



## The Influence of Health Education on the Dangers of Early Marriage with Adolescents' Knowledge Level at SMA Negeri 2 Gorontalo

Dinda Febriyani Ishak<sup>1</sup>, Ita Sulistiani<sup>2</sup>, Nur Fitriah Jumatrin<sup>3</sup>

Mahasiswa Program Studi Ilmu Keperawatan UNG

Dosen Program Studi Ilmu Keperawatan UNG

Dosen Program Studi Ilmu Keperawatan UNG

Email: [dindafebriyaniishak21@gmail.com](mailto:dindafebriyaniishak21@gmail.com)

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### ABSTRACT

Early marriage is still a serious problem in Indonesia, including in Gorontalo Province, the impact of early marriage such as school dropouts, psychological problems, and reproductive health risks in adolescents. Prevention efforts that can be carried out include health education to increase adolescents' knowledge about the dangers of early marriage. The study aims to determine the influence of health education about the dangers of early marriage on the level of knowledge of adolescents at SMA Negeri 2 Gorontalo. The study used a quantitative method with a pre-experimental design in the form of a group with pre- and post-intervention measurements. The study population was 756 students in grades X and XI. The research sample amounted to 88 respondents with stratified random sampling techniques. Interventions are provided through face-to-face health education with leaflet and poster media. The collection used a knowledge questionnaire of 30 items. Data analysis was conducted using the Paired Sample T-Test. The results showed that before being given health education, the majority of respondents had a moderate level of knowledge of 60 respondents (68.2%) with an average score of 19.18. After being given health education, the majority of respondents had a high level of knowledge as many as 67 respondents (76.1%) with an average score of 24.65. The results of the Paired Sample T-Test showed a p-value = 0.000 ( $p < 0.05$ ), so it can be concluded that there is an influence of health education about the dangers of early marriage on the level of knowledge of adolescents at SMA Negeri 2 Gorontalo. Health education has been proven to be effective in increasing adolescents' knowledge as a promotive and preventive effort in preventing early marriage.

### INTRODUCTION

Indonesia and in various countries. This condition not only causes problems for the individuals involved, but also has a wide impact on families, communities, and even nation building. Children who marry at an early age tend to miss out on educational opportunities, are at high risk of experiencing reproductive health problems due to pregnancy at a young age, and face limitations in obtaining decent employment. This phenomenon is also closely related to other social problems, such as poverty, gender gaps, and high rates of dependency in households (Putri and Nurwati, 2024).

According to the United Nations Development Economic and Social Affairs (UNDESA) in 2024, Indonesia ranks 37th in the world in the early marriage rate of 34%. Meanwhile, in the Southeast Asian region, Indonesia is in second place after Cambodia, as many as 23% are married before the age of 18. Based on data from the Central Statistics Agency (BPS), the prevalence of early marriage in Gorontalo Province is recorded in the 10 most provinces in Indonesia with a percentage in 2022 of 7.61%, 7.56% in 2023, and 7.34% in 2024. Based on data from the Gorontalo Province BPS in 2024, the highest rate of early marriage was found in the city of Gorontalo with a percentage of 3.09%. Based on data from the Gorontalo Provincial Health Office, which shows that in Gorontalo City early marriage has increased every year, from 2.5% in 2022, increasing to 6.2% in 2023, and again rising to 7% in 2024, while according to data from the Gorontalo City Health Office, early marriage also fluctuates every year, in 2022 it increased by 13%, decreased to 0.48%, and in 2024 it increased by 1.5%. The data above can be concluded that marriage under the age of 18 is still a prominent problem in Indonesia, including in the provinces.

This condition indicates that the problem of early marriage in Gorontalo City still requires serious attention, so it is important to study further in research.

Early marriage is influenced by several important factors, such as low levels of education, family economic conditions, and lack of understanding and supervision from the surrounding environment that should be able to protect them. This condition is exacerbated by the lack of access to information and the lack of assistance, so that children are more vulnerable to making the decision to marry prematurely. In addition, the use of technology and digital media without proper assistance often triggers relationships that lead to social pressure or situations that encourage marriage at a young age (Fadhilah, 2021).

Early marriage is one of the problems that pose various dangers for adolescents, especially from health and psychological aspects. Pregnancy at a young age has a high risk because the reproductive organs have not developed optimally, so it can pose dangers in the form of complications such as premature birth, low birth weight, and maternal and infant death. In addition, limited knowledge about reproductive health is also dangerous because it can pose a danger because adolescents are not ready to carry out their roles and responsibilities in the household tend to experience stress, anxiety, and depression, which ultimately triggers family conflicts that lead to divorce (Mutiah et al., 2024).

Based on the various dangers posed by early marriage, it shows that adolescents' knowledge about the risks of early marriage still needs to be improved. Research results Astuti, (2020) shows that early marriage has a negative impact on families, especially on education and child development. Unstable economic conditions make children less likely to receive learning support and at risk of dropping out of school. In addition, the emotional immaturity of young couples triggers conflicts in the household that affect the child's psychology, such as insecurity and defiant behavior. The study also confirms that the mental and financial unpreparedness of parents causes parenting to be not optimal.

The negative impact caused by early marriage shows that this problem is still a real threat to the welfare of the younger generation. This condition is found in Gorontalo Province, where the practice of early marriage still occurs frequently and poses various social and health hazards. Early marriage in Gorontalo Province has many impacts, both in terms of social, economic, and adolescent reproductive health. Research Results (Wantu et al., 2021) Explains that this phenomenon is influenced by poverty, low education, and patriarchal cultural pressure, where some parents marry their children to maintain family honor or due to economic factors. In addition, the results of the study show that this practice can ignore children's right to receive education and proper legal protection, thus causing social vulnerability and sustainable poverty. Meanwhile, from the results of the research Hidayat et al., (2024) highlighting that there are still many applications for marriage dispensation in the Gorontalo Religious Court, showing weak legal awareness and lack of preventive efforts.

One of the important efforts in preventing early marriage is through health education, this intervention has proven effective in increasing adolescents' knowledge about early marriage and its impacts. Adolescents need guidance to be able to make wise decisions, so that health education not only informs, but also encourages changes in attitudes and behaviors. One effective method is counseling, especially when combined with media such as leaflets, posters, or visual presentations. Through direct interaction, youth can discuss and understand the material more deeply. This shows that health education through counseling and information media is expected to be able to prevent early marriage and equip adolescents with knowledge that is useful for the future (Kaban et al., 2023).

Knowledge is an important intervention in preventing early marriage because most women who marry at a young age do not understand the health, social, and reproductive risks it poses. Ignorance makes them accept this practice as something natural, so cultural norms, family pressures, and religious interpretations are more dominant in shaping decisions. Low awareness of pregnancy complications, maternal and infant mortality, and psychological impact make them have no basis for rejecting early marriage. Therefore, education and knowledge enhancement are needed so that adolescents and the community are able to assess risks rationally, resist social pressure, and prevent the sustainability of these practices.

Research conducted by Kamelia Sinaga (2024) found that providing education about early marriage is able to increase knowledge and change the views of adolescents. Before the intervention, many students did not understand the impact and still accepted marriage at a young age. After being given the material, adolescents become more aware of the risks and tend to reject the practice. These findings show that education plays an important role in shaping adolescents' attitudes not to choose marriage at an early age (Kamelia Sinaga, 2024). In a study conducted by Margaretha Eva Millenia et al. (2022) regarding the influence of health education on adolescents' level of knowledge about the dangers of early marriage, the results of a study using the literature review method from six journals were obtained, and all of them showed an increase in knowledge after being given health education. The results of the study noted a significant difference between the pre-test and post-test scores, with an increase in the number of well-informed respondents from 5.1 percent to 24.4 percent. Health education has proven to be effective as a strategy in increasing knowledge and preventing early marriage in adolescents (Millenia et al., 2022).

Based on the results of initial observations made by researchers at SMA Negeri 2 Gorontalo on 30 students who were interviewed, it was concluded that only 7 students who were interviewed knew in general about early marriage, and from the other 23 students admitted that they had not received clear information or special education

about early marriage. interviews with teachers also showed that knowledge about early marriage is more possessed by students who are active in PIK-R (Adolescent Information and Counseling Center) because counseling related to early marriage is only carried out to PIK-R students, as a result of which students' knowledge about early marriage is still limited. In addition, adolescents' social behavior is also quite concerning, it was found that of the 30 students who have been interviewed, 13 others have been involved in dating activities, such as kissing hands and cheeks in the school environment. Even though there have been reprimands related to this, some students still continue this behavior, and based on the results of interviews from 1 BK teacher, it was found that there were cases of pregnancy at school age from 2022-2024, which had an impact on the cessation of education and the emergence of psychological and economic burdens for both the teenager himself and his family.

Based on the above background description, the researcher is interested in conducting a study on "The Influence of Health Education on the Dangers of Early Marriage with the Level of Adolescent Knowledge at SMA Negeri 2 Gorontalo".

## RESEARCH METHODS

This research is a type of quantitative research with a research design using Pre-Experimental where an initial assessment of the sample's knowledge was carried out and then reassessed after being given treatment (Nursalam, 2020). This research was carried out in 2 days, with Pre-test before health education and Post-test which is carried out the day after health education. This type of design uses One Group Pretest-Posttest Design. This research involves one group, namely the provision of health education in the form of education face to face with media (leaflet and poster) which aims to analyze the influence of health education on the dangers of early marriage with adolescents' knowledge levels at SMA Negeri 2 Gorontalo

The population in the study is the inclusion of all objects or subjects that are the purpose of the research according to the criteria that have been set (Subhaktiyasa, 2024). The total number of students in grades X XI and XII is 1,147 and the population in this study is students in grades 10 and 11 at SMA Negeri 2 Gorontalo with a total of 756 students

## RESEARCH RESULTS

### Univariate Analysis

#### Characteristics of respondents

The characteristics of the respondents in this study describe an overview of the research subject which includes several aspects, such as gender, age, and class. These characteristics are presented in the form of frequency and percentage distributions to provide an overview of the profiles of respondents involved in the study.

#### Characteristics of respondents by gender

Based on the research conducted, data on respondent characteristics based on gender in SMA Negeri 2 Gorontalo students were obtained as follows:

Table 1 Characteristics of respondents by gender

Yes	Gender	Frequency (n)	Present (%)
1.	Male	28	31,8
2.	Women	60	68,2
	<b>Total</b>	<b>88</b>	<b>100</b>

Based on table 2, it shows that of the 88 respondents studied, the majority of respondents were female, namely 60 respondents (68.2%), while a small part was male as many as 28 respondents (31.8%).

#### Characteristics of respondents by age

Based on the research conducted, data on respondent characteristics based on age in SMA Negeri 2 Gorontalo students were obtained as follows:

Table 2 Characteristics of respondents by age

No.	Gender	Frequency (n)	Present (%)
1.	Male	26	35,6
2.	Women	47	64,4
	<b>Total</b>	<b>73</b>	<b>100</b>

Based on table 2, it was found that of the 88 respondents studied, the majority of respondents were 16 years old, namely 38 respondents (43.2%), while a small percentage were 18 years old as many as 1 respondent (1.1%).

### Characteristics of respondents by class

Table 4 Characteristics of respondents by class

Yes	Classes	Frequency (n)	Present (%)
1.	Class X	44	50
2.	Class XI	44	50
<b>Total</b>		<b>88</b>	<b>100</b>

Based on table 4, it shows that of the 88 respondents studied, class X and class XI each amounted to 44 respondents (50%).

Table 5 Levels of knowledge before health education

Yes	Knowledge Level	L	P	Total (%)
1.	Low	6	10	18,2
2.	Medium	18	42	68,2
3.	Height	4	8	13,6
<b>Total</b>		<b>28</b>	<b>60</b>	<b>100</b>

Based on table 5, it was found that out of 88 respondents, the majority of respondents had a moderate level of knowledge, namely 60 respondents (68.2%), while a small percentage had a high level of knowledge, namely 12 respondents (13.6%).

**Table 6. Characteristics of respondents based on knowledge level (post-test)**

Yes	Knowledge Level	L	P	Total (%)
1.	Medium	5	16	23,9
2.	Height	23	44	76,1
<b>Total</b>		<b>28</b>	<b>60</b>	<b>100</b>

Based on table 6, it shows that of the 88 respondents, the majority have a high level of knowledge, namely 67 respondents (76.1%), while a small part is in the medium category, namely 21 respondents (23.9%).

### Research variables

Table 7 Knowledge level before health education

Yes	Knowledge Level	Frequency (n)	Present (%)
1.	Height	12	13,6
2.	Medium	60	68,2
3.	Low	16	18,2
<b>Total</b>		<b>88</b>	<b>100</b>

Based on table 7, it shows that before being given health education, most of the respondents were in the medium category, namely 60 respondents (68.2%), and a small number in the high category as many as 12 respondents (13.6%).

### Level of knowledge after health education

Table 8 Knowledge level after health education

Yes	Knowledge Level	Frequency (n)	Present (%)
1.	Height	67	76,1
2.	Medium	21	23,9
<b>Total</b>		<b>88</b>	<b>100</b>

Based on table 8, it shows that after being given health education, most of the respondents were in the high category, namely 67 respondents (76.1%), while the medium category was 21 respondents (23.9%).

## Bivariate Analysis

Table 9 Data Normality Test

Variable	Kolmogorov	Sig.	Remarks
Post-test–Pretest Difference	0,255	>0.05	Normally distributed

Based on table 9, it shows that the post-test and pre-test difference data are distributed normally, so the analysis uses the Paired Sample T-Test parametric test.

## Analysis of the Influence of Health Education

Table 10 Analysis of the influence of health education

Variable	Categories	n	Red	Mean Difference	SD	p-value
Knowledge	Pretest	88	19,18	5,47	2,934	0,000
	Posttest	88	24,65	5,47	2,626	0,000

Based on table 10, the results were obtained that the average level of knowledge before being given health education was 19.18 and increased to 24.65 after being given health education. The results of the statistical test showed a p-value of 0.000 ( $<0.05$ ), so it can be concluded that there is an influence of health education on the level of knowledge of adolescents.

## DISCUSSION

### Students' knowledge about the dangers of early marriage before being given Health education

Based on the results of the study, the level of students' knowledge about the dangers of early marriage before being given health education showed that most of the respondents were in the medium knowledge category as many as 60 respondents (68.2%), while the low knowledge category was 16 respondents (18.2%), and a small part was in the high category as many as 12 respondents (13.6%). These results show that students' level of understanding regarding the dangers of early marriage is still not optimal before health education interventions are given.

The majority of respondents were in the medium knowledge category, which was 60 respondents (68.2%), consisting of 18 male respondents, and 42 female respondents. This shows that students already have basic knowledge about early marriage, but have not yet understood deeply the impact it causes, both from health, education, and social aspects. This condition may be caused by limited access to information obtained by students. This is in line with (Supriandi et al., 2022) which states that adolescents' knowledge about the risks of early marriage is still not optimal, so many adolescents do not fully understand its impact. In addition, there are still 16 respondents with low knowledge categories (18.2%), consisting of 6 male respondents and 10 female respondents. This shows that some students do not know clearly about the definition, causes, and impacts of early marriage. This low knowledge can be influenced by a lack of exposure to information and a lack of education received beforehand. This is supported by research (Nentika et al., 2025) which states that adolescents' level of knowledge is influenced by various factors such as age, education, environment, and access to information. Meanwhile, there were 12 respondents (13.6%) who were in the category of high knowledge, consisting of 4 male respondents and 8 female respondents. This shows that a small percentage of students already have a good understanding of the dangers of early marriage. This level of good knowledge can be influenced by experience, environment, and ease of access to information. This is in line with research by (Isrohmaniar & Susanti, 2023) which states that adolescents' knowledge can be improved through the learning process and health education provided. Thus, the dominance of the level of knowledge in this study is at a moderate level, which shows that the respondents have not fully understood the concept of early marriage as a whole, including the minimum age limit for marriage, legal aspects that regulate marriage, and the health, psychological, social, and economic impacts it causes. The information obtained by previous students tends to be partial and unsystematic, so they have not been able to form a strong understanding. This condition indicates that the source of information received by students has not come from structured health education.

Knowledge is one of the important factors that affect a person's attitude and behavior. The better the level of knowledge you have, the better the individual's ability to make decisions. This is supported by research by Yulinda Laska et al. (2023) which states that the level of knowledge has a relationship with adolescents' attitudes and decisions, including in terms of early marriage.

Research conducted on school adolescents showed that respondent characteristics also played a role in describing adolescents' level of knowledge about early marriage. in line with research Stuart & Stuart (2024) that the characteristics of respondents are dominated by the age of 15-17 years. In this phase, cognitive development and abstract thinking skills are developing, but the understanding of the long-term consequences of a decision is not yet fully mature. In this study, the majority of 16-year-olds are included in the mid-teenage phase, in this study

adolescent development is at the same stage as the previous study, so adolescents tend to only understand information in general without deepening the legal aspects, reproductive health, and social consequences of early marriage, this is in line with .

From the characteristics of the sex, the research Stuart & Stuart (2024) It also shows that most of the respondents are women. This condition is also in accordance with the research conducted. Although women are closer to reproductive health issues, without structured health education, the information obtained is still partial and unsystematic, so an initial understanding of the risks of early marriage has not been firmly formed. Meanwhile, based on class characteristics, which involved respondents from classes X and XI had a balanced number, which showed that the initial level of knowledge was not affected by the difference in grade level. Both students in grades X and XI have not received special health education on the dangers of early marriage, so the level of knowledge before the intervention is relatively similar and indicates that there is no structured learning program related to early marriage.

This condition illustrates that adolescents who do not receive planned and school-based reproductive health education tend to have moderate to low levels of knowledge related to early marriage. This is in line with research Elviani et al (2023) which states that the limitations of reproductive health education have an effect on adolescents' low understanding of the risks of early marriage. In addition, Ulandari & Sari (2024) explained that teenagers get more information from social environments and digital media that are not necessarily accurate, so it has the potential to cause misunderstandings in understanding early marriage.

In addition to the legal aspects, respondents also do not fully understand the reproductive health impacts of early marriage, such as the risk of pregnancy in adolescence, pregnancy and childbirth complications, and the long-term impact on maternal and child health. Gusmawati et al (2025) emphasized that low reproductive health literacy in adolescents increases the risk of early marriage and various accompanying health problems.

Socio-cultural factors also affect the level of knowledge of adolescents. A community environment that still considers early marriage as a natural thing can shape students' perspectives, especially if it is not balanced with adequate health education. Social norms and habits that develop in the surrounding environment can reinforce misconceptions about early marriage (Sutriani et al., 2025).

This suboptimal student knowledge shows the need for health education as a promotive effort to increase adolescents' understanding of the dangers of early marriage. Structured and continuous health education is expected to be able to provide accurate and comprehensive information to students.

### **Students' knowledge about the dangers of early marriage after being given health education**

Based on the results of the study, the level of students' knowledge about the dangers of early marriage after being given health education showed a significant increase. Most of the respondents were in the high knowledge category as many as 67 respondents (76.1%), while the medium knowledge category was 21 respondents (23.9%). These results show that the provision of health education is able to optimally increase students' understanding of the dangers of early marriage. This increase indicates that the health education interventions provided are effective in conveying information clearly, systematically, and easily understood by students.

The majority of respondents were in the category of high knowledge, namely 67 respondents (76.1%), consisting of 23 male respondents and 44 female respondents. This shows that students have a better and deeper understanding of early marriage, both in terms of understanding and the impact it causes, such as reproductive health risks, educational disorders, and social and economic impacts. This increase occurs because health education is able to provide structured and easy-to-understand information for adolescents. This is in line with research (Millenia et al., 2022) which states that health counseling has a significant influence on increasing adolescents' knowledge about early marriage, where the results of statistical tests show a significant increase after health education interventions. In addition, there were 21 respondents (23.9%) who were in the medium knowledge category, consisting of 5 male respondents and 16 female respondents. This shows that despite the increase in knowledge after being provided with health education, some students still do not fully understand the material in depth, especially in examining the long-term impact of early marriage. This condition can be influenced by differences in the individual's ability to receive information, such as capture, learning interests, and environmental background and experience. This is in line with research (Dwihestie & Ningsih, 2025) which states that health education can indeed increase adolescents' knowledge, but the results are not always even because they are influenced by internal and external factors of the individual.

The increase in knowledge can also be seen from the average value of student knowledge which increased from 19.18 during the pretest to 24.65 during the posttest, with an average difference of 5.47 points. This shows that health education not only impacts improving knowledge categories, but also improves students' overall comprehension scores. These results are corroborated by research (Ramadan, 2023) which shows that health counseling is able to significantly increase adolescents' knowledge, even an increase in the percentage of knowledge after being given reproductive health education.

This knowledge is an important factor that influences a person's attitude and behavior. The higher the level of knowledge possessed, the better the individual's ability to make the right decisions. In this context, increasing

student knowledge is expected to encourage the formation of wiser attitudes in dealing with early marriage. This is in line with (Kurniawati & Christiana, 2024) which states that reproductive health education plays an important role in increasing adolescent awareness and preventing early marriage through increased understanding.

Research conducted on school adolescents showed that respondent characteristics also played a role in the success of increasing knowledge after being given health education. This is in line with research Setyandari & Rahayuningsih (2023) which states that the majority of respondents are between the ages of 15-17 years and experience a significant increase in knowledge after the health education intervention. In this study, the majority of students are 16 years old who are included in the middle adolescent phase, where at this stage cognitive abilities have developed better so that adolescents are able to receive and process information more optimally. These conditions support the effectiveness of the health education provided and have an impact on improving student knowledge. Based on gender characteristics, most of the respondents are women who tend to be more responsive to reproductive health materials, considering that early marriage has a direct risk to the reproductive health of adolescent girls, thus supporting an increase in understanding of the dangers of early marriage. In addition, the class characteristics showed that the respondents from classes X and XI had a balanced number and both experienced an increase in the level of knowledge after being given health education, which means that the intervention was effectively applied at both grade levels without being influenced by the difference in levels, and the material presented could be well understood by all respondents.

Based on the results of the study, the health education provided has been proven to have a positive impact on improving student knowledge, so the effectiveness of this intervention needs to be discussed further. These results prove that the health education provided is effective in improving students' knowledge. This is in line with research Ramadan (2023) which states that reproductive health education delivered in a structured and systematic manner is able to significantly increase adolescents' understanding, especially related to the risks and impacts of early marriage.

Health education in this study was provided through group counseling methods using leaflet and poster media. This method makes it easier for students to understand the material because it involves a visual process, discussion, and direct interaction between extension workers and participants. The delivery of interesting and easy-to-understand material also plays a role in increasing the absorption of information in students. Health education carried out in the school environment through design Pretest–Posttest proven to be able to significantly increase knowledge and shape adolescents' attitudes towards early marriage. After the intervention was given, the adolescents showed increased understanding and a more critical attitude in responding to early marriage practices (Ulandari & Sari, 2024).

The results of this study show that the health education provided is not only effective in improving students' knowledge, but also contributes to changing adolescents' understanding of early marriage. Students begin to understand early marriage as a public health problem that has far-reaching consequences in the future. These results are in line with the findings Gusmawati et al (2025) which states that the impact of early marriage is significant, not only on the reproductive health problems of adolescent girls but also on their education, economy, and social well-being. Adolescents who marry at a young age are at high risk of developing health complications, including unwanted pregnancies, maternal deaths, and mental health problems.

Thus, the results of the posttest in this study reinforce that health education is an effective and significant intervention in increasing students' knowledge about the dangers of early marriage, and is feasible to be applied sustainably in the school environment.

## **The Influence of Health Education on Students' Knowledge of the Dangers of Early Marriage at SMA Negeri 2 Gorontalo**

Based on the results of the Paired Sample T-Test, it can be concluded that the implementation of health education has a significant effect on increasing students' knowledge about the risks of early marriage at SMA Negeri 2 Gorontalo. A significance value of 0.000 ( $p < 0.05$ ) indicates a clear difference between students' knowledge levels before and after receiving health education. These findings indicate that health education interventions make a significant contribution to improving students' understanding of the dangers of early marriage.

The increase in the average knowledge score from 19.18 at the pretest to 24.65 at the posttest further strengthens the evidence that health education is effective in improving student understanding. The considerable difference in average scores shows that the material presented is able to broaden students' knowledge of early marriage, both from the aspects of health, law, and social and psychological impacts. These results indicate that health education plays an important role as a means of systematic and targeted information transfer.

Knowledge plays an important role as a foundation in shaping adolescents' attitudes towards the rejection of early marriage. Adolescents with an adequate level of understanding tend to be more critical in considering the risks and consequences posed by marriage at a young age, so they are less easily influenced or receptive to the practice (Ramadan, 2023).

In line with this, he explained that increasing reproductive health knowledge in adolescents plays a role in shaping attitudes towards rejection of early marriage. A good understanding of the long-term impacts of early marriage, both from a health and social aspect, allows adolescents to make more responsible decisions regarding

their future (Winarno et al., 2024).

This is in line with Ulandari's research which states that health education not only increases knowledge, but also shapes adolescents' readiness to make healthy and responsible decisions. School-based health education plays a role in building adolescents' ability to think critically about the issue of early marriage and its impact (Ulandari & Sari, 2024).

The relatively balanced characteristics of respondents between students in grades X and XI show that the influence of health education occurs evenly at various grade levels. This indicates that health education can be applied widely without being influenced by differences in students' education levels, as long as the methods and materials used are in accordance with the characteristics of adolescents.

The results of this study show that health education is an effective promotive and preventive strategy in increasing adolescents' knowledge about the dangers of early marriage. These findings are in line with research Elviani et al (2025) which states that early marriage education has a significant effect on improving adolescent knowledge.

The increase in students' knowledge after the provision of health education showed that the interventions carried out were effective in increasing adolescents' understanding of the dangers of early marriage. This increased understanding is an important basis in encouraging changes in adolescents' attitudes and behaviors to postpone marriage until an age that is in accordance with legal provisions and reproductive health readiness. Thus, health education has proven to be an effective and viable strategy to be implemented sustainably in the school environment to prevent early marriage.

## CONCLUSION

The level of students' knowledge about the dangers of early marriage before being given health education was mostly in the medium category, namely 60 respondents (68.2%), with an average knowledge score of 19.18. This shows that before the intervention, students' understanding of the dangers of early marriage was still not optimal.

The level of students' knowledge about the dangers of early marriage after being given health education has increased, where most of the respondents are in the high category, namely 67 respondents (76.1%), with an average knowledge score of 24.65. This shows that health education is able to significantly increase student understanding.

There is an influence of health education on the level of adolescent knowledge about the dangers of early marriage at SMA Negeri 2 Gorontalo. Based on the results of the statistical test using the Paired Sample T-Test, a p-value of 0.000 ( $p < \alpha = 0.05$ ) was obtained, which means that the hypothesis was accepted. Thus, health education has a significant effect on increasing adolescents' knowledge about the dangers of early marriage.

## ADVICE

The results of this research are expected to develop further research and be used as material for scientific academic documents for the development of SMA Negeri 2 Gorontalo.

The results of this study are expected to be input materials in the context of improving school programs to analyze the influence of health education about the dangers of early marriage with the level of knowledge of adolescents at SMA Negeri 2 Gorontalo.

The results of this study can provide information and knowledge so that respondents can control and maintain adolescent associations in the era of modernization for students and students at SMK Negeri 2 Gorontalo

The researcher suggested that this study could be a reference or source for future similar studies by adding variables or other interventions that can improve students' knowledge

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