Buletin Ilmu Kebidanan dan Keperawatan (BIKK) **E-ISSN 2962-4142**
DOI: 10.56741/bikk.v3i03.671 **P-ISSN 2962-5734**



Peer Counselor as A Preventive Effort Against Early Marriage Using the Health Belief Model Approach

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Abstract

Early-age marriage presents a significant challenge in many developing countries, including Indonesia. Marriages occurring before the age of 18 often lead to adverse outcomes for adolescents, including pregnancy and childbirth complications that elevate maternal and infant mortality rates. Additionally, early marriage commonly disrupts adolescent education, limiting future employment opportunities. Effective preventive strategies, such as the "KOTESA" initiative, empower adolescents using the Health Belief Model (HBM) approach. This study employed qualitative methods with a descriptive phenomenological approach, gathering data through in-depth interviews. Most participants were adolescents married before age 16, many experiencing their first pregnancy at a similarly young age. Such early marriages impact adolescents' health, education, and economic prospects. Intervention through peer counseling, guided by the HBM approach, proved effective in increasing adolescent knowledge about reproductive health and in serving as a preventive measure against early marriage. The KOTESA program involves adolescents as peer counselors utilizing the Health Belief Model framework, which emphasizes behavioral change by enhancing perceptions of risk, highlighting benefits, and reducing barriers to prevent early marriage. It is recommended that stakeholders promote and support the KOTESA peer counseling model to encourage behavioral change among adolescents and reduce early marriage rates.

Keywords: *Early Marriage; Health Belief Model; Peer Counselor; Preventive Effort*

Introduction

Early-age marriage remains a critical challenge in many developing nations, including Indonesia, where marriages often occur before the age of 18 and lead to extensive negative impacts on individuals and society [1]. These marriages have wide-ranging consequences, spanning health, social, and economic spheres. Young women who marry early face a higher risk of complications during pregnancy and childbirth, contributing to increased maternal and infant mortality rates [2]. Further, early marriage frequently disrupts education, limiting adolescents' opportunities for employment and economic advancement [3].

Globally, 21 percent of marriages occur at an early age, with Indonesia ranking 37th worldwide and holding the second-highest percentage in ASEAN [4]. According to the 2023 Central Statistical Agency of Indonesia data, 6.92% of Indonesian women marry before the age of 18, with Southern Kalimantan showing a higher rate of 8.74%. Key factors contributing to this prevalence include poverty, low educational levels, social and cultural norms, and limited access to information and reproductive health services [5]. To address early-age marriage, the HBM provides a framework for identifying factors that influence adolescents' decisions to marry young and for developing targeted interventions. Adolescents may lack awareness of the health risks linked to early marriage or face substantial social pressure to marry. HBM-based peer counseling programs have proven effective in empowering youth,

enhancing their understanding of reproductive health, and fostering healthier social development influenced by peer interactions.

HBM, one of the earliest and most adaptable models focusing on prevention across diverse age groups and cultural contexts, emphasizes four main components: perceived benefits, perceived vulnerability, perceived severity, and perceived barriers [6]. This model is widely applied in health education to predict and encourage preventive health behaviors, promoting behavioral changes when individuals recognize their susceptibility to health risks [7]. Continuous evaluation of program effectiveness and adaptations for improvement are essential to these interventions. Recent research confirms that structured, sustained peer counseling programs grounded in HBM are effective in reducing early marriage rates and improving adolescent reproductive health [8]. Studies demonstrate that HBM-based peer counseling yields statistically significant results, with outcomes showing a p-value of < 0.001, indicating its superiority over other behavioral education methods [9]. HBM-based training programs that integrate social support mechanisms further enhance perceived benefits and social resilience, delivering positive, long-term impacts across various socio-economic and cultural backgrounds [10].

'Aisyiyah, an autonomous Islamic women's organization under the Muhammadiyah Association, plays a crucial role in addressing early marriage in Indonesia. Active in worship, education, social welfare, and health, 'Aisyiyah organizes community outreach programs, especially for adolescents and the elderly, raising awareness about the risks of early marriage. Through advocacy, seminars, and education on reproductive health, the organization's social welfare division provides critical support to prevent early marriages in regions [11], such as Banjarmasin. This approach represents a promising step toward reducing early marriage rates and promoting a brighter future for the younger generation [12].

This study aims to assess the effectiveness of peer counseling interventions based on the HBM in increasing awareness of the risks associated with early-age marriage among adolescents and in reducing early marriage rates in Indonesia. Specifically, the research seeks to examine how HBM components—perceived benefits, perceived vulnerability, perceived severity, and perceived barriers—impact adolescents' decision-making regarding early marriage. Additionally, this study evaluates the long-term outcomes of peer counseling on reproductive health knowledge and behavior within various socio-economic and cultural contexts, with the goal of informing strategies for youth empowerment and community education that can be widely implemented.

Literature Review

A. Early Marriage

Early marriage has become a significant issue worldwide, particularly in developing countries like Indonesia [13]. Social, cultural, and economic factors often drive this phenomenon [1]. The WHO defines early marriage as a union where at least one partner is still a minor, typically under the age of 19. In Indonesia, marriage laws set the minimum marriage age at 19 for both men and women, as revised by Law No. 16 of 2019. Previously, the law permitted marriage for women at age 16 and men at age 19. This revision aimed to reduce early marriages and protect children's rights, with any marriage involving minors categorized as early marriage [13]. Poverty remains a major factor behind early marriage, as

families often view it as a way to alleviate economic burdens. Gender discrimination and cultural norms, such as beliefs that early marriage can protect young women from premarital relationships, further exacerbate this issue [1].

Research shows that young mothers, particularly those under 15, face increased risks of complications such as low birth weight (LBW) and premature birth. These health outcomes are linked to neonatal mortality, as observed in multiple studies of moderate quality [14].

B. Current Status of Early Marriages in Indonesia

Despite a slow decline, early marriage rates in Indonesia have decreased by 3.5 percentage points over the last decade. However, in 2020, the number of child marriage dispensations rose sharply, with the Religious Court approving 64,211 cases, up from 23,126 in 2019. Achieving Indonesia's targets to reduce child marriage rates to 8.74 percent by 2024 and 6.94 percent by 2030 will require coordinated, systematic efforts. In South Kalimantan Province, child marriage rates decreased from 15.30 percent in 2021 to 10.53 percent in 2022, alongside a reduction in marriage dispensations from 1,394 in 2021 to 916 in 2022. However, certain areas still report high early marriage rates, requiring comprehensive intervention strategies from the provincial and district governments. Early marriage is a complex issue that infringes upon children's rights, impacts women's and public health, and hinders the Sustainable Development Goals (SDGs) set for 2030 [15].

UNICEF emphasizes that early marriage is a multifaceted problem influenced by factors including family values, economic insecurity, cultural beliefs, and social norms. Addressing these causes requires a holistic approach that considers the broader socio-political context, family dynamics, and individual circumstances [16]. Key factors driving early marriage include human insecurity, legal and family issues, religious beliefs, individual circumstances, and cultural norms [17]. Young women in early marriages are more likely to face educational barriers, limited career opportunities, lower decision-making power, and reduced economic stability [18].

C. The Islamic View of Early Marriage

Marriage in Islam is a relationship governed by religious and socio-historical contexts, with numerous Quranic verses addressing family roles and responsibilities [19]. Islamic teachings permit early marriage when both partners have reached physical and mental maturity, though in practice, marriages often occur at younger ages when couples may not be fully prepared for the responsibilities of marriage. In early marriage cases, Islam emphasizes protecting women's rights and preventing exploitation. Islam encourages that marriages be based on mutual respect and a healthy relationship dynamic [20].

In Indonesian society, where Islam is the majority religion, early marriage is often seen through a lens of cultural and religious values. While Islam views marriage as a fundamental part of worship with established guidelines, it also warns against harm and instability. Socially, marriage is sometimes seen as a solution to avoid premarital relationships that can lead to unintended pregnancies. However, early marriage often results in economic instability due to the couple's young age and low income levels [21].

Islamic law sets minimum marriage ages that vary by school of thought and country. Generally, 18 is the minimum age for men and 16 for women, with exceptions requiring guardian consent. However,

Islamic doctrine also highlights the importance of physical, mental, and financial preparedness before marriage. Islamic guidance prioritizes ensuring that marriages are based on the readiness of both parties and the support of their families [20]. The family, which includes parents and siblings, holds significant importance in Islam, with verses and Hadiths emphasizing familial responsibilities and unity.

While early marriage is permitted in some interpretations of Islamic law, there is a growing movement toward reevaluating this practice in light of principles of justice, equality, and children's rights as aligned with both Islamic values and international standards [22].

Material and Methods

This public empowerment report employs a qualitative method with a phenomenological approach, selected to understand and interpret the meaning of life experiences from the perspective of informants who are subjects of the research. Phenomenology focuses on distilling individual experiences with phenomena into descriptions that capture the essence of those experiences. The researchers collect data from individuals who have undergone these experiences, creating a shared narrative of what and how they experience these phenomena. Qualitative data is gathered through diverse techniques such as interviews, document analysis, focus group discussions, and observation.

Data collection involved conducting in-depth, home-visit interviews with teenagers already engaged in early marriage to explore the underlying issues and causes of these practices. This approach also facilitates planning preventive efforts to address early marriage within the community, aiming to impact adolescent health both in the short and long term. In a preliminary study conducted on June 5, 2024, it was found that key causes included limited education, inadequate knowledge about reproductive health, and social, economic, and cultural factors. To assess adolescents' knowledge levels, a pre-test was administered to 12 adolescents at Panti Asuhan 'Aisyiyah, with an average score of 74.5 on 30 questions about reproductive health. After an educational intervention on reproductive health, their knowledge improved, with post-test scores averaging 84.5.

Table 1. Informant Characteristics (based on primary data)

Informant	Age	Religion	Ethnicity	Highest education	Jobs	Income (Million IDR)
IN1	16	Islam	Banjar	SMP	Housewife	1.5
IN2	15	Islam	Banjar	SD	Housewife	4.0
IN3	15	Islam	Banjar	SD	Housewife	2.0

Results and Discussions

The empowerment activity took place in Kampung Biru, a neighborhood in Kelurahan Kampung Melayu, Kecamatan Banjarmasin Tengah, in Banjarmasin City. Kelurahan Kampung Melayu is a lively community bordered by Kelurahan Antasan Besar and the Martapura River to the north, Kelurahan Kertak Baru Ilir to the east, Kelurahan Seberang Masjid to the south, and Kelurahan Pasar Lama to the west. The Martapura River, a significant waterway, plays a vital role in local trade and transportation, shaping the community's economy and lifestyle. Kelurahan Kampung Melayu spans approximately 74 hectares, with diverse land use allocations. Residential areas, covering about 50 hectares, provide housing for the area's dense population. Office spaces occupy 5 hectares, supporting both local

governance and business activities. Limited green spaces, including 2 hectares of yards and 1 hectare of parks, serve as essential recreational and community gathering spots. Cemeteries, covering 2 hectares, meet the spiritual and cultural needs of residents. The remaining 14 hectares are dedicated to public infrastructure, including roads, community centers, and markets.

With a population of approximately 10,000, Kelurahan Kampung Melayu is predominantly composed of the Banjar Malay ethnic group, recognized for its unique cultural traditions and strong community ties. Minority groups, including Javanese, Bugis, and Chinese, add to the cultural richness of the area. The religious makeup is primarily Islamic, though smaller groups practice Christianity, Hinduism, and Buddhism, reflecting Indonesia's religious diversity. The local economy is mainly based in the informal sector, with many residents engaged in traditional market trading, providing services such as transportation and repair, and running small to medium-sized businesses. Traditional markets are the economic heart of the area, serving as essential centers for trade, cultural exchange, and community interaction.



Fig. 1. Image of Biru Village

A. Factors Contributing to Early Marriage

1. Educational Factors

Many young individuals lack awareness about reproductive health, leading to unintended pregnancies and early marriages. As one respondent shared:

> "I married because I got pregnant after one relationship. I didn't know then that having sex could lead to pregnancy. If I'd had reproductive health education, I might have been more cautious. I was just in the second grade of high school."

Education about reproductive health is crucial for adolescents, equipping them to make informed decisions and understand their curiosity about relationships [23]. Research indicates that the higher a woman's education level, the lower her likelihood of early marriage, as education broadens life expectations and opportunities beyond marriage [24]. Knowledge and skills gained through education also improve economic opportunities and raise awareness of health and rights, making education a vital strategy for reducing early marriage rates. However, limited educational access in Kampung Biru due to economic challenges, inadequate facilities, and cultural expectations

that prioritize marriage, means that many young people do not complete school, reducing their options and making early marriage more appealing.

2. Economic Factors

Economic hardship often pressures families toward early marriage, as one individual explained:

"I married because my parents thought I was old enough, and the groom was financially stable. They were also concerned because my school was far away and we still had many financial struggles at home."

In financially disadvantaged households, early marriage may be viewed as a way to reduce family expenses. Families facing economic challenges may marry off daughters to ease financial burdens or benefit from the groom's support [15]. Educated women are more likely to secure higher-income jobs, which can reduce the need to marry early as a financial solution. For families in Kampung Biru, however, economic hardship drives early marriage, often prioritizing immediate economic stability over potential future opportunities.

3. Social and Cultural Factors

Cultural expectations and societal norms significantly influence early marriage decisions. One participant described their experience:

"My relationship was disapproved of by my parents, so I got pregnant hoping it would earn their approval. When they found out, they immediately arranged a marriage."

Early marriage is sometimes used as a solution to maintain family honor, especially in cases of premarital pregnancy, where parents and society often encourage early marriage to avoid social stigma. Traditional communities may view early marriage as a necessary step to uphold family reputation and conform to cultural expectations [15]. In Kampung Biru, marriage is also perceived as a rite of passage and a way to prevent premarital relationships, reinforcing early marriage as a cultural norm.

4. Peer Influence and Social Environment

Peer pressure and community norms further drive early marriage rates. In close-knit communities, young individuals may feel compelled to marry early, as many of their peers do. This influence is especially strong for girls who see friends marrying young, reinforcing the idea that early marriage is a normal, expected life stage. This social environment perpetuates early marriage as part of the community's cycle of social conformity and expectation.

B. Impacts of Early Marriage

1. Educational Impact

As one young woman expressed,

"I had to quit school because I got married, but I still want to continue my education and go back to school."

Early marriage, particularly before the age of 18, severely hinders educational opportunities for women. The immediate consequence is often dropping out of school, as young brides are typically expected to fulfill domestic roles as wives and mothers, leaving little room for educational pursuits. This dropout rate is often linked to poverty, where families may prioritize domestic responsibilities

over education. After marriage, young women may be compelled to abandon their studies to manage household chores, care for children, or adhere to school policies regarding pregnancy. As a result, their access to education diminishes, limiting their economic prospects and trapping them in a cycle of poverty that can affect future generations [25]. Early marriage effectively curtails educational attainment, career aspirations, and the autonomy to make personal life choices, often leading to early pregnancies.

2. Health Impact

One young woman shared her distressing experience:

> "I had complications during pregnancy, including high blood pressure, and I didn't know it was dangerous. I ended up needing surgery during childbirth, and I often felt stressed because my husband wasn't responsible and came home late."

According to the World Health Organization (WHO), approximately 48% of teenage women experience severe pregnancy-related complications, compared to 45.3% of adult women. Adolescents are at higher risk for complications during pregnancy and childbirth due to their physical immaturity [26]. Early marriage heightens the risk of sexually transmitted infections, unsafe abortions, and birth complications, often exacerbated by insufficient prenatal care [27]. Young mothers face a higher likelihood of issues such as anemia and preeclampsia, increasing the risks of maternal and infant mortality [28]. Teen pregnancies are often fraught with complications that jeopardize both maternal and child health, and children born to adolescent mothers are more likely to face health challenges, including low birth weight. Furthermore, the psychological well-being of young brides is often compromised compared to adult women [22]. To address these challenges, comprehensive efforts are needed to enhance education access, reproductive health services, and public awareness about the detrimental effects of early marriage, ultimately improving family health and well-being.

3. Economic Impact

Early marriage can perpetuate economic hardship for families. Young couples frequently lack the financial stability and skills necessary to support themselves, leading to persistent poverty. The initial economic advantages of early marriage tend to be fleeting, as young brides and grooms often find themselves unprepared for the financial responsibilities that come with family life. As one woman lamented,

> "I struggle to meet daily needs because my husband only sells coffee and my parents are poor. My siblings are all married and can't help."

Early marriages adversely affect economic well-being and can exacerbate issues related to health, domestic violence, and education. Young men often aspire to find jobs to support their new families, but limited education restricts their job prospects, leading to increased financial pressure on both partners. Economic instability can also affect family planning, as young couples may limit the number of children they have due to their financial circumstances [22].

Women who marry early often miss out on educational opportunities that could lead to better job prospects. The lack of education limits their ability to secure stable, well-paying jobs, keeping

them in low-income positions that diminish their families' living standards [29]. By being forced to leave school, these women lose access to critical skills training and educational resources, entrenching them in a cycle of poverty that can persist across generations. The economic struggles faced by young mothers can negatively impact their children's education and development, perpetuating a cycle where children born into poverty are more likely to experience early marriage and its accompanying challenges.

C. Knowledge About Parenting Style

1. Parenting Experience

Early marriages are often linked to higher rates of divorce and family instability. The lack of maturity and readiness for marriage can result in conflicts and separations. Young couples, still navigating their personal development, may struggle with the demands of marriage and parenting, leading to strained relationships. This instability can have significant implications for children's well-being and development. One young mother shared,

"I'm in great trouble taking care of my children because I don't have experience, and my mother seldom helps since she also works and sometimes is out late."

Mothers who marry early often lack the emotional and mental preparedness necessary for effective parenting. Their immature caregiving skills can lead to less supportive and responsive parenting, adversely impacting their children's cognitive and emotional development. Moreover, early marriage typically results in young women dropping out of school, limiting their educational opportunities. This lack of education restricts their economic prospects, which in turn affects their ability to provide adequate financial support for their children [30]. Research indicates that children of early married mothers tend to have lower educational attainment and more behavioral issues compared to those whose mothers marry at a later age. Contributing factors include unstable home environments and a lack of positive role models [31].

2. Support for Parenting

Early marriages significantly influence parenting styles and practices. The impacts are wide-ranging, affecting the physical and mental health of both mothers and children, access to education, economic stability, childcare patterns, and even intergenerational outcomes. Addressing these issues requires continuous preventive measures and educational efforts to reduce early marriage rates and promote healthy child development. As one mother expressed,

“I have no experience in taking care of a child, but I am happy to have one because I really wanted a baby. My husband and parents often help support me in caring for the child; they are excited to have their first grandson.”

Another shared,

“I take care of the children with a lot of help from my parents since I live with them. My mother assists me when my husband is working late at the market. I’m still recovering from surgery and can’t care for the children on my own yet.”

These cases highlight the importance of social and economic support in effectively raising children. Poor health conditions can also hinder mothers' abilities to provide optimal care. The mental health of adolescent mothers is often compromised by stress and depression due to the weight of their

responsibilities and lack of support from partners or families. Family support plays a crucial role in helping young mothers navigate these challenges, including childcare practices [32].

Additionally, mothers who marry young may experience social isolation due to the stigma surrounding early pregnancies, particularly if they have to move away from their original neighborhoods to live with their husbands' families. This can limit their access to essential support networks, including friends and family who can offer emotional assistance [31]. Without adequate social support, young mothers may feel overwhelmed by their childcare responsibilities, which can negatively impact child development.

To combat early marriages, it is essential to focus on education, economic empowerment, and changing social norms. The hierarchical dynamics within new households can be exhausting for adolescent girls during pregnancy and early motherhood. Family support, particularly through established structures and cultural norms, greatly influences caregiving practices and the overall well-being of children born to young mothers [33].

D. Community Empowerment and Intervention

To tackle the issue of early marriage, community empowerment programs were introduced, utilizing peer counselor interventions grounded in the HBM. These initiatives aimed to educate the community about reproductive health and the ramifications of early marriage, thereby fostering preventive measures. The HBM, a psychological framework that explains and predicts health behaviors, was specifically adapted to focus on preventing early marriage. It emphasizes the perceived severity and susceptibility to the consequences of early marriage, the benefits of postponing marriage, and the barriers that individuals face in avoiding early marriage.

The intervention involved training peer counselors from within the community to conduct educational sessions on reproductive health and early marriage. These peer counselors were chosen for their leadership skills and ability to positively influence their peers. They underwent thorough training to ensure they had the necessary knowledge and communication skills. The educational sessions addressed various topics, including the health risks associated with early pregnancy, the importance of education, economic planning, and the legal aspects of marriage.

The effectiveness of the program was evaluated using both qualitative and quantitative methods. Surveys and interviews were administered before and after the intervention to assess changes in knowledge, attitudes, and behaviors concerning early marriage. The results revealed significant improvements in awareness regarding the consequences of early marriage and the advantages of delaying marriage. Participants reported increased motivation to pursue further education and explore economic opportunities before considering marriage.

The results of SWOT Analysis shows:

- Strengths: The program harnesses local peer counselors, enhancing trust and relatability within the community. Comprehensive training ensures that counselors are well-equipped to address sensitive topics effectively.
- Weaknesses: Limited resources may restrict the reach and frequency of educational sessions, potentially affecting the program's overall impact.

- Opportunities: Increased community interest in reproductive health can lead to broader initiatives aimed at youth empowerment and education.
- Threats: Cultural resistance to discussions about early marriage and reproductive health may hinder participation and acceptance of the program's objectives.

By leveraging the strengths of community engagement and addressing the weaknesses and threats through continuous evaluation and adaptation, the program aims to create lasting change in attitudes toward early marriage and reproductive health.

The findings from this research emphasize the necessity for multifaceted approaches to tackle early marriage, which should include educational initiatives, economic support, and cultural shifts. Comprehensive strategies that involve community engagement and targeted interventions are essential for mitigating the factors that contribute to early marriage. Future directions for the program include expanding educational opportunities by improving access to education for young people in Kampung Biru, incorporating not only formal schooling but also vocational training and adult education programs that can provide alternative pathways to economic independence. Additionally, providing economic support and empowerment for families can reduce the financial incentives for early marriage through microfinance programs, job training, and initiatives that promote entrepreneurship and self-sufficiency.

Promoting cultural and social change is also crucial to address the deeply rooted norms that sustain early marriage. Community dialogues, cultural campaigns, and engagement with local leaders can help shift attitudes and foster a more supportive environment for delaying marriage. Ensuring the sustainability of community programs requires ongoing support and resources, which can be achieved through partnerships with government agencies, non-governmental organizations, and international donors that provide necessary funding and expertise to maintain and expand the program's impact.

The Indonesian government's policy to improve access to education for school dropouts represents a vital step towards enhancing their quality of life and future prospects. By implementing inclusive education programs, alternative education pathways, skills training, and financial assistance, the government aims to overcome barriers faced by school dropouts. Despite significant progress, challenges remain in achieving truly inclusive and equitable education for all children in Indonesia. Additionally, government initiatives focused on providing skills and vocational training are designed to equip school dropouts with the practical skills needed in the labor market, helping them secure decent jobs and improve their standard of living.

There is a pressing need for government action to enhance the socio-economic status of families, postpone the marriage age for girls, and increase educational incentives to reduce school dropout rates among teenagers. Utilizing peer counselors is an effective strategy for offering support and information to adolescents, particularly concerning health issues like early marriage prevention. The HBM can be leveraged to enhance the effectiveness of peer counselors by influencing adolescents' perceptions and beliefs about the risks and benefits of preventive measures, ultimately encouraging them to delay marriage and positively impacting various aspects of their lives.

Preventive efforts should include providing information about reproductive health, as a lack of knowledge in this area prompts adolescents to seek information independently. Access to accurate and

reliable information about reproductive health can help minimize unhealthy sexual behavior, offer opportunities for talent development, and promote positive activities. This focus on positive engagement can foster a solid, supportive, and informative family environment. The research on early marriage in Kampung Biru highlights the complexity of the issue and underscores the importance of a comprehensive, community-based approach to effectively address it. By integrating education, economic support, and cultural change, it is possible to reduce the prevalence of early marriage and enhance the overall well-being of young people in the community.

Conclusion

The research on early marriage in Kampung Biru highlights a complex issue influenced by educational, economic, social, and cultural factors, with limited access to education, economic hardship, entrenched cultural practices, and peer influence contributing to its prevalence. Early marriage remains a significant social problem in this area of Banjarmasin, primarily driven by economic factors, low educational levels, and a lack of awareness regarding its negative impacts. Effective interventions are essential to enhance adolescents' awareness and understanding of the risks and consequences associated with early marriage. The KOTESA program engages adolescents as peer counselors, utilizing the Health Belief Model to promote behavioral change by increasing perceptions of risk, benefits, and reducing barriers to preventive actions. This program fosters knowledge growth, attitude shifts, and appropriate support, positioning it as an effective model for implementation in similar contexts. The impacts of early marriage are profound, influencing educational attainment, health outcomes, economic stability, and social cohesion. Community empowerment programs that employ peer counselor interventions based on the Health Belief Model have shown promise in raising awareness and altering perceptions about early marriage, resulting in increased understanding of its negative consequences and the advantages of delaying marriage. Ultimately, the study underscores the need for comprehensive strategies that combine educational improvements, economic support, cultural shifts, and sustained community engagement to effectively address and reduce early marriage rates.

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