



THE RELATIONSHIP BETWEEN KNOWLEDGE FACTORS, REPRODUCTIVE HEALTH CONDITIONS AND AGE ON READINESS TO HAVE A FAMILY IN YOUNG WOMEN

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ABSTRACT

In Indonesia, marriages between children under the age of 16 are around 1.8% and the percentage of marriages between children under 15 years is 0.6%. In Lampung Province, cases of early marriage in 2020 were relatively the same as in 2021, as many as 240 cases as of May 2021. In Metro City, 15 cases were ranked 2nd. in all districts/cities in Lampung Province. Lack of self-readiness in carrying out new tasks leads to divorce. Divorce cases in Lampung in 2021 were 17,043 cases, increasing to 16,110 cases in 2022. The aim of the research is to determine the relationship between knowledge, age and reproductive health conditions on readiness to have a family among young women in Metro City. The research design was cross sectional and used a sample of 163 people with an age range of 15-24 years. Sampling used Simple Random Sampling with incidental sampling technique. Data analysis used the Chi Square test. The research results showed that 56.5% of young women had insufficient knowledge about family readiness, 39% experienced reproductive health problems, 83.1% of the fertile age group were at risk and 51.5% of young women experienced reproductive health problems. The results of the correlation analysis show a relationship between knowledge, reproductive health conditions and the age of adolescent girls with readiness to start a family. Adolescent classes need to be formed as a forum for communication of information and education (KIE) and an effort to screen the health of prospective brides and grooms.

Keywords: Health Condition, Family Readiness, Age

ABSTRAK

Di Indonesia, perkawinan anak di bawah usia 16 tahun berkisar 1,8% dan persentase perkawinan anak di bawah 15 tahun sebesar 0,6%. Di Provinsi Lampung kasus pernikahan dini tahun 2020 relatif sama dengan tahun 2021, sebanyak 240 kasus hingga Mei 2021. Di Kota Metro sebanyak 15 kasus menduduki peringkat ke-2. di seluruh kabupaten/kota di Provinsi Lampung. Kurangnya kesiapan diri dalam menjalankan tugas baru berujung pada perceraian. Kasus perceraian di Lampung tahun 2021 sebanyak 17.043 kasus meningkat menjadi 16.110 kasus tahun 2022. Tujuan penelitian mengetahui hubungan antara pengetahuan, usia dan kondisi kesehatan reproduksi terhadap kesiapan berkeluarga pada remaja putri di Kota Metro. Desain penelitian adalah cross sectional dan menggunakan sampel sebanyak 163 orang dengan rentang usia 15-24 tahun. Pengambilan sampel menggunakan Simple Random Sampling dengan teknik sampling insidental. Analisis data menggunakan uji Chi Square. Hasil penelitian sebanyak 56,5% remaja putri memiliki pengetahuan kurang tentang kesiapan berkeluarga, 39% mengalami masalah kesehatan reproduksi, 83,1% kelompok usia subur berisiko dan 51,5% remaja putri mengalami masalah kesehatan reproduksi. Hasil analisis korelasi terdapat hubungan antara pengetahuan, kondisi kesehatan reproduksi dan usia remaja putri dengan kesiapan berkeluarga Perlu dibentuk kelas remaja sebagai wadah komunikasi informasi dan pendidikan (KIE) dan upaya penyarangan kesehatan calon pengantin.

Kata kunci: Kondisi Kesehatan, Kesiapan Berkeluarga, Usia

INTRODUCTION

Early child marriage still occurs in Indonesia. In fact, there are one in four children who have been married before 16 years old or around 1.8% and the percentage of child marriages less than 15 years old is 0.6% (BPS, 2020). Susenas (2018) states that out of 627 million Indonesians, there are at least 11.2% of child marriages (BPS, 2021). In Lampung Province, based on the records of the Bandar Lampung High Court of Religion (PTA), cases of early marriage in 2020 were relatively the same in 2021 where there were 240 cases until May 2021. Meanwhile, in Metro City, which is ranked 2nd out of all cases in all regencies/cities in Lampung Province, there were 15 cases of early marriage (BPS, 2015).

Not only poverty, there are many other factors that cause early child marriage. Factors causing early marriage among adolescents can be caused from the child (internal) and from outside the child (external). Internal factors that cause early marriage include educational factors, knowledge, self-will factors, factors that have had biological intercourse, pregnancy before marriage so that MBA (married by accident) occurs. External factors that cause early marriage are parental factors,

religious understanding, economic factors, customary and cultural factors and mass media (Soekanto, 2012).

The results of research conducted by the Project Manager of Rumah KitaB in Pandegelang Banten and Madura on early marriage state that poverty is not the sole factor in this phenomenon. Religious factors and the view of the community to avoid adultery are the reasons for marrying off their children at an early age. The involvement of formal and non-formal institutions that legalise this culture is part of the cause of early marriage. Furthermore, he explained that development that does not pay attention to social factors causes changes in living space that have an impact on poverty. As a result of being poor, it triggers parents to marry off their children so that their responsibility is relieved to provide for the child (Fisip UI, 2017).

Marriage at an early age can have a negative impact on the couple themselves, especially for their education, health, economy, which has the potential to cause new poverty or structural poverty to the emergence of domestic violence (BKKBN, 2019). Early marriage in women is at risk of 2.6 greater maternal mortality, 50% infant mortality, 2-5 times pregnancy complications, 5 times miscarriage, 35.55% LBW and difficult labour. In addition, early marriage has the ability to give birth 5 times greater than non-early marriage (Elsy, 2017). Women who become pregnant and give birth at an early age have a high tendency to give birth to stunted children. This is evidenced by a study that shows there is a relationship between maternal age at delivery and the incidence of stunting. The younger the mother's age at childbirth, the greater the likelihood of giving birth to a stunted child (Nurhidayati, et al, 2020). Another impact can be the risk of reproductive health problems such as cervical cancer and physical trauma to the intimate organs (Kemenkes. RI, 2020).

Marriage readiness is not just financial preparation. Marriage readiness includes the willingness of individuals to prepare themselves to form a physical and mental bond between a man and a woman as husband and wife. Adjustment to roles and duties for couples, especially at the beginning of marriage, certainly has the potential to cause problems and conflicts in couples. One of the causes of the difficulty of carrying out new tasks is the lack of self-readiness to carry out these new tasks (Papalia, D.E & Old, 2011).

Factors that need to be considered in family readiness include: age readiness, financial readiness, physical readiness, mental readiness, emotional readiness, social readiness, moral readiness, interpersonal readiness, life skills readiness and intellectual readiness (BKKBN (2019). Knowledge is related to the intellectual ability of an individual. The more intellectual abilities an individual has, the more able he or she is to solve the problems faced (Fisip UI, 2017). The factors that influence a person's knowledge include; age, education, mass media/sources of information, socio-culture and economy, environment and experience (Notoatmodjo, 2021).

Basic knowledge that needs to be owned and understood by adolescents includes an introduction to the system, process and function of reproductive organs related to aspects of adolescent growth and development. The importance of maturing at the age of marriage and how to plan a pregnancy to suit her and her partner's wishes. Sexually transmitted diseases and HIV/AIDS and their impact on reproductive health conditions. The dangers of drug use on reproductive health. Social and media influences on sexual behaviour. Sexual violence and how to avoid it (BKKBN, 2019). In addition, adolescents are also expected to be able to develop communication skills including strengthening self-confidence in order to be able to ward off negative things and reproductive rights (Kemenkes. RI, 2015). On the other hand, adolescents need to understand their reproductive health. The goal is for adolescents to have correct information about the reproductive process and various factors related to reproductive health. The hope is that by having the right information, adolescents will have responsible attitudes and behaviours regarding the reproductive process.

Many people think that marriage is a common and natural thing, even though there are many other aspects, including health aspects, that need to be prepared before starting a family. There are not

many detailed studies that can explain the factors associated with the readiness of adolescent girls to start a family, especially in Metro City, which is the basis of interest in conducting this research.

METHOD

This research is an analytical observational study with a cross-sectional approach. The aim of this research is to determine the relationship between knowledge, age and reproductive health conditions of adolescent girls on readiness to start a family in Metro City.

The research subjects were all young women aged 15 – 24 years in Metro City. The research's independent variables are knowledge, age, reproductive health conditions and the dependent variable is readiness to have a family. Sampling was taken using Simple Random Sampling using the incidental sampling technique. Sampling was carried out face to face with young women who met the inclusion and exclusion criteria and were willing to be samples by signing a consent form.

The sample in this study was all young women aged 15-24 years who lived in the Metro City area, totaling 15,498 people (9.78%). The sample size in this study was determined through calculations using the sample size formula to estimate the proportion of an unlimited population (Lemeshow et al 1990; Charan and Biswas, 2013 in Murti, 2016)20 as follows:

$$n = \frac{Z_{1-\alpha/2}^2 pq}{d^2}$$

Information:

p = estimation of the proportion of the studied variable in the population(p = 9,8%)

q = 1 – p (q = 0,9)

$Z_{1-\alpha/2} = 1,96$

d = 5%

So a number of samples are obtained: $n = \frac{(1,96^2) 0.098 (0,9)}{(0,05)^2}$

$n = 135,53$ rounded to = 136

Anticipating drop outs in collecting research data, the researcher added 20% to the minimum number of samples. After carrying out calculations, the number of samples in this study was obtained as follows: $136 + 20\% = 136 + 27.2 = 163.2$ and rounded up to 164 respondents.

The validity and reliability test of this instrument was carried out on the knowledge variable questionnaire. utilize computer software. Univariate and bivariate data processing and analysis using the chi square test.

RESULTS

The research was carried out at SMA Darul Amal Jalan Pesantren Kel. Mulyojati 16B District. West Metro Metro City as many as 20 young women, at Muhammadiyah Vocational School 3 Jalan Soekarno-Hatta Kel. Mulyojati 16B District. West Metro Metro City as many as 63 young women, at Darul Mutaqin High School Jalan Al Muttaqin II Kel. Mulyojati 16B District. West Metro Metro City consisted of 53 young women so that the total research sample according to the sample size calculation was 136 young women. The research results can be presented as follows:

Research Variables	F (people0	%
Knowledge about Family Readiness:		
Less (<mean)	77	56,6
Good ($\geq$ mean)	59	43,4
Health condition :		
Have health problems	53	39,0
Normal	83	61,0
Reproductive Age:		
Risky (<20 thn)	113	83,1
Safe ($\geq$ 20 thn)	23	16,9
Readiness to start a family:		
Not ready	70	51,5
Ready	66	48,5

Table 1. Distribution of Respondents

Table 1 shows that of the 136 respondents, 56.5% (77) had poor knowledge about family readiness, 39% (53) of young women had reproductive health problems including 1 (1.9%) with obesity, 10 (18.9%) were overweight and 42 (79%) were underweight. A total of 83.1 (113) teenagers of reproductive age were at risk, 51.5% (70) of teenagers said they were not ready to start a family.

Variabel	Readiness to start a family				Total		OR (95% CI)	P Value
	Not ready		Ready					
	n	%	n	%	n	%		
1. Knowledge about Family Readiness								
a. Less (<mean)	46	59,7	31	40,3	77	100	2,164	0,042
b. Good ($\geq$ mean)	24	40,7	35	59,3	59	100	(1,085-4,318)	
2. Health condition :								
a. Have health problems	42	79,2	11	20,8	53	100	7,500	0,000
b. Normal	28	33,7	55	66,3	83	100	(3,354-16,772)	
3. Reproductive Age:								
a. Risky (<20 thn)	67	59,3	46	40,7	113	100	9,710	0,000
b. Safe ($\geq$ 20 thn)	3	13,0	20	87,0	23	100	(2,726-34,583)	
Jumlah	70	51,5	66	48,5	136	100		

Table 2. Relationship between Knowledge, Health Condition and Age with Readiness to Start a Family

Table 2 shows that of the 136 respondents, there were 70 young women who said they were not ready to start a family, as many as 59.7% (46) young women had knowledge about family readiness in the poor category, while as many as 40.7% (24) young women were in the poor category. Good knowledge is not ready to start a family. The results of the chi-square statistical test obtained p-value = 0.042 ($\leq$ alpha) so that H_0 was rejected or there was a significant relationship between adolescent knowledge and readiness to have a family. The results of the analysis also obtained a value of OR=2.164 (CI: 1.085-4.318)), meaning that teenagers who have knowledge about family readiness are in the poor category and are less likely to be ready to have a family compared to teenagers who have good knowledge.

As many as 79.2% (42) of young women with health conditions who have health problems/disorders are not ready to start a family, while as many as 33.7% (28) of young women who have normal health conditions are not ready to start a family. The results of the chi-square statistical test obtained p-value = 0.000 ($\leq$ alpha) so that H_0 was rejected or there was a significant relationship between adolescent health conditions and readiness to have a family. The results of the analysis also obtained a value of OR=7.500 (CI: 3.354-16.772), meaning that teenagers with health conditions/health problems are more likely to be not ready to start a family compared to teenagers who have normal health conditions.

As many as 59.3% (67) of young women of at-risk age (<20 years) were not ready to have a family, while 13.0% (3) of young women of safe reproductive age were not ready to have a family. The results of the chi-square statistical test obtained $p\text{-value} = 0.000 (\leq \alpha)$ so that H_0 was rejected or there was a significant relationship between adolescent age and readiness to have a family. The results of the analysis also obtained an OR value = 9.710 (CI: 2.726-34.583), meaning that teenagers in the at-risk age group are less likely to be ready to start a family compared to teenagers in the safe reproductive age group.

DISCUSSION

The research results showed that of the 136 respondents, 56.5% (77) had poor knowledge about family readiness, 39% (53) of young women had reproductive health problems including 1 (1.9%) with obesity, 10 (18.9%) were overweight and 42 (79%) were underweight. A total of 83.1 (113) teenagers of reproductive age were at risk, 51.5% (70) of teenagers said they were not ready to start a family. This result is the same as found by Fahira, Tsalusa Rosma (2021) in his research on public health students at Airlangga University that knowledge about reproductive health was still relatively low (index value 52.4) whereas in East Java (index value 55.6). Research conducted by Septianti, Delita, et al (2016) showed that the percentage of respondents who married early was greater with less knowledge (44%), while the percentage of respondents who did not marry early was higher. good knowledge (75%). The results of research by Fitri, S and Euis, S (2013) show that more than three quarters of male students (78.1%) and three quarters of female students (75.6%) feel that being ready to marry means having physical and health readiness. , psychologically ready as well as material or emotional readiness. Research conducted by Septianti, Delita, et al (2016) showed that the percentage of respondents who married early was greater with less knowledge (44%), while the percentage of respondents who did not marry early was higher. good knowledge (75%). The results of this research show that the distribution of young women in readiness to start a family really takes into account the factors of having good knowledge, optimal health conditions and readiness at the ideal age for marriage.

In this research, from 136 respondents, there were 70 young women who said they were not ready to start a family, as many as 59.7% (46) young women had poor knowledge about family readiness, while as many as 40.7% (24) young women had good knowledge. not ready to start a family. The results of the chi-square statistical test obtained $p\text{-value} = 0.042 (\leq \alpha)$ so that H_0 was rejected or there was a significant relationship between adolescent knowledge and readiness to have a family. The results of the analysis also obtained a value of $OR=2.164$ (CI: 1.085-4.318), meaning that teenagers who have knowledge about family readiness are in the poor category and are less likely to be ready to have a family compared to teenagers who have good knowledge. This research is in line with what was found by Nur Aisah, Ulfah (2017) of the respondents who had many early marriages were respondents who had less knowledge about early marriage. It was found that there was a significant relationship between the level of knowledge of teenagers about early marriage and the incidence of early marriage in Saptosari District, Gunungkidul Regency ($p\text{ value}=0.000$). Indanah, et al (2020), in their research in Dawe District, Kudus Regency, also found the same thing that there was a significant relationship between knowledge and early marriage ($p\text{ value} = 0.037; \alpha=0.005$).

This is in line with Notoatmodjo, S. (2010) who explains that a person's actions can be formed with knowledge. It was further explained that knowledge consists of positive and negative aspects, the more positive aspects one has, the better the behavior. Meanwhile, according to Soekanto (2012), the factors that cause early marriage among teenagers are the causes of children and outside children. Internal factors that cause early marriage include educational factors, knowledge, own desire factors, factors of having had a biological relationship, being pregnant before marriage so

that MBA (merried by accident) occurs. External factors that cause early marriage are parental factors, understanding of religion, economic factors, traditional and cultural factors and mass media. Factors that influence a person's knowledge according to Notoatmodjo (2010) include; age, education, mass media/information sources, socio-cultural and economic, environment and experience. The basic knowledge that teenagers need to have and understand includes (Ministry of Health, Republic of Indonesia, 2015). This means that the level of knowledge influences a person's behavior, women with good reproductive knowledge tend to marry at a mature age because they think about the risks of their marriage (Mambaya. E. 2011).

The results of this study found that as many as 79.2% (42) young women with health conditions who had health problems/disorders were not ready to start a family, while as many as 33.7% (28) young women who had normal health conditions were not ready to start a family. The results of the chi-square statistical test obtained $p\text{-value} = 0.000 (\leq \alpha)$ so that H_0 was rejected or there was a significant relationship between adolescent health conditions and readiness to have a family. The results of the analysis also obtained a value of $OR=7.500$ (CI: 3.354-16.772), meaning that teenagers with health conditions/health problems are more likely to be not ready to start a family compared to teenagers who have normal health conditions. The results of this study found reproductive health problems including 1 (1.9%) with obesity, 10 (18.9%) with overweight and 42 (79%) with thin status. Research conducted by Nedra. W, Soedjatmiko, Firmansyah. A (2006) in East Jakarta that teenagers who were not physically ready to become mothers-to-be were found at 42.3%. The same thing was found by Fitri, S and Euis, S (2013) in their research showing that the obtained $p\text{-value} = 0.014 (\leq \alpha)$ so that there is a relationship between sexual readiness and readiness to have a family. The findings of this research are the same as those obtained by Indanah, et al (2020), in their research in Dawe District, Kudus Regency, that there was a relationship between premarital sexual behavior factors ($p\text{ value} = 0.000; \alpha=0.005$) and the incidence of early marriage. According to Mardiah (2019), family life or married life is a normal and healthy hope and intention of every young person and teenager during their development and growth period. This hope feels brighter and the encouragement becomes stronger if they are physically in good health and have other things that support life if they have a family in the future, such as having a permanent job, having a desired candidate and so on. According to Fitri. S and Euis, S (2013) that the planned generation program is a breakthrough for teenagers in increasing their knowledge and maturing at marriage age. Family readiness is basically important to learn. Readiness for marriage is the basis for decision making with whom to marry, when and for what reason to marry and how they will behave in the marriage relationship.

The results of this research showed that 59.3% (67) of young women of at-risk age (<20 years) were not ready to start a family, while 13.0% (3) of young women of safe reproductive age were not ready to start a family. The results of the chi-square statistical test obtained $p\text{-value} = 0.000 (\leq \alpha)$ so that H_0 was rejected or there was a significant relationship between adolescent age and readiness to have a family. The results of the analysis also obtained an $OR\text{ value} = 9.710$ (CI: 2.726-34.583), meaning that teenagers in the at-risk age group are less likely to be ready to start a family compared to teenagers in the safe reproductive age group. This finding is in line with Kurniawati's research. Novi and Ardiansyah. RY (2021) shows that the obtained $p\text{-value} = 0.009 (\leq \alpha)$ so that there is a relationship between age and the prospective bride and groom's readiness to marry. In line with what Muhardeni (2018) explains, age is an important factor in marriage, where individuals who marry at a young age tend to have more difficulty building a harmonious household than individuals who marry at an older age. Age readiness can be interpreted as age readiness for marriage, namely a minimum of 21 years for women and 25 years for men. The importance of age readiness is related to mature mindset in carrying out family life.

This is in accordance with the Law of the Republic of Indonesia which stipulates that women are permitted to marry when they reach the age of 16, while men reach the age of 19 (Regional Minister of Religion Regulation Number 11 of 2007). According to health science, the ideal married couple in terms of mature age is between 20-25 years for women and 25-30 years for men. This period is the best time to marry, because at that age both men and women are mature enough to act and mature in thinking. (Khairunnas, 2013). The research conclusions show that there is a relationship between knowledge, reproductive health conditions and age on readiness to have a family in young women. Considering the need for forming a quality family, along with government programs that have been implemented especially for prospective brides (catin), information and education communication (KIE) and screening efforts are also needed for prospective brides, especially young women.

Study Limitations

There are several limitations to the current investigation. Information referring to knowledge, reproductive health conditions and age was collected through self-reported questionnaires, and the results were highly subjective in their interpretation. We realize that even though the sampling was random, the geographic sample of participants limits this research, where the research subjects are limited to young women who live in Metro City, so we cannot identify all young women in Indonesia.

CONCLUSIONS AND SUGGESTIONS

Readiness to have a family in young women is related to knowledge ($p\text{-value} = 0.042 \leq \alpha$), adolescent reproductive health conditions ($p\text{-value} = 0.000 \leq \alpha$) and the age of the teenager itself ($p\text{-value} = 0.000 \leq \alpha$). It is necessary to form a quality family, along with government programs that have been implemented especially for prospective brides (catin), it is necessary to form youth classes as an information communication and education (KIE) effort and screening efforts for prospective brides, especially young women.

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ETHICAL CONSIDERATIONS

Ethical approval was obtained from the Tanjungkarang Ministry of Health Health Polytechnic Ethics Commission number No.250/KEPK-TJK/X/2022, dated June 17 2022.

Conflicts of Interest

Authors declare that there are no conflict of interest in this research.

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