

STRATEGY OF RELIGIOUS COUNSELORS IN PREVENTING EARLY MARRIAGE THROUGH MENTAL HEALTH LITERACY

STRATEGI PENYULUH AGAMA DALAM MENCEGAH PERNIKAHAN DINI MELALUI LITERASI KESEHATAN MENTAL

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ABSTRACT

South Sumatra recorded an 8.09 percent rate of underage marriages, ranking 10th highest out of 38 provinces in Indonesia. Although early marriage is permitted according to religious law, it can have impacts on both biological and psychological aspects. The purpose of this research is to understand the strategies of religious counselors in preventing early marriage thru mental health literacy. The research method uses a qualitative approach, with data sources obtained thru observation, interviews, and documentation. Data analysis techniques include reduction, presentation, and conclusion drawing. The research results show the strategies implemented by religious counselors, which include enforcing regulations, traditional and digital-based education, and then integrating mental health materials into activities at all levels of society. This research emphasizes that the strategies employed by religious counselors have helped raise awareness among the community and adolescents specifically about the dangers of child marriage and the psychological impacts it causes.

Keywords: Mental health literacy, religious counselors, early marriage

ABSTRAK

Sumatera Selatan mencatatkan angka 8,09 persen kasus pernikahan di bawah umur, dan masih berada diposisi ke-10 tertinggi dari 38 provinsi di Indonesia. Walaupun pernikahan dini diperbolehkan menurut hukum Agama, namun dapat menimbulkan dampak pada aspek biologis hingga psikologis. Tujuan penelitian ini untuk mengetahui strategi penyuluh Agama dalam mencegah pernikahan dini melalui literasi kesehatan mental. Metode penelitian menggunakan pendekatan kualitatif, sumber data didapat melalui observasi, wawancara dan dokumentasi. Teknik analisis data melalui reduksi, penyajian, dan penarikan kesimpulan. Hasil penelitian menunjukkan strategi yang dilakukan oleh penyuluh Agama yaitu dengan menegakkan regulasi, edukasi berbasis tradisional dan digital, kemudian mengintegrasikan materi kesehatan mental setiap kegiatan pada lapisan masyarakat. Penelitian ini menegaskan bahwa strategi penyuluh Agama yang dilakukan telah membantu memberikan kesadaran masyarakat dan remaja secara spesifik mengenai bahaya pernikahan anak dan dampak psikologis yang ditimbulkan.

Kata Kunci: Literasi kesehatan mental, penyuluh agama, pernikahan dini

INTRODUCTION

Marriage is one of the important sociopsychological institutions in the human life process that demands readiness from its individuals. Psychologically, the success in building a harmonious marital relationship is not only determined by physical-biological and financial maturity but also heavily relies on emotional maturity and mental readiness (Syamsu, Zainuddin, & Jafar, 2024). Entering into marriage requires individuals to be able to regulate their emotions effectively, resolve interpersonal conflicts appropriately, and adapt to their new roles as husbands, wives, and parents (Hamit Putri, Pasca Rini, & Pratitis, 2024). When the demands of this crucial role are placed on individuals who are not yet psychologically mature, the marriage is at risk of failing and threatens the mental well being of all family members, especially in families that originated from early marriages.

The phenomenon of early marriage has become a global issue that disrupts human resource development and can also violate children's basic rights to develop optimally. Based on a global report released by the United Nations Children's Fund (UNICEF) in 2024, it was recorded that 19% of young women aged 20-24 worldwide were married while still considered children, with a total of 12 million girls entering marriage before the age of 18 (Jones et al., 2025). To achieve the elimination of this practice, the global rate of child marriage needs a more massive and structured acceleration, and not just mere policy rhetoric.

Looking at domestic data, the Central Statistics Agency (BPS) reports fluctuations in the proportion of women in Indonesia who are married or living with a partner before the age of 18: 6.92% in 2023, 5.90% in 2024, and 4.56% in the latest survey from 2025. Although the graph shows a downward trend at the national level, disparities between regions remain stark and alarming. For example, South Sumatra province still recorded a rate of 8.09%, a stark contrast to Yogyakarta province, which recorded only 0.79% in the most recent data from April 2026 (BPS, 2025). This situation demonstrates that a decline in the statistics on paper does not necessarily eliminate cultural resistance or diminish the urgency of addressing this issue at the grassroots level.

In Indonesia, the government's response to this global issue has been thru a fairly strict regulatory intervention to reduce the number of child marriages by updating formal laws. The amendment of Law Number 1 of 1974 to Law Number 16 of 2019 on Marriage

has explicitly raised the minimum marriage age for women to 19 years, making it equal to the minimum age for men (Siska, Dewi, & Syamsiah, 2022). This legislative measure is based on the assumption that, by the age of 19, individuals are generally considered to have attained the biological and psychological maturity, as well as the economic independence, necessary to build a healthy and sustainable family (Ramadan, 2022). However, in practice, this legal process is often circumvented by the high number of requests for marriage exemptions filed with the Religious Courts by parents on the grounds of social emergencies or moral concerns (Tanaka, 2025). This suggests that formal legal interventions are not sufficiently effective unless they are complemented by public psychological awareness.

According to the Ministry of Women's Empowerment and Child Protection (KPPPA, 2024), forced marriage at a young age is associated with a surge in cases of Domestic Violence (KDRT), child neglect, and acute mental health disorders in young mothers. Teen couples who are forced or choose to marry underage often experience role shock due to their inability to bear the heavy responsibilities. This emotional immaturity leads to high levels of stress, extreme anxiety, frustration, and even post-marital depression, which not only disrupts family harmony but also affects the growth and development of the children born (Istiqla, Maharani, Maulidia, Rahman, & Andirani, 2025).

Given the complexity of these psychological risks, the concept of mental health literacy becomes a crucial preventive instrument. Mental health literacy is not just about knowing the definition of mental disorders, but also includes understanding how to maintain positive mental health, recognizing signs of psychological distress in oneself and others, reducing stigma toward mental health issues, and knowing when and how to seek professional help (Ratnaeni, Amelia, Hasliani, & Rahmawati, 2026). In the context of preventing early marriage, mental health literacy equips teenagers, prospective brides and grooms, and parents with the cognitive ability to rationally analyze whether their emotions, personality, and mental stability are ready to face the household journey, or whether the marriage will instead become a source of new psychological trauma.

On the ground evidence reveals a wide gap between the need for mental health literacy and the availability of such education in the community. Most people in rural or suburban areas still view mental health issues as taboo, abstract, or even unilaterally associate them with a lack of faith and low spirituality. This low level of literacy leads to

hasty decisions to marry off children at a young age in order to avoid the risks of promiscuity, without considering whether the child is mentally capable of coping with the pressures of marriage. Early marriage remains an unresolved issue, as evidenced by data on applications for marriage dispensations in the Lubuklinggau, Musi Rawas, and North Musi Rawas regions. Data from the local Religious Court shows a high number of applications, averaging between 350 and 380 cases annually (SIPP, 2026). Furthermore, there were 44 cases of early marriage in the Muara Kelingi subdistrict in 2024–2025 (Mukmin, 2025). Given this phenomenon, there is a need for a bridge of communication capable of translating theoretical mental health concepts into language that is understood and accepted by the local community's socioreligious value system through religious leaders or officials authorized by the state.

The phenomenon of early marriage in rural areas is not merely a matter of customary agreement or legal administrative issues, but rather a psychosocial crisis that directly impacts long-term emotional stability. Specifically, individuals who are forced into marriage before reaching biological and psychological maturity may experience burdens that exceed their cognitive capacity. A narrative review by Burgess et al. (Burgess, Jeffery, Odero, Rose-Clarke, & Devakumar, 2022) emphasizes that early marriage is strongly associated with severe mental health consequences, including acute anxiety and depression due to the loss of self-independence. The unpreparedness to regulate emotions in this new role triggers family dysfunction that undermines mental well-being from generation to generation.

As the earliest intervention step, mental health literacy serves as a preventive instrument to reduce the rate of early marriages by reconstructing the mindset of society. This literacy not only focuses on recognizing the symptoms of mental disorders but also builds critical awareness, especially for teenagers and parents, about the importance of psychosocial maturity before taking on significant responsibilities. This lack of literacy often makes the community permissive toward early marriage without realizing the lurking risk of psychological trauma. Thru the strengthening of structured mental health education, the community in Lubuk Tua Village is equipped with logical skills to identify the latent dangers of household stress, enabling them to make rational decisions to reject normative social pressures in order to protect their children's future.

Here, the role of religious counselors transforms into a strategic bridge that integrates theological doctrine with modern psychoeducation. In rural areas, religious leaders have strong trust and moral authority, making them the first line most often accessed by the local community when facing personal crises. Recent qualitative research published by Cody et al. (Cody et al., 2026) shows that religious leaders have great potential in addressing stigma and promoting mental health at the grassroots level, provided they are equipped with adequate literacy. Thru persuasive preaching strategies that contextualize Islamic principles such as the concept of *maqasid al-shariah* in the aspect of *hifz al-nafs* (protection of the soul and intellect), religious counselors are able to transform the dogmatic awareness of society into a tangible commitment to prevent early marriage for the welfare of the community.

Thus, the strategies implemented by religious counselors become very important, as they are directly under the auspices of the Ministry of Religious Affairs, giving them a unique position as authority figures with direct access to community pockets thru study circles, sermons, premarital counseling, and youth development (Fadhil & Abdurrahman, 2023). This socio-religious potential places religious counselors at the forefront to conduct mental health education interventions that can reach various layers of society.

Previous research on the theme of early marriage and the role of religious counselors has been extensively conducted, but the majority tend to have different focal points. The research conducted by Wulansari (Wulansari, 2025) focusing on the macro religious guidance efforts carried out by religious counselors to reduce the rate of early marriage at the sub-district level. Meanwhile, research by Rahmadani (Rahmadani & Subhi, 2023) exploring Islamic counseling methods in general thru a literature review approach to reduce the culture of early marriage without specifically linking it to the mental health aspects of adolescents or prospective brides. On the other hand, pure psychological research such as that conducted by Istiqla et al (Istiqla et al., 2025) focuses more on the clinical impacts of emotional immaturity and the collapse of households among early marriage participants without considering the role of religious institutions in preventing these issues.

From the review of the scientific literature above, a significant research gap has been identified, both theoretically and practically. There has not yet been a qualitative study that deeply explores how the concept of "Mental Health Literacy" is integrated and

transmitted by religious counselors as a primary strategy to mitigate the risk of early marriage. The theory of mental health literacy can be defined as an individual's knowledge and beliefs about mental disorders that assist in the process of recognition, management, or prevention (Jorm, 2000). Another definition states that mental health literacy is a concept in the global mental health agenda aimed at providing the public with an understanding of mental disorder issues and improving access to and referral for appropriate treatment (Novianty & Hadjam, 2017). Another study on community-based mental health literacy can positively influence the knowledge and attitudes of adolescents (Damanik, Simanjuntak, & Deviani, 2025). This research aims to fill that gap by bridging Islamic preaching and psychology.

The scientific contribution of this research lies in the conceptualization of a da'wah model based on mental health psychoeducation. Theoretically, this research enriches the body of knowledge in Islamic psychology, da'wah, and Islamic counseling and guidance by offering an integrative formula between religious texts and the clinical psychological context of the community. Practically, the results of this research can serve as a field data-based guide for the Ministry of Religious Affairs to redesign the marriage guidance and school-age youth counseling curriculum to be more adaptive, modern, and infused with mental health literacy. This research helps shift the paradigm of early marriage prevention from being defensively legal to being preventively psychological.

This research aims to understand the strategies of religious counselors in preventing early marriage by building mental health literacy among the community and adolescents. This research does not only view religious counselors as administrative officials of the Office of Religious Affairs (KUA), but also as facilitators of community mental health based on religious values. Thus, this research will provide a new, more comprehensive, and humanistic perspective on the process of internalizing pre-marital mental readiness at the grassroots level.

METHODS

This research uses qualitative research with a descriptive approach. Descriptive research is a methodological approach that provides a comprehensive summary of events to describe or depict existing phenomena (Hall & Liebenberg, 2024). The research location was conducted in Lubuk Tua Village, Muara Kelingi District, Musi Rawas

Regency, South Sumatra. The technique for selecting informants used purposive sampling, with the characteristics that the informants possess competence and knowledge of the topic, have direct experience, and have a background relevant to the issue being studied (Palinkas et al., 2015). The research subjects who served as informants were one head of the KUA, one Religious Counselor, and two prospective brides and grooms. Data collection used observation, interviews, and documentation. The data collection process was conducted thru semi-structured interviews in a face-to-face format to directly gather information. The data analysis techniques used are data reduction, data display, and conclusion. To maintain the credibility and validity of the data, this research uses source and technique triangulation to compare answers from several informants, which are then checked thru observation and documentation.

The data analysis process of this research uses a systematic qualitative framework from Initial Coding (initial coding of interview transcripts) to Axial Coding (conceptual categorization), culminating in the Main Theme. The visualization of the data analysis used is shown on Table 1.

Table 1. *Data analysis matrix*

Interview Transcript (Raw Data)	Initial Coding (Initial Codes)	Axial Coding (Categories)	Selective Coding (Main Theme)
<i>"KUA as the frontline to implement regulations, strictly check documents, and educate prospective brides and grooms about early marriage."</i>	Strict document checks; Regulatory education for prospective brides and grooms.	Administrative optimization and Preventive Education	Comprehensive strategy for religious counselors
<i>"Conducting socialization in schools, religious study groups, and village halls... Socializing Law No. 16 of 2019 on the minimum age for marriage..."</i>	Education on marriage regulations; Socialization based on educational and religious institutions	Legal Dissemination and Community-Based Intervention	Comprehensive strategy for religious counselors
<i>"Yes, because it helps facilitate informing and educating the community... Facebook and TikTok... about stories of household life, motivation for good things..."</i>	Utilization of digital platforms (Facebook, TikTok); Creation of motivational and educational content	Digitalization of Da'wah and Community Guidance	Comprehensive strategy for religious counselors
<i>"Guidance for School-Aged Youth, Counseling at TPQ, Group Guidance for Youth / Irmis"</i>	Specific approach to youth groups; Optimization of non-formal Islamic education institutions.	Specific approach to vulnerable demographic groups	Comprehensive strategy for religious counselors
<i>"Providing psychological and spiritual counseling to adolescents and parents to</i>	Facilitating psychological and spiritual counseling;	Psychoeducation and integrated pre-marital guidance	Mental health literacy and

<i>build awareness of a harmonious family"</i>	Involving parents in guidance.		psychological readiness
<i>"...explaining mental health, especially for teenagers." Because this is also important considering the psychological preparation before starting a household, such as explaining what mental health is..."</i>	Education on the basic concepts of mental health for teenagers; Understanding the importance of psychological readiness for starting a household	Improving mental health literacy capacity	Mental health literacy and psychological readiness
<i>"...then how to recognize psychological symptoms, and don't be ashamed to talk to someone experienced, and don't get stressed easily."</i>	Identifying psychological stress symptoms; Destigmatizing mental health consultations; Self-regulating emotions	Coping strategies and recognition of psychological symptoms	Mental health literacy and psychological readiness

The next stage of analysis is data presentation by organizing the reduced data into a descriptive narrative form, followed by the final stage of drawing conclusions thru the interpretation of the presented data, looking for patterns, relationships, and meanings, and then drawing conclusions to answer the problem formulation according to the research theme.

RESULT

This research describes the findings in the field based on interviews with the head of the KUA, religious counselors, and the community. The research findings indicate strategies for preventing early marriage thru mental health literacy as follows:

1. Intervention Strategy for Religious Counselors and Digital Multiplatform

Field data shows that the Office of Religious Affairs (KUA) in Muara Kelingi District positions itself as a frontline institution in the enforcement of marriage law as well as a center for preventive education. The strategy that has been implemented is no longer passive-bureaucratic, but rather active-collective thru two main channels: public space and digital space. In order to anticipate the issue of early marriage, religious counselors are moving collectively across community spaces thru three core strategies:

a. Enforcement of administrative regulations

Socializing the Marriage Law Number 16 of 2019 to the community in Lubuk Tua Village is the first step for government agencies such as the Office of Religious Affairs in providing information to young people who want to marry at a young age. The law is a revision of Law Number 1 of 1974, and the latest regulation changes the minimum marriage age for women from 16 years to 19 years. Thus, the age limit for both men and women is the same, and the main

purpose of this regulatory change is to prevent underage marriages. Based on an interview with the head of the Religious Affairs Office, Anwar Muchris stated:

"According to the marriage law, the minimum age for marriage is 19 years for both men and women, so I strongly do not recommend early marriage." (interview, May 23, 2026).

As a distributor of policies from the central government under the Ministry of Religious Affairs, the Office of Religious Affairs positions itself as the main gatekeeper striving to prevent the practice of underage marriage. Such actions are taken by the Office of Religious Affairs during the meticulous examination of prospective brides and grooms' administrative documents as a preventive measure to prevent identity forgery and age manipulation that might be carried out by the community to marry off their children.

b. Education Based on Traditional-Religious Institutions

The interventions were conducted in person by religious counselors, targeting vulnerable groups at religious centers in the village of Lubuk Tua, including the Majelis Taklim, the Madrasah Diniyah, the Al-Qur'an Education Center, and the Mosque Youth Association. Similarly, the head of the Office of Religious Affairs, Ihsanudin, as a religious counselor in Lubuk Tua Village, stated:

"My efforts in preventing early marriage include socializing Law Number 16 of 2019 regarding the minimum marriage age of 19 and explaining the fiqh perspective on marriage to the community." (interview, May 25, 2026).

In conveying these regulations, the religious counselor held socialization sessions in several places such as in study groups, village halls, and mosques. He said that the socialization material is very varied, starting from administrative regulations in the form of marriage requirements and, most importantly, conveying the negative impacts of early marriage, such as dropping out of school, the risk of divorce, mental disturbances, and health threats to mothers and babies. The religious counselor in Lubuk Tua village also emphasized that if anyone wishes to marry under the age of 19, Article 7, Paragraph 2 of the Marriage Law states that in the event of a violation of the minimum marriage age limit, the parents of one or both parties may request a dispensation from the court (Budi Wibowo, Octasari, Julia, & Abubakar, 2022).

Therefore, it is mandatory to apply for a dispensation letter at the Religious Court by attending the scheduled hearing. The following photos document an

outreach activity conducted by religious counselors for teenagers in the village of Lubuk Tua.



Picture 1. *Socialization to teenagers in the village of Lubuk Tua*

c. Digital Outreach

Religious counselors have not forgotten to leverage shifting communication trends as part of their efforts to prevent early marriage and promote mental health literacy, the majority of the public especially digitally savvy teenagers uses social media. In addition to conducting in-person outreach sessions, religious counselors also distribute psychoeducational materials and content about marriage through social media platforms. Ihsanudin explained that he uses social media to facilitate informing and educating the public about marriage in accordance with government regulations. He uses platforms such as Facebook and TikTok, and further noted that the content shared with the public includes real-life stories, motivational messages encouraging teenagers to avoid early marriage, and discussions of marital issues from both religious and psychological perspectives. Leveraging these popular social media platforms is a strategy designed to break down the rigidity of bureaucratic communication by mass-producing creative content online to reach all segments of society.

2. Integration of Mental Health Content by Religious Counselors

The findings in this study reveal a deconstruction of the substance of the counseling material. Religious counselors in the village of Lubuk Tua no longer use religious doctrines that are text-dogmatic in nature (such as merely reading halal-haram arguments), but instead assimilate Islamic law material (*fiqh munakahat*)

with indicators of mental health literacy. Specifically, the counseling material aimed at teenagers and parents is based on two main substances:

a. Dimensions of Mental Health

Counselors actively instill an understanding of the essence of psychological readiness before starting a household. This material includes techniques for recognizing early symptoms of psychological disorders, managing/regulating stress to avoid falling into emotional depression, and reconstructing help-seeking behavior by encouraging teenagers not to isolate themselves and to bravely seek logical consultation from more experienced figures when facing a mental crisis.

Faced with the massive cultural and social challenges children face today, religious counselors are implementing preventive and tactical strategies by reaching out to various segments of society. Religious counselors view the phenomenon of early marriage as a serious concern, so strategies aimed at preventing early marriage need to be widely disseminated. Ihsanudin, a religious counselor in the village of Lubuk Tua, stated that:

"Preventing early marriage involves providing psychological and spiritual counseling to adolescents and parents to foster awareness of a harmonious family." (interview, May 25, 2026)

Next, in delivering mental health literacy, religious counselors provide material to the community or youth both directly and thru digital media. Ihsanudin said:

"Because this is also important considering the psychological preparation before starting a household, such as explaining what mental health is, then how to recognize psychological symptoms, and don't be ashamed to talk to someone experienced and don't get easily stressed." (interview, May 25, 2026).

The outreach activities carried out by this counselor were also confirmed by Rendi and Laila, two teenagers from Lubuk Tua village, who said:

"I saw Mr. Ihsanudin conducting outreach activities at schools and mosques together with the community and the Mosque Youth Association."

They also responded to these activities by saying that the outreach efforts were excellent and very helpful because they helped the community especially teenagers better understand the importance of mental health and healthy marriages from a religious perspective (interview, May 26, 2026). Ihsanudin's role as a religious counselor has undergone a functional transformation. The following

documentation shows an activity to promote mental health literacy at the Lubuk Tua Village Mosque Youth Association.



Picture 2. *Mental Health Literacy Outreach*

b. Medical Dimensions and Socio-Physical Impact

The material is integrated straightforwardly by presenting the clinical consequences of reproductive organ dysfunction in adolescence, the biological threat of stunted child births, the risk of school dropout leading to systemic poverty, and the high probability of divorce due to the emotional immaturity of couples.

Although this integrative strategy is considered successful in triggering collective cognitive awareness, the religious counselors emphasize that the level of success in the field is variable. This is due to the fact that religious counselors must confront the complexities of structural and cultural obstacles in the village of Lubuk Tua, which include the low level of formal education in the community, economic pressures, teenage promiscuity, local cultural customs that are permissive of early marriage, and the minimal role, attention, and preventive control from parents.

Seeing the phenomenon of early marriage that still occurs makes the religious counselor concerned, he emphasized in the interview results that early marriage is not yet ready physically and psychologically, making it prone to divorce. Ihsanudin added his opinion:

"Early marriage has many negative impacts due to a lack of mental, financial, and spiritual readiness"

Based on the interview results above, the efforts of religious counselors to conduct outreach by being proactive, such as visiting community activity locations. The delivery of material on mental health becomes important to socialize both directly and thru digital

platforms, with the aim that teenagers and parents can understand the true nature of marriage. In addition, it also provides education to teenagers who want to get married at a young age so that they better understand the risks they will face if they marry without thorough preparation in any aspect.

DISCUSSION

Analysis of the regulation of Law Number 16 of 2019 reveals a conflicting legal sociology phenomenon. Empirical data from the Lubuklinggau Religious Court recorded 195 marriage dispensation cases within six months, with the majority of applicants citing free association and being pregnant outside of wedlock as reasons (Fitriani, 2023). The Head of the Office of Religious Affairs and Religious Counselors in the village of Lubuk Tua underscored the bitter truth that even strict regulations cannot eliminate cases of early marriage without mental awareness at the smallest social layers, namely family upbringing and the existing ecosystem in the community. At this point, the judicial system is trapped. The Religious Court judges inevitably consider which option poses more danger, such as rejecting the dispensation resulting in the child being born without civil legal status (illegitimate child) and bearing social stigma, or granting the dispensation and sacrificing the future because it could lead to school dropout and the mental health of the teenager in order to legalize their biological status (Celvin, Samosir, & Fuadi, 2023). This judicial reality further emphasizes the position of Religious Counselors as the most important frontline in prevention. Their task is not merely to socialize laws, but to accelerate the understanding of culture so that it can adapt to the laws set by the State. Religious counselors also play a role in changing negative narratives and religious stigma, efforts that continue to reach the grassroots level of society and teenagers to change the empirical awareness that early marriage will definitely impact reproductive organs, cause health issues in babies leading to stunting, and trigger mental health problems.

Mental health literacy has become an academic discourse that is being actively discussed, especially among today's generation of teenagers. In response to the still high rate of marriage dispensations, the oral and digital literacy interventions carried out by religious counselors require tangible strategic strengthening. Research findings indicate a paradigm shift in the practices of grassroots religious counselors. Conventional counseling, which was dominated by the transfer of *fiqh munakahat* material, is now

transforming to include psychoeducational tools. Religious counselors are going beyond traditional boundaries by integrating mental health literacy, such as recognizing stress symptoms and encouraging psychological consultations to prevent early marriages.

Previous research shows the results of psychoeducation to improve mental health literacy among adolescents in various regions of Indonesia in various ways, one of which is thru online psychoeducation utilizing social media (Anggraini & Lasutri Tama, 2023) and thru lecture methods (Zakiah et al., 2023). The results of the research provided in mental health literacy emphasize understanding the definition of mental health along with its signs, mental disorders, stigma, recognition of mental disorder symptoms often experienced by adolescents, signals of needing help and skills to seek help, including accompanying those in need of assistance, and self-help strategies. Similarly, the definition of health literacy according to WHO can be defined as the social and cognitive abilities that function in shaping the capacity and motivation to access, understand, and use information for health purposes (Abidin, Dida, & Lusiana, 2025).

Child marriage, according to scientific studies, triggers the neglect of emotional needs in subsequent generations, as the mother or father, chronologically and psychologically, have not yet completed their process of self-maturation, which is fraught with existential crises and demands for social freedom (Syalis & Nurwati, 2020). By educating teenagers about the identification of early stress symptoms, emotional recognition, and the importance of seeking safe spaces and being brave enough to ask for help, a religious counselor is not only saving individual but also saving the entire family.

In this context, there is a paradigm shift in the role of Religious Counselors, who are now transforming into psychoeducational agents. Based on the task-sharing model, the involvement of religious leaders in mental health interventions has proven effective in bridging the gap in access to professional services (Perez, Cardenas, Blaggs, & Wong, 2025). Religious counselors no longer merely convey normative fiqh material, but have begun to integrate mental health literacy. This literacy includes the cognitive and social abilities of adolescents to understand health information in order to motivate healthy behaviors, as well as the skills to recognize stress symptoms and seek appropriate help.

The results of this research provide a scientific contribution in the form of novel findings that distinguish it from previous studies. The theoretical novelty of this study is the emergence of the concept formulation "Theo-Psychological Mental Health Literacy."

For several decades, the global literature on mental health literacy, which is oriented toward Western theories, has placed mental literacy in the secular, clinical, and individualistic cognitive domain. The theoretical novelty of this research empirically proves that in communal-religious societies in developing countries like Indonesia, mental health literacy cannot stand alone in a secular manner. The literacy reaches its highest effectiveness when attached to the values of spirituality, the doctrine of human theological responsibility before God, and the concept of achieving transcendental happiness within the institution of a harmonious family. This study dismantles the dichotomy between psychological-medical science and religious texts, demonstrating that religion can be a catalyst for the modernization of mental health in communities.

Practically, this research provides strategic policy implications for the Community-Based Mental Health Promotion model and the national stunting reduction program. The intervention model in Muara Kelingi District, particularly in Lubuk Tua village, provides a blueprint that the government (Ministry of Religious Affairs and Ministry of Health) can optimize the role of religious counselors as the frontline in early psychological intervention (first responders) at the village level. The utilization of religious counselors as agents of psycho-medical literacy is a smart solution amidst the limited number of clinical psychologists and medical personnel in remote district areas.

However, these practical implications also come with critical notes. In order for this strategy to be sustainable, cross-sectoral collaboration programs (KUA, Puskesmas, the Education Office, and Village Government) must be strengthened thru regulations to address the root problems that remain unresolved in the field, namely cultural barriers, low economic levels, and minimal parental awareness in rural areas.

To clarify the theoretical contribution and elucidate the flow of the theological-psychological intervention conducted by religious counselors, the researchers constructed a circular conceptual model. This model integrates all field findings variables, ranging from regulatory aspects, mental literacy, spiritual approaches, to digital communication channels, as detailed in Table 2.

Table 2. *Theological-Psychological Conceptual Model of Religious Counselors*

Model Flow	Main Component	Implementation of Strategies & Course Content (Based on Data)	Goals & Success Indicators
INPUT	The Strategic Role of Religious Counselors	- Acting as cultural brokers and the frontline of information. - Transforming dogmatic theological approaches into persuasive psycho-educational approaches.	Institutional and cultural readiness for early intervention at the rural level.
	Regulatory education	- Strict socialization of the minimum marriage age limit (19 years) in accordance with Law No. 16 of 2019. - Administrative screening of prospective bride and groom files at the KUA. - Education on legal consequences (Marriage Dispensation Hearing in Court for those underage).	The structural compliance of society with the applicable positive marriage law.
PROCESS <i>(Multidimensional Intervention Strategy)</i>	Mental Health Literacy	- Education on the urgency of mental readiness and the introduction to emotional maturity levels. - Introduction to early symptoms of psychological disorders and stress management/regulation. - Destigmatization of mental health issues and strengthening the behavior of seeking help thru expert counseling.	The formation of cognitive shields for adolescents to resist impulsive decisions due to emotional pressure
	Religious Approach	- Integration of Islamic law material (fiqh munakahat) with the science of psychology. - Internalization of the concept of theological tranquility (Sakinah, Mawaddah, warahmah family). - Preparation of counseling materials based on human moral responsibility before God.	Assimilation of spiritual values (spiritual capital) as a reinforcement of family moral awareness.
	Optimization of Digital Media & Community	- Combined intervention: Physical spaces (in schools, Majelis Taklim, Quran Education Parks, Mosques) and digital spaces (Facebook, TikTok, etc.). - Production of creative content based on life problems, success stories, and happy families.	The expansion of educational outreach inclusively to touch the private spaces of teenagers (digital natives).
INTERMEDIATE OUTPUT	Raising Collective Awareness	Teenager: Capable of making objective risk calculations and understanding the dangers of underage marriage. Parents: Increase preventive control, attention, and stop forced marriages for cultural/economic reasons.	The collapse of local cultural biases permissive toward child marriage; the formation of psycho-medical awareness.

Model Flow	Main Component	Implementation of Strategies & Course Content (Based on Data)	Goals & Success Indicators
FINAL OUTPUT	Prevention of Early Marriage	• Real reduction in the number of marriages under the age of 19 in Lubuk Tua Village. • Reduction in school dropout rates among the younger generation. • Breaking the chain of long-term risks: Domestic conflict (divorce) and biological threats (birth of stunted children).	The realization of empowered family resilience, physically and mentally healthy, and socially-economically independent.

The integration of these four pillars simultaneously deconstructs local cultural biases and erodes parental permissiveness in rural areas. In the end, the final output is not only a quantitative reduction in child marriage rates but also the strengthening of long-term family resilience aimed at preventing the risk of early divorce and breaking the chain of stunting in children.

Based on the analysis of this theopsychological intervention conceptual model, it can be concluded that the prevention of early marriage at the village level cannot be resolved solely thru the enforcement of formal law or pure psychological campaigns. The strategy of religious counselors in Lubuk Tua is effective because it successfully assimilates marriage law regulations, strengthens mental health literacy, and promotes religious spirituality narratives thru community and digital multiplatforms.

CONCLUSION & RECOMMENDATIONS

Based on the research results above, a common thread can be drawn that strategy to prevent early marriage in Lubuk Tua Village can be carried out thru strict examination of registration documents and providing education about the dangers and impacts of underage marriage. Intensive socialization to the community about the marriage age limit, conducted by the Office of Religious Affairs and Religious Counselors, is carried out in various places and at any time so that information can spread widely amidst cultural challenges and the negative influences of globalization. The process of mental health literacy, elaborated thru conventional methods in schools, religious gatherings, and ingeniously combined with the reach of digital platforms such as social media, has helped raise awareness among the community and specifically among teenagers about the dangers of child marriage and the psychological impacts it causes.

The main contribution of this study is to offer a new framework that the strategy of Religious Counselors is no longer limited to the conventional transfer of marriage jurisprudence material, but has transformed into psychoeducational agents. Religious counselors now bridge the gap in the community's mental health literacy by educating on the recognition of stress symptoms and encouraging early psychological interventions. This research also provides a conceptual contribution to the development of community-based mental health literacy thru religious counselors as a promotive-preventive model.

Therefore, the researchers recommendation for future policies is the need for absolute regulatory support and funding allocated to enhance the capacity of religious counselors, one of which is thru the provision of basic level applied psychology competence certification. Then, there should be synergy between religious court enforcers, primary health service clinics, village officials, and Ministry of Religious Affairs institutions that can be well integrated. This is crucial to changing the paradigm of child marriage, which was initially viewed as a biological and cultural release, into a real commitment requiring financial maturity, spiritual maturity, and a comprehensive understanding of mental health literacy.

This research has several empirical limitations, namely a specific geographical focus because the data and judicial phenomena highlighted are very centered on the context of the Lubuklinggau Religious Court and the village of Lubuk Tua. Cultural values and parenting patterns in this area may differ, thus limiting the ability to generalize to large-scale urban areas. Then, the limited measurement of interventions, so the current discussion successfully captures the phenomenon of the paradigm shift in counseling qualitatively. However, this research has not quantitatively measured the long-term effectiveness of the psychoeducation on the actual reduction of early marriage rates.

Next research recommendations to fill the current research gaps, it should be directed toward a longitudinal study on the effectiveness of psychoeducation to measure the effectiveness of mental health literacy interventions by religious leaders experimentally over a period of 3-5 years, so that the significant impact on the rate of underage marriages can be observed. Next is the development of digital media by expanding findings on the importance of digital literacy by designing, testing, and evaluating social media-based psychoeducational platforms specifically targeting adolescents.

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