



Factors Associated With Family Planning In Prospective Healthcare Professional Students at STIKes RSPAD Gatot Soebroto Jakarta

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ABSTRACT

Background: Everything without proper planning is susceptible to disturbances that will affect it. This holds true for families as well. Without thorough planning, a family cannot stand firmly. A formed family will lack resilience and the ability to withstand disruptions in the course of life. Social dynamics can render a family unstable, leading to a higher divorce rate that signifies family breakdown. **Research Objective:** This study aims to determine the relationship between knowledge, attitudes, relationship status, and relationship behavior among prospective healthcare professional students at STIKes RSPAD Gatot Soebroto. **Research Methodology:** This research employs a quantitative approach with a cross-sectional survey design. Snowball sampling technique is used to gather samples from students of midwifery and nursing programs at STIKes RSPAD Gatot Soebroto, resulting in a sample size of 283 respondents. Data analysis involves univariate and bivariate analysis, and the statistical test used is the Chi-square test. **Research Findings:** The study confirms that there is a significant relationship between knowledge and family planning with a p-value of 0.000. Similarly, a significant relationship is observed between attitudes and family planning with a p-value of 0.000. The study also establishes a significant association between relationship status and family planning with a p-value of 0.000, as well as a significant connection between relationship behavior and family planning with a p-value of 0.000. **Conclusion:** This research concludes that there is a correlation between knowledge, attitudes, relationship status, and relationship behavior with family planning among prospective healthcare professional students at STIKes RSPAD Gatot Soebroto.

Keywords: Family Planning, Marriage Planning, Students, Healthcare Professionals.

BACKGROUND

An ideal marriage plan should be self-prepared from adolescence. The awareness of planning for the future of a family should commence during adolescence, as this condition constitutes the most crucial factor determining success in planning life across all stages. Several preparatory stages include addressing adolescent reproductive health, family planning, pregnancy timing and spacing, child-rearing strategies, and planning for old age. Adolescents who possess the awareness to plan will maintain their social interactions and avoid risky behaviors (Gunarsa, 2020).

Among the current issues facing adolescents, one is early marriage, defined as marriages under the age of 20. While the rate of early marriage might not be high, it continues to increase each year (Apriliani et. al., 2020). In Indonesia, there are over a million women whose first marriages occurred when they were under 18 years old (1.2 million individuals). Additionally, there are 61.3 thousand women who got married before the age of 15 among the total adolescent population. In 2008, the prevalence of child marriage was 14.67 percent, but a decade later (in 2018), it decreased by 3.5 percentage points to 11.21

percent (Badan Pusat Statistik, 2020).

Early marriages in Indonesia are driven by several factors, such as low social and economic status, cultural norms surrounding early marriage, forced marriages, and premarital sex. Factors contributing to early marriage include arranged marriages, religion, family expectations, social pressure, personal desires, and education. The perception that marrying young can alleviate burdens and problems can also play a role (Apriliani et. al., 2020; & BKKBN, 2018). Lack of mature readiness, encompassing physical, psychological, and socioeconomic aspects during one's youth, can significantly impact the resilience and quality of the family that will be built.

Anything without proper planning is vulnerable to disruptions that may strike. This also holds true for a family. Without meticulous planning, a family cannot stand firmly. A formed family lacks resilience and defense against disturbances in life processes. Social dynamics can render a family unstable. Such circumstances often result in a high divorce rate, indicating the failure of a family (Hudoyo, 2021). Another significant factor is the risk of early marriage if not adequately prepared, including psychological disturbances, pregnancy complications, financial issues, domestic violence, and divorce (Apriliani et. al., 2020; & Sezgin et. al., 2020). Research conducted by Jennyola (2021) indicates that early marriages are prone to divorce due to many factors, such as mental, physical, economic unpreparedness, and the inability to meet life's needs after marriage. It also states that marrying at a young age can lead to increased divorce rates due to a lack of responsibility in married life for both spouses. According to Badruzaman (2021), research conducted at the Religious Court in Antapani, Bandung, reveals that early marriages influence the divorce rate, meaning that the younger a person marries, the higher the divorce rate.

Apart from the known consequences of divorce, it's evident that girls who marry before the age of 18 are 11 times more likely to not attend school compared to girls who continue their education. Girls marrying at a young age are at a higher risk of death due to pregnancy and childbirth complications compared to adult women (BKKBN, 2018). Based on Indonesia's 2021 Health Profile data, it's known that 2.5% of low birth weight babies are born due to early pregnancies (Kemenkes, 2021). In the 2017 Indonesia Demographic and Health Survey (IDHS), the number of HIV cases in the 15-24 age group tended to increase annually. Data shows that teenagers and young adults who have had sexual intercourse are at a greater risk of HIV exposure than adults (Nasional BK dan KB, 2018).

Furthermore, cervical cancer cases in Indonesia, as per the 2020 Globocan data, reached 9.2%, contributing to 9.0% of deaths. A study by Ramadhaningtyas (2020)

concludes that the earlier a woman engages in sexual activity, the higher her risk of cervical cancer. This is supported by Lubis's (2017) research, which states a significant link between the age of first sexual intercourse and cervical cancer occurrence. It's concluded that women engaging in their first sexual activity before the age of 20 have a 3.3 times higher risk of cervical cancer compared to those who engage in sexual activity after 20.

Another health concern for women marrying young (under 20 years old) and experiencing pregnancies is related to the growth and development of children, particularly nutrition-related issues like stunting. Research by Restiana (2020) found a significant association between early marriage and stunting in children aged 24-59 months. Afriani's study (2022) also found a significant relationship between early marriage and stunting.

Based on this data, it's evident that marriage below the age of 20 has more profound effects compared to marriages above 20, but it's not solely the age that matters in a marriage. Family planning serves as a foundation to prepare oneself and one's partner, physically, psychologically, socially, economically, and in other aspects of married life. Various efforts are made to foster quality adolescents in family planning. These efforts involve increasing knowledge, positive attitudes, and positive behaviors to equip adolescents with skills that enable them to shape their future, especially in family planning (BKKBN, 2020).

In 2019, the National Population and Family Planning Board of the Republic of Indonesia conducted a Survey on the Performance and Accountability of the Population, Family Planning, and Family Development Program by interviewing 41,582 adolescents aged 10-24 years across 34 provinces. The survey indicated that only 48.5% of the unmarried adolescent respondents aged 10-24 were aware of the consequences of early marriage. The data from the 2019 Population, Family Planning, and Family Development Program Survey also highlighted the low reproductive health knowledge among adolescents. Nationally, the composite index of reproductive health knowledge among adolescents (aged 10-24 years) was only 48.5 (on a scale of 0-100). Furthermore, 27% of adolescent respondents were unaware of the ideal age for a woman to give birth to her first child, and only 13% knew when the fertile period occurs (Maarif, 2020). According to a study by Taufik et al. (2018), there is a correlation between knowledge of marriage age maturity (p value = 0.003), parental roles (p value = 0.002), and perceptions of early marriage (p value = 0.037) with adolescent marriage age preferences. In the research conducted by Hamzah (2019), it was stated that the perception/attitude of adolescent girls towards pre-marital education was generally low, with 52.2% at a low level and 36.7% at a moderate level.

Healthcare professionals play a vital role in enhancing knowledge about family planning for adolescents and the community. This can be achieved through promotive and preventive efforts, such as reproductive health education, nutritional improvement, personal health maintenance, sex education, family planning counseling, and contraception. Midwives and nurses, as healthcare professionals closely engaged with the community, are expected to provide individual and group-based services. Their responsibilities encompass providing education and services to individuals, families, and communities.

Based on the aforementioned data, the researcher is interested in investigating family planning among adolescents who are students at STIKes RSPAD Gatot Soebroto. The students at STIKes RSPAD Gatot Soebroto, particularly those in midwifery and nursing programs, are future healthcare professionals who are expected to serve as care providers and counselors. They must be capable of being role models for society, including adolescents. To be effective counselors for their peers and even mentors within the adolescent environment (peer groups), it is essential to examine the understanding, attitudes, and behaviors of students regarding family planning.

RESEARCH METHODS

This study is a quantitative study focusing on the correlational aspect, utilizing a cross-sectional research design. The population for this study consists of all students at STIKes RSPAD Gatot Soebroto, totaling 720 individuals. The research sample includes actively enrolled students at STIKes RSPAD Gatot Soebroto, selected based on the following inclusion criteria: students who are actively registered according to the PD-Dikti report of STIKes RSPAD Gatot Soebroto, in good physical and mental health, and willing to participate as respondents. However, there are exclusion criteria that lead to the exclusion of certain population members as samples, such as married students, students on academic leave, and students who do not complete the questionnaire. In this study, a total of 283 respondents were sampled. The sampling technique applied is Proportional Random Sampling. Respondents were provided with a questionnaire through a Google Form link containing 42 questions. These questions are divided into 4 categories: 10 questions about family planning, 12 questions about knowledge, 10 questions about attitudes, and 10 questions about behavior in relationships. This was done to evaluate factors related to respondents' family planning. The validity and reliability of the questionnaire were tested using the Split-half method. In the data analysis phase, first, Univariate Analysis was

conducted to provide an overview of the frequency distribution of respondents based on various variables such as age, gender, knowledge, attitudes, and behavior. Subsequently, Bivariate Analysis was performed using proportion or percentage analysis to compare the cross-distribution between two relevant variables. The results of the statistical test were analyzed using the Chi-square test.

RESULTS AND DISCUSSION

RESULTS

Univariate Research Results

Table 1. presents the Frequency Distribution of Characteristics and Family Planning, Knowledge, Attitudes, Relationship Status, and Relationship Behavior among Prospective Healthcare Professional Students

Characteristics	N	%
Gender		
Female	213	75,3
Male	70	24,7
Age		
≥ 20 years	203	71,7
< 20 years	80	28,3
Level		
Three (III)	111	39,2
Two (II)	92	32,5
One (I)	80	28,3
Ethnicity		
Javanese	97	34,3
Sundanese	108	38,2
Betawi	39	13,8
Batak	28	9,9
Minang	11	3,9
Variable	N	%
Family Planning		
Good	156	55,1
Less than Good	127	44,9
Knowledge		
Good	162	57,2
Less than Good	121	42,8
Attitude		
Positive	158	55,8
Negative	125	44,2

Relationship Status

In a Relationship	144	50,9
Not in a Relationship	139	49,1

Relationship Behavior

Positive	129	45,6
Negative	154	54,4

Table 1 displays the characteristics of the respondents. The majority were female, constituting 213 (75.3%) of the sample. The largest age group was those aged ≥ 20 years, making up 203 (71.7%) of the respondents. In terms of academic level, the highest representation was in Level Three (III) with 111 (39.2%) respondents, and the predominant ethnicity was Sundanese with 108 (38.2%) respondents. Moving on to the variables, in terms of family planning, 156 (55.1%) respondents were categorized as having good family planning, and 127 (44.9%) were categorized as having less than good family planning. Regarding knowledge, 162 (57.2%) respondents were classified as having good knowledge, while 121 (42.8%) had less than good knowledge. In the aspect of attitude, 158 (55.8%) respondents exhibited a positive attitude, and 125 (44.2%) had a negative attitude. In relation to relationship status, 144 (50.9%) respondents were in a relationship, while 139 (49.1%) were not. Lastly, in terms of relationship behavior, 129 (45.6%) respondents displayed positive behavior, and 154 (54.4%) exhibited negative behavior.

Table 2. Frequency Distribution of Gender with Knowledge, Attitudes, Relationship Status, and Relationship Behavior at STIKes RSPAD Gatot Soebroto

Status, and Relationship Behavior at 5 Firms Retail Outlet Selected			
Variable	knowledge		Total
	Good	Less than Good	
Gender			
Female	123 (57,7%)	90 (42,3%)	213 (100%)
Male	39 (55,7%)	31 (44,3%)	70 (100%)
Variable	Attitude		Total
	Positive	Negative	
Gender			
Female	115 (54,0%)	98 (46,0%)	213 (100%)
Male	43 (61,4%)	27 (36,8%)	70 (100%)
Variable	Relationship Status		Total
	In a Relationship	Not in a Relationship	
Gender			
Female	89 (41,8%)	124 (58,2%)	213 (100%)
Male	55 (78,6%)	15 (21,4%)	70 (100%)
Variable	Relationship Behavior		Total
	Positive	Negative	
Gender			

Female	117 (54,9%)	96 (45,1%)	213 (100%)
Male	12 (17,1%)	58 (54,4%)	70 (100%)

Table 2 demonstrates the distribution of gender concerning knowledge, attitude, relationship status, and relationship behavior at STIKes RSPAD Gatot Soebroto. Regarding knowledge, the percentage of females with good knowledge is above 50%, with the highest being 123 (57.7%). For males, the percentage with good knowledge is 39 (55.7%). Observing attitude by gender, the majority of positive attitudes are among males, constituting 61.4% (43 out of 70 male respondents), while for females, it is 54.0% (115 out of 213 female respondents). In relation to relationship status, the highest percentage of those in a relationship is among males, with 55 (78.6%), whereas among females, it's 89 (41.8%). For relationship behavior, the majority of negative behaviors are among males, making up 58 (54.4%), whereas for females, it's 96 (45.1%).

Table 3. Frequency Distribution of Characteristics with Family Planning at STIKes RSPAD Gatot Soebroto

Variable	Family Planning		Total
	Good	Less than Good	
Gender			
Female	116 (54,5%)	97 (45,5%)	213 (100%)
Male	40 (57,1%)	30 (42,9%)	70 (100%)
Age			
≥ 20 years	114 (56,2%)	89 (43,86%)	203 (100%)
< 20 years	42 (52,5%)	38 (45,5%)	80 (100%)
Level			
Three (III)	72 (64,9%)	39 (35,1%)	111 (100%)
Two (II)	49 (53,3%)	43 (46,7%)	92 (100%)
One (I)	35 (43,8%)	45 (56,2%)	80 (100%)
Ethnicity			
Javanese	55 (56,7%)	42 (43,3%)	97 (100%)
Sundanese	53 (49,1%)	55 (50,9%)	108 (100%)
Betawi	22 (56,4%)	17 (43,6%)	39 (100%)
Batak	15 (53,6%)	13 (46,4%)	28 (100%)
Minang	9 (81,8%)	2 (18,2%)	11 (100%)

From Table 3, it can be observed that the characteristics of respondents with family planning vary. For gender, the majority with good family planning are females at 54.5% (116 individuals), while for males it's 57.1% (40 individuals). In terms of age, the highest percentage with good family planning is among those ≥ 20 years old, constituting 56.2%

(114 individuals), and for those < 20 years old, it's 52.5% (42 individuals). Regarding education level, the highest percentage of good family planning is among those in the third level (III), accounting for 64.9% (72 individuals), followed by the second level (II) at 53.3% (49 individuals), and the first level (I) at 43.8% (35 individuals). Among different ethnicities, Javanese and Sundanese have relatively high percentages of good family planning at 56.7% and 49.1% respectively, while Betawi, Batak, and Minang have varying percentages.

Bivariate Research Results

Table 4 Relationship between Gender, Knowledge, Attitude, Relationship Behavior, and Family Planning among Future Healthcare Professionals at STIKes RSPAD Gatot Soebroto, Year 2023

Survey Results, Year 2020						
Variable		Family Planning		p-value	Odds Ratio	95% CI
		Good	Less than Good			
Knowledge						
Good		124 (76,5%)	38 (23,5%)	0,000	9,076	5,271-15,627
Less than Good	than	32 (26,5%)	89 (73,6%)			
Attitude						
Positive		116 (73,4%)	42 (26,6%)	0,000	5,869	3.505-9,828
Negative		40 (32,0%)	85 (68,0%)			
Relationship Status						
In a Relationship		98 (68,1%)	46 (31,9%)	0,000	2.975	1,830-4,838
Not in a Relationship		58(41,73%)	81 (58,3%)			
Relationship Behavior						
Positive		88 (68,2%)	41 (31,8%)	0,000	2,714	1,666-4,424
Negative		68 (44,2%)	127 (44,9%)			

Based on Table 4, the analysis shows the relationship between variables and family planning among prospective healthcare workers. For the variable "Knowledge," the p-value is 0.000, indicating a significant relationship between knowledge and family planning. The odds ratio (OR) is 9.076, suggesting that respondents with good knowledge are 9 times more likely to have good family planning compared to those with less than good knowledge. In terms of "Attitude," the p-value is 0.000, indicating a significant relationship between attitude and family planning. The OR is 5.869, indicating that respondents with a positive

attitude are about 5.9 times more likely to have good family planning compared to those with a negative attitude. For "Relationship Status," the p-value is 0.000, signifying a significant relationship between relationship status and family planning. The OR is 2.975, suggesting that respondents in a relationship are nearly 3 times more likely to have good family planning compared to those not in a relationship. Lastly, for "Relationship Behavior," the p-value is 0.000, indicating a significant relationship between relationship behavior and family planning. The OR is 2.714, meaning that respondents with positive relationship behavior have about 2.7 times higher odds of having good family planning compared to those with negative relationship behavior.

DISCUSSION

Relationship between Knowledge and Family Planning

The research results indicate that respondents with good knowledge are 162 individuals (57.2%), while those with less than good knowledge are 121 individuals (42.8%). Based on the statistical analysis for the knowledge variable, a p-value of 0.000 is observed, indicating a significant relationship between knowledge and family planning. The Odds Ratio (OR) is 9.076, suggesting that better knowledge among prospective healthcare workers leads to a 9.076 times higher likelihood of having good family planning. This finding aligns with Agi's study in 2020, which showed a significant relationship between adolescent girls' knowledge about Age of Marriage Maturity and the risk of early marriage (p-value < 0.05) (Ria et. al., 2020). Additionally, Natalia's research in 2014 indicated that knowledge influences an individual's behavior in family planning. Structural model analysis revealed that knowledge directly affects family planning behavior, with a coefficient of 0.21, signifying that higher knowledge levels correlate with better family planning behavior.

This highlights the importance of knowledge for prospective healthcare workers. Knowledge empowers individuals to make informed decisions and take appropriate actions. In the context of family planning, good knowledge can contribute to ethical decision-making and uphold professional values.

Relationship between Attitude and Family Planning

Based on the research results, respondents with a positive attitude are more numerous than those with a negative attitude, with 158 (55.8%) and 125 (44.2%) individuals, respectively. The statistical analysis reveals a p-value of 0.000, indicating a significant relationship between attitude and family planning. The Odds Ratio (OR) is 5.689,

implying that individuals with a positive attitude are 5.689 times more likely to engage in family planning compared to those with a negative attitude. This finding aligns with Siti Salmah's study in 2019, demonstrating a meaningful relationship between friends' roles and early marriage. An Odds Ratio of 3.71 indicates that samples with a friend's role are 3.71 times more likely to engage in early marriage compared to those without such a role.

Attitude is a closed response to specific stimuli or objects, involving opinions and emotions. Attitude is shaped by factors such as personal experiences, influence from important individuals, culture, and media. Education and knowledge contribute to forming attitudes. Formal education, learning experiences, and exposure to various perspectives influence one's understanding of issues and shape attitudes towards addressing them.

Relationship between Relationship Status and Family Planning

Based on the research results, respondents with a relationship status amount to 144 (50.9%), while those without a relationship status are 139 (49.1%). The statistical analysis shows a p-value of 0.000, indicating a relationship between relationship status and family planning. With an Odds Ratio (OR) of 2.975, individuals with a relationship status are 2.975 times more likely to engage in family planning than those without. The study illustrates that having a relationship status, whether formal or informal, affects an individual's readiness for family planning. This is consistent with Tantut's study in 2016, indicating a link between adolescents' family planning perceptions and their desired types of relationships before marriage.

Relationship Behavior with Family Planning

The research reveals that respondents with positive relationship behavior are fewer, totaling 118 (41.7%), compared to those with negative relationship behavior, which is 165 (58.3%). The statistical analysis demonstrates a p-value of 0.000, signifying a relationship between relationship behavior and family planning. This finding supports the idea that behavior is a result of responses, both internal and external, shaped by factors such as environment, past experiences, emotional stability, peer influence, cultural and social factors, and genetics. Behavior can be observed as active or passive responses.

In conclusion, understanding these relationships can contribute to improving family planning behavior among prospective healthcare workers. It is essential to consider the role of knowledge, attitude, relationship status, and behavior in influencing family planning decisions and actions. Addressing these factors through education and awareness campaigns

can have a positive impact on family planning practices.

CONCLUSION

Based on the research findings, the conclusion of this study is that there is a significant relationship between knowledge (p value 0.000, OR 9.076), attitude (p value 0.000, OR 5.869), relationship status (p value 0.000, OR 2.975), and relationship behavior (p value 0.000, OR 2.714) with family planning. The research results indicate that knowledge, attitude, relationship status, and relationship behavior are strongly correlated with family planning practices. It is hoped that future researchers will include variables that may be more significant from various factors and expand the study to populations beyond healthcare professionals (general population), as well as explore using qualitative methods to obtain more in-depth information from respondents.

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