Community-Based Integrated Child Protection Model for Intervention to Reduce Child Marriage Cases

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Abstract. Marriage between women and girls is a serious problem because it has a negative impact on both the mother and the child being born, including complications of pregnancy and childbirth, miscarriage, stillbirth, high fertility, morbidity, infant death, greater risk of stunting, thinness and underweight, and LBW. Even though a revision of the Marriage Law has been issued which limits the minimum age for marriage to 19 years, the prevalence of child marriage (less than 19 years) is still very high every year and tends to remain constant. Grobogan Regency always occupies the top ranking in Central Java. The prevalence in 2019 was 51.24%, in 2020 (52.81%), in 2021 (54.33%), and in 2022 (52.15%). Child marriage is a social phenomenon that occurs from generation to generation with multidimensional causes, teenagers and parents are the main actors, and social culture is a reinforcing factor. Therefore, an intervention model is urgently needed to reduce the prevalence of child marriage cases.

This research *isstudyquasi experiment*with pretest-posttest control group design. The population of this study were all teenagers aged 13-18 years and their parents in the Sedayu village and Lebak village areas. The treatment group applied the PATBM intervention model, the control group applied the intervention model that had been running so far. Interventions carried out for 4 months. Data analysis using a comparative test to determine differences in the level of knowledge and attitudes of the community (adolescents and their parents) towards maturing marriage age.

The research results show that the implementation of the Community-Based Integrated Child Protection (PATBM) model through the formation and empowerment of Village Level Child Care Groups (KPA-TD) has also succeeded in increasing the knowledge of teenagers and parents regarding child marriage and its impacts. The PATBM model has also succeeded in increasing or changing the attitudes of the parental community towards the maturing age of marriage.

Keywords: PATBM, child marriage, community based.

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1 Introduction

Child marriage is a serious problem in Indonesia today. Indonesia is ranked eighth in the world and second in ASEAN as the country with the highest cases of child marriage. Even though a revision of Law Number 1 of 1974 to Law Number 16 of 2019 has been issued which changes the marriage age for girls from a minimum of 16 years to a minimum of 19 years, the prevalence of child marriage (age less than 19 years) is still very high, namely 36 .22% in 2019. This prevalence has not decreased significantly, as proven in 2020, it was still 34.34%, in 2021 it was 34.54%, and in 2022 it was 33.49%. First pregnancy for women less than 19 years old is also very high, namely 21.83% in 2020, 21.36% in 2021 and 21.37% in 2022 [1-5].

Child marriage is a problem in almost all regions. Central Java is one of the provinces with a high prevalence of marriage and pregnancy at childhood in Indonesia. Grobogan Regency is a region that always occupies the top ranking in Central Java. The prevalence in 2019 was 51.24%, in 2020 it was 52.81%, in 2021 it was 54.33%, and in 2022 it was 52.15%. The prevalence of first pregnancy at a child's age (less than 19 years) is very high, reaching 30.92% in 2019, rising to 35.76% in 2020, rising again to 36.48% in 2021 and 32.87% in 2022 [6-9].

Child marriage is a serious problem, especially for women. Several studies state that women who marry at the age of 10-19 years face an almost 5 times greater risk of death during pregnancy and childbirth, are at greater risk of experiencing complications during pregnancy and childbirth, and can cause various adverse health impacts such as miscarriage, stillbirth, high fertility. , and morbidity [10-16]. Grobogan Regency in the last three years (2019-2021) has always been the region with the highest percentage of deaths of mothers aged less than 20 years in Central Java. There were at least 3 cases of maternal death aged less than 20 years or 8.3% of the total 36 cases of maternal death that occurred during 2019. These cases all occurred during the postpartum period. Likewise in 2020 and 2021, respectively 2 cases (6.4% of the total 31 cases of maternal death) in 2020 and 5 cases (5.95% of the total 84 cases of maternal death) during 2021. These cases occurred during pregnancy and the postpartum period [17-19].

Marriage between girls and women also has an impact on the children they give birth to. Women who become pregnant at an early age have a 1.55 times greater risk of stillborn babies, are at greater risk of stunting, thinness and underweight, and LBW [20-22]. Preliminary research with secondary data on 3,400 babies born to women aged less than 30 years in Grobogan district, Central Java during 2020-2021, showed that women who were married and pregnant at the age of less than 20 years had a 1,728 times greater risk of giving birth. LBW babies compared to mothers aged over 20 years [23].

Cases of child marriage that often occur in society are not only the will of individual teenagers, but many are also due to decisions and coercion from parents or family. In some areas, child marriage or early marriage, especially for women, has become a tradition [24.25]. Based on preliminary studies, there are six main factors that encourage child marriage (under 19 years of age) in Grobogan district, namely: social factors, health, economics, education, cultural customs, and parenting patterns in the family. The methods most often used by parents to get their children married off at the child's age are religious marriages (unregistered marriages), pregnancies, arranged marriages, forcing children to marry, economic reasons, and falsifying the child's age on the grounds that his or her identity has been lost.

Marriage between women and children must be avoided and prevented. Factors that influence the marriage of women as children must be intervened. Child marriage is generally caused by individual factors such as promiscuous sexual behavior, family factors such as economic factors, arranged marriages such as arranged marriages, and environmental factors such as the culture or tradition of marrying at a young age [26-28]. Knowledge, attitudes and self-efficacy are also individual factors that greatly determine a teenager's decision to marry at an early age [29-30].

Research on models for preventing and reducing child marriage has been carried out in several countries. The Youth Information Centers (YIC) and mass media intervention strategies implemented in India have proven to have an impact on reducing cases of early marriage and pregnancy. Peer education conducted through YIC has also proven to be an effective model. Multi-component community-based interventions are also potential models for reducing the number of early marriages.A multi-sectoral approach has great potential in preventing and tackling the high rate of child marriage in India [31-32]. Low-cost education implemented in Burkina Faso and Tanzania has been proven to prevent child marriage which often occurs in rural areas. This intervention can increase adolescent school participation. The community dialogue model can also improve the quality and intensity of intervention messages to postpone the age of marriage in the country [33].

Efforts to prevent child marriage are also carried out by the Indonesian Government through national regulations, namely by revising Marriage Law number 1 of 1974 to become Law number 16 of 2019. Several institutions have also carried out programs related to preventing child marriage, but evaluation research on programs -the program states that these programs do not make ending child marriage their main goal, many programs have limited main targets and focus on teenagers only, each program runs independently and overlaps with one another. Based on the facts of this research, the impact of the program on reducing the prevalence of child marriage in Indonesia has not been achieved optimally. Therefore, a community-based intervention model for reducing cases of child marriage is urgently needed by involving teenagers, parents, community and religious leaders, educational institutions and regulations in an integrated manner within a framework for change in society [34].

2 Method

This research *isstudyquasi experiment* with pretest-posttest control group design. The population of this study were all teenagers aged 13-18 years and their parents in the Sedayu village and Lebak village areas. These two villages are the villages with the first and second largest prevalence of child marriage in Grobogan sub-district, Grobogan district. The sample for this research was a portion of teenagers aged 13-18 years and their parents who were determined based on considerations:

1) Teenagers and their parents live at home
2) Willing to follow the intervention program until completion
3) Can read and write
4) Willing to be a research respondent

The sample was divided into 2 groups, namely the treatment group and the control group. The treatment group applied the PATBM intervention model, the control group

applied the intervention model that had been running so far. PATBM is a movement from a network of community groups that works in a coordinated manner to build public awareness so that changes in understanding, attitudes and behavior towards child protection occur. The PATBM movement uses the functions of existing institutional structures in society. The treatment group in this study was Sedayu village, while the control group was Lebak village. Interventions carried out for 4 months. The concept of implementing the PATBM model to intervene in reducing cases of child marriage through the pillars of community change which originates from modifications of social cognitive theory and Lawrence Green's behavioral theory.

The independent variable in this research is the implementation of the child protection model at the village level, while the independent variable is the level of knowledge and attitudes of teenagers and their parents regarding the maturation of marriage age.

Table 1. The Parameters Comparative Test

No.	Research variable	Maesuring instrument	Category	Scale
	Teen Respondents			
1.	Knowledge about child marriage and its impacts	Questionnaire	1. Not good 2. Good	Ordinal
2.	Attitudes towards marital maturation	Questionnaire	1. Not very supportive 2. Support	Ordinal
	Parent Respondents			
3.	Knowledge about child marriage and its impacts	Questionnaire	1. Not good 2. Good	Ordinal
4.	Attitudes towards marital maturation	Questionnaire	1. Not very supportive 2. Support	Ordinal

Data analysis used a comparative test to compare before and after the intervention, which was measured by the parameters: 1) the level of knowledge of teenagers and their parents about child marriage and its impacts, and 2) the attitude of teenagers and their parents towards maturing the age of marriage.

3 Results and Discussion

a. Description of the Initial Knowledge of Adolescents and Their Parents about Child Marriage and its Impact

In the initial assessment of the intervention group and the control group, it was discovered that the initial knowledge of teenagers and parents in both groups, not all of them had good knowledge regarding child marriage and its impact on the health, social and psychology of children undergoing child marriage. Of the 314 teenage respondents and parents who will take part in the research model, there are 72.6% of teenagers and 74.5% of parents who still have insufficient knowledge about child marriage and its impacts.

Table 2. Result of Initial Knowledge of Adolescents and Their Parents about Child Marriage

Group		Mean	Elementary school	Min - Max
Intervention	Teenaager	11.14	3.52	4.00 – 18.00
	Parent	10.93	3.87	0.00 – 19.00
Control	Teenaager	10.64	3.86	1.00 – 19.00
	Parent	10.30	4.90	0.00 – 19.00

Based on the measurement of knowledge scores, it is known that the average knowledge scores for adolescents and parents from the intervention group are 11.14 and 10.93. Meanwhile, from the control group, the average knowledge score for adolescents was 10.64 and the average knowledge score for parents was 10.30. These results show that both adolescents and parents in the intervention group and control group have relatively the same initial knowledge, namely still in the category of insufficient knowledge.

b. Description of the Initial Attitudes of Adolescents and Their Parents towards the Age of Marriage

In the initial assessment of the intervention group and the control group, it was discovered that the initial knowledge of teenagers and parents in both groups, not all of them had good knowledge regarding child marriage and its impact on the health, social and psychology of children undergoing child marriage. Of the 314 teenage respondents and parents who will take part in the research model, there are still 49.0% of teenagers and 51.6% of parents who still do not support efforts to increase the marriage age in their area.

Table 3. Result of Initial Attidues of Adolescents and Their Parents towards the Age of Marriage

Group		Mean	Elementary school	Min - Max
Intervention	Teenaager	53.92	8.26	35.00 –73.00
	Parent	52.43	8.83	23.00 – 72.00
Control	Teenaager	52.83	8.88	34.00 – 78.00
	Parent	51.13	8.94	25.00 – 72.00

Based on the initial attitude score measurements, it is known that the average attitude scores for adolescents and parents from the intervention group are 53.92 and 52.43. Meanwhile, from the control group, the average initial attitude score for adolescents was 52.43 and the average initial attitude score for parents was 51.13. These results also show that both teenagers and parents in the intervention group and control group have the same initial attitudes or perceptions regarding efforts to mature at marriage age. Many of them still state that child marriage is the best decision to keep children away from dating or sexual behavior that risks adultery. Marrying at a young age as long as the man is already working or has an income is not a problem among their family.

c. Description of Final Knowledge of Adolescents and Their Parents about Child Marriage and Its Impact

After 4 months each group carried out their respective interventions, namelyThe treatment group implemented the PATBM intervention model, namely by forming and empowering a Village Level Child Protection Group (KPA-TD) in Sedayu village, Grobogan subdistrict, which consisted of elements from community leaders, religious leaders, youth leaders, women's leaders (PKK) and the Village Government. The KPA-TD member is given ptraining and educationrelated to child marriage and its impacts (psychological, social, health, education and economic). After receiving training, KPA-TD carries out educational and social marketing activities to prevent marriage to teenagers and their parents.

The control group was carried out in Lebak village, where intervention was carried out by related parties such as the Community Health Center, DP3AKB and the Grobogan Ministry of Religion. Evaluation of the knowledge and attitudes of both teenagers and parents in the village, at the same time as the assessment of the control group.

Table 4. Results of Final Knowledge of Adolescents and Their Parents about Child Marriage and Its Impact

Group		Mean	Elementary school	Min - Max
Intervention	Teenaager	13.65	4.18	5.00 – 19.00
	Parent	14.76	3.54	3.00 – 19.00
Control	Teenaager	10.72	3.55	1.00 – 19.00
	Parent	10.40	4.76	0.00 – 19.00

Based on the measurement of the final knowledge score (post-test) after the program ended, it was found that the average knowledge scores for adolescents and parents from the intervention group were 13.65 and 14.76. Meanwhile, from the control group, the average knowledge score for teenagers was 10.72 and the average knowledge score for parents was 10.40.

d. Description of the Final Attitudes of Adolescents and Their Parents Towards the Age of Marriage

After the program ended, an attitude assessment was also carried out to evaluate the effect of implementing the model on changes in community attitudes, both teenagers and parents who followed the model.

Table 5. Result of Final Attitudes of Adolescents and Their Parents Towards the Age of Marriage

Group		Mean	Elementary school	Min - Max
Intervention	Teenaager	56.31	9.03	38.00 – 76.00
	Parent	57.13	8.99	28.00 – 77.00
Control	Teenaager	52.81	8.95	34.00 – 76.00
	Parent	51.21	9.00	25.00 – 72.00

Based on the measurement of attitude scores after the program ended, it was found that the average attitude scores of adolescents and parents from the intervention group were 56.31 and 57.13. Meanwhile, from the control group, the average knowledge score for teenagers was 52.81 and the average knowledge score for parents was 51.21.

e. Differences in Knowledge of Adolescents and Their Parents about Child Marriage and Its Impacts Between Before and After Treatment

Evaluation of the results of the program that has been implemented in both the intervention group and the control group is analyzed using a difference test between before and after treatment (model application). Based on the normality test, it is known that the data is normally distributed, so the test was carried out using a paired t-test. The following is a comparison of the knowledge of teenagers and their parents about child marriage and its impacts before and after the implementation of the model.

Table 6. Result of Knowledge of Adolescents and Their Parents about Child Marriage and Its Impacts Between Before and After Treatment

Group		Mean	Elementary school	p value	N
Intervention					
Teenaager	*Pre-test*	11.14	3.53	< 0.50	78
	Post-test	13.65	4.19		78
Parent	*Pre-test*	10.93	3.87	< 0.50	78
	Post-test	14.76	3.54		78
Control Teenaager	*Pre-test*	10.64	3.86	0.426	79
	Post-test	10.72	3.55		79
Parent	*Pre-test*	10.30	4.90	0.08	79
	Post-test	10.40	4.76		79

The table shows that the average knowledge score of adolescents and their parents before treatment in the intervention group was 11.14 with a standard deviation of 3.53 and 10.93 with a standard deviation of 3.87. Meanwhile, the average knowledge score of teenagers and their parents after implementation PATBM intervention model was 13.65 with a standard deviation of 4.19 and 14.76 with a standard deviation of 3.54. The statistical test results obtained p value <0.05. This shows that there is a significant difference in the average knowledge scores of teenagers and their parents regarding child marriage and its impacts between before and after the implementation of the PATBM intervention model.

Meanwhile, in the control group, the average initial score (pre test) of adolescent knowledge was 10.64 with a standard deviation of 3.86. The average initial score for parental knowledge was 10.30 with a standard deviation of 4.90. After the program was completed, the average knowledge score (post test) for teenagers was 10.72 with a standard deviation of 3.55. The statistical test results obtained a p value of 0.426 (> 0.05). This shows that there is no significant difference between teenagers' knowledge regarding child marriage and its impact before and after the program was implemented. Likewise, the average knowledge score for their parents after the program ended (post test) was 10.40 with a standard deviation of 4.76. The statistical result is p value 0.08 (> 0.05) which shows there is no difference in the average parent knowledge score between before and after model implementation end.

f. Differences in the Attitudes of Adolescents and Their Parents towards the Age of Marriage Between Before and After Treatment Evaluation

Based on the normality test, it is known that the data is normally distributed, so the test was carried out using a paired t-test. The following is a comparison of the attitudes of teenagers and their parents towards maturing marriage age between before and after the implementation of the model.

Table 7. Result of Attitudes of Adolescents and Their Parents towards the Age of Marriage Between Before and After Treatment Evaluation

Group		Mean	Elementary school	p value	N
Intervention					
Teenaager	*Pre-test*	11.14	3.53	< 0.50	78
	Post-test	13.65	4.19		78
Parent	*Pre-test*	10.93	3.87	< 0.50	78
	Post-test	14.76	3.54		78
Control Teenaager	*Pre-test*	10.64	3.86	0.426	79
	Post-test	10.72	3.55		79
Parent	*Pre-test*	10.30	4.90	0.08	79
	Post-test	10.40	4.76		79

The table shows that, the average attitude scores of teenagers and their parents before implementing the model PATBM interventions 53.92 with a standard deviation of 8.26 and 52.43 with a standard deviation of 8.83. Meanwhile, the average attitude score of teenagers and their parents after implementation PATBM intervention model was 56.31 with a standard deviation of 9.02 and 57.13 with a standard deviation of 8.99. The statistical test results obtained p value <0.05. This shows that there is a significant difference in the average attitude scores of teenagers

and their parents towards maturing marriage age between before and after the implementation of the PATBM intervention model.

Meanwhile, in the control group, the average initial score (pre test) of teenagers' attitudes towards maturing marriage age was 52.83 with a standard deviation of 8.88. The average initial score for parental attitudes was 51.12 with a standard deviation of 8.94. After the program was completed, the average attitude score (post test) for teenagers was 52.81 with a standard deviation of 8.95 and a p value of 0.717 (> 0.05). This shows that there is no significant difference between teenagers' attitudes the maturation of marriage age between before and after the program was implemented. Likewise, the average attitude score of their parents, after the program ended (post test) was 51.21 with a standard deviation of 9.00 and a p value of 0.052 (> 0.05) which shows that there is no difference in the average score of parents attitudes towards maturing the age of marriage between before and after program end.

g. The Effect of Implementing the Community-Based Integrated Child Protection Model (PATBM) on Increasing Community Knowledge (Adolescents and Parents) about Child Marriage and its Impacts

This research also analyzes the impact of implementing the model PATBM intervention towards increasing public knowledge (adolescents and parents) about child marriage and its impacts. The results showed that the average difference in knowledge scores for adolescents in the group that applied the PATBM model was 13.22, while in the control group the average difference in knowledge scores for adolescents was 0.40, with a p value <0.05 (95% CI: 10.71-14.93). The results show that there is a significant effect of implementing the Community-Based Integrated Child Protection (PATBM) model through the formation and empowerment of Village Level Child Care Groups (KPA-TD) in increasing teenagers' knowledge, especially regarding child marriage and its impacts.

Table 8. Result of the Effect of Implementing the Community-Based Integrated Child Protection Model (PATBM) on Increasing Community Knowledge (Adolescents and Parents) about Child Marriage and its Impacts

Group		N	Mean	P value	95% CI
Teen Knowledge	Intervention	78	13.22	< 0.50	10.71 – 14.93
	Control	79	0.40		
Parental Knowledge	Intervention	78	3.82	< 0.50	3.30 – 4.13
	Control	79	0.10		

Likewise in the parent group, implementation The Community-Based Integrated Child Protection (PATBM) model through the formation and empowerment of Village Level Child Care Groups (KPA-TD) has also succeeded in increasing parents' knowledge regarding child marriage and its impacts. This is shown from the results of data analysis, the average difference in parents' knowledge scores in the group that applied the PATBM model was 3.82, while in the control group the average difference in teenagers' knowledge scores was 0.10, with a p value < 0.05 (95% CI: 3.30 -4.13).

h. The Effect of Implementing the Community-Based Integrated Child Protection Model (PATBM) on Increasing Community Attitudes (Teenagers and Parents) towards Maturing Age of Marriage

Analysis of the effect of implementing the model PATBM intervention regarding the increase or change in community attitudes (adolescents and parents) towards maturing marriage age, shows that the average difference in adolescent attitude scores in the group that applies the PATBM model is 2.38, while in the control group the average difference in adolescent attitude scores is -0.02, with p value < 0.05 (95% CI: 1.91-2.90). The results show that there is a significant influence of implementing the Community-Based Integrated Child Protection (PATBM) model through the formation and empowerment of Village Level Child Care Groups (KPA-TD) in improving or changing teenagers' attitudes, especially towards maturing marriage age.

Table 9. Result of the Effect of Implementing the Community-Based Integrated Child Protection Model (PATBM) on Increasing Community Attitudes (Teenagers and Parents) towards Maturing Age of Marriage

Group		N	Mean	P value	95% CI
Adolescent Attitudes	Intervention	78	2.38	< 0.50	1.91 – 2.90
	Control	79	-0.02		
Parental Attitudes	Intervention	78	4.69	< 0.50	4.32 – 4.88
	Control	79	0.09		

Likewise in the parent group, implementation The Community-Based Integrated Child Protection (PATBM) model through the formation and empowerment of Village Level Child Care Groups (KPA-TD) has also succeeded in improving or changing the attitudes of the parental community towards the maturing age of marriage. The average difference in parental attitude scores in the group that applied the PATBM model was 4.69, while in the control group the average difference in parental attitude scores was 0.09, with p value <0.05 (95% CI: 4.32-4.88). The results show that there is a significant effect of implementing the Community-Based Integrated Child Protection (PATBM) model through the formation and empowerment of Village Level Child Care Groups (KPA-TD) in improving or changing parents attitudes, especially towards maturing marriage age.

The Community-Based Integrated Child Protection Model (PATBM) is a form of social support from the community in overcoming the problems faced in their environment, including the problem of child marriage. One form of intervention carried out is the formation of Village Level Child Protection Groups (KPA-TD). This model was developed with the concept of organizing and empowering community groups who have the potential to be agents of change and become the main pillars of community change, namely community leaders, religious leaders, youth leaders, women's leaders and the Village Government. Empowerment of this group is carried out in the form of training to increase literacy on the importance of maturing the age of marriage, gender equality in education, and gender equality in marriage, especially in rural communities.

The research results are in line with the principles of health promotion, efforts to change society will be easy. This is done if you get social support. Health promotion

will be easy to do if you get social support. Social support is an activity with the aim of seeking support from various elements such as community leaders, religious leaders, youth leaders, women's leaders, health workers and village government officials to bridge between health program implementers and the community as recipients of the health program. This strategy can be called an effort to build an atmosphere or create an atmosphere that is conducive to health. The main targets of social support or atmosphere building are community leaders, religious leaders and women figures at various levels (secondary targets), while other targets of social support or atmosphere building consist of health care groups, religious leaders, health professionals, health service institutions, mass organizations, community leaders, mass media groups, and non-governmental organizations [31]. In order to improve the message conveyed, efforts such as: community or community dialogue [33]. A multi-sectoral approach is needed to overcome the multidimensional problem of child marriage [32.35]

The Village Level Child Protection Group (KPA-TD) will then intervene through education and social marketing to prevent child marriage among teenagers and parents in their area. This is intended so that teenagers and parents have good knowledge and attitudes in supporting the maturation of marriage age. This strengthens research results which state that training teenagers and parents in a relatively short period of time can have a positive impact on knowledge and attitudes about teenage sexuality [36.37]. These results also strengthen research results which state that interventions through community dialogues need to be designed to ensure adequate message quality and intensity [33]. Knowledge is essential to provide a foundation for values, attitudes, perceived norms, skills, and ultimately behavior [38]. Sexual behavior in adolescents is one of the causes of child marriage. Therefore, the role of parents, especially in communicating about preventing risky sexual behavior, must be carried out intensively. This is in line with research in Africa and America, parents who have good knowledge and communicate frequently with their children will have a positive influence on their daughters' sexual behavior [24]. Many studies also suggest that parents have a significant influence on the sexual and reproductive health of their children [38.39].

Child marriage is one of the impacts caused by sexual behavior and reproductive health problems among teenagers. The role of the family, especially parents, in providing supervision and education is very important. The perceptions and beliefs that exist in the family regarding the concept of marriage greatly determine parents decisions regarding marrying off their children in particularin rural areas. Therefore, socio-cultural perspectives related to early marriage among families must be intervened so that families have a better understanding and attitude towards the impacts caused by early marriage on teenagers [33]. The Empowered Family Class Model is a community-based intervention model, especially for parents. So far, child marriage has also been very dependent on parents' decisions, so intervention must be carried out so that awareness of the importance of maturing the age of marriage increases. This confirms previous research which stated that this multi-component community-based intervention could be a potential model to reduce the number of early marriages and its associated consequences in other districts of India with and cultural settings [31].

The lack of parental attention to their children, as well as parents excessive worry about their children, resulting in authoritarian behavior, causes children not to be open about their problems. Poor parenting and communication between family members is one of the trigger factors for child marriage. Parenting patterns in this family are closely

related to the child's psychology which can have an impact on the child's decisions regarding his own life. Parents who have a mindset and upbringing that is too rigid and have excessive concerns about their children's relationships have a tendency to marry off their children at a young age in order to avoid the potential negative impact of their children's relationships [40].

4 Conclusion

Application The Community-Based Integrated Child Protection (PATBM) model through the formation and empowerment of Village Level Child Care Groups (KPA-TD) has also succeeded in increasing the knowledge of teenagers and parents regarding child marriage and its impacts. The PATBM model has also succeeded in increasing or changing the attitudes of the parental community towards the maturing age of marriage. For citations of references, we prefer the use of square brackets and consecutive numbers. Citations using labels or the author/year convention are also acceptable. The following bibliography provides a sample reference list with entries for journal articles [1], an LNCS chapter [2], a book [3], proceedings without editors [4], as well as a URL [5].

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