

## Peer Group Discussion–Based Reproductive Health Education and Adolescents' Attitudes Toward Early Marriage: A Quasi-Experimental Study

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### ARTICLE INFO

**Manuscript Received:** 10 Nov, 2025

**Revised:** 15 Jan, 2026

**Accepted:** 17 Feb, 2026

**Date of Publication:** 02 Apr, 2026

**Volume:** 9

**Issue:** 4

**DOI:** [10.56338/mppki.v9i4.9135](https://doi.org/10.56338/mppki.v9i4.9135)

### KEYWORDS

Early Marriage;  
Reproductive Health  
Education;  
Peer Group Discussion;  
Adolescents' Attitudes

### ABSTRACT

**Introduction:** Early marriage is defined as marriage occurring before the age of 19 years. The incidence of early marriage remains high in East Java, Indonesia. Early marriage is associated with limited educational attainment, increased health risks, and emotional instability among adolescents. Adolescence is a critical developmental period during which attitudes and decision-making are strongly influenced by peers. Peer group discussion-based reproductive health education provides an interactive learning approach that may enhance adolescents' understanding of puberty, reproductive rights, and marriage readiness. This study aimed to analyze changes in adolescents' attitudes toward early marriage after receiving peer group discussion-based reproductive health education at SMPN 2 Singosari, Malang, East Java.

**Methods:** This study employed a pre-experimental one-group pretest-posttest design without a control group. The research was conducted from November to December 2024. The population consisted of all seventh-grade students (n=256). Using purposive sampling based on inclusion criteria, 72 adolescents were selected as participants. Respondents completed a questionnaire assessing attitudes toward early marriage before and after the intervention. The intervention consisted of structured peer group discussions on reproductive health, facilitated over several scheduled sessions. Data were analyzed using descriptive statistics and the Wilcoxon to assess differences in pretest and posttest attitude scores.

**Results:** The majority of respondents were 13 years old, female and Javanese ethnicity. Some respondents had parents or relatives who married at an early age. Prior to intervention, most adolescents demonstrated a moderate attitude toward early marriage. However, after the intervention, the majority demonstrated a good attitude. The Wilcoxon test yielded a p-value < 0,05 indicating a statistically significant improvement adolescents' attitudes.

**Conclusion:** Peer group discussion-based reproductive health education significantly improves adolescents' attitudes toward early marriage. Future research is recommended to include a control group, a longer follow-up and a larger sample size.

**Publisher:** Fakultas Kesehatan Masyarakat Universitas Muhammadiyah Palu

## **INTRODUCTION**

The global prevalence of child marriage has declined from 23% to 19% in recent years. However, persistent challenges such as armed conflict, public health crises, and natural disasters continue to increase the vulnerability of adolescent girls, particularly in their decision-making processes. Although reductions have been observed from the global to the national level, efforts to achieve Sustainable Development Goals (SDGs) target 5.3 remain insufficient. This target aims to eliminate harmful practices, including child marriage and female genital mutilation by 2030 (1).

According to the Law Number 16 of 2019 on marriage, early marriage refers to marriage occurring before the age of 19 years. Indonesia is among the countries with the highest prevalence of early marriage in Southeast Asia, followed by Cambodia. Similar patterns are observed in many low- and middle-income developing countries, where socioeconomic crises, limited educational access, and prevailing gender norms contribute to the persistence of early marriage (2). Although the prevalence of early marriage in Indonesia declined to 11.21% in 2018, this figure above the national target of 6.94% set for 2030 (3). The 2023 National Socioeconomic Survey reported that 19.49% of females aged 10 years and above in East Java married under 17 years, while 21.39% married between the ages of 17-18 (4).

The government has taken the initiative to carry out efforts to prevent early marriage including the establishment of Youth Counseling Information Centers (PIK-R) and Adolescent Family Development (BKR)(5). However, the utilization of services provided by the government is still relatively low, with only about 23,42% of adolescents accessing them (6).

The health and social risks posed by early marriage are significant, including high maternal and infant mortality rates due to suboptimal functioning of reproductive organs (7). This is caused by pregnancy complications in young women aged 10-14, who are five times more at risk during pregnancy and childbirth compared to women who become pregnant at ages 20-24 (8). In addition, 56% of adolescent girls who marry early experience domestic violence related to psychological instability and immaturity. Other impacts include school dropout with only 5,6% of adolescents continuing their education (9).

There are many factors the occurrence of early marriage, one of which is the low level of knowledge about reproductive health among adolescents (10). Research as stated in (11) show that 61,5% of mothers with low knowledge levels married before the age of 19 ( $p$ -value = 0.022). In general, according to the theory, attitudes are significantly shaped by knowledge because individuals with higher levels of understanding tend to make decisions more rationally (12). Since adolescents' way of thinking and decision-making processes are greatly influenced by peer discussions, peer discussions in reproductive health education become a relevant strategy (13). Peer group discussion-based encourage interaction and the exchange of experiences among adolescents, thereby facilitating the formation of attitudes and the promotion of more positive behavioral changes (14).

This study is conceptually based on the Theory of Planned Behavior and Social Learning Theory. According to these theories, attitude is the main determinant in the formation of behavioral intention, which then influences actual behavior including decisions related to early marriage. Meanwhile, Social Learning Theory emphasize that adolescents' attitudes and behaviors are shaped through processes of observation, social interaction and environmental influences, particularly from peers. Peer group-based reproductive health education provides a social context that allows adolescents to exchange information, observe peers' perspective and reconstruct attitudes towards early marriage, thereby supporting more adaptive and informed decision-making.

## **METHODS**

This study used a pre-experimental research design with a One Group Pretest-Posttest approach. This pre-experimental one-group pretest-posttest design was chosen for exploratory purposes; however, the lack of control group is a major methodological limitation that limits internal validity and prevents causal conclusions from being drawn. The study was conducted from November to December 2024 at SMPN 2 Singosari, Malang, East Java, Indonesia This study population consisted of all 256 seventh-grade students.

Inclusion Criteria:

Willingness to participate in the study

**Exclusion Criteria:**

Prior participation in reproductive health education related to early marriage, such as seminars or peer discussions

**Non-cooperative behavior or withdrawal from the study**

The sampling technique used was purposive sampling, resulting in 72 respondents who met the inclusion criteria. The questionnaire was adapted from Fadhilah (2024) and underwent content validity testing by experts in the fields of adolescents and reproductive health. Reliability testing demonstrated acceptable internal consistency with Cronbach's alpha values exceeding the recommended threshold. This study has received ethical approval from Ethics Committee of the Faculty of Medicine, Brawijaya University, under approval number 362/EC/KEPK-S1-KB/10/2024. Written informed consent was obtained from parents or legal guardians, while assent was obtained from adolescent participants. All participants were informed about the study purpose, procedures, voluntary nature of participation, and data confidentiality.

**RESULTS****Characteristics of Respondents at Junior High School 2 Singosari****Table 1.** Characteristics of Respondents at Junior High School 2 Singosari (n=72)

Characteristics		Frequency	Percentage	Total Percentage
Age	12	27	37,5%	100%
	13	44	61,1%	
	14	1	1,4%	
Sex	Male	35	48,6%	100%
	Female	37	51,4%	
Ethnic	Java	70	97,2%	100%
	Tengger	1	1,4%	
	Batak	1	1,4%	
Parents Marriage Age <19 years old	Yes	7	9,7%	100%
	No	65	90,3%	
Siblings Marriage Age <19 years old	Yes	5	6,9%	100%
	No	67	93,1%	

Based on Table 1, the study consisted of 72 respondents with 6,1% of respondents aged 13 years, 51,4% female, and 97,2% being Javanese. Furthermore, 9,7% of respondents had parents who married early while 6,9% had siblings who married early.

**Categories Students' Attitude at Junior High School 2 Singosari****Table 2.** Categories Students' Attitude at Junior High School 2 Singosari

Value Type	Adolescent Attitudes	Frequency	Percentage	Total Percentage
Pretest	Poor	2	2,8%	100%
	Moderate	39	54,2%	
	Good	31	43,1%	
Posttest	Moderate	24	33,3%	100%
	Good	48	66,7%	

Based on Table 2, 2,8% of adolescents had bad attitudes before intervention, 54,2% had moderate attitudes. After intervention, 66,7% had positive attitudes and 33% had moderate attitude.

### Results of Wilcoxon Test Analysis on Pretest and Posttest Categories Students' Attitude at Junior High School 2 Singosari

**Table 3.** Results of Wilcoxon Test Analysis on Pretest and Posttest Categories Students' Attitude at Junior High School 2 Singosari

Variable	Ranks	N	Mean Rank	Sum of Ranks	Asymp. Sig. (2-tailed)
Attitudes	Negative Ranks	0	0.00	0.00	0.000
	Positive Ranks	44	22.50	990.00	
	Ties	28			
	Total	72			

Based on Table 3 above, the wilcoxon signed rank test demonstrated a statistically significant difference in adolescents' attitudes toward early marriage before and after the intervention ( $p < 0.001$ ), with a greater number of positive ranks than ties, indicating an overall improvement following peer group discussion-based reproductive health education.

## DISCUSSION

### Adolescents' Attitudes Toward Early Marriage Before Receiving Peer Group Discussion-Based Reproductive Health Education

The results of the study showed that there were 39 adolescents with moderate attitudes (54,2%) and only 2 adolescents with bad attitudes (2,8%) before intervention. Most adolescents had insufficient knowledge of reproductive health due to the absence of prior education. This finding aligns with the study as stated in (15), which reported that 16 adolescents (53.3%) had negative attitudes before receiving education on personal hygiene during menstruation to prevent pruritus vulvae. Another study as stated in (14) found that 19 adolescents (59.4%) had poor attitudes toward early marriage before receiving education.

A person's internal response or tendency towards an object is an attitude that is represented and influenced by the level of knowledge (16). Teenagers who have never received early marriage education tend to have poor knowledge so that decision-making is irrational (12). The inability to recognize the consequences is caused by the teenager's lack of awareness. This is line with research (17) that there were 20 teenagers with negative attitudes (48%) towards early marriage among 24 respondents.

Early marriage without considering the consequences often occurs due to a lack of education, reflecting a negative attitude toward acceptance and support for early marriage. Family, friends, and community norms are environmental factors that influence adolescents' attitude (18). In Malang Regency, Singosari District has the second-highest rate of early marriage, with 100 cases (19).

Adolescents who demonstrate awareness of the negative impacts of early marriage but are still influenced by cultural norms, social pressure and limited access to information reflect a moderate attitude (20). Adolescents in the moderate attitude category view early marriage as undesirable but acceptable in certain situations. Forming their perspectives to reject early marriage also requires contributions from parents and teachers in science lesson on reproductive health. However, the influence of social media discussing the impacts of early marriage and reproductive health topics is still limited, preventing the from fully rejecting early marriage.

The results of this study are consistent with previous research, which showed that adolescents' limited knowledge of reproductive health issues, including early marriage, contributes to the development of inappropriate attitudes among adolescents. Several studies also report that the level of knowledge regarding health education and its impact on socio-economic conditions (21).

Meanwhile, although some adolescents have basic knowledge about reproductive health, its application in life, especially decision-making is often limited by cultural norms, social stigma and environmental pressures,

especially among adolescents girls (22). Substantial knowledge gaps also persist in adolescents' understanding of reproductive health as found in other studies including reproductive function, sexually transmitted infections and contraception which does not fully result in an attitude of rejection of early marriage (23). The role of communication is also highlighted due to limitations between parents and adolescents. Furthermore, gender inequality creates more permissive attitudes toward early marriage and even limits adolescents' ability to consider the consequences for their reproductive health (24).

### **Adolescents' Attitudes Toward Early Marriage After Receiving Peer Group Discussion-Based Reproductive Health Education**

This study found that 48 adolescents (66,7%) developed positive attitudes after the intervention and 24 adolescents (33,3%) remained moderate. The Wilcoxon test results indicated an improvement attitudes after the intervention, thus aligning with (14), who reported an increase in adolescents rejecting early marriage from 40.6% to 75% after receiving peer group education.

Adolescents increased new knowledge about impacts of early marriage after the intervention. This increased knowledge included an increased understanding leading to an awareness of the risks of early marriage in various aspects, including health, education, and economics (19). Potential consequences such as dropping out of school, domestic violence and health complications during pregnancy have encouraged the to reject early marriage (19).

Peer also influences the formation of adolescents attitudes. Adolescents interact actively and freely through peer discussions, exchanging information and sharing experiences comfortably (15). The created environment is interactive, motivating them to behave positively. The importance of peer-led reproductive health education is evident in adolescents' tendency to accept the information (13).

Good attitudes indicate an understanding of the negative consequences of early marriage, active rejection of the practice, and support for prevention programs (20). Adolescents with good attitudes demonstrate a strong commitment to avoiding early marriage due to increased awareness of its detrimental effects.

The study findings further strengthen the evidence that comprehensive and participatory reproductive health education through peer discussions plays a significant role in adolescents' approval of marriage. This is line with previous research that exposure to information about reproduction has supported better decisions in adolescents (25). The effectiveness of peer discussions can be associated with emotions and social dynamics of adolescents, namely equal participation (26). The results of this study can also be criticism of reproductive health education which is only based on a formal curriculum and too often emphasizes biological content without psychosocial aspects that are sufficiently relevant to adolescents (27), (28). Limited educational attainment and knowledge of reproductive health, which is one of the factors in the prevalence of early marriage, continues to occur, so that it requires improving adolescents' attitude through peer reproductive health education as a preventive (29).

### **The Impact of Peer Group Discussion-Based Reproductive Health Education on Adolescents' Attitudes Toward Early Marriage**

The results showed a significant increase in adolescents' attitudes toward early marriage, from 43,1% to 66,7% after the intervention. This supports the hypothesis that reproductive health education based on peer group discussions influences adolescents' attitude toward early marriage. These results align with previous research (14), which found that peer group education increased positive attitudes from 40,6% to 75%.

Peer group discussions are an effective intervention for adolescents, providing a platform for exchanging information and knowledge with peers. This approach encourages the, to learn from each other in comfortable and accessible environment (23). Peer group discussions also serve as platform for evaluating ideas and developing skills in finding solutions to strengthen resistance to early marriage (24).

This method creates a mutually supportive learning environment where opinions are shared freely. This is line with previous research (30), that found that peer learning significantly influences adolescents' social behavior. In peer groups, tutors are selected based on school recommendations, ensuring that the tutors' knowledge is sufficient and sufficient to guide the discussions. which emphasized that peer learning significantly influences adolescent social behavior.

Reproductive health education through peer group discussion is crucial in preventing early marriage, as early marriage carries severe health, educational, and economic consequences (25). Schools should integrate peer group discussions into curricula and extracurricular activities to empower students as peer educators. Effective adolescent reproductive health education relies on collaboration between schools, healthcare providers, and policymakers to create a sustainable support system for youth.

Based on Survey Demographics and Health of Indonesia 2017 as stated in (25), around 62% of teenagers women and 51% teenagers man confess more happy and comfortable tell the problem with their peers compared with their parents. This shows that Indonesian teenagers are very need peers role as place to share information, sharing and consultation related with their life. Education health reproduction through method peer group discussion is very effective that could be accessible in a way easy for teenagers. Teenagers can interact with their peers to get information related health reproduction with easy to prevent early marriage. This also forms positive environment for teenager so that it can be avoided from early marriage (13), (34).

Numerous studies indicate that the effectiveness of reproductive health education among adolescents is strongly influenced by the role of peer groups as agents of social learning. During adolescence, peers exert a greater influence than adults in shaping attitudes, values, and decision-making patterns (25), (26), (27), (28). Reproductive health education delivered through peer interactions has been shown to enhance understanding, risk awareness, and adolescents' rejection of risky practices, including early marriage, as information is conveyed within a context that closely reflects adolescents' lived experiences and social realities (29), (30), (31).

A participatory, dialogic, and egalitarian learning process is facilitated by a peer group discussion approach that encourages openness and deeper internalization of values. Adolescents not only increase knowledge but also develop group norms that support positive behavior through the exchange of experiences and perspectives within peer groups. Several studies also suggest that the supportive learning environment created in adolescents allows them to more freely interpret reinforcement is still needed for long-term behavioral change (32), (33), (34).

Peer groups also serve a more significant role in providing social and moral support to adolescents, fostering their commitment to avoiding early marriage. The social validation received from peers increases their confidence in rejecting early marriage, even though cultural pressures persist. This peer group reinforcement strategy is a strategic approach given the limited access to reproductive health education and the continued influence of social factors on social decision-making(35), (36), (37), (38).

### **Limitations and Cautions**

This study did not use a control group, limiting the ability to establish definitive cause-and-effect relationship. External influences such as media social exposure, family discussions or other school activities could also bias the results. The questionnaire was self-completed by respondents which could lead to misinterpretations of respondents' responses. The study was conducted in a single setting, making generalization difficult due to cultural or other differences. Effect size estimates were also not stated, limiting interpretation of the magnitude of change. Caution should be exercised in interpreting the results, as they measure short-term attitude changes.

### **Recommendations for Future Research**

Future research should address and consider the limitations of this study. Researchers may consider using a control group to generate stronger results, expand the population and examine the long-term outcomes of attitude change. Other collaborative approaches such as audiovisual media or qualitative approaches may also be considered to increase a more in-depth perspective.

### **CONCLUSION**

This study examined adolescents attitudes toward early marriage. A significant increase in marriage rates occurred from 43% to 66,7% after intervention with a peer group approach. These results suggest that this approach may be associated with changes in adolescents' positive attitudes toward early marriage. The study did not use a control group, making it difficult to establish a causal relationship, but the results show significant potential for early marriage prevention efforts.

## **AUTHOR CONTRIBUTION STATEMENT**

Diadjeng Setya Wardani: conceptualization, study design, data analysis, and overall supervision of the research process. Rafi Andyah Arum Kedaton: data collection, literature review, drafting of the manuscript, and coordination during the writing process. Nabila Sinta Devi: data interpretation, manuscript revision, and preparation of tables and figures for publication.

## **CONFLICTS OF INTEREST**

The authors declare that there is no conflict of interest.

## **DECLARATION OF GENERATIVE AI AND AI-ASSISTED TECHNOLOGIES IN THE WRITING PROCESS**

The authors declare that no generative artificial intelligence (AI) tools or AI-assisted technologies (such as ChatGPT, Grammarly, or DeepL) were used in the preparation, writing, editing, or revision of this manuscript. All parts of the work were conducted, written, and reviewed manually by the authors.

## **SOURCE OF FUNDING STATEMENTS**

The authors received no financial support for the research, authorship, and/or publication of this article.

## **ACKNOWLEDGMENTS**

The authors would like to express their sincere gratitude to the principal, teachers, and students of SMPN 2 Singosari for their kind cooperation and participation in this study. Their support and willingness to contribute made the completion of this research possible.

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