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

Judul Artikel Ilmiah : The Change of Knowledge and Attitude of Bride and Groom Candidate After

Reproductive Health Pre-Marital Course by KUA Officer

Nama semua penulis : Sri Achadi Nugraheni, Martini, M I Kartasurya, I Johan, Reni Pawestuti Ambari, E

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(Article in Press)

All articles in this "Articles in Press" are in the process of editting and layout.

#### Table of Contents

#### **Articles**

Life Skills Education to Improvement of Teenager's Knowledge, Attitude, Self-efficacy and Risk Health Behavior Zahroh Shaluhiyah, Ratih Indraswari, Aditya Kusumawati, Syamsulhuda Budi Musthofa

10.15294/kemas.v17i1.22474 1 Views of Abstract: 102

Behavior Paying Premium to the Independent Participants in Healthcare Social Insurance Administration Office Sylva Flora Tarigan, Marisa Lestary Dondo

10.15294/kemas.v17i1.23301 Views of Abstract: 14

Anti-Tuberculosis Drugs against the Resistance Level of Mycobacterium tuberculosis isolates

Yusup Subagio Sutanto, Magdalena Sutanto Sutanto, Agnes Sri Harti

10.15294/kemas.v17i1.24158 1 Views of Abstract: 16

Z. mauritiana Leaves as Larvasidal Alternatives

Amaliyah Nurul, Aryanto Purnomo, Khayan Khayan, Slamet Wardoyo, Taufik Anwar

10.15294/kemas.v17i1.24377 1 Views of Abstract: 27

Amount of Menstrual Blood and Nutrient Intake with Hemoglobin Level

Izka Sofiyya Wahyurin, Hiya Alfi Rahmah

10.15294/kemas.v17i1.24540 1 Views of Abstract: 15

Relationship between Smoking and Hereditary with Hypertension

Suprapto Suprapto, Trimaya Cahya Mulat, Nur Syamsi Norma Lalla

10.15294/kemas.v17i1.24548 1 Views of Abstract: 13

Altered Baseline of Plasma Glucagon Level in pre-Obese to very Obese Persons

Ronny Lesmana, William Giovanni Mulyanaga, Siti Baitul Mukarromah, Hanna Goenawan, Meita Darmayanti, Adhi sugianli

10.15294/kemas.v17i1.24703 1 Views of Abstract: 22

Dynamic System Model of the Role of Leadership Coaching on Employee Performance

Budi Hartono, Muhamad Erman Darmawansyah, Dinda Iryawati Bedy Saskito

10.15294/kemas.v17i1.25023 1 Views of Abstract: 13

Loving Latctation of Massage Effectiveness to Accelerating Lactation Onset

Rahavu Rudi Htami Rohuna Rohuna



### Vol 17, No 1 (2021): KEMAS

#### JOURNAL CONTENT Search Search Scope ΑII

Remember me

ABOUT THE JOURNAL

Focus and Scope Manuscript Submission

Guide for Authors

Editorial Board

Reviewer Team

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Policy of Screening for Plagiari

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- » By Issue
- » By Author
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Home > About the Journal > Editorial Team

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8/3/2021 Vol 14, No 1 (2018)



HOME AROUT REGISTER CURRENT ARCHIVES ANNOUNCEMENTS Home > Archives > Vol 14, No 1 (2018) Vol 14, No 1 (2018) Table of Contents **Articles** Climatology Influence on Malaria Cases in Alusi Community Health Center, West Southeast Maluku Regency PDF Precede-Procede Analysis of Prenatal Class Plus Model in the Optimization Education of High Risk Pregnancy PDF Muhammad Azinar, Arulita Ika Fibriana, Anik Setyo Wahyuningsih, Mahalul Azam 10-19 10.15294/kemas.v14i1.11532 1 Views of Abstract: 242 | PDF: 264 Side Effects and Determinant of the Use of 3-Month Contraceptive Injection PDF Sari Priyanti, Agustin Dwi Syalfina 20-27 **Nutritional Status and Physical Fitness of Full Day Elementary School Students** PDF Agung Wahyudi, Sofyan Adi Firmansyah, Nguyen Nhat Dong 28-33 **Dust Exposures, IgE Levels, History of Allergy, and Symptoms of Allergy in Poultry Workers** Yuni Wijayanti, Adi Heru Sutomo, Indwiani Astuti, Widya Asmara PDF 34-40 10.15294/kemas.v14i1.10232 1 Views of Abstract: 250 | PDF: 210 **Evaluation of Administrative Service Quality Towards JKN Patient Satisfaction** PDF Molina Indarwati, Phan Thien Phuod 41-48 10.15294/kemas.v14i1.14915 1 Views of Abstract: 198 | PDF: 360 Canavalia ensiformis Protein Extract Effect Toward Serum Lipid Profile of Hypercholesterolemic Sprague Dawley Rat PDF Mira Dian Naufalina, Muchlis AU Sofro, Gemala Anjani 49-55 10.15294/kemas.v14i1.10678 1 Views of Abstract: 221 | PDF: 189 Parity and Maternal Illness and the Incidence of Imminent Abortion PDF Layla Fadhilah Rangkuti, Delfi Lutan, Sri Rahayu Sanusi 56-61 10.15294/kemas.v14i1.11166 1 Views of Abstract: 587 | PDF: 414 Community Understanding of 13 General Messages of Balanced Nutrition PDF Noor Edi Widya Sukoco, Maria Holy Herawati 62-70 10.15294/kemas.v14i1.11800 1 Views of Abstract: 185 | PDF: 205 Correlation between Acute Stroke and Concentration of Creatine Kinase Myocardial Band, Troponin T, Hemoglobin, PDF and Electroyites 71-80 Destika Fahrina, Puji Pinta Sinurat, Aldy Sjarifuddin Rambe Analysis on Factors Related with Treatment Behavior of Pulmonary Tuberculosis Patient PDF Nita Yunianti Ratnasari, Susana Nurtanti 81-89 Position and Chance of Indonesia Family Planing to Achieve RPJMN 2015-2019 and FP2020 Targets PDF Anggriyani Wahyu Pinandari, Siswanto Agus Wilopo 90-98 Improvement of Nutritional Quality of Tuber Flour as Local Food Resource PDF Etty Soesilowati, Nana Kariada Tri Martuti, Octavianti Paramita 99-105 10.15294/kemas.v14i1.12991 1 Views of Abstract: 203 | PDF: 216 Children Under Five Year Mother Class Program to Detect the Children Growth and Development PDF Linda Meliati, Ni Putu Karunia Ekayani 106-114

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Focus and Scope

Manuscript Submission

Guide for Authors

Editorial Board

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Abstracting/Indexing

Policy of Screening for Plagiari

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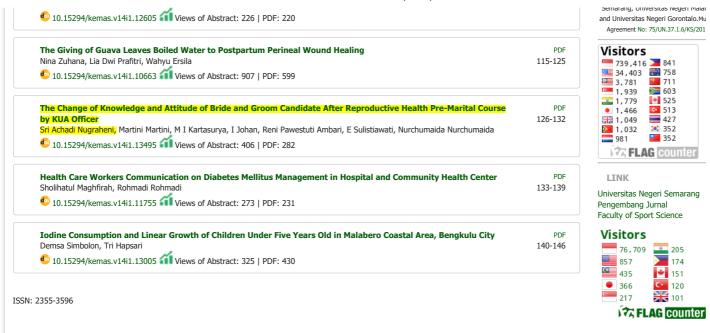
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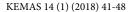
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#### Jurnal Kesehatan Masyarakat



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#### **Evaluation of Administrative Service Quality Towards JKN Patient Satisfaction**

Molina Indarwati¹⊠, Phan Thien Phuoc²

<sup>1</sup>Department Public Health, Universitas Negeri Semarang, Indonesia

#### **Article Info**

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#### **Abstract**

Based on BPJS Kesehatan data, there was a decrease in Participant Satisfaction Index by 0.3% in 2016. The number of outpatient visits in RSUD KRT. Setjonegoro Wonosobo has decreased in 2016. Based on preliminary study, there were problems mainly related to health services provided by RSUD KRT. Setjonegoro Wonosobo. The purpose of this study was to determine how the quality of administrative services affect the satisfaction of JKN patients. This research used qualitative research methods. Data collection was conducted using observation and interview techniques. The results showed that the quality of administrative services in RSUD KRT. Setjonegoro seen from the dimensions of tangibles, reliability, responsiveness, assurance, and empathy is good. All the main informants were satisfied enough with the health services provided by the hospital. The advice given was to improve the performance in by conducting regular evaluation of the services provided.

#### Introduction

Hospital organization that is an provides service, therefore high quality service deliverance is required. If the patients is not satisfied by the service provided by the hospital, they will not come back for another visit. Improving and maintaining the quality of service is the first priority in hospital healthcare management. Several benefits of maintaining a good quality of service are as follows: increases the effectivity and efficiency of the health service, increases people's acceptance towards the hospital health service, and protects the implementation of healthcare service from lawsuit (Firdaus & Dewi, 2014).

There are satisfaction indicators that

can be used to assess the quality of the service. Pasuraman, Zeithaml, and Berry (<u>Linimol</u> & Nair, 2016) divided the dimension of quality of service into several components. These components were known as ServQual (Service Quality). ServQual consisted of the following five dimensions: reliability, assurance, tangibles, empathy, and responsiveness.

According to Pouragha & Zarei (2016), patient satisfaction is the positive or negative attitude that reflects the patient's feeling towards the service. The quality of service is related to cognitive assessment, while patient satisfaction is related to affective assessment. The difference between quality of service as cognitive construct and patient satisfaction as emotional construct

<sup>&</sup>lt;sup>2</sup>Hongbang International University, Vietnam

#### KEMAS 14 (1) (2018) 1-9



#### Jurnal Kesehatan Masyarakat



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## Climatology Influence on Malaria Cases in Alusi Community Health Center, West Southeast Maluku Regency

Semuel Sandy<sup>1⊠</sup>, Ivon Ayomi<sup>1</sup>

<sup>1</sup>Papua Biomedical Research Institute, Indonesia

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#### **Abstract**

The west Southeast Maluku regency is a malaria endemic area with API of 29.99 / 1000 in 2014. Malaria is affected by climatology, therefore climatological changes can be used to predict increase in malaria cases. We used times series study research method of the climatology influence on malaria cases in Alusi Community Health Center. We used secondary data of malaria cases from Alusi Community Health Center and climatologic data (rainfall, wind speed, humidity temperature) from Saumlaki Meteorological, Climatology, and Geophysical Agency. The research was conducted in March-April 2016 in West Southeast Maluku Regency. The data was analysed by linear regression. The proportion of malaria cases was 38.3%; most infection occured in patients over 15 years old (71 cases). The linear regression analysis of climatological influence on malaria cases were as follows: humidity was r=0.382; R=0.146; R=0.220, R=0.172 temperature was; R=0.03; R=0.07; R=0.005; R=

#### Introduction

Malaria is a disease caused by the parasite *Plasmodium* spp. The disease is transmitted by *Anopheles* spp mosquitoes. Globally, malaria is widespread in the area between longitudes  $60^{\circ}$  in the north and  $40^{\circ}$  south, which include more than 100 tropical and subtropical countries. The population at risk for malaria is about 2.3 billion or 41% of the total world population (WHO, 2000).

Totally 3.3 billion people globally are estimated to be at risk for malaria or other disease. 1.2 billion people are at high risk for malaria infection (more than 1 in 1000, of the population infected with malaria annually). Around 198 million cases of malaria occurred

globally in 2013 (uncertainty range of 124 – 283 million) and caused 584,000 deaths (uncertainty range of 367,000 – 755,000). The heaviest burden was in Africa, where it was estimated that 90% of all deaths was caused by malaria infection, and 78% of all the dead was aged under 5 years old. 1.4 billion people from South Asia countries were estimated to be at risk for malaria infection. There were 10 endemic countries with 352 million people at a high risk for malaria infection. The proportion of malaria infection caused by *P. falciparum* and *P. vivax* varied in the region (WHO, 2014).

Malaria is one of the largest cause of death, especially in high-risk groups, which is infants, toddlers, and pregnant women. Malaria



#### Jurnal Kesehatan Masyarakat



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#### Side Effects and Determinant of the Use of 3-Month Contraceptive Injection

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#### Abstract

Acceptor of contraceptive injection increased from 11.7% to 27.8% since 2010-2013. Contraceptive injection of Depo Medroxy Progesterone Acetate (DMPA) is given every 3 months by intramuscular. The long-term use of 3-month contraceptive injetion for more than two years can cause side effects such as menstrual disorders and decreased libido due to accumulation of progesterone hormone in the body that suppressed estrogen effect. This study aimed to analyze the association in long-term use of 3-month contraceptive injetion with menstrual disorders and decreased libido in Puskesmas (Primary health care) Puri, Mojokerto Regency in 2016. The study was observational analytics with cross sectional approach with sample 73 contraceptive acceptors. The data were analyzed by using univariate, bivariate and multivariate analysis with logistic regression and multivariate general model. The results showed that the duration of use of 3-month contraceptive injetion was significant with side effect of menstrual disorders (PR=0.142; 95%CI: 0.040-0.502) and decreased libido (PR=0.275; 95%CI: 0.100-0.756). Conclusion: menstrual disorders and decreased libido associated with the duration of use of 3-month contraceptive injetion.

#### Introduction

The new paradigm of the National Family Planning program has a vision to realize "Keluarga Berkualitas tahun 2015" (Quality Family in 2015). It emphasizes the importance of respecting reproductive rights, as an integral effort to improve the quality of families with the criteria of prosperous, healthy, independent, with ideal number of children, insightful, responsible, harmonious, and devoted to One Almighty God.

KB (Family Planning) is one of the most basic and primary preventive health services for women. Improvement and expansion of family planning services is one of the act to reduce maternal morbidity and mortality that is high due to pregnancy (Kemeterian Kesehatan RI, 2015).

Maternal mortality in Indonesia from

1991 to 2007 decreased from 390 to 228 per 100,000 live births. In 2012 it increased significantly to 359 per 100,000 live births with 52.6% of total deaths from six provinces that is North Sumatra, Banten, West Java, Central Java, East Java, and South Sulawesi. Below graphic shows number of maternal deaths in Indonesia from 1991 to 2012 (Hartanto, 2015).

One of maternal health services in attempt to reduce maternal mortality rate is contraceptive service. Government Regulation of the Republic of Indonesia Number 87 Year 2014 About Population Growth and Family Development, Family Planning, and Family Information System states that Family Planning Program is one of the strategy to reduce maternal mortality, especially mother with 4T condition; too young to give birth (under 20 years old), excess birth frequency, small birth

## The Change of Knowledge and Attitude of Bride and Groom Candidate After Reproductive Health Pre-Marital Course by KUA Officer

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#### 4 Jurnal Kesehatan Masyarakat



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### The Change of Knowledge and Attitude of Bride and Groom Candidate After Reproductive Health Pre-Marital Course by KUA Officer

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#### Abstract

Reproductive health in Indonesia is still very poor, as evidenced by the still high maternal mortality rate (MMR). MMR decline was slow, as well as in the province of Central Java. The highest is in Brebes Regency which has as many as 53 cases of maternal decease. One of the causes of hig 5 MMR is the lack of reproductive health sensitivity of bride and groom candidates. The purpose of this research is to analyze the influence of counseling on bride and ground candidates knowledge and attitude related to reproductive health. This research is a quasi experimental research with pre and post test without control group design. The population was bride and groom candidates listed in KUA of Brebes Regency in July and August of 2017, with a sample of 100 pairs selected according to the inclusion criteria. The interventions in the form of a one-day course by KUA officers on reproductive health with Bride and Groom Candidates Reproductive Healt booklet and flipcharts as the tools. The data of knowledge and attitude are obtained by interviewing 7e bride and groom candidates. Analysis is conducted with Wilcoxon Match Paired Test. The results showed that there is a difference of bride and groom candidates knowledge and attitude before and after intervention (p <0,05), with mean value increased 2.58 points (knowledge) and 3,21 points (attitude). Recommended advised are the pre-marital program socialized by KUA officers is expanded and multiplication of the booklet as a tool for the officers in pre-marital courses implementation.

#### Introduction

Reproductive health in Indonesia is still an apprehensing matter. Based on the 2007 IDHS survey (1994-2007), the MMR is still at 18 per 100,000 live births and in 2012 at 359 per 100,000 live births, whereas the 2015 MDG target is to reduce MMR to 102 per 100,000 live births and the target seems to fail to meet. Observing the slow downward trend of MMR, it is feared that the target of SDGs will not be reached. In 2014 the absolute mortality rate in Indonesia reaches 4925 and in 2015 was 4809.

2015 Central Java health profile indicated that case of deceased mother was 619 cases with MMR 111.16, while highest number in Central Java is on Brebes Regency with 53 cases of deceased mother (Kementerian Kesehatan RI, 2017).

Maternal decease usually occur because they do not have access to quality maternal health services, especially emergency obstetric services due to late identification of warning signs and decisions, late arrivals at health facilities, and late service in health facilities.

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Furthermore, the cause of maternal decease is also inseparable from the mother's condition itself and is one of the 4 "too" criteria, too old at delivery (over 35 years), too young at delivery (less than 20 years), too many children (more than 4 children), too close birth/parity interval (less than 2 years). Sixty-five per cent of maternal decease occurrs at the time of childbirth, at the time of pregnancy of 26.33 per cent, and at the time of delivery of 12.76 per cent. Causes of death are such as bleeding, hypertension, infections and disorders of the circulatory system. Based on the age group, the highest incidence of maternal deaths was in the age of 20-34 years 68.50 percent, then in the age group over 35 years 26.17 percent and in the age group less than 20 years 5.33 percent (Kementerian Kesehatan RI, 2017).

High MMR and all the problem can be caused by the lack of reproductive health education. Reproductive health education has existed in various programs such as youth care service program (PKPR) contributing to adolescents related to knowledge, attitude and activities in maintaining reproductive health in Buleleng sub-district (Wijaya, 2014). The MMR decrease effort needs a great innovation that is supported by many parties. The chain of maternal decease is very possible to be disconnected or prevented from the beginning by taking into account the life cycle of expectant mothers with regard to sexual behavior. The interaction between the expectant mother and the surrounding individual has a major influence to prevent inappropriate sexual behavior (Azinar, 2013). One effective effort is to empower the Office of the Ministry of Religious Affairs in this case the Extension Officers in the religious affairs office (KUA) as individuals who deal directly with the prospective bride. The innovative pre-marital course is one of the strategic actions that have significant leverage for problem solving that improve mother's knowledge to minimize the cause of decease during pregnancy, labor and immediately after childbirth. This is also in line with one of the goals of sustainable development until the year 2030 is about the reduction of MMR, considering that the next generation is determined by the quality of maternal and child health, among others, by improving the

reproductive health quality of the bride and groom.

The purpose of this research is to analyze the difference of knowledge and attitude of the bride candidate related to reproductive health before and after being given intervention in the area of Office of Religious Affairs of Brebes Regency.

#### Method

The research uses quantitative approach, with pre and post test design in one group without control. Interventions were given for a day (3 to 4 hours) of a pre-marital Reproductive Health Course on KUA prepared by a previously trained KUA Officer. The course tools are the reproductive health booklets and feedback sheets for the bride and groom candidate. The target of the intervention is the bride and groom candidate registered in the KUA of Brebes District in July-August 2017. Samples are selected purposively as many as 100 candidates according to the inclusion criteria, which are willing to attend and not pregnant at the time of the course. At the beginning and end of the research, the measurement of knowledge and attitudes of bride and groom related to their behavior about reproductive health and the preparation of family life and prevention of MMR and IMR. The data is taken with interview technique with structured questionnaires that have been tested the validity and reliability. Data analysis was conducted by Wilcoxon match paired test.

#### Result and Discussion

Research with bride and groom candidates respondents registered in KUA Kabupaten Brebes in July and August of 2016 has the following characteristics: most of the respondents were women (61.0t%), bride and groom candidates age were mostly between 21-35 years (75.0%), with the youngest was 17 years old and the oldes was 38 years old. Education of bride and groom candidates, majority of the respondents have graduated from junior high school or equal (32.0%), all bride and groom work mostly as employee in private sector (67%), whether the bride or the groom.

The implementation of pre-marital courses provided by KUA officers for 3-4 hours includes knowledge related to maintaining reproductive health, free sex before marriage

prohibition, tetanus immunization, reproductive organs, SEZ handling, ideal pregnancy, contraception, contraception use plan, fetal development process, late menstruation , pregnancy test, blood pressure measurement, added blood tablet, pregnant women avoid cigarette smoke, and risky pregnancy, performed for one day.

The result of Wilcoxon test shows that there is difference of knowledge of bride and groom candidate before and after intervention in the form of pre-marital course by KUA officer with p value = 0.001 (p <0.05), increase of average value equal to 2.58 points.

There is an increasing knowledge of the bride and groom especially about premarital preparation, nutrition preparation and reproductive organs. This is aligned with research which states that pre-marital education can improve knowledge about reproductive health and couples' readiness significantly for bride and groom candidate (Keshavarz et al., 2013). Respondent knowledge regarding the ideal pregnancy and unwanted pregnancy are also improved. This is in accordance with the recommendation of The International Federation of Gynecology and Obstetrics (FIGO) that adolescents, preconception partners, women preparing for pregnancy, require knowledge preparation on health, particularly about optimum nutrition. Adequate nutrition before preconception is the key to achieve healthy pregnancy, delivery and postpartum. Thus a healthy pregnancy, exclusive breastfeeding success, embryonic growth, fetus and healthy baby can be achieved (Hanson, 2015).

Respondents' knowledge of pregnancy tests, pregnant women should not be exhausted and risky pregnancy are increased after pre-marital courses. Studies by Greenaway also stated that pre-marital education in Sub-Saharan Africa can improve readiness, women's knowledge of the first marriage, and pregnancy preparation. Women who have had reproductive health education are safer than women who have not been exposed to reproductive health education in preparing for their pregnancies (Smith, 2016). The bride and groom have problems at the beginning of the marriage due to the limited knowledge about

having own family and reproductive health, so this period is appropriate to provide education as an effort to improve health status (Giarratano et al., 2010).

Differences of the bride and groom candidate attitude before and after intervention in the form of pre-marital course with p value = 0,001 (p < 0.5) and increase of average value to 3.21 points. Based on the research, respondents have positive attitude regarding reproductive health knowledge, have sex with unauthorized spouse, contraception method usage, pregnancy plan, TT injection, cigarette smoke, pregnant woman's diet, pregnant woman's meal portion, PMS examination, pregnancy warning sign, pregnancy gymnastic, pregnancy examination, and wanted pregnancy. As the knowledge, attitudes consist of various actions, such as receiving, responding, valuing, and being responsible (Rizki, 2012). This indicates that pre-marital course can improve the knowledge, readiness and attitude of the bride and groom candidate. Pre-marital course through discussion class can improve the knowledge, readiness, attitude and behavior of the bride and groom candidate. Through counseling and media tool can minimize the incidence of mortality during pregnancy, delivery to postpartum (Brixval et al., 2016).

Premarital education regarding mother and child health promotion on pre pregnancy, morbidity preventive efforts, complications and mortality incident for the bride and groom, including contraception usage plan, are a strategic effort for social protection to create prosperous and qualified families (Al-Sulaiman et al., 2008; Alswaidi & Sarah, 2009; Ibrahim et al., 2011; Al-Azeem, 2011). Pre-marital education can prevent the occurrence of illness, and preventive efforts to improve mother and baby health (Al-Azeem, 2011). Based on Beamish's review in Ibrahim et al., (2013), free sex before marriage increases the risk of sexually transmitted disease infection. It stated that the bride and groom are in great need of reproductive health information, because it is included in the critical phase in the preparation of pregnancy, childbirth, postpartum and the health of the baby (Ibrahim et al., 2013).

The respondents showed a negative attitude to reproduction organ abnormalities

Table 1. The difference of bride and groom candidate knowledge

| Variable                             | Before |      | After | After |  |
|--------------------------------------|--------|------|-------|-------|--|
| variable                             | N      | %    | N     | %     |  |
| How to take care reproductive health |        |      |       |       |  |
| Know                                 | 57     | 57,0 | 93    | 93,0  |  |
| Doesn't know                         | 43     | 43,0 | 7     | 7,0   |  |
| Pre-marital free sex prohibition     |        |      |       |       |  |
| Know                                 | 24     | 24,0 | 32    | 32,0  |  |
| Doesn't know                         | 76     | 76,0 | 68    | 68,0  |  |
| Tetanus Immunization                 |        |      |       |       |  |
| Know                                 | 46     | 46,0 | 54    | 54,0  |  |
| Doesn't know                         | 54     | 54,0 | 46    | 46,0  |  |
| Reproductive Organs                  |        |      |       |       |  |
| Know                                 | 88     | 88,0 | 99    | 99,0  |  |
| Doesn't know                         | 12     | 12,0 | 1     | 1,0   |  |
| SEZ Handling                         |        |      |       |       |  |
| Know                                 | 68     | 68,0 | 91    | 91,0  |  |
| Doesn't know                         | 32     | 32,0 | 9     | 9,0   |  |
| Ideal Pregnancy                      |        |      |       |       |  |
| Know                                 | 87     | 87,0 | 100   | 100,0 |  |
| Doesn't know                         | 13     | 13,0 | 0     | 0,0   |  |
| Contraception                        |        |      |       |       |  |
| Know                                 | 46     | 46,0 | 37    | 37,0  |  |
| Doesn't know                         | 54     | 54,0 | 63    | 63,0  |  |
| Contraception Use Plan               |        |      |       |       |  |
| Know                                 | 76     | 76,0 | 94    | 94,0  |  |
| Doesn't know                         | 24     | 24,0 | 6     | 6,0   |  |
| Fetal Development Process            |        |      |       |       |  |
| Know                                 | 47     | 47,0 | 72    | 72,0  |  |
| Doesn't know                         | 53     | 53,0 | 28    | 28,0  |  |
| Late Menstruation                    |        |      |       |       |  |
| Know                                 | 32     | 32,0 | 73    | 73,0  |  |
| Doesn't know                         | 68     | 68,0 | 27    | 27,0  |  |
| Pregnancy Test                       |        |      |       |       |  |
| Know                                 | 88     | 88,0 | 96    | 96,0  |  |
| Doesn't know                         | 12     | 12,0 | 4     | 4,0   |  |
| Blood Pressure Measurement           |        |      |       |       |  |
| Know                                 | 76     | 76,0 | 100   | 100,0 |  |
| Doesn't know                         | 24     | 24,0 | 0     | 0,0   |  |
| Added Blood Tablet                   |        |      |       |       |  |
| Know                                 | 76     | 76,0 | 93    | 93,0  |  |
| Doesn't know                         | 24     | 24,0 | 7     | 7,0   |  |
| Pregnant Women Avoid Cigarette Smoke |        |      |       |       |  |
| Know                                 | 79     | 79,0 | 100   | 100,0 |  |
| Doesn't know                         | 21     | 21,0 | 0     | 0,0   |  |
| Risky Pregnancy                      |        |      |       |       |  |
| Know                                 | 77     | 77,0 | 91    | 91,0  |  |
| Doesn't know                         | 23     | 23,0 | 9     | 9,0   |  |

 $Sri\ Achadi\ Nugraheni\ ,\ et\ al\ /\ The\ Change\ of\ Knowledge\ and\ Attitude\ of\ Bride\ and\ Groom\ Candidate$ 

Table 2. Bride and Groom Candidate Attitude Change

| Variable                          | Before |      | After      |       |
|-----------------------------------|--------|------|------------|-------|
| variable                          | N      | %    | N          | %     |
| Reproductive health knowledge     |        |      |            |       |
| Agree                             | 80     | 80,0 | 100        | 100,0 |
| Not Agree                         | 20     | 20,0 | 0          | 0,0   |
| Have sex with unauthorized spouse |        |      |            |       |
| Agree                             | 24     | 24,0 | 32         | 32,0  |
| Not Agree                         | 76     | 76,0 | 68         | 68,0  |
| Reproduction organ abnormality    |        | -    |            | -     |
| Agree                             | 72     | 72,0 | 61         | 61,0  |
| Not Agree                         | 28     | 28,0 | 39         | 39,0  |
| Contraception method usage        |        |      |            |       |
| Agree                             | 53     | 53,0 | 77         | 77,0  |
| Not Agree                         | 47     | 47,0 | 23         | 23,0  |
| Pregnancy plan                    |        |      | ,          |       |
| Agree                             | 38     | 38,0 | 86         | 86,0  |
| Not Agree                         | 62     | 62,0 | 14         | 14,0  |
| ΓT Injection                      |        |      |            |       |
| Agree                             | 73     | 73,0 | 95         | 95,0  |
| Not Agree                         | 27     | 27,0 | 5          | 5,0   |
| Cigarette smoke                   |        |      |            |       |
| Agree                             | 72     | 72,0 | 96         | 96,0  |
| Not Agree                         | 28     | 28,0 | 4          | 4,0   |
| Pregnant woman's diet             |        |      |            |       |
| Agree                             | 52     | 52,0 | 90         | 90,0  |
| Not Agree                         | 48     | 48,0 | 10         | 10,0  |
| Prohibition during pregnancy      |        | ,-   |            | ,-    |
| Agree                             | 17     | 17,0 | 24         | 24,0  |
| Not Agree                         | 83     | 83,0 | 76         | 76,0  |
| Pregnant woman's meal portion     |        |      |            | 70,0  |
| Agree                             | 69     | 69,0 | 97         | 97,0  |
| Not Agree                         | 31     | 31,0 | 3          | 3,0   |
| PMS Examination                   | 31     | 31,0 | <u>3</u>   | 3,0   |
|                                   | 59     | 59,0 | 93         | 93,0  |
| Agree                             | 41     |      |            |       |
| Not Agree                         | 41     | 41,0 | 7          | 7,0   |
| Pregnancy warning sign            | 00     | 88.0 | 02         | 02.0  |
| Agree                             | 88     | 88,0 | 93         | 93,0  |
| Not Agree                         | 12     | 12,0 | 7          | 7,0   |
| Pregnancy gymnastic               | 27     | 27.0 | <i>c</i> - | 65.0  |
| Agree                             | 37     | 37,0 | 65         | 65,0  |
| Not Agree                         | 63     | 63,0 | 35         | 3,5,0 |
| Pregnancy Examination             |        |      | -          |       |
| Agree                             | 78     | 78,0 | 99         | 99,0  |
| Not Agree                         | 22     | 22,0 | 1          | 1,0   |
| Wanted pregnancy                  |        |      |            |       |
| Agree                             | 88     | 88,0 | 92         | 92,0  |
| Not Agree                         | 12     | 12,0 | 8          | 8,0   |

and abstinence in pregnancy. This needs special attention since there might be a misperception to the media, align with Ibrahim's (2013) study stating that the success of the counselor or premarital and genetic preparation educator in providing positive counseling to the bride and groom candidate are influenced by the basic knowledge and skills concerning the theory and practice of counseling and interview skills as well as interventions conducted in Jeddah, thus training of prior knowledge and expertise in pre-marital preparation are required (Ibrahim et al., 2013). In addition to educator, the duration of time in the pre-marital course enables the presence of negative attitudes related to reproductive health because humans need about 3 weeks to adapt to changes (Lally,

The success of the pre-marital course in Brebes District, one of them through booklet media, is aligned with the result of the study that with the use of media minimize the difference of interpretation (Mutmainah et al., 2014), besides graphics media and game stimulation method can support the premarital counseling implementation and adolescent reproductive health improvement ( Ibrahim et al., 2011; Rizki, 2012). It is necessary to follow up in the form of pre-marital education which can be presented massively through other media such as television, radio and magazine so that the purpose of saving mother and baby can be achieved equally, through interesting media that can increase the interest of respondents up to 65% (Al-Aama, 2018, Al-Aama, 2008). Comprehensive program for bride and groom candidate previously is applied by developed countries. The government requires the bride and groom canditate to receive premarital education and reproductive and genetic health examination (Ibrahim et al., 2011, Serjeant et al., 2017).

#### Conclusion

The intervention of pre-marital preparation education for bride and groom candidate has significant influence in improving knowledge and attitude, therefore it will improve the quality of information transfer (transfer of knowledge), public health status monitoring, particularly in the effort to save mother and baby, MMR and IMR decrease,

achievement of Family Planning, improving the quality of family life, improving understanding and knowledge regarding family life in the build of sakinah, mawaddah, warrahmah family and reduce the number of dispute, divorce, and domestic violence. The results of the study can be used as a policy recommendation (public policy brief) related to the program of Premarital Course.

Advised recommendations are premarital course socialization by KUA officers is expanded and the booklet as a tool for the KUA officers to implement pre-marital course is multiplied. For the Diponegoro University Public Health Faculty and other Institutions related to mother and child health, there needs to be continuous research on counseling and media distribution in other forms related to pre-marital preparation and reproductive health of the bride and groom, as well as media content improvement.

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# The Change of Knowledge and Attitude of Bride and Groom Candidate After Reproductive Health Pre-Marital Course by KUA Officer

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