



# Strengthening Teacher Support and Adolescent Self-Efficacy Through the Teenager Care Method in Preventing Early Marriage

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<p>Revised : 30 April 2025 Accepted : 31 May 2025 Published : 23 June 2025</p> <p><b>How to cite :</b> Arsini, P. S., Sari, D. K., Wardani, D. S., Indrawan, I. W. A., Andarini, S., &amp; Putrawan, A. A. (2025). Strengthening Teacher Support and Adolescent Self-Efficacy Through the Teenager Care Method in Preventing Early Marriage. <i>Contagion : Scientific Periodical of Public Health and Coastal Health</i>, 7(1), 216–230.</p>	<p><i>Indonesia is the country with the second-highest ranking in terms of child marriage. One preventive approach is to enhance teacher support and adolescent self-efficacy by utilizing innovative learning methods. This study aims to analyze the effect of the Teenager Care Method on improving teacher support and students' self-efficacy in preventing early marriage. This study used a quasi-experimental one-group pretest-posttest design. This research was conducted at Singosari State Junior High School. From a total population of 50 teachers and 250 students who met the inclusion and exclusion criteria, 44 teachers and 72 students were used as research samples. This research was conducted at one of the junior high schools in Singosari. The first involved the method for teachers, implemented through lectures, interactive dialogues, and role-play. The second intervention targeted adolescents and was conducted using lecture-based methods and small-group case discussions. This study utilizes IBM SPSS Statistics 26 software with a 95% confidence level. The significance limit value of alpha is 0.05. Data were analyzed using the Wilcoxon Signed-Rank Test. The results showed a significant increase in teacher support for early marriage prevention after the implementation of the Teenager Care Method (<math>p &lt; 0.001</math>). Similarly, there was a substantial improvement in students' self-efficacy regarding the prevention of early marriage (<math>p &lt; 0.001</math>). The Teenager Care method effectively enhances teacher support and students' self-efficacy in preventing early marriage. This method could be a practical preventive strategy that involves active teacher participation and fosters adolescent empowerment.</i></p> <p><b>Keywords:</b> <i>Teacher Support, Self-Efficacy, Adolescents, Early Marriage</i></p>

## INTRODUCTION

Early marriage violates children's rights, particularly their right to equal opportunities, justice, and the freedom to grow and develop into better individuals (Aditya & Waddington, 2021). The World Health Organization (WHO) defines early marriage as a marital union involving adolescents under the age of 19 (Wardani et al., 2024). Among ASEAN (Association of Southeast Asian Nations) countries, Indonesia ranks as the second-highest in terms of child marriage prevalence. (Suyanto et al., 2023) In East Java, Malang has the highest number of marriages, with Singosari District recording 100 cases in 2022 (Wardani et al., 2024).

Early marriage has severe consequences for children, including higher rates of maternal and infant morbidity and mortality among those who become pregnant and give birth before the age of 18 (Anggreni et al., 2023). Additionally, it negatively impacts social and emotional

development, often depriving children of their right to education and family relationships while prematurely pushing them into adult roles (Pettoello-Mantovani, 2024). Girls who marry early are also more likely to experience sexual coercion, leading to serious mental health implications (Sezgin & Punamäki, 2020).

One of the most effective strategies for preventing early marriage is the integration of comprehensive sexuality education into school curricula (Zulu et al., 2022). As respected figures in the school environment, teachers play a pivotal role as agents of change, shaping adolescents' perceptions and attitudes toward risky behaviors (Rahmaputri & Kusumawardhani, 2020). However, the implementation of sexuality education remains suboptimal, largely due to insufficient teaching materials and a lack of motivation among educators to deepen their knowledge of early marriage prevention (Masruroh & Sapja Anantanyu, 2021). Akbar found that teachers' lack of preparedness in the teaching and learning process is often attributed to their reluctance to enhance their skills, resulting in monotonous and ineffective instruction (Akbar et al., 2023).

Teachers play a crucial role in preventing early marriage. Raj, et al. (2019) found that adolescents with high self-efficacy and strong social support at school were better equipped to resist early marriage pressures. Teachers who actively engage in professional development and innovate their teaching methods—particularly regarding early marriage prevention—can help teenagers develop greater interest and understanding in taking proactive steps (Yana et al., 2024). In Indonesia, low adolescent self-efficacy regarding early marriage highlights the urgent need for targeted interventions that build adolescents' confidence in decision-making and strengthen their ability to reject early marriage pressures (Pettoello-Mantovani, 2024). However, students are often passively exposed to information, lacking opportunities to critically explore issues related to reproductive health and early marriage (Alan Dikmen & Cankaya, 2021).

Data indicates that 42% of adolescents receive sexual education from teachers at school. However, the lack of integration into the formal curriculum significantly hinders the delivery of reproductive health education. This highlights the urgent need for educators—particularly school teachers—to adapt and expand their approach to teaching reproductive health and early marriage prevention (Badriah et al., 2023). Currently, the integration of teacher support and adolescent self-efficacy in preventing early marriage has not received adequate attention.

The Teenager Care Method is a newly developed approach designed to enhance teacher support and adolescent self-efficacy in preventing early marriage. It is based on a holistic and participatory framework, in which teachers and students actively collaborate to strengthen

preventive efforts. Research by (Urnia et al., 2023). found that education delivered through print and audiovisual media effectively increases adolescents' awareness of early marriage prevention. This method involves teachers facilitating open discussions, leading group activities, and providing reproductive health education along with social support to adolescents facing challenges related to early marriage. Similarly, Sparks et al. (Sparks et al., 2017). Found that adolescent self-efficacy improves when teachers undergo interventions aimed at enhancing their support for students both inside and outside the classroom.

Adolescents with strong interests and aspirations toward positive life goals tend to achieve higher academic success and demonstrate a greater ability to set clear and constructive future objectives (Pap et al., 2021). Implementing the Teenager Care Method through discussions and role-playing helps integrate and strengthen teenagers' social and emotional skills, enabling them to make informed decisions regarding early marriage prevention (Rasmussen et al., 2019). Additionally, psychoeducational programs—such as the Me and Marriage Program—have been shown to significantly enhance adolescents' understanding of marriage preparation (Anindhita et al., 2024). Based on this background, the present study was conducted to examine the effectiveness of the Teenager Care Method in improving adolescent self-efficacy in preventing early marriage.

## METHODS

This study employed a quantitative research methodology using a quasi-experimental design with a one-group pretest-posttest approach. It utilized a single research design with two research subjects—students and teachers—selected through purposive sampling. The research was conducted at a junior high school in Singosari. The teacher sample initially consisted of 50 participants, while the student sample comprised 250 adolescents who met the study's inclusion and exclusion criteria. After the selection process, a total of 44 teachers and 72 students qualified and were included in the study.

The Teenager Care Method intervention was administered directly through face-to-face meetings between researchers and respondents. The intervention utilized materials and modules that had been tested by certified experts and had undergone copyright registration (No. EC002024246895). All teachers and adolescent respondents voluntarily agreed to participate in the research and completed informed consent forms, confirming their willingness to be involved in the study. This study received ethical approval from the Ethics Committee of the Faculty of Medicine, Universitas Barujaya, under approval number 481/EC/KEPK-S2/12/2024, dated December 17, 2024.

After completing the informed consent process, respondents were instructed to complete the pre-test questionnaire prepared by the researcher. The first phase involved a group of teachers, who were given a pre-test to assess their level of support in preventing early marriage before the intervention. The second phase involved a group of students, who completed a pre-test to measure their self-efficacy in preventing early marriage. Following the administration of the Teenager Care Method intervention, a post-test was conducted to re-evaluate teacher support and student self-efficacy.

Data collection was carried out using two questionnaires. The first was a teacher support questionnaire, adapted from the Teacher as Social Context (TASC) Questionnaire (Iglesias-García et al., 2020) comprising 16 items measuring three dimensions: teacher involvement, structure, and autonomy support. The second was a self-efficacy questionnaire, based on the General Self-Efficacy Scale (Schwarzer & Jerusalem, 1995), consisting of 15 items evaluating four dimensions: job accomplishment, skill development, social interactions, and coping with job stress. Both questionnaires utilized an ordinal scale with three categories: good, adequate, and poor. The questionnaire underwent validity and reliability testing and was confirmed to be reliable and valid.

The first intervention phase targeted teachers and was implemented through lectures, interactive dialogues, and role-play exercises. Teachers received material on reproductive health, early marriage, and its prevention, as well as guidance on their role in reducing early marriage among adolescents. The intervention was conducted in three stages: 1) Orientation Phase – Strengthening teacher awareness, 2) Competency and Support Phase – Enhancing teacher skills and adaptive capabilities to improve their effectiveness in early marriage prevention., 3) Reflection and Follow-up Phase – Reinforcing teacher commitment, evaluating progress, and encouraging continued action in early marriage prevention.

Following the intervention, teachers were given a post-test questionnaire to reassess their support levels in preventing early marriage. The second intervention phase was directed at adolescents and employed lecture-based methods combined with small-group case discussions. Teenagers received material covering reproductive health, the impact and prevention of early marriage, and actionable steps they could take if they witnessed or experienced cases of early marriage. The intervention was divided into three phases:

- Self-Awareness and Risk Understanding
- Skill Development and Confidence Building
- Identity Strengthening and Future Reflection

Upon completing all phases, students underwent a post-test to assess the impact of the Teenager Care Method on their self-efficacy. Once data collection was completed, descriptive analysis was performed to examine the age and gender characteristics of the teacher and student respondents. The study was conducted using IBM SPSS Statistics 26, with a 95% confidence level and a significance threshold ( $\alpha$ ) of 0.05. All collected data underwent normality testing via the Shapiro-Wilk Test, which yielded p-values of 0.014 for teacher support and 0.011 for adolescent self-efficacy. Since both p-values were  $<0.05$ , the data distribution was not normally distributed, necessitating the use of a nonparametric test—the Wilcoxon Signed-Rank Test. Using this method, bivariate analysis was conducted to determine the differences between pre-test and post-test scores before and after implementing the Teenager Care Method.

This revision enhances clarity, strengthens readability, and maintains a formal academic tone while preserving the original meaning. Let me know if you'd like any further refinements!. Once data collection was completed, descriptive analysis was performed to examine the age and gender characteristics of the teacher and student respondents. The study was conducted using IBM SPSS Statistics 26, with a 95% confidence level and a significance threshold ( $\alpha$ ) of 0.05. All collected data underwent normality testing via the Shapiro-Wilk Test, which yielded p-values of 0.014 for teacher support and 0.011 for adolescent self-efficacy. Since both p-values were  $<0.05$ , the data distribution was not normally distributed, necessitating the use of a nonparametric test—the Wilcoxon Signed-Rank Test. Using this method, bivariate analysis was conducted to determine the differences between pre-test and post-test scores before and after implementing the Teenager Care Method.

## RESULTS

Based on the field data, the characteristics of the teachers who served as respondents were presented in tabular form to provide a detailed overview of all participants.

**Table 1. Frequency Distribution Characteristics**

Respondent Characteristics			Frequency	Percentage
Teacher	Age	50-60 years	31	70.5
		40-50 years	7	15.9
		30-40 years	6	13.6
	Gender	Male	9	20.5
		Female	35	79.5
Teenager	Age	12 years	27	37.5
		13 years	43	59.7
		14 years	2	2.8
	Gender	Male	35	48.6
		Female	37	51.4
Total			72	100

Following the identification process, the data revealed that most teacher respondents fell within the 50-60 age range, 70.5%, while the smallest proportion was between 40 and 50, 15.9%. In terms of gender, the majority of respondents were female 79.5%, while the remaining 20.5% were male (Table 1). Based on the characteristics of adolescents, the data show that most respondents were 13 years old 59.7%, while the smallest proportion was 14 years old 2.8%. In terms of gender, 51.4% were female, and 48.6% were male (Table 1).

**Table 2. Frequency Distribution of Pretest and post-test Support Levels**

Support Indicator	Pretest		Post-test	
	f	%	f	%
Good	1	2,3	32	72,7
Enough	42	95,5	12	27,3
Poor	1	2,3	0	0
Total	44	100	44	100

The assessment results of teacher support indicated that 95.5% demonstrated moderate support for early marriage prevention before the Teenager Care Method intervention. Following the intervention, 72.7% exhibited high support. This indicates an increase in teacher support for preventing early marriage after implementing the Teenager Care Method compared to before the intervention (Table 2).

**Table 3. Frequency Distribution Support Levels Based on Dimension**

Support Dimension	Pretest	Post-test	Different in value	Percentage Increase (%)
Teacher involment	856	970	114	51.58371041
Structure	807	877	70	31.67420814
Autonomy Support	395	432	37	16.74208145

In the support component, the highest percentage increase was observed in the teacher involvement component, at 51.58%, while the lowest percentage increase was found in the structure component, at 16.74% (Table 3).

**Table 4. Analysis of Changes in Teacher Support Before and After the Implementation of the Teenager Care Method**

	Support			Z Score	p-value
	Median	Minimum	Maximum		
Pretest	46	36	61	-4.037	0.000
Posttest	49,5	41	64		

There was an increase in the median, minimum and maximum support score after intervention. Statistical analysis using the Wilcoxon test to determine differences before and after the intervention Z-value of -4.037 and a p-value of 0.000 ( $p < 0.005$ ). This indicates a statistically significant difference in teacher support before and after implementing the

Teenager Care Method (Table 4). This finding suggests that the Teenager Care Method has a positive influence on enhancing teacher support in preventing early marriage.

**Table 5. Frequency Distribution of Pretest and post-test Self-Efficacy**

<b>Indicator</b>	<b>Pretest</b>		<b>Post-test</b>	
	<b>f</b>	<b>%</b>	<b>f</b>	<b>%</b>
Good	41	43,1	64	88,9
Enough	31	56,9	8	11,1
Total	72	100	72	100

Based on Table 5, 56.9% of participants had good self-efficacy prior to the Teenager Care Method intervention. Following the intervention, the number increased to 88.9% of individuals who exhibited good self-efficacy regarding early marriage prevention. This indicates a notable improvement in adolescents' self-efficacy following the receipt of the Teenager Care Method intervention.

**Table 6. Frequency Distribution of Self-Efficacy Levels Based on Dimension**

<b>Support Dimension</b>	<b>Pretest</b>	<b>Post-test</b>	<b>Different in value</b>	<b>Percentage Increase (%)</b>
Job accomplishment	754	935	181	39.17749
Skill development	1306	1452	146	31.60173
Social interactions	595	681	86	18.61472
Coping with job stress	411	460	49	10.60606

In the self-efficacy component, the highest percentage increase was observed in the job accomplishment component, at 39.18%. In contrast, the lowest percentage increase was found in the coping with job stress component, at 10.61% (Table 6).

**Table 7. Analysis of Changes in Student Self-Efficacy Before and After the Implementation of the Teenager Care Method**

	<b>Self-Efficacy</b>			<b>Z Score</b>	<b>p-value</b>
	<b>Median</b>	<b>Minimum</b>	<b>Maximum</b>		
Pretest	42,5	26	57	-5.	0.000
Posttest	48	36	60	425	

There was an increase in the median, minimum, and maximum self-efficacy scores after the intervention. The Wilcoxon test assessed the differences before and after the intervention, yielding a Z-value of -5.425 and a p-value of 0.000 ( $p < 0.005$ ). These results indicate a statistically significant improvement in student self-efficacy following the implementation of the Teenager Care Method (Table 7).

## DISCUSSION

Early marriage is a critical issue that negatively impacts children's physical, mental, and social development. It often deprives children of their right to education, disrupts family relationships, and prematurely forces them into adult roles (Pettoello-Mantovani, 2024). Teaching, as a profession, requires educators to guide students toward positive behaviors while discouraging actions that may be harmful or detrimental to their well-being (Bălăţescu & Cernea-Radu, 2025). An analysis of teacher characteristics revealed that most teachers were categorized as seniors between the ages of 50 and 60. While senior teachers exhibit positive teaching styles, age-related physical decline may affect their effectiveness. They are often associated with monotonous teaching methods and a reluctance to adopt innovative strategies that align with modern student needs (Aini & Cahyo, 2023).

Regarding gender, the majority of respondents were female. Female teachers generally demonstrate greater empathy in supporting students; however, they may also feel reluctant or uncomfortable when discussing topics related to reproductive health. These findings are consistent with this study, which showed that most teachers displayed a moderate level of support before the intervention, indicating room for improvement (Nurzannah, 2022).

In Indonesia, data from the Central Statistics Agency (BPS) indicate that 33.76% of young individuals recorded their first marriage between the ages of 19–21 in 2022. Despite legal regulations, many child marriages remain unregistered, occurring solely based on custom and religious practices and lacking formal legal recognition (Gaib et al., 2020). The Teenager Care Method employs an andragogical learning approach, encouraging teachers to think critically and reflect on essential aspects of the teaching process. This method enhances teachers' ability to respond effectively to their environment and promotes continuous professional development in education (Lewis & Bryan, 2021).

Senior teachers are generally adept at understanding and implementing new learning strategies by integrating prior knowledge and skills with updated material relevant to their current needs (Guglielmi et al., 2016).

This is reflected in support assessment results, where most teachers were initially categorized as providing moderate support before implementing the Teenager Care Method. Following the intervention, the number of teachers classified as providing substantial support increased.

This notable improvement underscores the effectiveness of the Teenager Care Method in enhancing teacher support for early marriage prevention. Several factors contribute to this outcome, including its ability to raise teacher awareness of their role in guiding and preparing



students for a more stable future. Lazarides et al. (2019) found that teacher support plays a crucial role in addressing student motivation in the learning process. By fostering increased motivation, teachers are more likely to present material in engaging and interactive ways, enabling students to internalize and apply concepts meaningfully in their daily lives (Lazarová et al., 2019).

Among the support components, the highest percentage increase was observed in teacher involvement, indicating that the Teenager Care Method significantly enhances teacher participation in preventing early marriage. Research has found that when teachers actively support student engagement, students experience greater satisfaction and appreciation in their learning environment (Xie & Derakhshan, 2021). Conversely, the lowest percentage increase occurred in the structure component, suggesting that the Teenager Care Method has minimal impact on this aspect of teacher support (Ayllón et al., 2019).

The Teenager Care Method helps strengthen teachers' ability to build positive relationships with adolescents. Through role-play techniques, this method encourages educators to discuss reproductive health and early marriage openly, fostering mutual trust between teachers and students. Additionally, teachers are encouraged to provide classical guidance, either independently or collaboratively with colleagues, to enhance adolescents' awareness of early marriage prevention (Reni Dia Anggraini et al., 2020). Research by (Miranda & Wahyudin, 2023) highlights that fostering effective communication between teachers and students—both inside and outside the classroom—significantly improves student competencies.

Implementing the Teenager Care Method has been found to shift teachers' mindsets and raise awareness of their essential role in supporting adolescents in early marriage prevention. The objective is to equip students with the knowledge and skills necessary to lead dignified lives in the future emphasize that student guidance during academic and extracurricular activities plays a crucial role in reducing early marriage rates (Masruroh & Sapja Anantanyu, 2021).

Adolescence is a transitional period from childhood to adulthood, marked by significant physical, psychological, and emotional changes. It is also a critical phase for exploring relationships and developing deeper social bonds (Miller, 2021). An analysis of student age in this study revealed that the majority were 13 years old. In this context, self-efficacy plays a fundamental role, serving as a psychological buffer against emotional challenges and life stressors (Martínez et al., 2021). Adolescents who are capable of self-regulating risky behaviors

are more likely to achieve their goals, manage emotional and cognitive difficulties, delay gratification, and effectively cope with stress (Daniel & Chris, 2022).

Adolescent girls are reported to exhibit higher levels of both cognitive and affective empathy compared to boys (Shukla et al., 2023). While male and female adolescents may differ in their perceptions of marriage and family, gender differences appear to have minimal impact on self-efficacy. However, disparities in parental treatment between sons and daughters can indirectly influence adolescents' self-efficacy development (Claster & Blair, 2017). The gender distribution among respondents was relatively balanced, suggesting that self-efficacy levels among male and female adolescents are comparable. This finding aligns with research by Schnell, which reported no significant effect of gender on adolescent self-efficacy (Schnell et al., 2015).

The Teenager Care Method is designed to strengthen adolescents' knowledge, skills, and self-confidence through a structured educational approach aimed at early marriage prevention. This method helps participants identify barriers—such as social or financial pressures—that hinder their ability to achieve personal goals, and provides solutions to keep them focused on education and self-development (Leventhal et al., 2022). Additionally, the program's educational intervention informs adolescents about their rights and the significance of education, further enhancing their self-efficacy (Raj et al., 2019). The method incorporates discussion sessions using a proactive cognitive approach, which engages adolescents in conversations about early marriage, allowing them to distinguish between appropriate and inappropriate behavior. Through group interactions, participants can share experiences, motivate one another, and collectively strengthen their self-efficacy in preventing early marriage (Fitria et al., 2020).

Enhancing self-efficacy is crucial for preventing early marriage, as it significantly influences adolescents' decision-making and behavioral outcomes. Research indicates that adolescents with higher self-efficacy levels are more likely to resist peer pressure and make informed decisions regarding relationships and sexual health, thereby reducing the likelihood of early marriage (Daniel Fedrick Marandu & Chris Mungubariki Mauki, 2022). Further studies suggest that self-efficacy fosters a positive outlook, mitigating feelings of hopelessness that often contribute to early marriage (Martínez et al., 2021). Therefore, targeted interventions designed to strengthen self-efficacy can play a pivotal role in delaying early marriage and promoting healthier life choices among adolescents (Anggreni et al., 2023; Nurwiyan & Nancy, 2023).

The assessment of students' self-efficacy revealed that most students demonstrated good self-efficacy before implementing the Teenager Care Method. Following the intervention, this number increased, indicating a positive shift in self-efficacy regarding early marriage prevention. Sample characteristics also influenced changes in self-efficacy levels, consistent with findings from previous studies that identified a moderate relationship between gender and age with self-efficacy development (Moksnes et al., 2019). These factors contribute to reinforcing student self-efficacy, equipping them to handle life challenges effectively and pursue clear, achievable goals (Martínez et al., 2021).

Among the self-efficacy components, the highest percentage increase was observed in job accomplishment. Improving adolescents' ability to achieve their goals in preventing early marriage fosters greater self-confidence in decision-making (Albert, 2016). Packer found that increased adolescent self-efficacy was positively associated with decisions to refuse early sexual intercourse and reject early marriage (Packer et al., 2020). Conversely, the lowest percentage increase occurred in coping with job stress, suggesting that the Teenager Care Method had limited impact in reducing stress-related challenges leading to early marriage. Adolescents who marry early often face significant stress and conflict due to their new parental responsibilities (Wahyuningsih et al., 2024). Antari observed that individuals who effectively manage stress tend to experience greater self-confidence and improved decision-making (Rhadiyah et al., 2016).

This confirms that the Teenager Care Method is effective in enhancing students' knowledge of comprehensive reproductive health, particularly through the application of the Health Belief Model, which has been shown to improve adolescents' understanding of the risks associated with early marriage (Yakubu & Salisu, 2018). Similar findings have been reported in previous studies, demonstrating that group discussion interventions significantly enhance students' self-efficacy in completing their final projects (Chairunnisa et al., 2024). This method assists participants in identifying barriers, such as social and financial pressures, that may hinder the achievement of their personal goals, while also providing actionable solutions to help them remain focused on education and self-development (Leventhal et al., 2022). Ultimately, this approach strengthens adolescents' confidence and enhances their ability to navigate socio-cultural challenges related to early marriage (Leventhal et al., 2022; Wallrich et al., 2021).

## CONCLUSIONS

Based on the study findings, implementing the Teenager Care Method significantly enhances teacher support and adolescent self-efficacy in preventing early marriage. The increase in teacher support has notably strengthened teacher involvement, ensuring educators are equipped with the knowledge, understanding, and encouragement necessary to actively engage in early marriage prevention efforts. A significant improvement was observed in teacher support, as demonstrated by their positive responses in providing educational and emotional guidance to students. This support enables students to feel recognized, valued, and empowered to make informed decisions regarding their future.

The Teenager Care Method is expected to serve as an effective preventive strategy against early marriage. Therefore, the active involvement of all stakeholders—including parents, healthcare professionals, community members, and government institutions—is essential in the collective effort to prevent early marriage.

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