

## MARRIAGE READINESS OF ADOLESCENTS AGED 20-24 IN INDONESIA

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### ABSTRACT

Readiness for marriage in adolescents aged 20-24 years shows readiness to change roles and new responsibilities as husband and wife, manage the family, and raise children. This study aims to obtain information and an overview of the readiness for marriage in adolescents in Indonesia aged 20-24 from 10 aspects of readiness. The research used a quantitative approach, targeting unmarried youth aged 20-24 in Indonesia. The instrument used is a structured questionnaire distributed via a Google Form ® link. Data analysis used the scoring method to measure the index of youth readiness in family life. This study classifies adolescents' readiness scores in family life into two categories: ready and not ready, with a cut-off of 80. If the readiness value is  $\geq 80$ , it is categorized as ready, whereas if the readiness index value is  $< 80$ , it is classified as not ready. The result shows the index of family readiness for adolescents aged 20-24 years in Indonesia is 79.21. It means that adolescents aged 20-24 years in Indonesia are still categorized as not ready to live with a family. The ten dimensions of readiness classified "as not yet ready" are financial, age and planning aspects of marriage, emotional, physical, intellectual, and social aspects. In contrast, readiness aspects categorized as "ready" are life skills, mental, interpersonal, and moral aspects.

**Keywords:** adolescent, family, marriage readiness, readiness aspects, marriage readiness index

### ABSTRAK

*Kesiapan menikah pada remaja akhir usia 20-24 tahun merupakan penanda kesiapan berganti peran dan tanggung jawab baru sebagai suami istri, mengatur keluarga, dan mengasuh anak. Studi ini bertujuan untuk memperoleh informasi dan gambaran tentang kesiapan menikah remaja akhir di Indonesia, yaitu usia 20-24 tahun dari 10 aspek kesiapan. Penelitian dilakukan dengan pendekatan kuantitatif dengan sasaran adalah remaja di Indonesia usia 20-24 tahun yang belum menikah. Instrumen yang digunakan adalah angket atau kuesioner terstruktur yang disebarluaskan melalui link Google Form ®. Analisis data menggunakan metode scoring untuk mengukur indeks kesiapan remaja dalam kehidupan berkeluarga. Penelitian ini mengelompokkan nilai skor kesiapan remaja dalam kehidupan berkeluarga menjadi dua kategori, yaitu siap dan belum siap dengan cut off 80. Jika nilai kesiapan  $\geq 80$  maka dikategorikan siap, sedangkan jika nilai indeks kesiapan  $< 80$  dikategorikan belum siap. Berdasarkan hasil perhitungan, indeks kesiapan berkeluarga pada remaja usia 20-24 tahun di Indonesia sebesar 79.21, yang artinya remaja usia 20-24 tahun di Indonesia masih dikategorikan belum siap untuk hidup berkeluarga dan dari 10 dimensi aspek kesiapan yang dikategorikan "belum siap" adalah aspek finansial, aspek usia dan rencana menikah, aspek emosional, aspek fisik, aspek intelektual dan aspek sosial, sedangkan aspek kesiapan yang dikategorikan "siap" adalah aspek keterampilan hidup, mental, interpersonal, dan moral.*

**Kata kunci :** remaja, keluarga, kesiapan menikah, aspek kesiapan, indeks kesiapan menikah

## INTRODUCTION

Adolescence is the stage of life where individuals achieve sexual maturity, a transition phase from puberty to adulthood (1–3). An adolescent is defined as a female or male individual in the period between childhood and adulthood. According to the World Health Organization (WHO), the adolescent age range is between 10-19 years (4). The United Nations (UN) suggests the youth age range as 15-24 years. Then, it is united in the young people age range, including 10-24 years (5). The ages are categorized into three groups, i.e., early adolescents (10-14 years), moderate adolescents (15-19 years), and late adolescents (20-24 years), which were used as practical intervention efforts (6). The late adolescent period, i.e., 20-24 years, is the final transition stage from adolescence to adulthood. During this period, adolescents often experience intimate and intense relationships and prepare themselves to enter family life, i.e., marriage (7).

Marriage is the transition phase into adulthood (8), so starting a family is one of the five adolescent life transitions (9). Thus, marriage is a development task that must be prepared well because early preparation leads adolescents to handle marriage life dynamics (10). The success key in family life is the readiness of individuals and their partner to carry out the role and function. Lack of self-readiness poses a challenge in conducting new roles in family life, generating problems for a newlywed (11). Adolescents must prepare themselves as couple candidates who will build a family and become parents. Then, marriage readiness could be fundamental in deciding whom and when to marry and the reason and behavior post-marriage (12–14). Readiness is the basis of individual beliefs to marry in the marriage horizon theory (13). Marriage readiness is the readiness and willingness to undergo a relationship with one's partner, receive new

responsibilities as husband and wife, be involved in a sexual relationship, arrange a family, and nurture children (15). Marriage readiness, particularly in the late adolescent group aged 20-24, is crucial for changing into new roles and duties. Also, marriage readiness is vital in building a quality family to produce quality generations. On the other hand, society and adolescents often ignore marriage readiness; furthermore, many males and females are unaware of marriage readiness's importance (16,17).

The current adolescents' problems are abundant, e.g., lifestyle, narcotics, promiscuity, and other social issues. Besides, adolescents are susceptible to malnutrition, either under or over-nutrition, caused by rapid physical growth, a hormonal transformation of the reproductive system, and psychosocial changes (18). Besides nutritional issues, another challenge imposed on adolescents concerning health and social life is pre-marital sexual relationships. Adolescents with no knowledge and ability as to self-protection have a high risk of unwanted pregnancy, abortion, and sexually transmitted diseases such as Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS). Furthermore, adolescent pregnancy increases the risk of health problems such as anemia, sexually transmitted infections, abortion, post-labor bleeding, and mental disorders (depression). Therefore, the National Population and Family Planning Board developed an innovative program to prepare family life for adolescents aged 10-24, i.e., Youth-Planned or *Generasi Berencana* (*GenRe*) (19). The Youth-Planned program, internalized within the Youth Information and Counseling Center or *Pusat Informasi dan Konseling Remaja* (PIK R) forum, aims to increase adolescents' knowledge, attitudes, and positive behavior related to reproductive health and marriage readiness. However,

information exposure regarding youth planned for adolescents is minimal. Adolescents aware of the Youth-Planned only amount to 17% (20). Thus, adolescents are not ready to solve problems, primarily to avoid risky behaviors, such as sexuality, HIV/AIDS, narcotics, alcohol, psychotropics, and addictive substances (Narkotika, Psikotropika, dan Zat Adiktif/NAPZA). If these teenage problems cannot be solved, it will affect the marriage readiness of adolescents.

A study in 34 sub-Saharan African countries using data from the Demographic and Health Survey (DHS, 2008-2017) discovered that child marriage harms the reproductive health status of women (21). Other studies have also found that miscarriage, premature birth, bleeding, and maternal death are some of the impacts of early marriage on the health of mothers and children (20). Excessive labor, unwanted pregnancy, and abortion can affect their nutritional status. Children born from mothers with poor reproductive health have a low life expectancy and are prone to anthropometric problems (stunting, wasting, and being underweight). Another result from the Program Accountability Performance Survey or *SKAP (in Bahasa)* from 2017 to 2019 suggested that the index of knowledge about the best age for marriage and childbirth and the fertile period is a component of the knowledge index of Adolescent Reproductive Health (ARH). That ARH is lower than the knowledge index about drugs, alcohol, and HIV/AIDS. On the other hand, these aspects are essential in preparing adolescents to build a family.

Adolescents must prepare many things before entering married life. Only a few adolescents and parents meet the requirement to make a marriage decision (10). Adolescents' perception of their and their partner's readiness to marry can limit their educational viability and career prosperity (22). Male and female

adolescents also have different marriage readiness (23). However, age is also a critical factor in marriage. Education level, occupation, and age affect marriage readiness (24,25). Age in marriage can result in different marriage conditions. Young marriage tends to struggle to build a harmonious family compared to older people (26). It indicates that age maturity affects family harmony. The ideal age for marriage is over 20 years old in early adulthood, i.e., 20-30 years. Therefore, adolescents aged 20-24 are an appropriate age range to prepare for marriage.

Marriage readiness has several aspects: emotional, social, role, age, and financial readiness (11,14). Moreover, biological, psychological, and sociocultural aspects also affect the marriage readiness of adolescents. Biologically, besides age, males and females must perform marriage preparation by maintaining their physical condition and sexual experience (10,23,27). Meanwhile, adolescents must be psychologically prepared to have intrapersonal and interpersonal relationships and encounter new roles and duties (22).

Changing times and technological advances augment and develop marriage readiness. A study on 21 single male and female respondents aged 19-35 mentioned nine dimensions reflecting marriage readiness, i.e., age, physical, mental, financial, moral, emotional, social, interpersonal, and life skills (28). The National Population and Family Planning Board also classifies marriage readiness into ten dimensions, i.e., age, physical, mental, financial, moral, emotional, social, interpersonal, life skill, and intellectual. These ten readiness dimensions create a qualified family.

Based on the explanation, marriage readiness from early adolescence is crucial. Many studies have been conducted regarding marriage readiness from various aspects, especially related to the marriage quality output and child parenting.

However, studies or significant surveys on the marriage readiness of adolescents aged 20-24 are limited. Based on the above discussion, the formulation of problems in this study is as follows, "How do adolescents age 20-24 years old self-prepare for marriage life?"

Then, the general purpose of the research is to obtain information and an overview of the readiness for family life in late adolescents in Indonesia, i.e., the ages of 20-24 years, from various aspects of readiness. In particular, this study aims to determine the characteristics of adolescents aged 20-24 years their readiness to marry in social aspects/adolescent relations with family and society, moral aspects, age aspects/plans to marry, interpersonal aspects, life skills, mental aspect/perception about the role of husband and wife, financial readiness aspect, emotional aspect, physical aspect/health condition, and intellectual aspects.

## **METHODS**

A quantitative approach has been conducted in this research through the survey method. The survey was performed through a questionnaire distributed online to the respondents using a Google Form link. The target respondents in this study were single Indonesian adolescents aged 20-24 years old, with a total sample of 7,322 respondents. Sample collection in this study was carried out using Non-Probability Sampling with a combination of Convenience, Voluntary, and Snowball Sampling. Targeting was aimed at any person receiving the questionnaire link and voluntarily filling it out following the respondent criteria to receive as many respondents as possible during the data collection period. Since the quantitative method was conducted online, the questionnaire was distributed using social media, e.g., WhatsApp group, Instagram, Facebook, and others. It was also distributed through adolescent community networks in Indonesia.

This study was performed in 34 Indonesian provinces for two weeks, from 28 July to August 2021. The limitation of this research is that it is conducted online through social media and other social networks, so it can only reach teenage respondents who use social media and other social networks. In addition, the results can only describe the condition of adolescents willing to participate voluntarily in the survey. The distribution of the respondents depends on the number of respondents willing to participate in that region.

## **Data Analysis**

All data were cleaned to select respondents based on the predetermined criteria. If respondents filling the questionnaire were not single nor between 20-24 years old, they were excluded from the data before further processing. Subsequently, data were cleaned by creating new categorizations on collected data and subjected to the SPSS IBM 20 software application. The data analysis was conducted descriptively through frequency distribution on each measured variable, such as adolescent characteristics, adolescent parental characteristics, adolescent lifestyles (adolescent activities, resting time, physical activities/exercises, diet, healthy behaviors, and premarital relationships), and adolescent knowledge on the Youth-Planned program.

Then, data analysis using the scoring method was performed to measure the adolescent readiness index in marriage using the Booyesen formula for 21-23 (29). Each answer on the ten adolescents' marriage readiness aspect will be summed to discover the minimum and maximum values of total adolescent answers to obtain the total score ( $X_{ij}$ ). Subsequently, this value will be composited to obtain the score of each readiness aspect dimension, acquiring the average readiness aspect score with the exact weighting. The same weighting can be used for causal

relationships due to unknown indicators (30).

Therefore, all aspects of the readiness dimensions were treated the same. The scoring calculation formula from the marriage readiness aspect is as follows:

$$I_{ij} = \frac{X_{ij} - \text{Min}\{X_{jk}\}}{\text{Max}\{X_{jk}\} - \text{Min}\{X_{jk}\}} \times 100$$

After obtaining the scores of ten marriage readiness aspects, the average score was calculated to acquire the adolescent readiness aspect value in marriage life with the following formula:

$$\text{Index of Adolescent Readiness in Marriage Life} = \frac{I_1 + I_2 + I_3 + I_4 + I_5 + I_6 + I_7 + I_8 + I_9 + I_{10}}{10}$$

With:

- $I_1$  = Scoring of social readiness/ teenager relationships with family and social;
- $I_2$  = Scoring of moral readiness
- $I_3$  = Scoring of marriage age plan readiness
- $I_4$  = Scoring of interpersonal readiness
- $I_5$  = Scoring of life skill readiness
- $I_6$  = Scoring of mental readiness / perception of the roles of husband and wife
- $I_7$  = Scoring of financial readiness
- $I_8$  = Scoring of emotional readiness
- $I_9$  = Scoring of physical readiness/health condition
- $I_{10}$  = Scoring of intellectual readiness

Referring to the National Population and Family Planning Board program for potential spouses, the study categorized the adolescent readiness scores in marriage life into two, i.e., ready and not ready, with a cut-off of 80. If the readiness index is  $\geq 80$ , it is declared prepared, while the readiness index of  $< 80$  is declared unready (31).

**Table 1.** Marriage Readiness Indicators for Adolescents Aged 20-24 Years Old, 2021

Aspects	Measured Indicator
<b>1. Social readiness or adolescent relationships with family and social</b>	<ol style="list-style-type: none"> <li>1. Doing leisure activities with family with recreation, eating together, worship trips (Umrah, spiritual pilgrimage)</li> <li>2. Feeling like part of the family</li> <li>3. Having a conflict with parents</li> <li>4. Experiencing conflict with other family members</li> <li>5. Having conflicts with friends</li> <li>6. Being able to adapt with others to form a family</li> <li>7. Actively participating in organizational and community activities</li> </ol>
<b>2. Moral Readiness</b>	<ol style="list-style-type: none"> <li>1. Being able to be honest in words and actions</li> <li>2. Being able to keep secrets from family/friends/partners</li> <li>3. Committing to maintaining the marriage until the end of life in happy or difficult conditions later in the marriage</li> <li>4. Having used someone else's stuff without their permission</li> </ol>
<b>3. Age readiness/marriage plan</b>	<ol style="list-style-type: none"> <li>1. Planning to get married</li> <li>2. Currently planning to get married</li> <li>3. Who decides to get married?</li> <li>4. What age do you plan to get married?</li> </ol>
<b>4. Interpersonal Readiness</b>	<ol style="list-style-type: none"> <li>1. Being an excellent listener to family/best friend/spouse/friend</li> <li>2. Recognizing differences between you and your family/best friend/spouse/friend (including thoughts, tastes, hobbies, etc.)</li> <li>3. Appreciating differences</li> <li>4. Discussing personal problems with your family/best friend/spouse/friend?</li> </ol>
<b>5. Life skills</b>	<ol style="list-style-type: none"> <li>1. Having household tasks, such as cooking, babysitting, cleaning, washing, etc.</li> <li>2. Having experience in taking care of small children, such as the</li> </ol>

Aspects	Measured Indicator
<b>6. Mental readiness/perception of the roles of husband and wife</b>	<p>neighbor's children</p> <ol style="list-style-type: none"> <li>3. Knowing how to care for reproductive health (i.e., changing underwear twice daily, cleaning the genitals after defecating with a tissue or clean towel, etc.)</li> <li>4. Knowing the contraceptives for spacing births such as Intrauterine Device (IUD), Implant, (male surgical methods or <i>Metode Operasi Pria/MOP</i>), (female surgical methods or <i>Metode Operasi Wanita/MOW</i>), Injectable Condoms contraceptives, and pill</li> </ol> <ol style="list-style-type: none"> <li>1. When you get married, how important is it for you that your husband must be able to support the needs of the family?</li> <li>2. When you get married, how important is it to you that your husband has to help with household matters, such as cooking, washing, and taking care of children?</li> <li>3. When you get married, how important is it to you that you also have to be able to have your income?</li> <li>4. When you get married, are you ready to live a family life that does not match your expectations?</li> <li>5. When you get married, how important is it to you to be involved in every decision-making, such as buying household needs, etc.?</li> </ol>
<b>7. Financial Readiness</b>	<ol style="list-style-type: none"> <li>1. Having a job</li> <li>2. How is your income?</li> <li>3. How is your career?</li> <li>4. Are you currently able to support yourself without depending on others?</li> <li>5. Can you afford to own a house?</li> <li>6. In your opinion, have you been able to manage your assets? For example, have savings, insurance, a vehicle to work, and mortgages that can be paid with income.</li> </ol>
<b>8. Emotional Readiness</b>	<ol style="list-style-type: none"> <li>1. When faced with a problem, do you solve it yourself without the help of others?</li> <li>2. When making important decisions, do you decide for yourself?</li> <li>3. When you are angry, what do you usually do?</li> <li>4. When you are sad, what do you usually do?</li> </ol>
<b>9. Physical readiness/health conditions</b>	<ol style="list-style-type: none"> <li>1. Having a chronic disease history</li> <li>2. Having an anemic history</li> </ol>
<b>10. Intellectual Readiness</b>	<ol style="list-style-type: none"> <li>1. Having searched for information about childcare</li> <li>2. Having searched for information about reproductive health</li> <li>3. Having searched for information about a healthy lifestyle (nutrition and exercise)</li> </ol>

## RESULT

### Adolescent Aged 20-24 Characteristics

This study's respondent characteristics are based on region, province, Java-Bali and outside Java-Bali areas, rural and urban residence, sociodemographics, family type,

education, and parental occupation. In this study, the number of adolescent respondents aged 20-24 amounted to 7,322. Adolescent respondents were distributed in several Indonesian regions. Most respondents were from Java 42.6%, followed by Sumatera at 29.6%, Sulawesi

at 11.7%, Kalimantan at 11.2%, Maluku and Papua at 3.1%, and the remaining 1.9% were from Bali and Nusa Tenggara.

The descriptive analysis results show that most adolescents were 20 (32.4%) and 21 (26.7%) (Table 2). At the same time, the minority of adolescent respondents were 23 years (13%) and 24 years (10.5%). Most of the adolescents were female (78%), had secondary education (61%), lived outside Java Bali Island (56%), lived in urban areas (54%), and came from complete families (83%). Most of the adolescents in this study did not work (77.2%).

**Table 2.** Characteristics of Indonesian Adolescents Aged 20–24

Adolescents Characteristics	Total (N=7322)	
	N	%
<b>Adolescent age</b>		
20	2372	32.4
21	1958	26.7
22	1270	17.3
23	955	13.0
24	767	10.5
<b>Sex</b>		
Male	1608	22.0
Female	5714	78.0
<b>Education</b>		
Low	79	1.1
Middle	4466	61.0
High	2777	37.9
<b>Region</b>		
Java-Bali	3222	44.0
Outside Java Bali	4100	56.0
<b>Residence</b>		
Urban	3952	54.0
Rural	3370	46.0
<b>Adolescents' working status</b>		
Working	1668	22.8
Not working	5654	77.2
<b>Characteristics of Parents</b>		
<b>Father's working status</b>		
Working	5772	88.8
Not working	726	11.2
<b>Mother's working status</b>		
Working	2906	41.4
Not working	4106	58.6

Adolescents Characteristics	Total (N=7322)	
	N	%
<b>Father's education</b>		
Low	1357	20.9
Middle	888	13.7
High	4253	65.5
<b>Mother's education</b>		
Low	1738	23.7
Middle	1125	15.4
High	4149	56.7
<b>Family structure</b>		
Complete Family	6049	82.6
Incomplete family	1273	17.4

*Calculated from data survey, 2021*

Furthermore, the characteristics of the parents of adolescents in this study varied greatly, where most male parents work (88.8%) and are highly educated (65.5%). Most female parents of adolescents are not employed (58.6%), and the majority are highly educated (56.7%).

### Marriage Perception

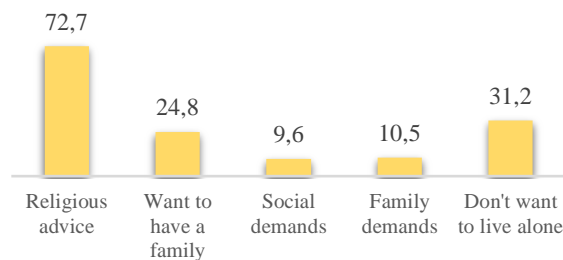
#### *Adolescent Marriage Perception (20-24 Years Old)*

Marriage is the goal for most couples who are in love. Marriage is considered sacred and becomes a new life beginning for many people. However, marriage goals differ for everyone; even two individuals in a relationship can have other purposes. This survey asked adolescents (20-24 years old) about men's best age to get married. The result shows that most respondents answered that men's best age to get married is over 25 years (49%), followed by 25 years (43%). It indicates that most respondents understand the government's (National Population and Family Planning Board/BKKBN) suggestion that the ideal marriage age for male adolescents is 25 years and over. Then, respondents were asked about women's best age to get married. The survey result demonstrates that 89% of respondents answered that women's best age to get married is over 21, especially

between 21-24 (85%). It shows that respondents also understand the government's suggestion that the ideal marriage age for female adolescents is 21.

### Marriage Plan and Reasons

Most adolescents plan to marry in the future (97%), while the rest do not want to marry (3%) (Figure 1). There are several reasons for adolescents wanting marriage. The top reason is religious advice, followed by the unwillingness to live alone, to build a family, and demands from external parties, i.e., family and society. Marriage reasons were only asked of respondents wanting to get married (N=7.101).



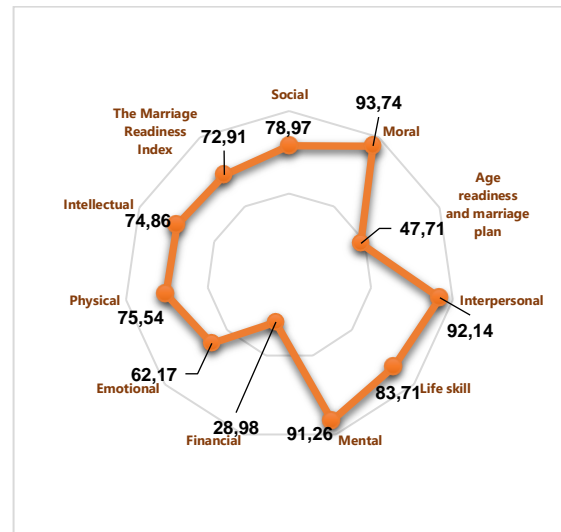
**Figure 1.** Reasons for Wanting to Get Married

### Marriage Readiness Index

#### Marriage Readiness Index in Indonesia

The Marriage Readiness Index on 20-24-year-old adolescents has observed ten readiness aspects: 1) Social Readiness; 2) Moral Readiness; 3) Age Readiness and Marriage Plan; 4) Interpersonal Readiness; 5) Life Skill Readiness; 6) Mental Readiness; 7) Financial Readiness; 8) Emotional Readiness; 9) Physical Readiness; 10) Intellectual Readiness. According to the calculation result, the Marriage Readiness Index (MRI) of 20-24-year-old adolescents in Indonesia was 79.21, indicating that Indonesian adolescents are unready to have a family life (Figure 2). According to the ten readiness aspects, those categorized as "unready" were financial, age and marriage plan, emotional, physical, intellectual, and social aspects. Meanwhile,

those classified as "ready" were life skill, mental, interpersonal, and moral aspects.



**Figure 2.** Marriage Readiness Index (MRI)

The financial aspect has the most negligible readiness value than other aspects. Based on the variable, the low financial aspect index value is highly affected by the occupation status of adolescents aged 20-24. More than half of adolescents aged 20-24 in this study were still at school or college. Only 30% worked as private employees, entrepreneurs, civil servants/Indonesian National Army/police/State-Owned Enterprises (PNS/TNI/POLRI/BUMN), farm workers, and freelancers. This condition also affects the adequacy of income and career conditions in adolescents aged 20-24. Therefore, this can affect the low value of the index in the financial aspect. Meanwhile, the life independence and asset management aspect of adolescents aged 20-24 was relatively good.

In this study, three to four out of ten adolescents support themselves and manage their assets properly. Besides the financial aspect, age, marriage plans, and emotions affect lower grades' marriage readiness index. Many adolescents aged 20-24 still plan to marry under 21 years for women and under 25 years for men, so it



can be concluded that they are not yet ready to marry.

Most adolescents aged 20-24 in this study still have not been able to make crucial decisions alone and do harmful things when sad, like shouting, throwing things, nagging, getting drunk, and hurting themselves. Not only that, three out of ten adolescents are still unable to solve the problem themselves without the help of others. These are the variables that make the low value of family readiness on the emotional dimension.

On the other hand, the moral, interpersonal, and mental aspects of preparedness score high among adolescents aged 20-24. Almost all adolescents in the moral aspect admit that they can be honest in words and actions, keep family/friends/partners' secrets, and commit to their partner when they get married. Not a few teenage respondents also admit that they have never used other people's things without the owner's permission. This study also shows that in the interpersonal aspect, nine out of ten adolescents could be good listeners for their family/best friend/spouse/friend, respect the differences, and realize such differences. Eight out of ten adolescents aged 20-24 discussed personal matters with family/best friend/friend. Mentally, nine out of ten adolescents agreed that the husband must provide for the family, be involved in each decision-making in the household, and have personal income. Seven out of ten adolescents agreed they might undergo an unexpected marriage life.

## **DISCUSSION**

Readiness for family life is a learning process for adolescents in making the right choices to realize an ideal marriage and a form of subjective evaluation of adolescent readiness in taking on responsibilities and challenges in married life (14,32,33). Besides that, readiness for family life is an effort to prevent maternal and child deaths, break

the chain of poverty, and avoid divorce (34). Other research shows that factors such as moral, emotional, mental, and financial readiness, commitment to a partner, responsibility, and age readiness are essential in family life preparation programs (33).

This study measures the readiness for family life in adolescents aged 20-24 years. The Marriage Readiness Index (MRI) measures willingness for family life. Based on the results of the MRI analysis, in general, adolescents in Indonesia are not ready to start a family (MRI = 79.21). These results align with previous studies that state that family life readiness is still low (35). Based on the MRI, financial aspects, age and marriage plans, and emotional, physical, intellectual, and social factors are not ready.

The financial aspect is considered to be an essential factor in family life. The findings show that most adolescents aged 20-24 are still studying, so they do not yet have a decent income to provide for their families. The financial aspect is crucial because it impacts family welfare (33,36,37). Previous studies have also found that men are expected to be more prepared for the financial aspects as a responsibility as the head of the family to meet family needs (11,14). At the same time, women tend to be less ready for the financial aspects (11,38).

## **CONCLUSIONS AND SUGGESTIONS**

### **Conclusion**

The "marriage readiness" discussion demonstrates that the Marriage Readiness Index (MRI) of adolescents ages 20-24 in Indonesia was 72.91, indicating that they were "unready" to have a family or marriage life. The readiness aspects, those categorized as "unready" (index  $\geq 80$ ), were financial, age (marriage plan), emotional, physical, intellectual, and social aspects. Meanwhile, those categorized as "ready" (index value  $< 80$ ) were life skill, mental, interpersonal, and moral aspects. This study has limitations, including 1).

This survey was conducted online via social media and other social networks, so it could only reach adolescent respondents who use social media and other social networks; 2). The survey results only describe the condition of youth willing to participate in the survey voluntarily; and 3). The distribution of respondents in each region depends on the number of willing respondents to participate in that region.

### **Suggestion**

Based on these results, it is necessary to socialize and educate youth aged 20-24 regarding literacy, financial management, and independent entrepreneurship. In addition, it is essential to prepare training programs for the bride and groom in financial management, vocational entrepreneurship (self-employment), and conflict management. Besides that, there is a need for a psychologist or marriage counselor's involvement in preparing the premarital bride and groom at the Office of Religious Affairs or Kantor Urusan Agama (KUA).

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