

## Counseling on Reproductive Health and the Dangers of Early Marriage for Teenagers in Gunung Pancar Village

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### ABSTRACT

This community service activity was carried out with the aim of increasing adolescents' understanding of reproductive health and the dangers of early marriage through interactive counseling. The activity was carried out in Gunung Pancar Village, Bogor Regency, with a primary target of 60 adolescents aged 13–18 years. The activity methods included providing material using visual media, group discussions, and evaluation through pre- and post-tests. The material presented covered basic concepts of reproductive health, the medical and social impacts of early marriage, and the importance of future planning. The evaluation results showed a significant increase in knowledge: the "good" knowledge category increased from 25% (before counseling) to 65% (after counseling), while the "poor" category decreased from 30% to just 5%.

## INTRODUCTION

Adolescence is a crucial transitional period in human life, marked by physical, psychological, and social changes. During this time, adolescents begin to explore their identity, including in areas such as sexuality and reproductive health. However, many adolescents lack an adequate understanding of the reproductive system, the risks of unsafe sexual behavior, and the impact of decisions regarding relationships and marriage (*Adolescent and Young Adult Health*, 2025). This lack of understanding can lead to various serious problems, such as unwanted pregnancy, sexually transmitted infections (STIs), and even early marriage. Child marriage, defined as marriage under the age of 18, remains a serious issue in Indonesia. According to data from the Central Statistics Agency (BPS), the national prevalence of child marriage reached 10.82% in 2023, and is higher in rural areas than in urban areas (B. P. S. Indonesia, 2025b, 2025a). West Java Province is one of the regions with the highest rates of early marriage, which is largely influenced by cultural and economic factors, as well as low levels of sexual and reproductive education among adolescents (*Kementrian Pemberdayaan Perempuan Dan Perlindungan Anak*, 2025).

UNICEF research shows that child marriage negatively impacts the education, health, and economic well-being of young women. Adolescents who marry early are at greater risk of obstetric complications such as preeclampsia, premature birth, and maternal and infant mortality. They are also at risk of domestic violence and loss of access to education and employment (U. Indonesia & Unicef, 2016). On the other hand, adolescent boys who marry early tend to experience economic pressures earlier and are less psychologically prepared to become heads of households (Fund (UNFPA), 2025). One of the main causes of the high rate of early marriage is the lack of comprehensive reproductive health education. The 2022 Indonesian Demographic and Health Survey (SDKI) survey showed that only 47.6% of adolescents aged 15–19 in Indonesia had adequate knowledge about reproductive and sexual health (B. P. S. Indonesia, 2025a). Most adolescents obtain information from social media or peers, which is often inaccurate or misleading. Therefore, structured, community-based educational interventions are needed to directly reach adolescents.

Gunung Pancar Village, located in Bogor Regency, is a rural area with a low to middle-income level of education. A preliminary survey conducted by the community service team indicated that most adolescents in the village had never received direct counseling regarding reproductive health or early marriage. Many of them had a limited or misguided understanding of the function of reproductive organs, puberty, and the impact of early marriage.

Based on these conditions, this community service activity was conducted in the form of educational counseling aimed at:

1. Increasing adolescents' knowledge about reproductive health in a scientific and age-appropriate manner.
2. Providing evidence-based information about the risks of early marriage to their health and future.
3. Encouraging adolescents to think critically and make healthy and responsible decisions about their bodies and lives.

Through an interactive and participatory approach, this activity is expected to create a safe space for youth to ask questions, discuss issues, and obtain accurate information. It is also hoped that this activity will serve as a model for similar educational programs in other villages.

## **IMPLEMENTATION AND METHODS**

### ***Activity Design***

This community service activity is designed as a participatory educational outreach program, using an interactive educational approach, a method that combines material delivery, group discussions, questions and answers, and knowledge assessment. The activity focuses on increasing adolescent knowledge and awareness regarding reproductive health and the dangers of early marriage.

### ***Time and Venue***

Activity will be held on:

1. Date: February 5–6, 2025.
2. Venue: Gunung Pancar Village Hall, Babakan Madang District, Bogor Regency.

### ***Target and Participants***

This activity targets adolescents aged 13–18 years residing in Gunung Pancar Village. The total number of participants is 60, consisting of junior high school students, high school students, and dropouts. Inclusion criteria include:

1. Aged 13–18 years.
2. Willing to participate fully in the activity.
3. Permission from a parent/guardian (for participants under 17 years of age).

### ***Activity Preparation***

Before the activity, several preparatory steps were undertaken, including:

1. Coordination with village officials and school officials to recruit participants.
2. Preparation of outreach materials tailored to the characteristics of adolescents.
3. Creation of pre- and post-tests in the form of questionnaires containing 15 multiple-choice questions on reproductive health and early marriage.
4. Preparation of educational media such as PowerPoint presentations, short videos, educational posters, and group discussion sheets.

### ***Activity Implementation***

The activity was divided into two main sessions over two days:

### ***Day One: Education and Counseling***

1. Opening and remarks by team representatives and village leaders.
2. Pre-test to measure participants' initial knowledge.
3. Counseling I: Introduction to Adolescent Reproductive Health.
  - a. Anatomy and physiology of the reproductive system.
  - b. Puberty and psychological changes.
  - c. Risks of premarital sexual relations.
4. Counseling II: Impact of Early Marriage on Health and the Future.
  - a. Risks of early pregnancy.
  - b. Impact on education and the economy.
  - c. Children's rights and legal protection.
5. Small group discussions and experience sharing.

### ***Day Two: Interactive and Evaluation***

1. Educational games: interactive quizzes using cards and a scoreboard
2. Case simulation: participants were divided into groups and given a case study to analyze
3. Q&A session and group counseling
4. Post-test: final evaluation to measure knowledge gains
5. Closing ceremony and awarding of participation certificates

### ***Instruments and Data Analysis***

The main instrument was a pre-test and post-test questionnaire validated by the extension team and medical personnel. The questionnaire consisted of 15 questions with four answer choices. Data was analyzed descriptively using Microsoft Excel. Indicators of success were an increase in the average score and the distribution of participants' knowledge levels after the extension.

Knowledge categories:

- a. Good: 80–100.
- b. Adequate: 60–79.
- c. Poor: <60.

### ***Ethics and Implementation Permits***

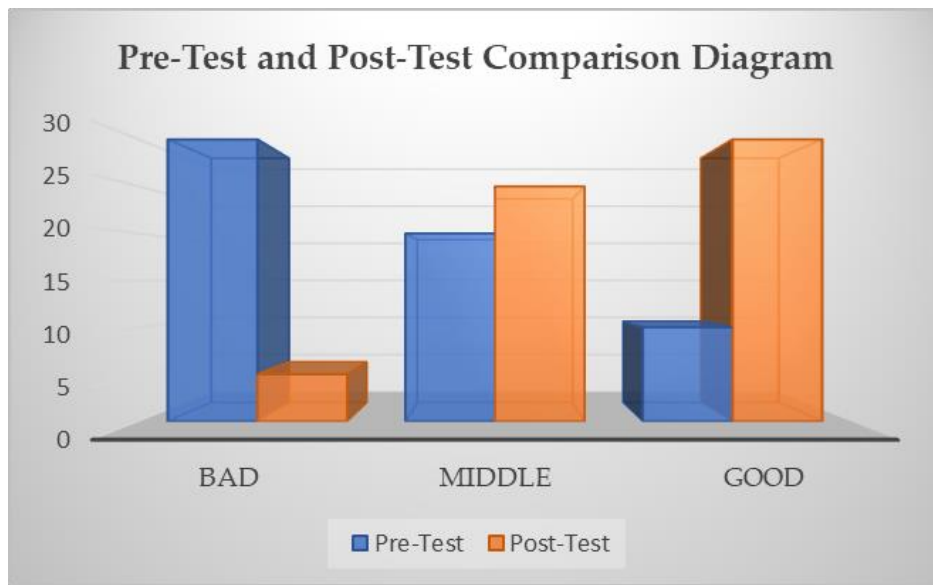
This activity has obtained official permission from the Head of Gunung Pancar Village and received support from village officials and local community leaders. For minors, written permission from a parent/guardian is required. Participants' identities and data will be kept confidential in accordance with ethical principles of community activities.

## **RESULTS AND DISCUSSION**

Participants' understanding was evaluated using a pre-test and post-test questionnaire consisting of 15 multiple-choice questions. The results showed a significant increase in adolescents' knowledge after participating in the outreach activities.

**Table 1. Distribution of Participants' Knowledge Categories Before and After Counseling**

Knowledge Category	Pre-test (n)		Post-test (n)	
	Frequency	Percentage	Frequency	Percentage
Bad	30	50%	5	8.3%
Middle	20	33.3%	25	41.7%
Good	10	16.7%	30	50%
Total	60	100%	60	100%



**Figure 1. Comparison Diagram of Pre-Test and Post-Test**



**Figure 2. Documentation of Extension Activities**

The increase in knowledge following this activity aligns with previous research showing that educational interventions based on counseling are effective in improving adolescent health literacy, particularly on reproductive health and early marriage issues (RI, 2019). Adolescents are a vulnerable group undergoing psychological and physiological transitions. Lack of education about reproductive health puts them at risk of unwanted pregnancies, sexually transmitted infections, and early marriage (Simarmata et al., 2023). Research by the Indonesian Ministry of Health (2023) shows that reproductive health education can reduce early marriage rates by up to 27% in intervention areas.

Early marriage itself has a significant impact on:

- a. Maternal and child health: Pregnancy under the age of 18 increases the risk of complications such as eclampsia and premature birth (Rezkillah et al., 2024).
- b. Education and economics: Adolescents who marry early are more likely to drop out of school and experience long-term economic hardship (Fund (UNFPA), 2025).
- c. Psychological: Suboptimal emotional maturity leads to high rates of domestic violence and depression after early marriage (Mehra et al., 2018; Suryanegara et al., 2024).

Therefore, counseling activities that provide accurate and easy-to-understand information to adolescents are crucial. In these activities, participatory methods such as case study simulations and group discussions have been shown to increase participant engagement and understanding. This is supported by a study by Susanti & Rahma, which found that counseling with an interactive approach resulted in higher knowledge retention than passive lecture methods (Justian et al., 2023).

Based on the results of this activity, several recommendations can be made:

- a. Similar activities need to be conducted regularly with the involvement of schools and community health centers.
- b. Integration of reproductive health education curricula at the junior high and senior high school levels is needed.
- c. Community-based education approaches need to be expanded to reach adolescents outside of school.

## **CONCLUSIONS AND RECOMMENDATIONS**

A counseling activity on reproductive health and the dangers of early marriage conducted in Gunung Pancar Village succeeded in significantly increasing adolescent knowledge, as evidenced by the results of pre- and post-test evaluations. Before the counseling, the majority of participants had an inadequate level of knowledge, but after the counseling there was a significant increase in the "good" category. The interactive delivery of material, the use of visual media, and group discussion methods proved effective in increasing participants' understanding. Furthermore, this activity also succeeded in raising adolescent awareness of the importance of maintaining reproductive health and avoiding early marriage for a better future. Thus, this counseling had a positive impact and is expected to become a model for similar, sustainable activities, both through collaboration with schools, health institutions, and community leaders,

to strengthen adolescent literacy on reproductive health issues and their rights over their own bodies and futures.

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