Development of "Young Planning Clinic" Program as a Prevention Early in Adolescent Attitude in Martapura River Areas

by Atikah Rahayu

Development of "Young Planning Clinic" Program as a Prevention Early in Adolescent Attitude in Martapura River Areas

Meitria Syahadatina N.[1], **Atikah** Rahayu[2], **Fauzie** Rahman[3],
Fahrini Yulidasari[2], **Dian** Rosadi[4], **Nur** Laily[3], Hadianor[3]

*[1]MCH and Reproductive Health Department, [2]Nutrition Department, [3]Administration and Health Policy,
[4]Epedemiology Department, Public Health Study Program, Medical Faculty, Lambung Mangkurat University*

Abstract

The highest percentage of early marriage events for the last 3 years in girls <20 years old is found in Banjar Regency. In 2015 the percentage of early marriages reached 17.36% and in 2016 the percentage of early marriages in Banjar only slightly decreased to 16.47% while in 2017 early marriages in Banjar Regency in girls experienced an increase in cases with a percentage of 17.51% . The general purpose of this study is to explain the "Klinik Dana" Program as an Prevention of early marriage events in adolescents. The design of this study is analytical, with quasy experimental approach. The research subjects were teenagers at Banjar Regency. The number of subjects targeted for the activity was 62 teenagers. In this study, the research instruments were used as follows, questionnaire sheets, knowledge, attitudes and support for adolescent environments before and after the implementation of the program. The independent variable in this study is the development of the young clinic planning, while the dependent variable is the knowledge, attitudes and environment of adolescents. The results showed that before the intervention was obtained less knowledge of 45 respondents (72.6%), negative attitudes of 11 respondents (17.8%), and the environment did not support 3 respondents (4.9%). While the results in the second month obtained good knowledge of 9 respondents (14.5), negative attitudes of 1 respondent (1.6%), environment did not support 3 respondents (4.83%). At the final value, the results of the lack of knowledge are 1 respondent (1.6%), negative attitude 0% and environment that does not support 0%.This activity is proven to be able to increase knowledge, attitudes, and environmental support for the ideal age marriage. So that the Health Office and Puskesmas can apply this concept in an effort to reduce the rate of early marriage.

Keywords: *Early-age marriage, young clinic planning.*

Introduction

According to the National Coordinating and Family Planning Agency, the ideal age for marriage to women is at least 21 years and to men at least 25 years because at that age the female reproductive organs are psychologically well developed and strong and ready to give birth as well as men Men at the age of 25 will be ready to support their family life. Based on data from the United Nations Children's Fund (UNICEF) 2016 every year around 15 million girls in the world marry before the age of 18. One out of every seven girls in Indonesia is married before the age of 18. Indonesia is one of ten countries with the highest absolute number of child brides, namely 1,408,000 women aged 20 to 24 years have been married before the age of 18 (UNICEF, 2016). In Indonesia, in 2015 the Province of South Kalimantan was the second largest province of cases of early marriage with a percentage of 9% after Central Java (52.1%).

One regency in South Kalimantan which is located in the area of the river is Banjar Regency with the main river is the Martapura River. The Martapura River is the largest tributary in Banjarmasin. One of the social problems in Banjar Regency is the highest percentage of early marriages for the last 3 years in girls <20 years old in Banjar Regency. In 2015 the percentage of early

marriages reached 17.36% and in 2016 the percentage of early marriages in Banjar only slightly decreased to 16.47% while in 2017 early marriages in Banjar Regency in girls experienced an increase in cases with a percentage of 17.51% . Based on data from the Ministry of Religion, Kabupaten Banjar, Martapura Kota, was ranked first with girls who were married with age <20 years which reached 241 cases from 1489 marriages (16.19%) in 2015, 167 cases from 1173 marriages (14.24%) in 2016, and in 2017 that is equal to 237 cases from 1410 marriages (17.81%).

One solution that can be used to provide information and as a preventive effort for early marriage is the embodiment of the "Young Planning Clinic (Dana)" which can be used as a forum for adolescents and parents of adolescents to be given Communication, Information and Education (IEC) regarding generation planning in particular early marriage with the formation of "HIMUNG (Hope and Impian Menuntung) Cadres" and PIK-R (Information and Counseling - Youth Centers). This program is conceptualized in such a way that it fits the attractiveness of adolescents (Qiao, 2012).

Materials and Method

The design of this study is analytical with the Quasy Experimental approach, which aims to determine the effectiveness of the "Clinic Fund" as an Prevention of Early Marriage Events in Adolescents in the Martapura River. In field research, it usually uses quasi-experimental designs (quasi-experiments). The independent variable in this study is the development of the Fund Clinic, while the dependent variable is the knowledge, attitudes and behavior of adolescents in an effort to prevent the occurrence of early marriage[1].

The research subjects were teenagers who were on the riverbank of the Banjar Regency. The number of subjects targeted for the activity was 62 adolescents. The criteria of the counselor in this study were students of the Public Health Study Program at the Faculty of Medicine, Lambung Mangkurat University who had positive knowledge, attitudes and behaviors about the prevention of early marriage. The number of counselors involved was 6 people with a ratio of 1 cadre to 15 young women.

In this study, the research instrument was used as follows, the questionnaire sheet was the knowledge, attitudes and behavior of adolescents before and after the implementation of the program. Program are made in percentage form with the Wilxon Test to see differences after and before program development. In addition, it was also seen an increase in value every week to see the success of the fund clinical program.

Result and Discussion

1.   Univariate Analysis

Table 1 shows the distribution of variables according to categories that are likely related to the incidence of osteopenia in respondents.

Table 1. Frequency distribution of respondent and family characteristics

Variabel	Frequency (Person)	Percentage (%)
Knowledge		
a. Less	45	72,6
b. Well	17	27,4
Attitude		
a. Negatif	11	17,8
b. Positif	51	82,2
Environment		
a. Not Supported	3	4,9
b. Supported	59	95,1

Based on table 1 What is known is that students who are respondents in large numbers are still lacking in the amount of 45 respondents (72.6%). Knowledge used relates to age calculations, planning generation goals programs, restrictions on early marriage, factors that influence marriage events, behavior from marriage, family functions, children's rights, and also about maturation of marriage time. Of the 45 respondents, most of them still could not find out about the Genre program, which was as much as 95.5%, unknown about the minimum price of a married woman that is equal to 84.4%, unknown predisposing factors for a person's behavior were 91.1% can not know about the initial action: as much as 88.8%, the abnormalities produced before early as much as 75%.

The results of the study found that the majority of respondents had a positive attitude towards early sensitivity, namely 51 respondents (82.2%). Nevertheless, there are still 11 respondents (17.8%) who have a negative attitude.

The results of the study found that most respondents had a supportive environment for marriage with an ideal value of 59 respondents (95.1%). Nevertheless, there are

still 3 respondents with the assumption that they do not support the ideal day money. The environment used in this environment is ideal. The environment that is not supportive of marriage during ideal periods because of being pregnant in a young place is common in the respondent's place, which is 56.4%. Nationally can be seen by 8% of women 10-59 years of birth 5-6 children, and 3% of children over 7. An ideal woman is pregnant at the age of 20-35 years. The impact that will arise in pregnancy at an early time is maternal death. Based on the 2012 IDHS data, the Maternal Mortality Rate (MMR) is estimated at 359 per 100,000 live births.

2. Bivariate Analysis

Table 2. pre-test and post-test result

Category	P-Value	Information
First Month		
Knowledge	0,0001	Significant
Attitude	0,047	Significant
Environmet	0,002	Significant
Second Month		
Knowledge	0,008	Significant
Attitude	0,0001	Significant
Environmet	0,004	Significant
Third Month		
Knowledge	0,996	not significant
Attitude	0,144	not significant
Environmet	0,851	not significant

*p-value ($<0,05$)

Table 2 using the Wilcoxon test. Based on the table it is known that the activities in the first month showed significant results between before the implementation of the Fund Clinic with after the implementation of the Dana Clinic with a value of p = 0,0001 ($<\alpha$) for knowledge so that the results showed a significant change. This increase in knowledge is due to the fact that previously students did not know about the genre program and the impact of early marriage became aware of these things. Through the Clinic program this Fund will be delivered in relation to the genre program and matters relating to early marriage. So the students who became respondents became more aware of this.

The results showed that the attitude of students between before the implementation of the Dana Clinic and after the implementation of the Dana Clinic showed significant results with a value of p = 0.047 ($<\alpha$). Based on preliminary data there are 17.8% who still have

a non-supportive attitude towards the ideal marriage age. After conducting the Dana Clinic program in the first stage, some students, namely 63.6% of 11 female students, changed their attitudes to support the marriage with an ideal age.

The results showed that the environmental variables showed that there was a significant change between before the implementation of the Fund Clinic and after the implementation of the Dana Clinic with a value of p = 0.002 ($<\alpha$). Counseling is one form of health promotion that is simple and can cover broad goals. One of the initial outcomes of counseling activities was increasing knowledge[2].

Table 2 shows that the activities in the second month showed significant results between before and after the implementation of the Dana Clinic with a value of p = 0.008 ($<\alpha$) for knowledge so that the results showed significant changes. The change was caused by an increase in the number of female students whose knowledge was good, namely from 17 female students (27.4%) to 53 respondents (85.4%) or 58% increase in knowledge. As for the student's attitude, it shows significant results also with a value of p = 0,0001 ($<\alpha$). There was an increase in attitude change from 51 respondents (82.2%) to 59 respondents (95.1%) or increased by 12.9%. Whereas in the environmental variable the results show that there is a significant change between before and a myriad of activities with a value of p = 0.004 ($<\alpha$). The significance of this change is due to an increase in the supporting environment, from the initial 59 respondents (95.1%) who had a positive environment to 61 respondents (98.3%). In the results of this second month, it can be concluded that intervention activities can improve knowledge to be better, change attitudes that are still negative to be positive with significant test results and from environments that do not support being supportive of marriage at the ideal age.

Table 2 shows that activities in the third month showed insignificant results before before the implementation of the Fund Clinic with after the implementation of the Dana Clinic with p = 0.996 ($<\alpha$) for knowledge so that the results showed no significant changes. This is due to an increase in the number of female students whose good knowledge is not too much, namely from 53 female students (85.4%) to 55 respondents (88.7%) or an increase in knowledge as much as 3.3%. So that the increase in student knowledge does not look significant. The student's attitude showed a non-significant result

with p = 0.144 (<α). Changes in student attitudes after the Fund Clinic activities in the Third Month did not change drastically, ie from 59 respondents (95.1%) to 62 respondents (100%). The environment shows that there is no significant change between before and after the activity with a value of p = 0.851 (<α). Changes that occur are not significant, namely from the initial 61 respondents (98.3%) who have a positive environment to 62 respondents (100%). In the results of this third month all variables did not experience significant changes. This is because the knowledge, attitude, and environment of the respondents who have improved after intervention in the first and second months[4].

3. Final Results After Intervention for 3 Months

Table 3. Knowledge, Attitude and Environment After 3 Months of Intervention

Category	Frequency (Person)	Percentage (%)
Knowledge		
a. Less	7	11,3
b. Well	55	88,7
Attitude		
a. Negatif	0	0
b. Positif	62	100
Environment		
a. Not Support	0	0
b. Support	62	100

Based on table 3, it is known that the knowledge of adolescent students who become respondents is mostly good, that is equal to 55 respondents (88.7%). Good knowledge will shape and influence a person's mindset, then the mindset will form a positive attitude. The impact caused by early marriage is generally more experienced by women5. The results showed that the majority of respondents had a positive attitude towards early marriage in the amount of 62 respondents (100%). Besides knowledge, another factor that is also related to the incidence of early marriage is the attitude towards early marriage. According to Azwar (2009) the factors that influence attitudes are personal experiences where what has been and is being experienced will shape and influence one's appreciation of social stimulus and then form positive or negative attitudes. Other factors that influence the formation of attitudes are emotional. In addition there are mass media factors that can influence the formation of attitudes[6].

Based on table 3, it is known that most respondents have an environment that supports the marriage of the ideal age, which is equal to 52 respondents (83.9%). Environment is one of the factors associated with the incidence of early marriage. According to Puspitasari (2006), adding that the traditional factor of early age marriage is due to parents' fear of gossip from close neighbors, parents feel afraid that their children are said to be spinsters. Early marriage behavior is an operant behavior that is learned by adolescents from the environment where the individual lives. This is related to early marriage behavior which is influenced by the surrounding environment. The environmental influences referred to in this study are the existence of values and norms that develop in the community related to the existence of a young woman and the concept of marriage. The influence of the environment in this study was calculated through the level of adolescent's confidence in the norms and developing values[7].

4. Difference Test Analysis

Table 5. The Differences of Knowledge, Atittude, and Enviroment (before and after intervention)

Variable	P-Value
Knowledge	0,001
Attitude	0,0001
Environment	0,009

Table 4 using the Wilcoxon test. Based on the information, it is known that from the first, the results of the activity that have significant results before the activity and after counseling with a value of p = 0.001 (<α) for knowledge so that the results show there are significant changes . The student's attitude shows significant results also with a value of p = 0,0001 (<α). In the environment variable shows the results that there is a significant change between before and after the activity with a value of p = 0.009 (<α).

Conclusions

The knowledge of teenagers who become respondents is still largely lacking, amounting to 45 respondents (72.6%). Most of the respondents had neutral attitudes towards early marriage, which amounted to 51 respondents (82.2%). The knowledge variable shows that there is a significant change between before and after the activity with a value of p = 0.001. The attitude variable shows significant results between the first month to the third month with a value of p = 0,0001 (<α). In the environment variable shows the results that there is a significant change between before and after the activity with a value of p = 0.009 (<α).

Ethical Clearance: This study has received ethical approval from the Research Ethics Committee of the Faculty of Medicine, Lambung Mangkurat University, Banjarmasin, Indonesia. In this study, we used guidelines from the Public Health Ethics Committee, including title research, informed consent, research objectives, data rights obtained and also the signature of researchers and respondents. chairman.

Source Funding: This research was carried out by the Faculty of Medicine at Lambung Mangkurat University, Banjarmasin, Indonesia through a grant in the context of faculty superior development research.

Conflict of Interest: The authors declare that they have no confict interest.

References

1. Hardinsyah. Maternal employment status and income in relation to nutritional quality of family food in urban areas. Family Nutrition Media. 2016; 20(2): 86-9l

2. Nootoatmojo, Public Helath: Science and art. Jakarta: Rineka Cipta, 2007

3. Kemenkes, RI. Basic Health Research. Jakarta. Health Research and Development Agency RI, 2010.

4. Priharwanti A, Eka F, Nurul B.Health promotion strategy in an effort to reduce Maternal Mortality Rate (MMR) in Pekalongan City. Journal of Research and Mining in Pekalongan City, 2017.

5. BKKBN, Guidelines for managing Youth/ Student Information and Counseling Centers (Youth/ Student PIK), National Population and Family Planning Board, Jakarta, 2012.

6. N. Utami, Decision making for early marriage in young women in Umbulharjo District. Guidance and Counseling Journal, 2015:1-10.

7. Audina A, dkk. The relationship of perceptions of the application of family function to early marriage in women of childbearing age in Pracimantoro District, Wonogiri Regency in 2016. Journal of Public Health (e-Journal)2017; 5(4): 172-179.

Development of "Young Planning Clinic" Program as a Prevention Early in Adolescent Attitude in Martapura River Areas

Internet Source

<1%

| 10 | gulfnews.com
Internet Source | <1% |

| 11 | issuu.com
Internet Source | <1% |

| 12 | Submitted to Higher Education Commission Pakistan
Student Paper | <1% |

| 13 | gieas.org
Internet Source | <1% |

Exclude quotes   On   Exclude matches   Off
Exclude bibliography   On