadequate reproductive health and a deficiency in girls' understanding of the dangers of early childbearing(Astuti et al., 2023; Burn & Evenhuis, 2014; Lestyoningsih, 2018; Ratnaningsih et al., 2020) Numerous studies indicate that females who marry at a young age have an elevated risk of anxiety, despair, or suicidal ideation, mostly due to their deficiency in status, authority, support, and autonomy over their life (Raj & Boehmer, 2013). They are also less capable of negotiating safe intercourse, so increasing their susceptibility to sexually transmitted illnesses, including HIV (Knox et al., 2017). Additional research indicates that child brides are at an increased risk of experiencing physical aggression, sexual, psychological, and emotional abuse, along with social isolation, stemming from their diminished position and influence within their homes (Svanemyr et al., 2015).

Infants born to young mothers have an elevated mortality risk, being twice as likely to perish before reaching one year of age compared to those born to mothers in their thirties. Infants born to child brides are more likely to be born preterm, have low birth weight, and experience malnutrition (Svanemyr et al., 2015). During a girl's developmental phase, her body's dietary requirements will contend with those of her fetus. (Fall et al., 2015). Research conducted in five low- and middle-income nations revealed a 20-30 percent elevated risk of preterm delivery and low birth weight among offspring of women under the age of 20. Children born to moms under the age of 19 had a 30-40 percent rise (Fall et al., 2015).Another consideration to consider is the likelihood of problems during pregnancy and labor at a young age, which contributes to elevated mother and newborn mortality rates. Poverty is not the only significant factor influencing early marriage. Numerous factors contribute to early marriage among youths, including free association, which leads to matrimony outside of traditional norms. Additionally, deviant information alters youngsters' perspectives, influenced by several other reasons. Another factor that influences the number of early marriages that occur is the environment. The environment is something that significantly influences self-development. A healthy marriage fulfills the requirements of husband and wife readiness in biopsychosocial, economic, and spiritual aspects.(Anggraini et al., 2021; Lacks, 2016; Saputri, 2020). A healthy marriage meets the age criteria of a prospective husband and wife. The healthy reproductive period is 20-35 years old because it affects women's health. Biologically, reproductive organs are more mature if there is a psychosocial reproductive process. In this age range, women have sufficient mental maturity.(Yakubu & Salisu, 2018) His study indicated that community awareness, comprehensive sexuality education, and assuring girls' enrollment and retention in school may diminish the incidence of adolescent pregnancy.

In Percut Sei Tuan, the incidence of early marriage among women in 2018 was 37%, and preliminary surveys of religious instructors indicated that the KUA had a diminished role in addressing early marriage. Religious educators at the KUA are essential in society due to the widespread lack of awareness about the consequences of early marriage. The functions performed by religious instructors at the KUA, including counseling, documentation, and the establishment of KUA, will be effective if the community comprehends the significance of preventing early marriage and engages community leaders, religious figures, and other influential stakeholders to garner support and advocate against child marriage. The involvement of local leaders in mitigating early marriage within the community is anticipated to address existing issues. It aims to improve the knowledge and attitudes of adolescents about preventing early marriage.

METHOD

Methods used in research: This is a quasi-experimental study. This is a prospective cross-sectional intervention study to improve adolescent knowledge and attitudes about preventing early marriage. Treatment of respondents was carried out inTambak Bayan Hamlet, Saentis Village, Deliserdang Regency. A total of 50 teenagers (n=50). The intervention conducted as an experiment in this study was providing health promotion on early marriage prevention by local leaders. Researchers trained local leaders to become agents of change.The socialization was conducted for 1 day starting at 09.00 – 13.00 WIB. The media used in this socialization were leaflets and information media like laptops, PowerPoints, and projectors. The materials provided were: Definition of Early Marriage, Risks/Impacts of Early Marriage, Prevention of Early Marriage, Requirements for Marriage according to Law and Health—local leaders conduct health promotion through outreach to youth religious groups (perwiritan) and home visits. Pre- and post-tests were conducted to evaluate the impact of health promotion on adolescents. The questionnaire given was adolescent knowledge about early marriage in the form of multiple choice 20 knowledge questions (multiple choice) after the Validity and

Reliability Test was carried out using the SPSS Application, 20 valid knowledge questionnaires were obtained and the Cronbach's Alpha result was 0.982. Data analysis methods were analyzed using the IBM SPSS version 22 program. The intervention groups before and after were analyzed using an independent t-test with a significance level set at p-value <0.05.

RESULT

Table 1.
Distribution of adolescents based on characteristics

Variables	f	%
Education		
Senior High School	28	56
Vocational School	13	4
Junior High School	18	36
Amount	50	100

The table above shows that most high school education teenagers, 56%, junior high school education, 36%, and vocational high school and elementary school education 4%. The results of the evaluation of adolescent knowledge before and after the intervention:

Table 2.
Level of knowledge and attitudes of teenagers

variable	Before		After	
	f	%	f	%
Knowledge				
Good	0	0	46	92
Enough	16	32	4	8
Not enough	34	68	0	0
Attitude				
Good	18	36	48	96
Not enough	32	64	2	4
	50	100	50	100

Table 3.
Respondents' level of knowledge and attitude

Variables	SD Average	Average change	P Value*
Knowledge			
Before	46.06 ± 17.51	-41.36 ± 8.022	0.001
After	87.42 ± 9.478		
Attitude			
Before	58.8 ± 18.81	-30.46 ± 11.52	0.001
After	89.26 ± 7.52		

*Difference within groups (before and after) using paired t-test, at a significance level of 5% From the table above, it can be seen that after the socialization of early marriage prevention in Dusun Tambak Bayan, Deli Serdang Regency, there was an increase in the average knowledge value of 41.36 and all participants were in the sound knowledge category Teenagers: 87.42. In attitudes, there was also an increase in the average value, namely 30.46. All respondents had a good attitude toward Teenagers: 89.26. The results of the statistical tests with paired t-test statistics showed a difference in participants' average knowledge and attitudes regarding the socialization of early marriage prevention before and after training.In the table above, it is known that in the group of adolescents' knowledge before being given socialization, 68% of the majority had less knowledge, and 16% had sufficient knowledge. Likewise, for adolescent attitudes, the majority were less by 64% and good attitudes by 36%. After being given education through socialization by local leaders, knowledge increased to 92%, and attitudes increased by 96%.

DISCUSSION

Efforts to prevent early marriage in Tambak Bayan Hamlet, Deli Serdang Regency, have gone well—local leader training in Tambak Bayan Hamlet, Deli Serdang Regency. Local leader training conducted using lecture and counseling practice methods and peer educators significantly increased the knowledge and attitudes of local leaders; this can be seen in Table 3. This is in line with research conducted by(Apriliani & Nurwati, 2020; Oktavia et al., 2018; Realita & Meiranny, 2018; Romauli & Vindari, 2009), which states that low levels of education and knowledge can influence limited mindsets that will impact individual behavior. In this limited thinking, teenagers think more about things that are not so important in their lives. The behavior of teenagers is like teenagers who focus more on thinking about getting married young; this is done so that they are more appreciated. With education, knowledge will increase, which will underlie every decision in facing life's problems, so women will be more appreciated if they are knowledgeable. A study consistent with the findings of (Surbakti et al., 2022) indicates that analysis using the Wilcoxon statistical test reveals a significant impact of social intervention via community leaders on the knowledge and attitudes of adolescent girls regarding early marriage, with $p < 0.05$. The Mann-Whitney statistical test indicates that social interventions implemented by community leaders significantly enhance the knowledge and attitudes of mothers with teenage children when compared to control groups ($p < 0.05$).

Informal leaders can also be called local leaders who can mobilize their communities in all things that can increase the capacity of the community to face life. Local leaders are decisive in determining the success of community development so that they can effectively become agents of social change, especially in rural areas.(Ramadhan et al., 2019). According to(Dahama, 2019), a leader is someone who spontaneously considers, determines, and influences in specific situations, while leadership is the process of influencing individuals in a particular situation.Training is a learning process that includes growth and development towards a better direction.(Notoatmodjo et al., 2012),The role of local leaders in improving group capabilities can be seen from the behavior of local leaders in acting as group mentors through several actions: (1) facilitating communication networks, (2) increasing group member motivation, and (3) facilitating groups.Then, the activities of the local leader were continued, and they were trained to socialize with teenagers and parents in the Tambak Bayan hamlet, Deli SerdangDeli Serdang Regency. Increasing adolescent knowledge is essential in preventing early marriage. As seen from the results of knowledge and attitudes, there was an increase in the average value of adolescent knowledge by 41.36, and training participants were in the good knowledge category after being given training of 87.42. There was an increase in the average value of adolescent attitudes by 30.46, and training participants had a good attitude of 88.2. The actions of local leaders in facilitating communication in both groups are pretty high. This condition shows that the contribution of local leaders can improve knowledge and attitudes because of the activities that can be used. The average score and standard deviation show that the actions of local leaders in providing knowledge to both groups are utilized and occur—increased knowledge and attitudes.

The findings of this investigation are corroborated by research (Taufikurrahman et al., 2023) Researchers discovered that people of Pabean had 42.5 percent more knowledge of the correlation between early marriage and stunting, as well as adolescent reproductive health education. Additionally, there was a 33.3 percent decrease in interest among males and a 52.5 percent decrease among women in marrying at a young age. Consequently, it is essential to regularly enhance awareness of early marriage and adolescent reproductive health.Research result(Metasari et al., 2022): The findings of this research demonstrate that the dissemination of information on the hazards of early marriage at SMA Negeri 1 Ngoro enhances students' comprehension of these risks.The findings of the activities (Raksun et al., 2023) indicate that

the target community of the extension responds positively to the execution of the activity and engages actively in it. This condition is anticipated to enhance public awareness of the detrimental effects of early marriage, enabling the society to avoid such practices.The attainment of the goal material in this study endeavor is commendable, since the content has been given in its whole. The presented information encompasses Early Childhood Sex Education in the Family, the detrimental effects of child marriage, the hazards associated with early marriage, and strategies for its prevention. The success of this exercise is shown by the participants' pleasure after their involvement. Adolescents and parents can acquire enhanced understanding of the maturation of marriage age, adolescent reproductive rights, initiatives for marriage age maturation, and the adverse effects of early marriage, thereby fostering self-regulation among adolescent girls and encouraging greater focus on their reproductive health. Adolescents who initially did not understand the negative impacts of early marriage became more aware and understood the dangers or impacts of early marriage

CONCLUSION

Local counselors are committed to being of early marriage in Dusun Tambak Bayan. There is an increase in the adolescents' knowledge and attitudes about early marriage (p-value <0.05). Suggestion: Local leaders are effective as counselors of early marriage and the possibility of program sustainability because local leaders come from the village where the research was conducted. Empowerment of local leaders can be one strategy for the Health Center or Health Service.

REFERENCES

Anggraini, D., Sitanggang, T. W., & Suri, O. I. (2021). Perbedaan Pola Asuh Orang Tua Menikah Usia Dini dan Usia Dewasa. Jurnal Medikes (Media Informasi Kesehatan), 8(1), 119–128.

Apriliani, F. T., & Nurwati, N. (2020). Pengaruh perkawinan muda terhadap ketahanan keluarga. Prosiding Penelitian Dan Pengabdian Kepada Masyarakat, 7(1), 90–99.

Astuti, I. N., Multazam, A. M., & Alwi, M. K. (2023). Silariang Dalam Pernikahan Dini dan Dampaknya Terhadap Kesehatan Reproduksi Remaja Perempuan Desa Kareloe Kecamatan Bontoramba Kabupaten Jeneponto. Journal of Muslim Community Health, 4(2), 30–42.

Burn, J. M., & Evenhuis, M. (2014). “Just Married, Just a Child”: Child Marriage in the Indo-Pacific Region.

Dahama, O. P. (2019). Education and communication for development. Oxford and IBH Publishing.

Fadlyana, E., & Larasaty, S. (2016). Pernikahan usia dini dan permasalahannya. Sari Pediatri, 11(2), 136–141.

Fall, C. H. D., Sachdev, H. S., Osmond, C., Restrepo-Mendez, M. C., Victora, C., Martorell, R., Stein, A. D., Sinha, S., Tandon, N., & Adair, L. (2015). Association between maternal age at childbirth and child and adult outcomes in the offspring: a prospective study in five low-income and middle-income countries (COHORTS collaboration). The Lancet Global Health, 3(7), e366–e377.

Ganchimeg, T., Ota, E., Morisaki, N., Laopaiboon, M., Lumbiganon, P., Zhang, J., Yamdamsuren, B., Temmerman, M., Say, L., & Tunçalp, Ö. (2014). Pregnancy and childbirth outcomes among adolescent mothers: a W orld H ealth O rganization multicountry study. BJOG: An International Journal of Obstetrics & Gynaecology, 121, 40–48.

Hodgkinson, S., Beers, L., Southammakosane, C., & Lewin, A. (2014). Addressing the mental health needs of pregnant and parenting adolescents. Pediatrics, 133(1), 114–122.

Horgan, R. P., & Kenny, L. C. (2007). Management of teenage pregnancy. The Obstetrician & Gynaecologist, 9(3), 153–158.

IRCW. (2013). Child Marriage Factsheets. IRCW.

Khaerani, S. N. (2019). Faktor ekonomi dalam pernikahan dini pada masyarakat Sasak Lombok. Qawwam, 13(1), 1–13.

Knox, D. C., Anderson, P. L., Harrigan, P. R., & Tan, D. H. S. (2017). Multidrug-resistant HIV-1 infection despite preexposure prophylaxis. New England Journal of Medicine, 376(5), 501–502.

Lacks, P. (2016). The relationships between school climate, teacher self-efficacy, and teacher beliefs.

Lestyoningsih, I. H. (2018). Implementasi Model Kesehatan reproduksi berbasis masalah pada remaja putri di indonesia Tahun 2018. Jurnal Berkala Kesehatan, 4(2), 47.

Metasari, A. L., Mufida, Y. I., Aristin, S. I., Dwilucky, B. A., Wulandari, A. T., Agustina, N., & Fahrudin, T. M. (2022). Sosialisasi bahaya pernikahan dini sebagai upaya konvergensi pencegahan stunting di SMA Negeri 1 Ngoro. Budimas: Jurnal Pengabdian Masyarakat, 4(2), 305–310.

Muhajir, A. (2017). Hadhanah Dalam Islam (Hak Pengasuhan Anak dalam Sektor Pendidikan Rumah). SAP (Susunan Artikel Pendidikan), 2(2), 165–173. https://doi.org/10.30998/sap.v2i2.2089

NAoCCH, O. (2009). Meeting the needs of pregnant and parenting teens. Washington: Local Health Department Programs and Services.

Natalia, S., Sekarsari, I., Rahmayanti, F., & Febriani, N. (2021). Resiko Seks Bebas dan Pernikahan Dini Bagi Kesehatan Reproduksi Pada Remaja. Journal of Community Engagement in Health, 4(1), 76–81.

Ningsih, D. P., & Rahmadi, D. S. (2020). Dampak Pernikahan Dini Di Desa Keruak Kecamatan Keruak Kabupaten Lombok Timur. Jurnal Ilmiah Mandala Education, 6(2).

Notoatmodjo, S., Anwar, H., Ella, N. H., & Tri, K. (2012). Promosi kesehatan di sekolah. Jakarta: Rineka Cipta, 21–23.

Nurmala, I. (2020). Mewujudkan Remaja Sehat Fisik, Mental dan Sosial:(Model Intervensi Health Educator for Youth). Airlangga University Press.

Oktavia, E. R., Agustin, F. R., Magai, N. M., Widyawati, S. A., & Cahyati, W. H. (2018). Pengetahuan Risiko Pernikahan Dini pada Remaja Umur 13-19 Tahun. HIGEIA (Journal of Public Health Research and Development), 2(2), 239–248.

Puspasari, H. W., & Pawitaningtyas, I. (2020). Masalah Kesehatan Ibu Dan Anak Pada Pernikahan Usia Dini Di Beberapa Etnis Indonesia; Dampak Dan Pencegahannya. Buletin Penelitian Sistem Kesehatan, 23(4), 275–283.

Rachman, S. N. (2019). Hubungan Dukungan Keluarga Dan Budaya Dengan Pernikahan Usia Dini Pada Perempuan Di Kampung Cibeo Kelurahan Kemanisan Kota Serang Tahun 2018. Jurnal Ilmiah Kesehatan Delima, 3(1), 34–40.

Raj, A., & Boehmer, U. (2013). Girl child marriage and its association with national rates of HIV, maternal health, and infant mortality across 97 countries. Violence against Women, 19(4), 536–551.

Raksun, A., Fahmi, A., Safira, A., Putri, N. M., Rahdyan, J. A., Arifah, A. N., Purandari, D. K. W., Wardana, S. A., Rahmadhani, D. S., & Sanjaya, A. (2023). Penyuluhan pencegahan pernikahan dini dan sosialisasi stunting sebagai upaya pencegahan stunting di desa dane Rase Lombok Timur. Jurnal Pengabdian Magister Pendidikan IPA, 6(3), 490–494.

Ramadhan, A., Fedryansyah, M., & Meilany, L. (2019). Peran Local Leader Dalam Penanggulangan Bencana Banjir Di Kecamatan Jatinangor. Focus: Jurnal Pekerjaan Sosial, 2(1), 1–12.

Ratnaningsih, M., Utami, R., & Waksi, F. (2020). Status kesehatan remaja perempuan yang mengalami perkawinan anak. Jurnal Kesehatan Reproduksi, 7(1), 26–40.

Realita, F., & Meiranny, A. (2018). Peran Pendidikan Dan Pendapatan Terhadap Kehamilan Remaja. Jurnal SMART Kebidanan, 5(1), 11.

Romauli, S., & Vindari, A. V. (2009). Kesehatan reproduksi.

Saputri, S. A. (2020). Gaya resolusi konflik dan kepuasan pernikahan pada wanita yang menikah muda. Jurnal Ilmiah Psikologi Psikoborneo, 8(3), 361–374.

Statistik, B. P. (2020). Pencegahan perkawinan anak. Jakarta: Kementerian Perencanaan Pembangunan Nasional.

Surbakti, E., Hasibuan, Y., & Pasaribu, R. (2022). The Effectiveness of Local-Leader-Based Social Interventions on Knowledge and Attitudes of Early Marriage among Mother Who Have Teenage Children. Open Access Macedonian Journal of Medical Sciences, 10(E), 1215–1220.

Svanemyr, J., Amin, A., Robles, O. J., & Greene, M. E. (2015). Creating an enabling environment for adolescent sexual and reproductive health: a framework and promising approaches. Journal of Adolescent Health, 56(1), S7–S14.

Taufikurrahman, T., Zulfi, A. N., Irmawati, E. F. F., Setiawan, W. P., Azizah, P. N., & Soeliyono, F. F. (2023). Sosialisasi pernikahan usia dini dan edukasi kesehatan reproduksi remaja sebagai upaya pencegahan stunting di Desa Pabean, Kabupaten Probolinggo. Scientia: Jurnal Hasil Penelitian, 8(1), 73–88.

Vogelstein, B., Papadopoulos, N., Velculescu, V. E., Zhou, S., Diaz, L. A., & Kinzler, K. W. (2013). Cancer genome landscapes. Science, 339(6127), 1546–1558.

Wahyuni, E. S., ST, S., & Keb, M. (2022). Persiapan Dan Perencanaan Kehamilan. Asuhan Kebidanan Pada Pranikah Dan Prakonsepsi, 109.

Yakubu, I., & Salisu, W. J. (2018). Determinants of adolescent pregnancy in sub-Saharan Africa: a systematic review. Reproductive Health, 15(1), 1–11.