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**THE LEARNING MODEL OF REPRODUCTIVE HEALTH THROUGH A PEER GROUP
WITH A CULTURE OF EARLY MARRIAGE IN THE
TRADITIONAL BOARDING SCHOOL, JEMBER**

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ABSTRACT

Introduction: Legally marital in Indonesia have been regulated in the Marriage Law No. 1 of 1974. The data reveal the impact of early marriage give asymmetrical gender relations and lead to a lack of access of women to various things such as food, health, education and skills that directly lead to poverty. Early marriage often leads to a loss in terms of both health and development for the women, was also an issue of human rights violations that are widely ignored and is usually associated with social and physical that will bring harm to young women and their offspring.

Methods: The purpose of this study was to explore the ability of young women in the traditional boarding to rise and increase self-awareness about the health reproduction through peer group. This study used a pre-experimental approach to assessing changes in knowledge about early marriage, with the questionnaire data collection. This research was conducted in the traditional boarding Wirowongso, Jember. Total sample of 30 female students

Results: The results of this study showed that 65% of female students have never received information on health reproductive and female organs as well as the impact when early marriage. Analysis using the Spearman Rho on the peer group learning showed 0:00, there is the influence of peer learning model with an understanding of the students about early marriage. Female students need to gain an understanding of health reproduction not only through religious education, but also need understanding of the social impact.

Keywords: early marriage, reproductive health learning, peer group.

Introduction

Married at the age of 18 years is a reality that must be faced by most children around the world, especially developing countries. Although the Declaration of Human Rights in 1954 to explicitly oppose child marriage, but ironically, the practice of early marriage is still going on in various parts of the world and it reflects the protection of human rights are neglected younger age groups. Implementation Act often ineffective and broken by the customs and traditions that govern the social norms of a community group.

The number of cases of early marriage in Indonesia reached 50 million people with an

average age of marriage was 19.1 years. In East Java, South Kalimantan, Jambi, and West Java, the incidence of early marriage consecutive 39.4%, 35.5%, 30.6%, and 36%. Even in some rural areas, marriage is often done immediately after the first menstrual period. The number of girls at the age of child marriage rate, indicating that the empowerment of law enforcement in a legal marriage is still low.

Early marriage very closely with the exploitative culture to children, which makes the child powerless against the will of the adults, either parents who want the marriage, as well as those who marry. Some of the forms of exploitation include is exploiting children in the name of economic or material, because of

prestige or self-esteem could marry his son with people who are considered respected regardless of whether her prospective husband is married or not, whether her daughter is ready physically, mentally and socially or yet. There are exploiting children as mentally hedonists, seeking pleasure in many things including polygamy with children under age. Some are due to mental disorders, pedophili. Another reason even exploiting children in the name of religion, although many religious leaders have emphatically stated that early marriage is not a religion, especially if claimed as part of the sunna of the Prophet SAW.

Early marriage is a social phenomenon that is influenced by the culture they profess, which is produced by the action if the local community that are thought to be still deeply entrenched in the public trust. Many effects are caused by early marriage socially, psychology, and health, especially reproductive health. This is very important because it affects the quality of the reproductive health of the fetus is produced, and also affect the level of health of the mother, because the progress of a nation can be indicated with maternal mortality.

This condition requires alternative solutions to women who do early marriages can access knowledge about reproductive health. The learning model of reproductive health through peer group systematically arranged and as a strategy for health development is an attempt to build a young generation resources as well as to raise awareness of their potential in an effort to improve the reproductive health status.

1.1 Problem Formulation

According to Elizabeth (2010) stated that traditionally youth are regarded as “storm and stress” is an emotional time when tension rises as a result of physical changes and glands. These conditions can be concluded that the physical and emotional adolescence not yet mature enough to be able to undergo a marriage bond.

Early marriage often results in a loss in terms of both health and development.

The data showed that the women will be more at risk due to early marriage, early marriage besides also an issue of human rights violations that are widely overlooked and is usually associated with social and physical that will bring harm to young women and their offspring. Doing a wedding without the readiness and careful consideration of one side can indicate appreciative attitude toward the meaning of marriage and even further to an abuse of the sanctity of marriage.

According to the United Nations Development of Economic and Social Affairs (UNDESA), Indonesia is the country with the 37th highest number of early marriages in the world. To the level of ASEAN, Indonesia ranks second only to Cambodia. Therefore important to have an understanding of provisioning and reproductive health for adolescents so that women are able to make decisions about marriage

1.2 Specific Objectives

The risk of reproductive health problems can be influenced by many interrelated factors such as the cleanliness of the reproductive organs, sexual intercourse too early, access to health education, sexual violence,. These conditions place the most vulnerable young women in their reproductive systems face health problems.

This study aims to explore the ability of young women to rise up and increase self-awareness about the health reproduction through peer group. Specific objectives to be achieved in this study are:

- a. Identify the knowledge and perceptions of female students about the impact of early marriage for reproductive health before being given treatment
- b. Identify the knowledge and perceptions of female students about the impact of

early marriage for reproductive health
after being given treatment

- c. Analyzing the learning model of
reproductive health through a peer
group with a culture of early marriage
in the traditional boarding school
districts Jember

Methods

a. Research Design

This study aims to prove whether a
healthy reproductive learning through peer
group can increase the knowledge of
students of about the negative impact of
early marriage for their reproductive health.
Therefore, the design of this research study
using experimental pre - post test design.

Female students will be assessed
before being given his knowledge of
reproductive health and further learning will
be re-evaluated after a given learning
knowledge of reproductive health through
peer group.

b. Location Research and Research Time

This study was conducted in a
traditional boarding school Darussa'adah
daughter who was in the village
Wirowongso, Jember. Range to achieve
the goal of this research is done in stages,
researchers focus more on formulating an
appropriate model in teaching reproductive
health of young women in traditional
boarding school. These activities are carried
out through discussions and interviews with
managers of traditional boarding schools,
self-assessment as well as explore the
potential for teenage girls at the boarding
school to determine the learning model that
best fits the reproductive health for young
women in traditional boarding school.

c. Population and Sample

The study involved young women who
are in a traditional boarding school

Darussa'adah Jember with 30 sample, the
manager of a traditional boarding school
with a number of 10 people.

d. Data Collection Techniques

8
The data collected in this study include
primary data and secondary data. Primary
data is obtained directly as a source of data
that is through observation, questionnaires
and interviews were conducted to the young
women. This study also requires secondary
data. Secondary data was obtained from
community leaders, managers boarding
school through Focus Group Discussion
(FGD), in addition to the researchers also
need other sources of relevant policies and
programs related to adolescent
reproductive health.

e. Data Processing Techniques

Processing of data obtained
theoretically and from the field will be
analyzed quantitatively by Spearman Rho.
However, to complete this study will be
presented qualitative data to clarify the
meaning of quantitative data.

Results

- a. Identify the needs learning of female
students at the boarding school
traditional about Reproductive Health.

Table 1. The needs Learning of female
students about reproductive health

The needs learning of female students about reproductive health	amount	%
Anatomy of the reproductive organs	10	33,30%
Pregnancy	9	30,00%
Menstruation	4	13,30%
Gynecology	7	23,40%
Total	30	100%

Based on these data the majority of students want to get learning about the anatomy of the reproductive organs. Until now, traditional boarding school is a non-formal education based on religion, not related to the learning curriculum about reproductive health. Some of the issues about health reproduction discussed in the book Fath al-Qarib about menstruation and childbirth blood.

Meanwhile, learning of sexual problems is usually called jima 'is more focused on Islamic law which only focuses on the procedures jima' according to religious or legal sanctions for violations. While the development of information access in a variety of media outside the boarding school very quickly, it must be balanced with the knowledge that the strengthening of female students to understand the limits of reproductive health risks.

b. The formulation of the model of learning through peer group about reproductive health.

⁴ Peer tutoring is a group of students who have completed the learning materials, provide assistance to students who have difficulty in understanding the lessons learned material. Help learning by peers can eliminate the awkwardness. Communication with peer⁴ group more easily understood. besides, no reluctance, low self-esteem, shame, and so on, so it is expected that students who do not understand do not hesitate to reveal the difficulties faced.

The learning model is very suitable to be applied in boarding school. The peer group model's which tested in boarding Darussa'adah wirowongso Jember district are as follows :

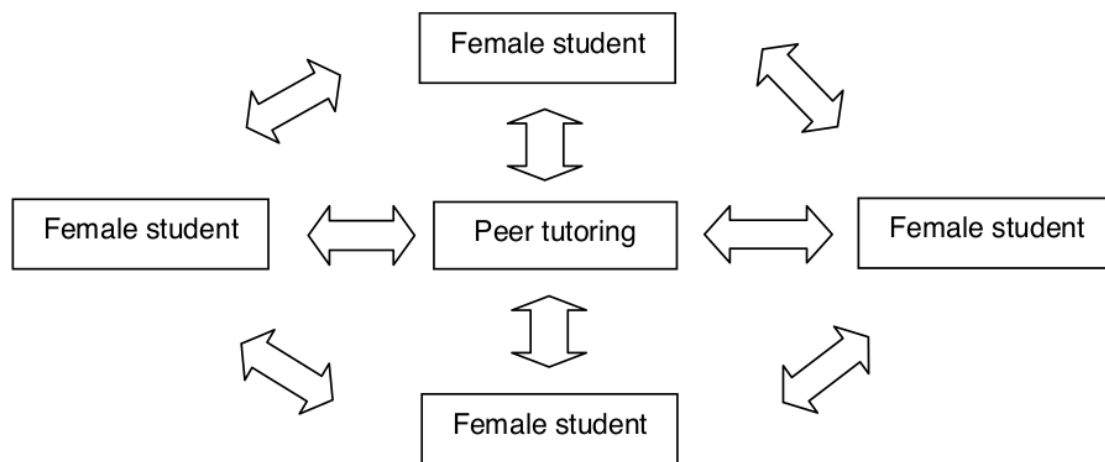


Figure 1. Model of learning reproductive health through peer tutoring in Boarding school Darussa'adah Jember

In the process of reproductive health education in boarding schools, cleric is not the only source that can be used as a guide by students. This means that students must be self-sufficient, independent and not rely on reproductive health education materials from the cleric alone. By utilizing a variety of learning resources available students trying to actively seek learning resources related to reproductive health education materials. Peer tutoring learning method can improve the understanding of the students about their own reproductive health and more responsible.

c. Analysis of students knowledge before and after being given a healthy reproductive learning through peer group

Table 1. Correlations: before and after learning of reproductive health in Boarding school Darussa'adah

			Knowledge before	Knowledge after
6 Spearman's rho	Knowledge before	Correlation		
		Coefficient	1.000	.627**
		Sig. (2-tailed)	.	.000
	Knowledge after	N	30	30
		Correlation		
		Coefficient	.627**	1.000
		Sig. (2-tailed)	.000	.
		N	30	30

** Correlation is significant at the 0.01 level (2-tailed).

Results using Spearman's rho test showed 0.00 where < value is smaller than 0.05 so it can be concluded that there is influence on the understanding female students of learning about reproductive healthy and the impact of early marriage for reproductive health

Discussion

a. Impact of Early Marriage Against Reproductive Health.

Married women under the age of 20 years have a risk to the reproductive organs because at this stage, immature reproductive organs to perform its function. Womb (uterus) new ready to perform its function after the age of above 20 years up to 35 years of age, because at this time of hormonal function through a period of maximum. At the age of 14-18 years, the development of the muscles of the uterus has not been good enough and the strength of contraction of the uterus so that if there is a pregnancy can rupture (tear). At the age of 14-19 years, the hormonal system is not stable, unstable pregnancy becomes easy bleeding and there was a miscarriage or fetal death. Too early gestational age of delivery prolong the active reproductive age range.

Pregnancy at a very young age is apparently correlated with maternal

mortality and morbidity. Mentioned that girls aged 10-14 are five times higher risk of dying during pregnancy or childbirth compared to age group 20-24 years, while the risk was more than doubled in the age group 15-19 years. Anatomy of the child's body is not ready to process pregnancy and birth, so that there can be complications such as obstructed labor and obstetric fistula. UNFPA data from 2003, showed 15% -30% of the delivery at an early age is accompanied by chronic complications, namely obstetric fistula, this condition can also occur as a result of sexual intercourse at an early age.

Early marriage is also closely associated with high fertility, pregnancy with a short distance, also the occurrence of unwanted pregnancies. Younger age at first sexual intercourse also increases the risk of transmission of sexually transmitted diseases and HIV infection. Many teenagers who quit school early to get married when they are tied up in the institution of marriage, they often do not understand basic reproductive health, including the risk of HIV infection. Largest HIV infections acquired as a direct transmission from an infected partner who had sex before. Furthermore, the age difference is too much may cause the child hardly ask for safer sex due to the dominance of the pair. Weddings young age is also a risk factor for cervical carcinoma.

Limitation of motion as a wife and a lack of support to health services due to hit the husband permit conditions, economic constraints, the barrier is certainly contributing to increased morbidity and mortality in pregnant teenagers.

b. Factors that support Early Marriage Phenomenon.

1. Environmental Factors

The reason his parents soon marries a young age is to immediately unite familial bond between relatives of the bridegroom and the bride's relatives that they want together. The desire of the bond will bring benefits to both parties, that is where the bridegroom after the marriage-law living in the house as well as boys can be utilized as an aid to the labor law.

In addition, to maintain harmony and peace among relatives and to prevent the marriage with another person who is not approved by parents or relatives who are concerned with the implementation of the marriage.

2. Economic Factors

The reason parents marry off their children at a young age seen from the economic factors are as follows:

- a) To simply meet the need or lack of financing life his parents, especially the parents of the bride. Because of the wedding of her children in this young age, will receive donations in the form of goods, materials, or the number of companion money that can be used subsequently to cover the cost of the needs of everyday life for some time.
- b) To ensure the preservation or expansion of the parents of the bridegroom and the bride's parents for the convening of their marriage at a young age is so that later the

child of both parties who have become husband and wife, as well as the sustainable development efforts of both sides the parents, where these efforts is a branch of the business that need each other and complement each other.

3. Social factors

In the hold of a marriage, here women do not measure what age she can be married. It is based on a criterion that is if he has reached a certain level of physical development. The fact is because the common law does not recognize a sharp boundary between someone who is already mature and capable illegal or not.

4. Religious factors

Religion to regulate all aspects of human life throughout the ages. God Almighty created man is also accompanied with religious guidelines, it is to keep humans are not ruined in sin, and in addition it is also equipped by reason as a tool to think and make sense of all the problems it faces, one aspect of which is governed by religion is the institution of marriage.

5. Educational factors

Low level of education makes young people do not know the negative effects of child marriage. So they get married without giving them enough, so they do not know about the negative effects for reproductive health.

6. Cultural factors

Cultural factors also take a big influence, because this culture is rooted. In local culture trust if not immediately marry his daughter, it would be a shame because they did not sell the family in its environment. Or if there are people who are financially considered very capable and

propose their children, regardless of age or marital status, most parents accept the proposal because they thought the future would be brighter for the child, and of course that is expected to reduce the burden of the parents

c. **The Learning Model of Reproductive Health Through Peer group in a traditional boarding school in reducing the number of early marriages**

Boarding school life are familiar with the character of social media is good enough to develop a method of learning through peer group. The learning with peer group is an independent group formed on the basis of awareness of the importance of the learning process in life, especially for adolescents in terms of biological, psychological, and sociology have special needs. In general, adolescent phase is a phase of self that often can not be controlled by the environment.

The formation of a study group is a collection of adolescent peer knowledge sharing through dialogue and discussion about anything related to life. Iriyanti (2003) suggested that adolescents have a tendency to form groups and interact with they friends, so will try to break away from dependence on parents or family.

Some teens join to form a peer group. In addition to the formation of peer groups, are considered the same age the teenagers also noticed other similarities, such as hobbies, socioeconomic status, family background, school equation, residence, religion, and also race (Desmita, 2009).

Peer group has a very important role in adolescent adjustment and preparation for life in the future, and also affect the outlook and behavior. Through adequate

provisions, the expected teenagers capable to take decision right about reproductive rights in making a decision about marriage

Conclusions

- Boarding School is a non-formal education has a big influence in helping to improve the intelligence of the nation.
- There is the influence of reproductive health learning through peer groups in improving students' knowledge of the impact of early marriage on reproductive health

References

- Adolescent Reproductive Health Working Group (2002); *Facilitators Guide For My Puberty*. Dhaka, Bangladesh
- Anita, Atashendartini dan Saparinah. (2006). Implementation of Article 12 of Law No. 7 of 1984 Care Pregnancy, Childbirth and Postpartum. Yogyakarta : Surviva Paski, Nitiprayan.
- Azza, A. (2009). Burden of Women with HIV / **9**IDS in a gender perspective. Faculty of **Health Sciences**, Muhammadiyah University of Jember
- Convention Watch.(2007). Rights of women Legal Instrument to Achieve Gender Equality. Jakarta: Yayasan Obor Indonesia.
- Desmita. (2009). Peer group models as a learning medium. Jakarta: Rineka Cipta
- Dian. (2010). Boarding school in the perspective of Indonesian Islamic education. thesis : STAIN Jember not publication.
- Iriyanti.(2003). The development of Adolescent Psychology. Jakarta : EGC
- Nurhasanah (2006). Patterns Boarding School Education: Study Against boarding school at the city of Pekanbaru. Faculty of Tarbiyah and Teaching UIN Suska Riau
- Mas'udi, & Masdar. (2007). Islam and women's reproductive rights: In the empowerment. Bandung : Mizan.

Sarwono dan Suprihatin. (2000). Learning Method Peer group Tutor improve Learning Outcomes-Based Self-Regulation. Makara, Social Humanities, Vol. 14, No. 2, Desember 2010: 91-97

Savitri. (2003). Socializing ¹¹women's reproductive health. USU digital library

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