

THE RELATIONSHIP BETWEEN FAMILY RESILIENCE AND REPRODUCTIVE HEALTH BEHAVIOUR WITH ATTITUDES TOWARDS EARLY MARRIAGE IN ADOLESCENTS IN STATE JUNIOR HIGH SCHOOL X PARUNG PANJANG

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Abstract

Adolescents are the future successors of the nation who are vulnerable to deviant reproductive health behaviour, which will have an impact such as early marriage. This study aims to determine the relationship between family resilience and reproductive health behaviour with attitudes towards early marriage in adolescents at State Junior High School X Parung Panjang. This research design uses quantitative observational analytic cross-sections approach with stratified random sampling technique. A total of 285 students of State Junior High School X Parung Panjang participated in the study. Univariate data analysis using proporsi test and bivariate analysis using Chi-Square test. The results of this study are that there is a significant relationship between family resilience and early marriage attitudes with a value (p-value 0.000) and reproductive health behaviour has a relationship with the attitude of early adolescent marriage with a value (p-value 0.006). The results of this study provide policy recommendations to the West Java Provincial Health Office in the form of adolescent reproductive health services in school settings.

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INTRODUCTION

Adolescents constitute a globally significant demographic group, representing approximately 1.3 billion individuals aged 10–19 years, or about 16% of the world's total population (1). In Indonesia, adolescents account for around 44.25 million people, reflecting a substantial portion of the national population (2). Within this national context, West Java one of the country's most populous provinces hosts a large number of adolescents, including those residing in Bogor Regency, where the adolescent population aged 10–19 years reaches 921,313 individuals. Specifically, in Parung Panjang sub-district, there are 22,209 adolescents, with a sex ratio of 103.2 (4). This local context provides a relevant setting for exploring adolescent-related issues, particularly those concerning early marriage prevention. This large number of adolescents has an impact on reproductive health issues, including early marriage. Based on UNICEF data

at the end of 2022, Indonesia is ranked second in ASEAN with 1.5 million cases of child marriage. About 11.21% of women aged 20–24 years were married before the age of 18 (6). Based on BPS 2024 data, in West Java, 6.79% of adolescents aged 20–24 had married before the age of 18 in 2023 (3). UNICEF in 2023 reported that Indonesia ranked fourth globally with a total of 25.53 million cases of child marriage. It is often influenced by social and family factors (5,7).

Families have an important role in preventing early marriage, often influenced by economic pressure and low knowledge. Research by Halawa & Lase mentioned that adolescents' relationship with their parents greatly influences the decision to marry young (7). In addition, the lack of education about reproductive health is also an important factor in early marriage. The results of research by Farahdiba & Hartuti show that a low understanding of reproductive health can increase the risk of

deviant sexual behaviour in adolescents (8).

Early marriage has adverse effects on the physical and psychological health of adolescent girls, including the risk of premature birth, emotional conflict, and suboptimal parenting (9). In addition to dropping out of school, early marriage also triggers stunting, which can inhibit brain development, lower immunity, and cause chronic health problems into adulthood (10,11).

The Indonesian government has implemented several programmes to address adolescent reproductive health issues and reduce the incidence of early marriage, including the Youth Information and Counselling Centre (PIK R/M) and Planned Generation (GenRe) initiative. While these interventions aim to promote informed decision-making and responsible behaviour among adolescents, their overall effectiveness remains uncertain. Previous studies have indicated that despite these programmes, risky behaviours and early marriage practices persist, particularly in certain regions of Java. According to the 2024 National Medium-Term Development Plan (RPJMN), the government set a target to reduce the early marriage rate to 8.74%. Although the rate decreased to 8.60% in 2022, it remains concerning, especially in West Java, where sociocultural factors and limited parental supervision continue to influence adolescent behaviour. These conditions highlight the need for further research to assess local determinants of early marriage and to evaluate how existing interventions can be adapted to effectively address the issue within specific community contexts such as Parung Panjang. This study was conducted in response to the increasing incidence of early marriage in Bogor District, particularly in Parung Panjang Sub-district, during 2023. Parung Panjang is characterised by a semi-urban setting with limited access to adolescent reproductive health education and persistent socio-cultural norms that tend to tolerate early marriage as a means of addressing economic challenges and preserving family honour (6). Preliminary studies at State Junior High School X Parung Panjang revealed that most students had not received sufficient information related to early marriage and reproductive health.

Results from focus group discussions (FGDs) showed that 100% of students lacked knowledge about early marriage prevention, although most expressed disagreement with the practice, citing concerns that it would restrict their future opportunities. These findings suggest that the absence of formal and informal reproductive health education, combined with local cultural and socio-economic influences, contributes to adolescents' limited understanding and potentially permissive attitudes toward early marriage in this area.

Therefore, Despite the various governmental and community-based efforts to reduce early marriage, there remains limited understanding of how family resilience and reproductive health behaviours influence adolescents' attitudes towards early marriage, particularly in socio-culturally diverse regions such as Parung Panjang (6). Addressing this gap, the present study aims to examine the relationship between family resilience and reproductive health behaviours with attitudes towards early marriage among adolescents at State Junior High School X Parung Panjang.

METHODS

The research design used was quantitative observational analytic cross-sectional approach. The independent variables were family resilience and reproductive health behaviour, while the dependent variable was early marriage attitude. The study population comprised 997 adolescents enrolled at State Junior High School X in Parung Panjang. A total of 285 adolescents aged 12–16 years were selected as the study sample. The sample size was determined using the Slovin formula because the total population was fewer than 10,000 (13). According to the Slovin formula ($n = N / [1 + N(e^2)]$), with a population size (N) of 997 and a margin of error (e) of 0.05, the required sample size was approximately 285 respondents. This method was applied to ensure that the selected sample accurately represented the total population while maintaining an acceptable level of precision for statistical analysis.

The study employed a probability sampling technique using stratified random sampling. This method was selected because it allows the population to be divided into strata based on specific criteria that ensure homogeneity within each stratum and heterogeneity between strata (12). In this study, the stratification

was based on the educational level of adolescents and their gender, as these factors are closely associated with knowledge and attitudes toward early marriage. By applying this approach, each subgroup such as male and female adolescents, and those attending junior or senior high school was proportionally represented, thereby enhancing the accuracy and representativeness of the findings.

Inclusion criteria include Students who are still active in school, Males and females aged in the range of 12 to 16 years, Willing to become respondents, Willing to follow the series of activities from beginning to end, Living with nuclear family. Exclusion criteria include Not present during data collection, Physical and mental limitations, Living in a dormitory or boarding house.

This research was conducted at State Junior High School X Parung Panjang with 285 respondents. The instruments used in this study were standardised questionnaires designed to measure attitudes towards early marriage, family resilience, and reproductive health behaviour. The instrument for assessing early marriage attitudes was adopted from the questionnaire developed by Kohno Ayako et al. (13), consisting of 31 items, with total scores above 105 indicating positive attitudes and scores below 105 indicating negative attitudes towards early marriage. Family resilience was measured using the standardised questionnaire developed by Walsh (14), which comprises 32 items; scores above 103 indicate high family resilience, while scores below 103 indicate low resilience. Reproductive health behaviour was assessed using a standard instrument by Kholifah et al. (15), consisting of 22 items, where scores above 43 denote good reproductive health behaviour and scores below 43 denote poor behaviour.

The selection of these instruments was based not only on their standardisation but also on their relevance to the Indonesian sociocultural context, where family dynamics and adolescent behaviour are closely intertwined. These tools have been previously validated among adolescent populations in similar settings, demonstrating high reliability and cultural appropriateness. Validity testing using the Product Moment correlation conducted at State Junior High School Y Parung Panjang confirmed that all items were valid for the variables of early marriage attitudes, family resilience, and reproductive

health behaviour, with significance values (2-tailed) of <0.05 . Furthermore, the reliability analysis indicated a very high level of internal consistency, with Cronbach's Alpha coefficients ranging between 0.800 and 1.000, confirming the robustness and psychometric soundness of the instruments used in this study.

Data analysis in this study involved both univariate and bivariate procedures. The univariate analysis aimed to describe the frequency distribution and percentage of respondents' characteristics, family resilience, reproductive health behaviour, and attitudes towards early marriage. The bivariate analysis was conducted using the Chi-square test, which was chosen because all study variables were categorical and the analysis sought to examine associations between family resilience, reproductive health behaviour, and adolescents' attitudes towards early marriage, in line with the research hypotheses (16). The Chi-square test was appropriate for assessing the independence between these variables in a non-parametric framework.

Prior to conducting the Chi-square analysis, statistical assumptions were verified, including ensuring that the expected cell frequencies were ≥ 5 to maintain the validity of the test results. The strength of the associations was further evaluated using Odds Ratios (OR) with 95% confidence intervals, providing additional insight into the magnitude of the observed relationships. All statistical analyses were performed using IBM SPSS Statistics Version 25.

This study was approved by the Ethics Commission of the National Development University 'Veteran' Jakarta with number 447/XI/2024/KEP.

RESULTS AND DISCUSSION

Table 1. Frequency Distribution of Respondents' Age (N = 285)

Variabel	Mean	Median	SD	Min-Max	95% CI	
					Lower	Upper
Age	13.49	14.00	0.998	12-16	13.37	13.60

Source: Researcher Data (November 2024)

Table 1 shows that the average age of respondents was 13.49 years with a standard deviation of 0.998, a median of 14 years, the youngest age being 12 years, and the oldest age being 16 years. Most respondents were 14 years old. This finding is

consistent with previous studies showing that most respondents were in the early adolescent age range (7,8). The age of 12–16 years is an important transitional period, during which adolescents experience physical, emotional, and social changes that affect how they view relationships, marriage, and reproductive health. This period is characterised by the development of curiosity, the formation of self-identity, and an increased need for guidance from parents and the environment (25,26). Therefore, these results emphasise the importance of providing reproductive health education from an early age to prevent the formation of permissive attitudes towards early marriage (25,26).

Table 2. Frequency distribution of respondents' characteristics (N = 285)

Variabel	Frequency (n)	Precent (%)
Gender		
Male	131	46%
Female	154	54%
Live with Parents		
Nuclear Family (Father, Mother)	285	100%
Completeness of Parents		
Father and Mother	285	100%
Parents' Income		
<UMR of Bogor Regency (<4,500,000)	191	67%
>UMR of Bogor Regency (>4,500,000)	94	33%
Parents' Education		
Not in school	1	0,4%
Elementary School	48	16,8%
Junior High School	91	31,9%
Upper secondary school	115	40,4%
Higher Education	30	10,5%
Marital Status of Parents		
Married	285	100%
Family Resilience		
High	143	50,2%
Low	142	49,8%
Reproductive Health Behaviour		
Good	149	52,3%
Less Good	136	47,7%
Early Marriage Attitudes		
Positive	144	50,5%
Negative	141	49,5%

Source: Researcher Data (November 2024)

Table 2 shows that female respondents outnumber male respondents (54% compared to 46%). This proportion is in line with previous studies showing the dominance of female respondents in similar studies (27,32). Women are often the group that is more vulnerable to social pressures related to early marriage, but they are also more open to information about reproductive health. However, certain cultural norms still place women as the party who is considered more ready to marry at a young age, which can influence the formation of their attitudes towards marriage. Meanwhile, adolescent boys are generally more active in seeking information through technology, but do not always have a deep understanding of reproductive health (32). This shows the need for an educational approach that considers gender differences so that the formation of adolescent attitudes and reproductive health behaviours can be more effective.

All respondents were recorded as living with both parents in a nuclear family. This condition reflects a stable family structure and is in line with the concept of a nuclear family that has the functions of nurturing, protecting, and supervising children. This finding is in line with previous studies showing that living with both parents can support adolescents' emotional and social development (17). The presence of both parents in one household provides a more conducive environment for the formation of moral behaviour and values, including in shaping adolescents' understanding of the risks of early marriage (19,20).

All respondents (100%) also had both parents, namely a father and mother. Having both parents contributes significantly to the emotional stability of children and a more balanced parenting style. Previous studies have shown that adolescents with both parents tend to have better adaptive abilities and lower risk of risky behaviour (18,19). In the context of this study, the presence of both parents can strengthen the process of communication and education within the family regarding reproductive health and the dangers of early marriage, thereby helping to shape more mature attitudes among adolescents (19,20).

The results of the study show that most of the respondents' parents have an income below the minimum wage in Bogor Regency, namely 67 per cent. This condition illustrates that most of the respondents come from families with lower-middle socioeconomic status. Previous studies have also shown that adolescents from low-income families are more vulnerable to early marriage, as economic factors often encourage families to marry their children off early to reduce financial burdens (21,22). However, emotional support and good family resilience can strengthen adolescents' ability to resist such pressures. These results indicate the need for family economic education programmes and strengthening the role of parents in supporting adolescent resilience (19,20).

The level of parental education was dominated by high school graduates. Education is closely related to mindset, understanding of reproduction, and how parents provide guidance to their children. The higher the parents' level of education, the more likely they are to understand the health and social risks of early marriage (15,27). Conversely, limited education can lead to a lack of understanding and minimal open communication about reproductive health. The results of this study emphasise the importance of family health education that can reach parents with various levels of education, so that the information received by adolescents can be more evenly distributed (27).

All respondents had parents who were married. The integrity of the parents' marital relationship is an indicator of family stability that can strengthen adolescents' psychosocial development. A harmonious marital relationship creates a safe emotional environment for children, thereby increasing their ability to make rational decisions, including those related to readiness for marriage (19,20). These findings indicate that the stability of parents' marriages can be a protective factor that supports the formation of negative attitudes towards early marriage (19,20).

The picture of family resilience among respondents shows almost balanced results, with 50.2 per cent in the high category and 49.8 per cent in the low category. Analysis shows a significant relationship between family resilience and attitudes towards early marriage. Adolescents from families with high resilience are 2.45 times more likely to reject early marriage than adolescents from families with low resilience (19,20). These results are in line with the concept of family resilience, which emphasises the importance of adaptability and effective communication in protecting family members from social pressure (19,20). Other studies also show that family resilience is an important factor in preventing risky behaviour in adolescents (17,31).

Adolescent reproductive health behaviour shows that 52.3 per cent of respondents have good behaviour, while 47.7 per cent have poor behaviour. There is a significant relationship between reproductive health behaviour and attitudes towards early marriage, where adolescents with good reproductive health behaviour are almost twice as likely to reject early marriage. Previous studies have shown that a good understanding of reproductive health can increase adolescents' awareness of the risks of early pregnancy, infection, and the social and economic burdens of early marriage (7,28). The implications of these findings emphasise the importance of reproductive health education in schools and the involvement of health workers and families in providing comprehensive education (8,9,27).

Attitudes towards early marriage showed almost balanced results, with 50.5 per cent of respondents having a positive attitude towards delaying marriage and 49.5 per cent having a negative attitude. These attitudes are greatly influenced by family circumstances and adolescents' understanding of reproductive health. Previous studies have shown that family-based interventions combined with health education can consistently improve adolescents' attitudes towards delaying marriage (17,31). Overall, the results of this

study indicate that family resilience and reproductive health behaviour are two key factors that shape adolescents' attitudes towards early marriage. Strengthening these two aspects can be an effective strategy in preventing early marriage and improving the overall health and development of adolescents (7,8,19,27).

Table 3. Association of Family Resilience and Reproductive Health Behaviour with Early Marriage Attitudes (N = 285)

Early Marriage Attitudes					
Variable	Positive	Negative	Total	p value	OR (95% CI)
Family Resilience					
High	88 (61,5%)	55 (38,5%)	143 (100%)	0.000	2.457 (1.526 – 3.956)
Low	56 (39,4%)	86 (60,6%)	142 (100%)		
Reproductive Health Behaviour					
Good	87 (58,4%)	62 (41,6%)	149 (100%)	0.006	1.945 (1.214 – 3.110)
Less Good	57 (41,9%)	79 (58,1%)	136 (100%)		

Source: Researcher Data (November 2024)

Table 3 The results of the Chi-Square test show a significant relationship between family resilience and attitudes towards early marriage among adolescents at SMP Negeri Y Parung Panjang, with a p-value of 0.000 and an odds ratio (OR) of 2.457 (95% CI: 1.526–3.956). This indicates that adolescents with high family resilience are 2.457 times more likely to have a positive attitude towards preventing early marriage compared to adolescents from families with low resilience. These findings indicate that the higher the level of family resilience, the better the adolescents' views and attitudes towards delaying marriage. This condition can occur because families with good resilience are able to provide emotional support, open communication, and strong moral and spiritual guidance to their children, so that adolescents are better able to internalise social and religious norms that reject the practice of early marriage.

The results of this study are in line with previous findings that show a significant relationship between adolescents' knowledge of early marriage and the role of parents (7), as well as other studies that confirm that parental support influences adolescent girls' attitudes towards early marriage (8). Other studies have also found a strong relationship between parenting styles and the prevalence of early marriage among adolescents (9). However, the results of this study are not in line with other studies that report no difference in the incidence of early marriage between authoritarian and democratic parenting styles (10). This difference is likely due to local cultural factors, prevailing social values, and the different roles of society in shaping adolescents' perceptions of early marriage.

Theoretically, a highly resilient family is one that is able to bounce back from various pressures and adapt to change without losing its primary function. Family resilience encompasses several important factors such as effective communication, spirituality, adaptability, time spent together, and social support (11–13). These factors create a safe emotional environment for adolescents, helping them develop a healthy sense of identity and the ability to make mature decisions, including those related to marriage. Conversely, family disharmony, lack of attention, and poor communication can cause feelings of loneliness and unmet needs for affection in adolescents, which can ultimately push them to seek validation outside the home through romantic relationships that could potentially lead to early marriage.

The practical implication of these findings is the importance of strengthening family resilience through family education programmes, parental guidance, and effective communication training in schools and community settings. Schools and health workers can work together to provide education on the role of the family in shaping adolescents' attitudes towards marriage. Thus, increasing family resilience can be one of the preventive strategies in reducing the rate of early marriage among adolescents.

The Chi-Square test results also showed a significant relationship between reproductive health behaviour and attitudes towards early marriage among adolescents at SMP Negeri Y Parung Panjang, with a p-value of 0.006 and OR = 1.945 (95% CI: 1.214–3.110). This means that adolescents with good reproductive health behaviour are almost twice as likely to have a positive attitude towards preventing early marriage compared to adolescents with poor reproductive health behaviour. These findings indicate that the better the reproductive health behaviour of adolescents which includes understanding the function of reproductive organs, the risks of pregnancy, and the social and psychological impacts of early marriage the stronger their rejection of the practice of marriage at a young age.

These results are consistent with several studies showing a significant relationship between reproductive health behaviour and attitudes towards early marriage (14–16). Other studies also support the notion that premarital sexual behaviour is closely related to early marriage (17) and that healthy sexual behaviour is inversely related to the tendency to marry at a young age (18). Similar findings also show that most adolescents have good reproductive health behaviours (19,20), while other studies find that 59.7% of adolescents have positive reproductive health behaviours that correlate with more rational attitudes towards marriage age (21).

Conceptually, good reproductive health behaviour helps adolescents understand the medical, social, and psychological impacts of premarital sex and early marriage. This knowledge encourages critical thinking and awareness of the importance of maintaining reproductive health before entering married life. Adolescents with healthy reproductive behaviour tend to be better able to control their emotional and sexual urges and are more likely to consider their physical and mental readiness before deciding to marry. Conversely, poor reproductive health behaviour can increase the risk of risky sexual behaviour, exposure to pornographic media, and unwanted pregnancies (22).

The practical implications of these results emphasise the need for comprehensive and continuous reproductive health education for adolescents, both in school and family environments, with an approach that is in line with religious and cultural values. This education not only provides knowledge but also shapes moral values, responsibility, and adolescents' ability to make appropriate decisions to protect their health and future. The active role of parents, teachers, health workers, and community leaders is crucial in creating an environment that supports the development of healthy reproductive health behaviour, thereby reducing the incidence of early marriage among adolescents (23).

CONCLUSION

The results of the study indicate that there is a significant relationship between family resilience and reproductive health behaviour with adolescents' attitudes towards early marriage. Adolescents who have high family resilience are 2.45 times more likely to have a positive attitude towards delaying marriage compared to adolescents from families with low resilience. Similarly, adolescents who have good reproductive health behaviour are almost twice as likely to reject the practice of early marriage compared to adolescents who have poor reproductive health behaviour. This shows that the higher the family resilience and the better the reproductive health behaviour of adolescents, the more positive their attitudes are in preventing early marriage.

This study can be used as a reference for efforts to prevent early marriage through strengthening family resilience and improving adolescent reproductive health education. Strengthening family resilience can be done through family education, parental guidance, and training in effective communication between parents and children. Meanwhile, reproductive health education needs to be provided comprehensively and continuously both at school and in the family environment, taking into account cultural and religious values. Future researchers are advised to develop this study by adding other

variables such as the influence of peers, social norms, and media exposure, as well as involving respondents from various backgrounds to obtain more comprehensive results regarding the factors that influence adolescents' attitudes towards early marriage.

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Based on the findings, it can be concluded that family resilience and reproductive health behaviour are key determinants influencing adolescents' attitudes towards early marriage. Accordingly, this study recommends that local health offices strengthen reproductive health education and provide youth-friendly counselling services, with active family involvement as the primary setting for intervention. This integrated approach aims to enhance adolescent awareness and promote the family's role in preventing early marriage while supporting overall family resilience.

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