

**LEMBAR
HASIL PENILAIAN SEJAWAT SEBIDANG ATAU PEER
REVIEW KARYA ILMIAH: JURNAL ILMIAH**

Judul Artikel Ilmiah : **Determinants of Reproductive Health Services Needs for Brides and Grooms in Brebes District**

Nama semua penulis : Silfia Addina, **Sri Achadi Nugraheni**, Sutopo Patria Jati

Status Pengusul (coret ygtidakperlu) : ~~Penulis Utama/ Penulis Utama & Korespondensi/ Penulis Korespondensi/ Penulis Anggota~~

Status Jurnal:

- Nama Jurnal : Jurnal Kebijakan Kesehatan Indonesia : JKKI
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- Terindex di : Sinta 3 (SK No. 21/E/KPT/2018)

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c	Kecukupan dan kemutakhiran data/informasi dan metodologi (30 %)	6	5.5
d	Kelengkapan unsur dan kualitas jurnal (30%)	6	5
	Nilai Total	20	17
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a	Kelengkapan unsur isi artikel	Isi artikel sudah sesuai dengan unsur jurnal JKJI
b	Ruang lingkup & kedalaman pembahasan	Subtansi artikel tentang determinan kesehatan reproduksi pada calon pengantin pria dan wanita sudah sesuai dengan ruang lingkup jurnal JKJI. Terdapat 18 artikel yang disitasi di pembahasan dari 25 buah artikel yang dijadikan rujukan di jurnal.
c	Kecukupan dan kemutakhiran data/informasi dan metodologi	Data atau informasi up to date atau mutakhir karena seluruh daftar pustaka yang digunakan dalam jurnal adalah kurang dari 10 tahun terakhir Metode penelitian terkait jumlah sampel, variabel. Cara pengambilan data sampai analisa data ditulid cukup runtut.
d	Kelengkapan unsur dan kualitas jurnal	Jurnal ini jurnal nasional yang sudah terakreditasi SINTA 3

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Reviewer 1



Dr. Yuliani Setyaningsih., SKM, M.Kes
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Jabatan : Lektor Kepala

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c	Kecukupan dan kemutakhiran data/informasi dan metodologi (30 %)	6	5
d	Kelengkapan unsur dan kualitas jurnal (30%)	6	5
	Nilai Total	20	17
	Nilai yang didapat pengusul:	$17 \times 0.4 = 6.8 / 2 = 3.4$	

Catatan Penilaian artikel oleh Reviewer

a	Kelengkapan unsur isi artikel	Unsur artikel lengkap meliputi abstraksi, introduksi, metoda penelitian, hasil dan pembahasan. Disusun dengan baik, mengikuti tata cara penulisan sebuah artikel ilmiah.
b	Ruang lingkup & kedalaman pembahasan	Ruang lingkup materi yang ditulis mengenai kebutuhan edukasi rreproduksi calon pengantin. Merupakan sebuah kajian yang dibutuhkan untuk bahan bacaan para pembelajar dan peneliti bidang kajian Kesehatan reproduksi.
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d	Kelengkapan unsur dan kualitas jurnal	Status jurnal disertakan dalam halaman sajian, memiliki reputasi baik peringkat 3 jurnal nasional.

Semarang,
Reviewer 2



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NOMOR 21/E/KPT/2018

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TAHUN 2018

DIREKTUR JENDERAL PENGUATAN RISET DAN PENGEMBANGAN
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- Menimbang : a. bahwa berdasarkan hasil akreditasi jurnal ilmiah yang ditetapkan oleh Tim Akreditasi Jurnal Ilmiah Kementerian Riset, Teknologi, dan Pendidikan Tinggi pada tanggal 5 Mei 2018 dan Tim Akreditasi Jurnal Ilmiah Lembaga Ilmu Pengetahuan Indonesia pada tanggal 9 Mei 2018 dan dalam rangka melaksanakan ketentuan Pasal 6 ayat (5) Peraturan Menteri Riset, Teknologi dan Pendidikan Tinggi Nomor 9 Tahun 2018 tentang Akreditasi Jurnal Ilmiah, perlu menetapkan Peringkat Akreditasi Jurnal Ilmiah Periode I Tahun 2018;
- b. bahwa berdasarkan pertimbangan sebagaimana dimaksud pada huruf a, perlu menetapkan Keputusan Direktur Jenderal Penguatan Riset dan Pengembangan Kementerian Riset, Teknologi, dan Pendidikan Tinggi tentang Peringkat Akreditasi Jurnal Ilmiah Periode I Tahun 2018;
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4. Keputusan Presiden Nomor 121/P Tahun 2014 tentang Pembentukan Kementerian dan Pengangkatan Menteri Kabinet Kerja Periode Tahun 2014-2019;
5. Keputusan Presiden Nomor 99/M Tahun 2015 tentang Pemberhentian dan Pengangkatan Dari dan Dalam Jabatan Pimpinan Tinggi Madya di Lingkungan Kementerian Riset, Teknologi, dan Pendidikan Tinggi;

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Ditetapkan di Jakarta
pada tanggal 9 Juli 2018

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TTD.

MUHAMMAD DIMYATI
NIP 195912171984041001

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PERINGKAT AKREDITASI JURNAL ILMIAH PERIODE I TAHUN 2018

Peringkat	No	Nama Jurnal	ISSN	Penerbit
Peringkat 1 (Satu)	1	Bulletin of Chemical Reaction Engineering & Catalysis	19782993	Departement of Chemical Engineering, Diponegoro University
	2	IJAL (Indonesian Journal of Applied Linguistics)	25026747	Balai Bahasa Universitas Pendidikan Indonesia
	3	Indonesian Journal of Biotechnology	20892241	Pusat Studi Bioteknologi dan Sekolah Pascasarjana Universitas Gadjah Mada
	4	Indonesian Journal of Chemistry	24601578	Chemistry Department, Faculty of Mathematics and Natural Sciences, Universitas Gadjah Mada
	5	Journal of Indonesian Islam	23556994	Lembaga Studi Agama dan Sosial (LSAS) dan Program Pascasarjana Universitas Islam Negeri (UIN) Sunan Ampel Surabaya
	6	Medical Journal of Indonesia	22528083	Fakultas Kedokteran Universitas Indonesia
	7	TELKOMNIKA: Telecommunication Computing Electronics and Control	23029293	Universitas Ahmad Dahlan (UAD)
	8	The Indonesian Biomedical Journal	23559179	Secretariat of The Indonesian Biomedical Journal
Peringkat 2 (Dua)	1	Agro Ekonomi	25411616	Departemen Sosial Ekonomi Pertanian, Fakultas Pertanian, Universitas Gadjah Mada
	2	Al Ahwal: Jurnal Hukum Keluarga Islam	25286617	Prodi Al-Ahwal Al-Syakhshiyah Fakultas Syariah dan Hukum UIN Sunan Kalijaga Yogyakarta
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188	Widyaparwa	25281089	Balai Bahasa Yogyakarta, Kemdikbud	
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IMPLEMENTASI KEBIJAKAN ELIMINASI FILARIASIS DI KABUPATEN KOTAWARINGIN BARAT

THE IMPLEMENTATION OF FILARIASIS ELIMINATION POLICIES IN WEST KOTAWARINGIN REGENCY

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ABSTRAK

Kabupaten Kotawaringin Barat merupakan kabupaten di Provinsi Kalimantan Tengah yang berhasil mendapatkan Piagam Eliminasi Filariasis atau penyakit kaki gajah oleh Kementerian Kesehatan pada tahun 2016. Tujuan dari penelitian ini adalah untuk melihat implementasi kebijakan eliminasi filariasis di Kabupaten Kotawaringin Barat yang dapat mendukung atau menghambat pencapaian eliminasi tersebut. Penelitian ini merupakan studi kualitatif. Analisa data dilakukan dengan, peningkatan validitas data dilakukan dengan triangulasi pada sumber dan metode pengumpulan data yang berbeda. Hasil penelitian memperlihatkan bahwa implementasi pelaksanaan pengobatan massal pencegahan filariasis kurang berjalan dengan baik, ditemukan beberapa kendala yaitu kurangnya sosialisasi kepada petugas kesehatan dan kepada masyarakat, kerjasama lintas sektor belum terbina, biaya operasional pelaksanaan pengobatan massal sangat terbatas, kualitas sumber daya manusia yang belum memadai, fasilitas pendukung pelaksanaan pengobatan massal kurang lengkap, struktur organisasi yang belum terbentuk dan petunjuk pelaksanaan tugas yang tidak jelas. Dinas Kesehatan Kabupaten Kotawaringin Barat diharapkan meningkatkan sosialisasi kepada petugas kesehatan dan masyarakat, membina kerjasama lintas sektor, meningkatkan advokasi kepada pemerintah daerah untuk meningkatkan anggaran bagi program eliminasi filariasis, meningkatkan kompetensi sumberdaya manusia, melengkapi fasilitas pendukung pelaksanaan pengobatan massal, membentuk struktur organisasi dan membuat petunjuk pelaksanaan tugas yang jelas.

Kata kunci: Eliminasi, Filariasis, Implementasi, Kotawaringin Barat

ABSTRACT

West Kotawaringin Regency is a district in Central Kalimantan Province that succeeded in obtaining the Filariasis Elimination Charter or elephantiasis by the Ministry of Health in 2016. The purpose of this study was to describe the implementation of filariasis elimination policies in West Kotawaringin Regency that can support or inhibit the elimination. This research was a qualitative study. Data analysis was performed by increasing the validity of the data by triangulation of different sources and data collection methods. The results showed that the implementation of mass treatment for filariasis prevention was not going well, several obstacles were found, namely the lack of socialization to health workers and the community, cross-sectoral cooperation had not been fostered, the operational costs of mass treatment implementation were very limited, the quality of human resources was inadequate, facilities supporting for the implementation of mass treatment were incomplete, organizational structures that have not yet been formed and the unclear task of implementation instructions. West Kotawaringin Health Office is expected to increase the socialization to health workers and the community, foster cross-sector collaboration, increase advocacy to local governments to increase budgets for filariasis elimination programs, improve human resource competencies, complement facilities supporting for the implementation of mass treatment, form organizational structures and make a clear task instructions of implementation.

Keywords: Elimination, Filariasis, Implementation, West Kotawaringin

PENDAHULUAN

Filariasis atau elephantiasis atau penyakit kaki gajah, adalah penyakit yang disebabkan infeksi cacing filaria yang ditularkan melalui gigitan nyamuk. Cacing filaria yang biasanya menginfeksi manusia dari tiga spesies yaitu *Wuchereria bancrofti*, *Brugia malayi* dan *Brugia timori*. Dalam tubuh manusia, cacing tersebut tumbuh menjadi cacing dewasa dan menetap di jaringan limfe sehingga menyebabkan pembengkakan di kaki, tungkai, payudara, lengan dan organ genital. Penyakit ini tersebar luas di pedesaan dan perkotaan dan menyerang semua golongan tanpa mengenal usia dan jenis kelamin.(1)-(2)

Indonesia sepakat memberantas filariasis sebagai bagian dari eliminasi filariasis global

melalui dua pilar kegiatan yaitu: 1. memutuskan mata rantai penularan filariasis dengan Pemberian Obat Pencegahan Massal (POPM) filariasis di daerah endemis sekali setahun selama lima tahun berturut-turut (obat yang dipakai adalah DEC (*Diethylcarbamazine Citrate*) 6 mg/kg BB dikombinasikan dengan Albendazole 400 mg); 2. mencegah dan membatasi kecacatan dengan penatalaksanaan kasus filariasis mandiri.(3)(4)

Tujuan khusus program eliminasi filariasis adalah menurunkan angka mikrofilaria menjadi kurang dari 1% di setiap kabupaten/kota dan mencegah serta membatasi kecacatan karena filariasis. Sampai dengan tahun 2016, terdapat 22 kabupaten/kota yang melaksanakan eliminasi filariasis. Sebanyak 46 kabupaten/kota berhasil menurunkan angka mikrofilaria menjadi kurang

MENCARI KELOMPOK BERISIKO TINGGI TERINFEKSI VIRUS CORONA DENGAN DISCOURSE NETWORK ANALYSIS

FINDING HIGH RISK GROUPS TO CORONAVIRUS USING DISCOURSE NETWORK ANALYSIS

Tiodora Hadumaon Siagian

Politeknik Statistika STIS

ABSTRAK

Wabah Virus Corona penyebab penyakit COVID-19 yang bermula dari Wuhan, Provinsi Hubei, China terus menyebar ke banyak negara termasuk Indonesia. Jumlah kasus positif COVID-19 terus meningkat secara signifikan dan menyebar secara cepat di seluruh provinsi di Indonesia. Virus Corona memang dapat menginfeksi siapa saja namun beberapa kelompok orang memiliki tingkat risiko yang lebih tinggi untuk terkena Virus Corona hingga bisa membawa kepada kematian. Untuk itu studi ini berupaya mencari kelompok rentan terinfeksi Virus Corona dengan metode Discourse Network Analysis dengan data berbagai artikel kesehatan di media online. Hasil studi menunjukkan kelompok lansia, penderita penyakit kronis, perokok, penghisap vape, kaum pria dan orang bergolongan darah A termasuk kelompok rentan terinfeksi Virus Corona. Temuan ini diharapkan dapat menjadi catatan ilmiah bagi pemerintah, tenaga medis dan masyarakat untuk mempertimbangkan perbedaan kerentanan kelompok ini dalam upaya mitigasi dan perawatan pasien terinfeksi Virus Corona ataupun wabah virus lainnya yang sekerabat dengan Virus Corona.

Kata kunci: Virus Corona, *Discourse Network Analysis*, Kelompok berisiko tinggi

ABSTRACT

Coronavirus outbreaks that cause COVID-19 which originated in Wuhan, Hubei Province, China continue to spread to many countries including Indonesia. The number of positive cases of COVID-19 continues to increase significantly and spread rapidly in all provinces in Indonesia. Although Coronavirus can infect anyone, some groups of people have a higher level of risk to Coronavirus that can lead to death. Therefore, this study aims to find vulnerable groups to Coronavirus using the Discourse Network Analysis method based on various health articles from online media. The results of the study found that elderly groups, sufferers of chronic diseases, smokers, vapers, men and those with type A blood are vulnerable groups to Coronavirus. This finding is expected can be used as scientific records for the government, medical personnel and the community for consideration of their different vulnerabilities in the efforts to mitigate and treat patients infected with the Coronavirus or other virus outbreaks that are related to the Coronavirus.

Keywords: *Coronavirus, Discourse Network Analysis, High risk groups*

PENDAHULUAN

Penyebaran Virus Corona merupakan ancaman kesehatan global paling serius dalam beberapa dekade terakhir. Sejak pertama kali kasus penyakit Virus Corona ini dilaporkan di Wuhan, Provinsi Hubei, China pada 8 Desember 2019, wabah virus yang kemudian diberi nama *Severe Acute Respiratory Syndrome Coronavirus 2* (SARS-COV2) dan menyebabkan penyakit *Coronavirus Disease-2019* (COVID-19) terus menyebar secara luas di berbagai negara. Sehingga pada Rabu, 11 Maret 2020, Organisasi Kesehatan Dunia (WHO) menyatakan COVID-19 menjadi pandemi global mengingat penyebaran Virus Corona yang cepat hingga ke wilayah yang jauh dari pusat wabah dan sudah banyak negara di berbagai belahan dunia melaporkan adanya kasus positif COVID-19 ini. Bahkan per tanggal 10 April 2020, WHO mencatat ada 212 negara/kawasan telah terkena dampak COVID-19 dengan total kasus positif COVID-19 berjumlah 1.439.516 orang dan 85.711 kematian.¹

Pada awal diberitakannya wabah Virus Corona di Wuhan, masyarakat Indonesia menanggapi

dengan berbagai reaksi namun umumnya lebih banyak yang tetap tenang, bahkan ada pula yang menganggapnya sebagai bahan candaan seakan Virus Corona tidak mungkin melanda Indonesia. Sebagai contoh, ada pejabat perhubungan yang berkelakar orang Indonesia kebal Virus Corona karena doyan nasi kucing.² Ironisnya bahkan ada pejabat kesehatan yang berteori pasien Virus Corona dapat sembuh dengan sendirinya.³ Hal-hal semacam ini makin membuat masyarakat terlena tak menyadari bahaya besar yang mengancam. Namun isu Virus Corona mulai kembali hangat dibicarakan oleh masyarakat saat pemerintah Indonesia memutuskan mengevakuasi 238 WNI dari Kota Wuhan dan menempatkan di Kepulauan Natuna untuk diobservasi. Sampai kemudian 2 kasus positif COVID-19 pertama kali diumumkan melalui televisi pada tanggal 2 Maret 2020 oleh Bapak Presiden Joko Widodo. Setelah itu berbagai kebijakan ditetapkan oleh pemerintah guna mengatasi penyebaran Virus Corona. Hal ini nampak jelas terlihat pada Gambar 1 yang menyajikan *timeline* penanganan wabah Virus Corona di Indonesia. Berbagai kebijakan

PENGARUH KEBIJAKAN *SOCIAL DISTANCING* PADA WABAH COVID-19 TERHADAP KELOMPOK RENTAN DI INDONESIA

THE EFFECT OF SOCIAL DISTANCING POLICY ON THE COVID-19 OUTBREAK AGAINST VULNERABLE GROUPS IN INDONESIA

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ABSTRAK

Indonesia sedang mengalami pandemik COVID-19 dan menerapkan prinsip *social distancing* melalui kebijakan Pembatasan Sosial Berskala Besar (PSBB). Tujuan penulisan artikel ini adalah untuk memberikan gambaran efek *social distancing* pada kelompok rentan. Metode penulisan menggunakan studi literatur sederhana, dimana 15 artikel dari CINAHL, ScienceDirect, ProQuest dan PubMed telah terpilih. Hasilnya memperlihatkan bahwa peran orang tua selama masa isolasi adalah hal terpenting bagi anak. Ibu hamil sendiri memiliki perubahan fisiologis dan psikologis yang tidak menentu, sehingga diperlukan berbagai cara untuk memenuhi kebutuhan unik yang dimiliki oleh ibu hamil. Kelompok lansia menjadi kelompok paling berisiko menularkan dan tertular virus, isolasi dianggap tepat, namun harus tetap memperhatikan kebutuhan lansia sesuai tingkat kemandiriannya. *Social distancing* berdampak signifikan pada kelompok rentan, untuk itu diperlukan keseriusan dan kerjasama setiap lini.

Kata kunci: COVID-19, *Social distancing*, Kelompok rentan

ABSTRACT

Indonesia is experiencing a COVID-19 pandemic and is applying social distancing through its Large Scale Social Restrictions (PSBB) policy. The purpose of writing this article is to provide an overview of the effects of social distancing on vulnerable groups. The writing method uses a simple literature study, where 15 articles from CINAHL, ScienceDirect, ProQuest and PubMed have been selected. The results show that the role of parents during isolation is the most important thing for the children. Pregnant women themselves have physiological and psychological obstacles, so that various methods are needed to meet the unique needs of them. The elderly group is the group most at risk of transmitting and contracting the virus, the health workers have to pay attention to the needs of the elderly according to their level of independence. Social distancing has a significant impact on vulnerable groups, and this requires seriousness and cooperation on every front.

Keywords: COVID-19, *Social distancing*, *Vulnerable groups*

PENDAHULUAN

World Health Organization (WHO) pertama kali menyebut *coronavirus disease* yang ditemukan pertama kali di Wuhan dengan *novel coronavirus 2019* (2019-nCoV) yang disebabkan oleh virus *Severe Acute Respiratory Syndrome Coronavirus-2* (SARS-CoV-2). Indonesia pertama kali melaporkan 2 kasus positif COVID-19 pada tanggal 2 Maret 2020(1). Pada tanggal 15 April 2020 kasus konfirmasi ada di angka 4.839 orang, dimana rasio kematian sebesar 9,5% (459 orang), PDP yang dalam perawatan sebanyak 3.954 orang, dan pasien sembuh 426 orang, 34 provinsi telah dinyatakan terinfeksi COVID-19, dimana ada 5 provinsi dengan kasus konfirmasi lebih dari 100 orang (DKI Jakarta, Jabar, Jatim, Banten Jateng, dan Sulsel), DKI Jakarta terbesar dengan 2.335 kasus terkonfirmasi (2).

Pandemi mengharuskan pentingnya memutus rantai transmisi dan melindungi populasi dari risiko (3). Pemutusan rantai penularan virus bisa dilakukan secara individu dengan melakukan

kebersihan diri terutama cuci tangan dan secara kelompok dengan cara *social distancing*(3–9). *Social distancing* adalah praktik dengan cara memperlebar jarak antar orang sebagai upaya menurunkan peluang penularan penyakit (10).

Indonesia telah menghimbau adanya Pembatasan Sosial Berskala Besar (PSBB) sebagai upaya dari *social distancing*. PSBB adalah pembatasan kegiatan tertentu penduduk dalam suatu wilayah yang diduga terinfeksi Covid-19 sedemikian rupa untuk mencegah kemungkinan penyebaran virus. PSBB mengatur tentang peliburan sekolah dan tempat kerja; kegiatan keagamaan; kegiatan di tempat atau fasilitas umum; kegiatan sosial dan budaya; moda transportasi, serta pembatasan kegiatan lainnya khusus terkait aspek pertahanan dan keamanan (11). Karantina perorangan yang hanya diperuntukkan bagi pasien individu, sudah dianggap tidak lagi efektif dalam memutus mata rantai virus saat masa pandemi(12).

Risiko komplikasi dari COVID-19 lebih tinggi pada beberapa populasi rentan, terutama lanjut

DAMPAK KEBIASAAN MEROKOK PADA PENGELUARAN RUMAH TANGGA

IMPACT OF SMOKING HABITS ON HOUSEHOLD EXPENDITURES

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ABSTRAK

Indonesia merupakan salah satu negara konsumen dan produsen rokok terbesar di dunia. Penelitian ini bertujuan untuk menguji pengaruh antara pengeluaran rokok terhadap pengeluaran untuk kebutuhan pokok keluarga, seperti makanan, pendidikan, dan kesehatan di Indonesia. Sampel yang digunakan adalah kepala rumah tangga yang merokok. Data penelitian diambil dari *Indonesian Family Life Survey* gelombang ke-5 tahun 2014. Pembelian rokok yang dilakukan oleh kepala rumah tangga berdampak pada berkurangnya pengeluaran rumah tangga dalam hal pemenuhan pangan, pendidikan, dan kesehatan. Merokok bukan hanya merugikan diri sendiri karena berdampak buruk terhadap kesehatan, tetapi juga berimbas pada pemenuhan kebutuhan pokok anggota keluarga lainnya.

Kata kunci: Efek *crowding-out*, Pengeluaran rokok, Pengeluaran Rumah Tangga

ABSTRACT

Indonesia is one of the biggest cigarette consumers and producers in the world. The purpose of this study is to examine the effect of cigarette expenditure on expenses for basic family needs, such as food, education, and health in Indonesia. The sample used was the head of the household who smoked. The research data was taken from the 5th wave of the *Indonesian Family Life Survey* in 2014. The purchase of cigarettes by the head of the household had an impact on reducing household expenditure in terms of fulfilling food, education and health. Smoking not only harms oneself because its negative impact on health, but also impacts on providing the basic needs of other family members.

Keywords: *Crowding-out effect, Smoking expenditure, Household expenditure*

PENDAHULUAN

Pada tahun 2016, produsen tembakau di enam negara ASEAN, yaitu Indonesia, Malaysia, Filipina, Singapura, Thailand, dan Vietnam, memproduksi hampir 586 miliar batang rokok, dimana Indonesia dan Filipina masuk kedalam 10 besar produsen rokok tertinggi di dunia. Selain itu, lebih dari 5,5 triliun rokok terjual kepada lebih dari satu miliar perokok di seluruh dunia, dimana 61,4% dari volume semua rokok yang dijual di 5 (lima) negara konsumen rokok terbesar, yaitu Cina, Indonesia, Rusia, Amerika Serikat, dan Jepang. Nilai-nilai eceran rokok pada tahun 2016 bernilai USD 683,4 miliar. Prevalensi merokok pria Indonesia tertinggi di ASEAN, yaitu sebesar 66% dan terendah di Singapura (21,1%). Tingkat merokok wanita sangat tinggi (antara 5,8% dan 8,4%) di Indonesia, Laos, Myanmar dan Filipina (1).

Penelitian sebelumnya menunjukkan bahwa pengeluaran tembakau memiliki dua efek berbeda pada anggaran rumah tangga. Yang pertama adalah efek *crowding-out* atau efek langsung, di mana pengeluaran tembakau secara langsung mengurangi konsumsi barang-barang lainnya (misalnya, makanan, pendidikan, utilitas dan perumahan) dalam anggaran rumah tangga. Penurunan ini juga memengaruhi anggota

rumah tangga yang tidak mengkonsumsi produk tembakau. Oleh karena itu, konsumsi tembakau akan menyebabkan penyimpangan dalam anggaran rumah tangga demi anggota rumah tangga yang mengkonsumsi produk tembakau. Efek kedua, atau efek tidak langsung dari pengeluaran tembakau adalah peningkatan pengeluaran kesehatan (6). Konsumsi tembakau bukan satu-satunya variabel yang memengaruhi pengeluaran kesehatan tetapi juga dipengaruhi oleh variabel lain, seperti usia, status perkawinan, agama, tingkat pendidikan, jumlah anggota keluarga, pendapatan rumah tangga, asuransi kesehatan (7). Namun, merokok memiliki dampak signifikan terhadap kesehatan karena diasosiasikan dengan penyakit, memperpendek harapan hidup, dan kualitas hidup yang rendah. Selain itu, pengeluaran kesehatan perokok lebih tinggi dibandingkan bukan perokok. Akibatnya merokok tidak hanya berdampak negatif pada kesehatan pribadi, tetapi juga pada anggaran rumah tangga. Penggunaan tembakau di negara berpenghasilan rendah dan menengah berhubungan negatif dengan pengeluaran rumah tangga untuk pendidikan dan perawatan kesehatan, sehingga menunjukkan potensi pengaruh negatif dari penggunaan tembakau terhadap investasi dalam pengembangan sumber daya manusia

IMPLEMENTASI KEBIJAKAN PEMERINTAH PERMENKES NO. 67 TAHUN 2016 DALAM PENANGGULANGAN TUBERKULOSIS DI KOTA YOGYAKARTA

THE IMPLEMENTATION OF GOVERNMENT POLICY: PERMENKES NO. 67 TAHUN 2016 FOR TUBERCULOSIS PREVENTION IN YOGYAKARTA CITY

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ABSTRAK

Penyebaran Tuberkulosis di Indonesia bisa dianggap sebagai permasalahan serius, dimana Indonesia menempati posisi ke tiga di dunia dengan jumlah penderita TB terbanyak yang mencapai 388.627 jiwa. Kota Yogyakarta memiliki tingkat penemuan kasus TB tergolong tinggi mencapai 1.048 jiwa dan tingkat kesembuhan pasien TB masih dibawah target nasional. Penelitian ini akan membahas tentang implementasi kebijakan pemerintah yaitu PERMENKES No 67 Tahun 2016 dalam penanggulangan Tuberkulosis. Dengan menggunakan pendekatan kualitatif dengan kajian literatur terdahulu sebagai bahan perbandingan atau pengujian, hasil kemudian dijelaskan dalam bentuk narasi. Secara keseluruhan pengimplementasian kebijakan penanggulangan Tuberkulosis di Kota Yogyakarta berjalan dengan baik, akan tetapi angka kesembuhan pasien TB di Kota Yogyakarta masih rendah dibawah target nasional. Oleh karena itu perlu adanya komitmen dan koordinasi pemerintah dan masyarakat dalam penanggulangan Tuberkulosis di Kota Yogyakarta.

Kata kunci: Implementasi, Penyakit menular, Penanggulangan Tuberkulosis

ABSTRACT

The spread of Tuberculosis in Indonesia can be seen as a serious problem as the country place third in the world highest burdens with 388.627 cases. The city of Yogyakarta has a high TB incidence rate with 1.048 cases found, which cure rate is still below the national target. This research explains about the implementation of government policy that is PERMENKES No 67 Tahun 2016 in Tuberculosis prevention. By using qualitative approach with previous literature study as a source of comparison or test, the result is explained in narrative form. Overall, the Tuberculosis prevention policy in Yogyakarta city has been implemented well, though the TB cure rate is low; below the national target. Therefore, commitment and coordination between the government and the community is needed in Yogyakarta's Tuberculosis prevention.

Keywords: Implementation, Infectious diseases, Tuberculosis prevention

PENDAHULUAN

Kesehatan merupakan salah satu hak dan kebutuhan yang mendasar bagi setiap individu. Hal ini tertuang dalam Undang-Undang Dasar 1945 pasal 28 dan pasal 34 dimana setiap individu memiliki hak memperoleh pelayanan kesehatan serta pemerintah bertanggungjawab untuk penyediaan faskes yang layak. Untuk mewujudkan masyarakat Indonesia yang sehat, maka diperlukan pembangunan kesehatan secara berkesinambungan dan terarah. Hal ini merupakan salah satu upaya pemerintah sebagai satu organisasi yang bertanggung jawab dalam penanganan kasus TB (Suhendri & Priyo Purnomo, 2017). Selain itu dukungan dari sumberdaya yang memadai lainnya juga diperlukan, seperti alat kesehatan, dana dan fasilitas kesehatan lainnya agar dapat meningkatkan kesadaran dan kemampuan masyarakat dalam hidup sehat.

Tuberkulosis (TB) merupakan salah satu kategori penyakit yang masuk kedalam sasaran pembangunan nasional sebagai upaya untuk pengendalian penyakit menular. Tuberkulosis

adalah penyakit menular mematikan yang cenderung menyerang system pernapasan yang disebabkan oleh bakteri *mycobacterium tuberculosis* (Smeltzer & Bare, 2002). Dimana bakteri *mycobacterium tuberculosis* pertamakali ditemukan pada tahun 1882 oleh Robert Koch. Berdasarkan laporan global Tuberkulosis WHO (*World Health Organization*), Indonesia menduduki posisi ke tiga di dunia dengan penderita TB mencapai 840 ribu jiwa, dibawah India 2,7 juta jiwa dan China 889 ribu jiwa (WHO, 2018). Selain itu pada tahun 2016 data profil kesehatan Indonesia mencatat bahwa terjadi peningkatan kasus Tuberkulosis di Indonesia khususnya pada masyarakat ekonomi menengah kebawah. Tuberkulosis umumnya menyerang orang dengan usia produktif 15-50 tahun. Semakin memburuknya situasi Tuberkulosis di berbagai wilayah, sejak tahun 1993 WHO (*World Health Organization*) mendeklarasikan Tuberkulosis sebagai kegawatan global (Kemenkes RI, 2011). Pada tahun 2013, Riset Kesehatan Dasar (Riskesdas) menyimpulkan bahwa Tuberkulosis merupakan penyakit paling



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"ETHICAL APPROVAL"**

No: 602/EA/KEPK-FKM/2020

Protokol penelitian yang diusulkan oleh :
The research protocol proposed by

Peneliti utama : SILFIA ADDINA
Principle Investigator

Nama Institusi : Universitas Diponegoro
Name of the Institution

Anggota Peneliti : 1. Dr. dr. SA. Nugraheni, M. Kes
Member 2. Dr. dr. Sutopo Patria Jati, M.M., M.Kes

Dengan judul :
Title

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PENGANTIN DALAM PENYIAPAN STATUS KESEHATAN SEBELUM HAMIL DI KABUPATEN BREBES"**

**"FACTORS ASSOCIATED WITH THE REPRODUCTIVE HEALTH SERVICE NEEDS FOR THE BRIDES AND GROOMS
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Dinyatakan layak etik sesuai 7 (tujuh) Standart WHO 2011, yaitu 1) Nilai Sosial, 2) Nilai Ilmiah, 3) Pemerataan Beban dan Manfaat, 4) Risiko, 5) Bujukan/Eksploitasi, 6) Kerahasiaan dan Privacy, dan 7) Persetujuan Setelah Penjelasan, yang merujuk pada Pedoman CIOMS 2016. Hal ini seperti yang ditunjukkan oleh terpenuhinya indikator setiap standar.

Declared to be ethically appropriate in accordance to 7 (seven) WHO 2011 Standards, 1) Social Values, 2) Scientific Values, 3) Equitable Assessment And Benefits, 4) Risks, 5) Persuasion/Exploitation, 6) Confidentiality and Privacy, and 7) Informed Consent, referring to the 2016 CIOMS Guidelines. This is as indicated by the fulfillment of the indicators of each standard.

Pernyataan Laik Etik ini berlaku selama kurun waktu tanggal 23 Januari 2020 sampai dengan tanggal 23 Januari 2021

This declaration of ethics applies during the period Jan, 23th 2020 until Jan, 23th 2021

Semarang, 23 Januari 2020
Professor and Chairperson,



dr. M. Sakundarno Adi, M. Sc, Ph. D
NIP. 196401101990011001

Determinants of Reproductive Health Services Needs for Brides and Grooms in Brebes District

by Sri Achadi Nugraheni

Submission date: 21-Sep-2021 09:06AM (UTC+0700)

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DETERMINANTS OF REPRODUCTIVE HEALTH SERVICES NEEDS FOR BRIDES AND GROOMS IN BREBES DISTRICT

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ABSTRACT

The utilization of reproductive health services for brides and grooms is still far from the national target (80%), that is 15.8%. This service is deemed lacking in meeting the needs of the bride and groom with various factors. This study aims to analyze the factors that influence the need for reproductive health services for the brides in Brebes District. This research method is quantitative observational research with cross-sectional approach. The population in this research is all brides who have registered in all Religious Affairs Office in Brebes District are 528 people. Primary data were collected through interviews using a structured questionnaire. 165 respondents selected through cluster sampling techniques. Bivariate data analysis was performed by Chi-Square test and multivariate data analysis was performed by logistic regression test. The results of this study indicate that there is a relationship between sex, knowledge, norms and culture of the community, and service technology (p-value <0.05) with the reproductive health service needs for brides and grooms. Meanwhile, the level of education, attitudes, and risk factors are not related to the reproductive health service needs for brides and grooms (p-value > 0.05). The strongest factor affecting the reproductive health service needs for brides and grooms is knowledge (OR = 2.736, 95% CI = 1,383-5,414). The recommendations of this study are service providers conducting surveys and needs for reproductive health services for brides and grooms continuously, branding by involving community leaders and health cadres, and the use of service technology that is practical, interesting and not boring, and can be accessed wherever and whenever they are.

Keywords: Bride and groom, Needs, Reproductive Health services

INTRODUCTION

One area in Central Java Province that has been highlighted by the complexity of the problems of mothers and children in the past 5 years is Brebes District, especially in terms of maternal and infant mortality⁽¹⁾. The cause that influences the high number of maternal health problems in Brebes District is the lack of local government attention to reproductive health for brides and grooms in the premarital period. This can result in a lack of readiness in optimizing health status before pregnancy to prevent maternal and infant death.

Reproductive health services for brides and grooms that will hold marriages are carried out in health care facilities in the form of communication, information, and education (IEC) for sexual and reproductive health for brides and grooms, and health checks. In its implementation, the Ministry of Health collaborates with the Ministry of Religion in the Premarital Course, where reproductive health services for brides and grooms are integrated. The legal basis for this collaboration is Government Regulation No. 61 of 2014 concerning reproductive health and Regulation of the Minister of Health No. 97 of 2014 concerning pre-pregnancy, pregnancy, childbirth, and postnatal health services, provision of contraceptive services, and sexual health services⁽²⁾. Both regulations are strengthened by the existence of Regulation of the Director General of Islamic Community Guidance Number: DJ.II / 542 of 2013 concerning Guidelines for Pre-Marriage Course and MoU Collaboration between Community Health Centre and the Local Religious Affairs Office (KUA) as the service providers^(3,4).

Based on observations of reproductive health services for brides and grooms in Brebes District, the implementation of this service has not been maximized. This can be seen from the proportion of and grooms visits to utilize the service by 15.8%. This proportion has not met the expected visit target, which is 80%. Whereas the reproductive health service program for brides and grooms in Brebes District has been running for the last few years, especially in 2015/2016^(5,6).

During the program carried out in the past 5 years, an evaluation of the effectiveness of its implementation was assumed to be lack. The low active participation of brides and grooms to utilize reproductive health services because of the lack of socialization related to reproductive health services integrated in Premarital Course program. This can be seen from the absence of any promotional media related to this service at the Local Religious Affairs Office (KUA), for example posters, banners, leaflets, or others. On the other hand, some brides and grooms claim that they cannot attend in pairs when utilizing services because one of them does not get permission from the workplace, and almost all brides and grooms who use this service in all Community Health Centre only come to obtain a health certificate as a condition for marriage registration at the Local Religious Affairs Office (KUA), so that brides and grooms seem to be in a hurry and tend not to focus when the service is in progress.

The lack of active participation from the brides and grooms is also due to many brides and grooms assessing that the reproductive health

services they obtain are not in accordance with the needs they feel at the moment. This is because the services provided are limited to providing TT immunization and briefing on reproductive health when Premarital Course is implemented. Short counseling methods like this are assumed to be less effective for brides and grooms because of limited time and situations and conditions that are not conducive, so they are not free to ask.

The brides and grooms assessment of the lack of effectiveness of reproductive health services for them begins with the growing awareness of the brides and grooms partner in fulfilling information related to reproductive health. In terms of information needs, many brides and grooms hope to get wider material to the planning and preparation for pregnancy, as well as how to choose the right method of contraception. In addition, reproductive health services for brides and grooms are aimed more at young populations who are ready to get married, so the educational material provided should take into account the development of reproductive problems among young people and the effect of globalization on changes in sexual culture, as well as addressing concerns about the causes of sexual problems at the level individual and interpersonal⁽⁷⁾.

The information needs of brides and grooms regarding sexual and reproductive health are shaped by their perceptions of current issues related to sexual and reproductive health, as well as gender roles. Meanwhile, the felt need for reproductive health services for the bride and groom is defined as the gap between current service conditions and the expected types and models of services to improve knowledge and skills through providing information to brides and grooms. The needs assessment is important to understand, especially by policymakers and service providers, especially if there is a gap between the needs of the community as users and the priority programs provided by providers^(8,9).

Analysis and identification of felt needs in reproductive health services for brides and grooms is a relevant step to address the challenges of the complexity of women's health, so this has the opportunity to increase the utilization of reproductive health services and reduce maternal and infant mortality. Therefore, it is important to analyze the brides and grooms' needs to find out what needs they are feeling right now, especially in the context of preparing their health status before becoming pregnant, so that the reproductive health service program for the brides and grooms can adjust alternative activities. As for several factors that may influence the felt needs of the brides and grooms for reproductive health services for

brides and grooms in Brebes District according to Andersen, developed by Dever and referring to consumer behavior, such as socio-demographic, socio-psychological, epidemiological, and socio-cultural factors^(9,10). Determinants of the perceived needs of users of reproductive health services used vary, but most use socio-demographic and socio-psychological indicators, while socio-cultural and epidemiological indicators that are also possible to influence reproductive health service needs are still rarely used⁽¹¹⁻¹³⁾.

In the case in Indonesia, a study of factors that influence the reproductive health services need is generally carried out in big cities with the target being adolescents. In contrast to the previous studies, this research was conducted in areas that have specific characteristics, namely high Maternal Mortality Rate [MMR] and Infant Mortality Rate [IMR]. In addition, this research is focused on brides and grooms because they are considered as an individual entering a crucial period with its own dynamics and needs. This study aims to determine the factors that influence the needs of reproductive health services for brides and grooms in preparing their health status before becoming pregnant in Brebes District.

4 RESEARCH METHODS

This research is an observational quantitative study with a cross-sectional approach. This study adopts Alan Dever's health service utilization model which focuses on aspects of consumer needs in health care and consumer behavior models. The independent variables in this study, namely socio-demographic factors (sex and education level), socio-psychological factors (knowledge and attitudes), epidemiological factors (risk factors), and socio-cultural factors (community norms and culture, and service technology). While the dependent variable is the needs of reproductive health services for brides and grooms.

The population of this study are all the brides and grooms who registered their wedding plans in all Religious Affairs Office in Brebes District in July 2019, they are 528 people. The research sample is calculated using the Lemeshow Formula and 165 samples are obtained. Sampling with the cluster sampling technique is based on the division of the region in the Brebes District, namely coastal areas, lowland areas, and mountainous regions. Data collection is carried out with ethical approval by the Health Research Ethics Commission of the Faculty of Public Health, Diponegoro University.

Primary data on gender, education level, knowledge, attitude, risk factors, community norms and culture, service technology, and reproductive health service needs for brides and grooms in

this study are collected through interviews using structured questionnaires that have been tested for validity and reliability. The cumulative results of each respondent are categorized according to operational definitions and the frequency of each category is sought. Next, cross-tabulation is carried out to look for trends of each variable and tested the relationship with the Chi-Square test. Variables that have a meaningful relationship are analyzed again using the logistic regression test to see which variable is most dominant in influencing the needs of reproductive health services for brides through the OR (Odds Ratio) value.

RESULTS AND DISCUSSION

Based on table 1, the majority of respondents who took part in the study are female, totaling 103 people (62.4%). Age classification of respondents

at the time of the study shows that the highest number of respondents is in the age group of 20-25 years with the number of 118 respondents (71.5%), where the majority of the final education level of respondents is equivalent to high school graduation with a total of 62 people (37.6%). Characteristics of respondents from the type of work obtained data that the distribution of respondents' livelihoods, including entrepreneurs (26.7%), labor (23%), planters / farmers (15.2%), civil servants (4.2%), and fishermen (1,8%). However, most respondents do not have a job (29.1%) because the number of female respondents is higher than the number of male respondents and some women choose to stay at home. In terms of access to reproductive health information, as many as 100 respondents (60.6%) stated that they often access reproductive health information through mass media, both print and electronic media.

Table 1. Frequency Distribution of Respondent Characteristics

Characteristics	Frequency (n)	Percentage (%)
Sex		
Male	62	37,6
Female	103	62,4
Age		
<20 years old	6	3,6
20 – 25 years old	118	71,5
26 – 30 years old	41	24,8
Education Level		
Not completing Elementary School	5	3
Graduated from Elementary School	23	13,9
Graduated from Junior High School	52	31,5
Graduated from Senior High School	62	37,6
Graduated from University	23	13,9
Occupation		
Not Working	48	29,1
Labour	38	23
Farmer	25	15,2
Fisherman	3	1,8
Civil Servant	7	4,2
Entrepreneur	44	26,7
Access to reproductive health information through mass media		
Rarely	65	39,4
Often	100	60,6
Total	165	100

Source: Primary research data processed

Hypothesis testing is carried out with two stages of analysis, namely bivariate analysis with Chi-Square test and multivariate analysis through logistic regression tests. Variables that have a significant relationship (p-value <0.05) with the need for reproductive health services for brides and grooms in the bivariate test are declared to

pass the selection of the multivariate test. These variables include gender, knowledge, community norms and culture, and service technology. Meanwhile, the variable level of education, attitudes, and risk factors do not have a significant relationship with the needs of reproductive health services for brides and grooms (p-value > 0.05),

so they do not pass the multivariate test selection. Although the attitude variable in the bivariate test is stated not to be related to the need for reproductive health services for the brides and grooms, the p-value of the variable was <0.25, so that it could be declared to pass the multivariate analysis selection. Therefore, there are five variables that have passed the multivariate analysis selection, namely gender, knowledge, attitudes, norms and culture of the community, and service technology.

In multivariate analysis with the Enter method in table 2, the attitude variable must be excluded because it has a value of p-value = 0.399 (p-value> 0.05) and the greatest value among the other variables. Therefore, the final results of the multivariate analysis obtained four variables that simultaneously influence the need for reproductive health services for brides and grooms with a probability value of 80.32%. The four variables, namely type, gender, knowledge, norms and culture, and service technology.

Table 2. Results of Bivariate Analysis Selection Through Logistic Regression Analysis

Variabel	B	S.E.	Wald	df	Sig.	Exp (B)	95% C.I. for Exp (B)	
							Lower	Upper
Sex	0,836	0,361	5,370	1	0,20	2,308	1,138	4,683
Knowledge	0,963	0,352	7,489	1	0,006	2,620	1,314	5,221
Attitudes	0,298	0,353	0,713	1	0,399	1,347	0,674	2,691
Norms and Culture	0,756	0,360	4,416	1	0,036	2,131	1,052	4,315
Service Technology	0,793	0,353	5,041	1	0,025	2,211	1,106	4,419

Source: Primary research data processed

Table 3: Final Results of Logistic Regression Analysis

Variabel	B	S.E.	Wald	df	Sig.	Exp (B)	95% C.I. for Exp (B)	
							Lower	Upper
Sex	0,861	0,359	5,736	1	0,017	2,365	1,169	4,782
Knowledge	1,006	0,348	8,353	1	0,004	2,736	1,383	5,414
Norms and Culture	0,757	0,359	4,444	1	0,035	2,132	1,055	4,308
Service Technology	0,779	0,352	4,893	1	0,027	2,179	1,093	4,345

Source: Primary research data processed

In this study, the needs of reproductive health services for brides and grooms are divided into 6 sub-needs, namely the needs of the type of service, the needs for service methods, the needs for material services, the needs of the service media, the needs of the service provider, and the needs for the duration of service. The results found that physical examination (95.8%), examination of nutritional status (88.5%), and giving TT immunization (87.3%) are the types of services most preferred by brides and grooms. Meanwhile, the most chosen service method is personal counseling (77%). The most chosen service material by brides and grooms, namely pregnancy planning and preparation (76.4%) and nutrition fulfillment material before pregnancy (71.5%) with film or video service media (69.7%) and service applications via mobile (58.2%). When it is viewed in terms of service providers and service duration, 72.1% of brides and grooms

require service providers who work as doctors with a duration of service delivery of about 1 hour.

Factors That Influence Reproductive Health Service Needs for Brides and Grooms

Sex is a characteristic of respondents from 24h that is divided into male and female⁽¹⁴⁾. The results of this study indicate that there are more female respondents who need reproductive health services for marriage than male respondents. As for the causes found in the field, among others (1) brides are more susceptible to experiencing reproductive health problems than grooms with a ratio of 61:42; (2) brides interests tend to limit discussions about sexual and reproductive health; (3) brides will experience a first pregnancy where this can bring major changes in physical, social, and psychological aspects; and (4) women can be more objective in making decisions about various health service choices according to their felt needs.

However, 30.9% of men are considered as decision makers while women are only as a companion in matters of sexuality and reproduction. This is related to the concept of gender that men feel more powerful, have more power and a higher bargaining position, so that they are more free to make decisions than women^(14,15).

Sex has a significant influence on the need for reproductive health services for brides and grooms (p value = 0.017; Exp (B) = 2.365; 95% CI = 1.169-4.782). This is because the types of health needs between men and women tend to be different, as well as the presence of gender influences that make both have the **own roles and portions of involvement**⁽¹⁴⁾. The **results of this study are in line with the concept of health service utilization**, where sex is a socio-demographic factor as a determinant of needs⁽¹⁰⁾. Based on the results of research in Tehran, sex is related to the need for premarital courses in engaged couples (p value = 0.02)⁽¹⁶⁾. In contrast, different results are shown in qualitative research in Bangladesh, **where sex is not associated with a strong need of sexual and reproductive health services for adolescents** because of **the same needs in counseling material** between boys and girls. Regardless of sex and gender, premarital adolescents prefer the quality of service with experienced officers, stigma does not arise from the officers, and officers can maintain privacy during counseling⁽¹⁷⁾.

Knowledge is the most powerful factor influencing the brides and grooms to the needs of reproductive health services (p-value= 0.004; Exp(B)= 2.736; 95% CI= 1,383-5,414). Brides and grooms' knowledge is needed to determine the level of reproductive health service needs for the bride and groom in accordance with the conditions they feel. Knowledge can be the basis for someone to receive information well. In addition, knowledge is one of the factors that **underlie the search behavior of health services**. **The results of this study are in line with** Notoatmodjo's opinion that someone with a good level of knowledge will behave according to his/ her knowledge. Behavior will be long-term if based on knowledge, awareness, and positive attitude⁽¹⁸⁾.

There is something interesting about the results of the study, where some respondents have good knowledge regardless of their level of education. Respondents' knowledge about reproductive health, preparation of health status before pregnancy and risk factors for pregnancy may not only be obtained through formal education, but can also be obtained from non-formal education. Based on the results of the study, as many as 33 respondents (36.3%) have a good level of knowledge but do not need reproductive health

services for brides and grooms because 60.6% of respondents have obtained information through various health promotion media that developed at this time, both through social media, print media and **electronic media**.

The results of this study are in line with research in the Middle East Region, **particularly in Iran**, where the perspective of **reproductive health education needs of engaged male and female couples** is related to the level of knowledge of reproductive health⁽¹²⁾. Other studies state that the low knowledge of premarital adolescents can influence the fulfillment of reproductive health needs⁽¹⁹⁾. Based on the theory stated by Alan Dever, knowledge is a very important domain in shaping one's perception of what they need. On the other hand, Andersen's theory revealed that knowledge is one of the predisposing factors of one's needs for health services⁽¹⁰⁾.

Other factors in this study that are quite influential on the need for reproductive health services for brides-to-be are socio-cultural factors, namely the community's norms and culture (p-value = 0.035; Exp (B) = 2.132; 95% CI = 1,055-4,308), and service technology (p-value = 0.027; Exp (B) = 2,179; 95% CI = 1,093-4,345). The results of this study prove the theory of consumer behavior about community norms and cultural factors and technology of service which is a reflection of consumer behavior in describing the need for a health service⁽⁹⁾. In the life of society, norms and culture are often seen as obstacles in meeting the needs of the community to obtain adequate and timely health information and services. This is because the existence of norms in the community directly forms the priority scale of needs⁽¹²⁾.

The results of this study reinforce previous qualitative research which states that the need for reproductive health education services for engaged couples is related to the socio-cultural community. Because of cultural traditions and taboo assumptions regarding discussions on reproductive health topics, issues of reproductive health and sexuality tend to be hidden, including during the implementation of premarital courses⁽¹²⁾. An ethnographic study concludes that traditional practices that are thick with the cultural values of previous communities if not accompanied by health workers through counseling, will risk causing misperceptions about the reproductive health needs of the community itself⁽²⁰⁾.

Traditional practices that are thick in the community to date, including the community still considers taboo discussions related to reproductive health, especially for women, and the food taboos culture^(20,21). As many as 96 respondents (58.2%) revealed that the discussion on reproductive

health was not a natural thing for the community in their area and 102 respondents (61.8%) stated that there were several types of food and drinks that were never consumed by women who were preparing for pregnancy. Food taboos culture will be more specific when a woman has entered a pregnancy period, where 46.1% of the people in Brebes District tend to forbid pregnant women from eating shrimp and pineapple. If not addressed wisely, this culture will put women at greater risk during the pregnancy period. This is because certain types of food, such as shrimp, should be good for fetal growth and not consumed, so that the mother and fetus do not get the nutritional benefits from these foods⁽²¹⁾.

The efforts to reduce norms and cultural barriers to meeting the needs of reproductive health services for brides and grooms can be done through the efficient use of technology in service. Research in the field found that reproductive health services for brides and grooms in Brebes District so far have been carried out manually through lecture or counseling methods using leaflets. 65.5% use of leaflets was considered inefficient by brides and grooms because leaflets brought home were often lost due to forgetfulness to save or tear. On the other hand, submitting information manually is considered to require a long time so that information delays can occur (44.2%) compared to the delivery of information through the use of applications on smartphones or websites (77.6%). In this case the lack of technological efficiency in services can reduce the level of reproductive health service needs for brides and grooms.

The results of this study are supported by the results of research in Latin America and the Caribbean, where the fulfillment of reproductive health service needs and the dissemination of information about reproductive health include how much technology is used in services, especially electronic-based information technology (eHealth)⁽²²⁾. Electronic Health (eHealth) refers to health services and the dissemination of health information through the internet or similar technologies, such as the use of mobile phone technology (mHealth). The benefit of eHealth is the achievement of universal health coverage because all levels of society, including people in remote areas, are increasingly made easy to access information and health services according to their needs. This can potentially increase the population's health literacy. In addition, the use of digital technology such as eHealth can support the cost-effectiveness of health services⁽²³⁾. Although there are many benefits of using eHealth, previous studies suggest that there is no relationship between the use of information technology and

the need for reproductive health services. This is because the context of interpersonal relationships in life needs to be considered and greater satisfaction in service tends to occur when users meet with health workers directly⁽²⁴⁾.

New and innovative ways are needed in the delivery of reproductive health information to support the brides and grooms obtain better service. The results found that 49.7% of respondents considered the use of smartphone-based service applications as a good idea as an innovation in reproductive health services for brides and grooms. This is supported by the need for reproductive health services for brides and grooms using online discussion methods (63%) as well as media application services via smartphones (58.2%). The use of smartphone applications, especially for brides and grooms, can facilitate brides and grooms in seeking information about premarital reproductive health and help raise awareness of risk factors for pregnancy and health status preparation before pregnancy, especially related to nutrition during the preconception, whenever and wherever they are.

Factors That Have No Effect on the Need for Reproductive Health Services for Brides and Grooms

Factors that do not affect the need for reproductive health services for brides, namely the level of education, attitudes, and risk factors (p-value > 0.05). The level of education does not affect the need for reproductive health services for the bride and groom because individuals with low or high education levels still need services of the same quality and tend to utilize these services in one room. The attitude shown by brides and grooms at the time of the study also did not show a significant relationship with the needs of reproductive health services for the bride and groom (p-value > 0.05). Although the respondents showed a positive attitude, this did not significantly affect the level of reproductive health service needs for the brides and grooms. Though ideally a positive attitude of brides and grooms can encourage the creation of a strong need for this service.

The research found 33.9% of brides and grooms gave a negative response to the importance of reproductive health services to prepare quality pregnancies. This is driven by discomfort (uncomfortable) when discussing reproductive health with others (30.3%), so that some brides and grooms are encouraged to seek reproductive health information and pregnancy preparation independently via the internet. The consequence is that brides and grooms can draw incorrect conclusions about reproductive

health and preparation for pregnancy, especially if the site accessed is not from an official health sector. The strategy for implementing reproductive health service policies for brides and grooms can be focused on improving brides and grooms attitudes through cross-sectoral cooperation, such as the Premarital Course Program. It can increase knowledge and attitudes about premarital reproductive health and pregnancy preparation for brides and grooms to minimize the cause of death during pregnancy, as well as provide marital relationship satisfaction^(7,25). Nevertheless, this service provider must always pay attention to the educational needs of the brides and grooms in terms of content, counselor, technology use, as well as the time setting of Premarital Course Program.

Another factor that does not affect the need for reproductive health services for the bride and groom, is the risk factor (p -value > 0.05). The absence of a relationship between the two variables is likely because pregnancy risk factors are often not realized by brides and grooms. In this case the brides and grooms tend to pay less attention to health status in the pre-conception period. This lack of awareness is a result of the lack of knowledge and negative attitudes exhibited by the brides and grooms at the time of the study, such as respondents still not correctly answering questions related to the size of Measurement of Upper Arm Circumference which is a risk factor for Chronic Energy Deficiency during pregnancy (44.2%), the portion of Fe tablet consumption to prevent anemia (47.3%), and HIV transmission through syringes (55.2%). This shows that some respondents do not understand about pregnancy risk factors and how to prevent them. In addition, a negative attitude is also shown by some brides and grooms, where they assumed that anemia is not a dangerous health problem (34.5%), the size of Upper Arm Circumference < 23.5 cm would not affect fetal development during pregnancy (44.2%), and the assumption that they do not need to know the signs of Reproductive Tract Infection and Sexually Transmitted Infections (24.2%).

To maximize the use of reproductive health services for brides and grooms, the felt needs of the brides and grooms must be increased first. After that, brides and grooms can be directed to find the right service. Felt needs for reproductive health services for the brides and grooms will arise if they are aware of the importance of premarital reproductive health, so as to minimize the risk factors for pregnancy. Individual awareness in this case is very closely related to the level of individual knowledge, where the higher the individual's knowledge about risk factors and consequences

caused by an illness, the higher the prevention efforts undertaken⁽¹⁸⁾. Therefore, reproductive health service providers need to put more emphasis on the education of brides and grooms about their reproductive health, its influence on pregnancy preparation, and how to make full use of the facilities.

Despite contributing to the current literature, this study has limitations, including the measurement of pregnancy risk factors only by asking general symptoms of several types of risk factors and not making further anamnesis. Checks are only carried out on risk factors for Chronic Energy Deficiency by measuring MUACs on female respondents. In addition, researchers did not conduct an analysis related to respondents' perceptions of reproductive health service needs for brides and grooms.

CONCLUSION

Based on the results of research data and discussions that have been presented, it can be concluded that the need for reproductive health services for brides and grooms, including physical examination services (95.8%), methods of service with personal counseling (77%), educational material in the form of pregnancy planning and preparation pregnancy (76.4%), media services when educated with film and video as the media (69.7%) and smartphone application media (58.2%). Meanwhile, the need for service providers is directed at health workers who work as doctors with a service duration of about 1 hour (72.1%).

Factors related to the need for reproductive health services for brides and grooms in Brebes District (p -value < 0.05), namely (1) Socio-demographic factors, namely gender, (2) Socio-psychological factors, namely knowledge, and (3) Socio-cultural factors, namely community norms and culture and technology in service. Meanwhile, socio-demographic factors from the level of education and socio-psychological factors from attitudes do not show a significant relationship with the need for reproductive health services for brides and grooms in Brebes District (p -value > 0.05). The biggest factor influencing the need for reproductive health services for brides is knowledge (p -value = 0.004; Exp (B) = 2.736; 95% CI = 1.383-5.414).

There are recommendations of the research results that researchers can provide. They are service providers conducting surveys of needs and requests for reproductive health services for brides and grooms continuously, including analyzing the utilization and level of community satisfaction as service users, as an evaluation material to improve service quality. In addition, reproductive health service providers for brides and grooms need to do branding by involving community

leaders and health cares and using service technologies, such as m-learning media that are equipped with educational videos and question and answer forums as a form of service innovation so that brides and grooms can learn about health premarital reproduction and preparation of health status before pregnancy whenever and wherever according to their needs. The researcher also recommends the next researcher to study aspects of the supply of reproductive health services for brides and grooms from the provider's perspective, so that reproductive health services for brides and grooms can develop and provide the best results for integrated reproductive health services.

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