

## RESEARCH STUDY

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# Implementation of Premarital Counseling Description in Grobogan District, Central Java, Indonesia

## Gambaran Implementasi Kursus Pranikah di Kabupaten Grobogan, Jawa Tengah, Indonesia

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### ABSTRACT

**Background:** Pre-marital period is the best time to prepare for the quality of family health; however, In Indonesia, examinations and promotion of reproductive health and pre-marital counseling have yet to be carried out in all districts.

**Objectives:** This study aimed to identify the description of reproductive health services and marriage counseling in Grobogan Regency, Central Java.

**Methods:** This study used an assessment method of the implementation of the Reproductive Health Service Program for the bride, which includes IEC (Communication, Information, and Education) and medical examination of the bride and groom by health workers conducted in community health centers (Puskesmas) and other health care facilities, and office of religious affair (KUA), with the In-depth Interview Method. The subject was the KUA Officer under the Department of Religious Islamic Education in the Marriage Guidance program.

**Results:** The interviews with KUA officers obtained results in 2017. There were still underage marriages, and the number increased in 2018. Prospective brides have submitted forms (N1, N2, N3, and N4) to KUA. Most of the brides were not physically examined (pulse, breathing frequency, blood pressure, body temperature) by health workers (63.7%), and blood groups were not examined (91.4%). Half of the respondents examined blood sugar, HIV, IMS, Hepatitis, and TORCH (56.8%). The bridegrooms were not examined for mid-upper arm circumferences (MUAC) (17.2%) and for signs of anemia (8.6%). The brides were not immunized against Hepatitis B (72.4%). Almost all brides get TT immunization at the Puskesmas (94.8%). Health workers stated that only some brides had been getting counseling about the bride's mental health (29,3%). Only 17.2% of the officers stated that the bride still needs to get a certificate of following the reproductive health IEC.

**Conclusions:** KUA has conducted pre-marriage courses for couples according to the rules of the Ministry of Religion. Some PUSKESMAS had carried out activities for the bride and groom on a scheduled basis (for example, every Tuesday/Wednesday) but have not been carried out routinely, even stopped due to budgetary problems. The certificate is given after the bride and groom take the marriage guidance course, but it has yet to be required for marriage registration.

### INTRODUCTION

Premarital is the best time to prepare for physical, psychological, and social conditions. Medical examination programs, premarital counseling, and promotion of reproductive health for the bride are ways to establish family health quality and harmonious marriage<sup>1</sup>. In this case, pre-marriage class is an effort and form of government attention to reducing divorce rates aiming to improve household harmony so that indirectly improve the health status of the family<sup>1</sup>.

In addition to services provided by the community health center (PUSKESMAS) to couples about reproductive health, the Ministry of Health, in

cooperation with the Ministry of Islamic Religion, introduced Marriage Guidance Program with a two-hour reproductive health program from a sixteen-hour Marriage Guidance Program (MGP). Currently, the MGP has been implemented in 34 provinces and is mandatory for all couples who plan to get married<sup>2</sup>.

One of the strategic issues in 2020 is the optimal quality of health services to support human development quality with the theme "Improving the quality of human resources through qualified and affordable education and health services<sup>3</sup>. Improved health status can be achieved by promotion, prevention, healing, and rehabilitation in health development,

implementing a healthy paradigm (addressing stunting, GERMAS, PHBS, Posyandu), improving women's quality of life and gender equality, protecting women and children, and accelerating the achievement of Child-Friendly Districts in the context of fulfilling children's rights<sup>3</sup>.

Meanwhile, the priority policy of Grobogan Regency Development in 2020, referring to the vision of the local government of Grobogan Regency, states that realizing the Grobogan Regency is a comprehensively prosperous society (Regional Development Planning Agency of Grobogan). Furthermore, local government policies in the health sector stated in the 4<sup>th</sup> mission is to improve services and quality of education and empower the community in health, youth sports, family planning, and other essential social services. The health sector aims to improve health quality and status among the community through improved hygiene and healthy behavior, human health resources quality, and health management<sup>4</sup>.

The head of the Social Welfare sub-sector of the Regional Development Planning Agency of Grobogan confirms support for the implementation of pre-marriage/bride courses, as Grobogan Government has issued a related policy. The policy prioritizes health sector development by synergizing and optimizing stakeholders in a joint effort to reduce MMR (Maternal Mortality Rate) and IMR (Infant Mortality Rate), including providing a budget for hemoglobin (Hb) screening related to the prevention of anemia in adolescents, according to their respective duties, functions, and authorities<sup>5</sup>.

Given this situation, this study aimed to describe reproductive health services and marriage counseling in Grobogan District, Central Java, and to know the role of services in providing reproductive health and marriage counseling.

## METHODS

The study was conducted in Grobogan Regency, Central Java Province, because Grobogan District had a high enough MMR, IMR, and Malnutrition. This quantitative study aims to identify the description of

reproductive health services and marriage counseling in Grobogan Regency, Central Java. This study used an interview using a questionnaire to assess the implementation of the Reproductive Health Service Program for brides-to-be that include IEC (Communication, Information, Education) and medical examinations of brides by health workers, both at health centers, other healthcare facilities, and the Office of Religious Affairs (KUA). Questionnaires and interviews with KUA officers and Puskesmas officers carried out data collection. The data collected includes data about the bride and groom course program, such as whether or not the bride and groom have done the course, the modules and materials provided at the time of the course, and the certificate of having attended the course. The subject of this research was officers of KUA, an institution under the Department of Religious Education that provides a marriage guidance program (MGP), KUA officers/Naib, counseling officers of BP4, and health workers in PUSKESMAS in Grobogan Regency and the total number of samples in this study was 73 people. Those 73 people are KUA officers, as many as 15, consisting of religious leaders, religious extension workers, compilers of guide materials, and administrators. There are 58 Puskesmas officers consisting of the Head of the Puskesmas, Coordinator Midwives, Implementing Midwives, and Doctors

## RESULTS AND DISCUSSION

Table 1 shows that the number of underaged marriages increases from 2017 to 2018. The table shows an increase in underage marriages from 102 in 2017 to 130 in 2018. In conducting MGP for bridegrooms and courses for marriage age, reproductive health-related subjects were delivered as one of the pillars of the *sakinah* family, which established happiness and the family's future. Therefore, the newlyweds should be provided with knowledge about the family's reproductive health and sexual relations in Islam to be equal and dignified<sup>6</sup>.

**Table 1.** Characteristics of marriage in Grobogan District

The number of	Year	
	2017	2018
Marriage		
Number of marriages	10.201	13.915
Under aged Marriages	102	130
Marriage Guidance Participants (People)		
MGP courses (face-to-face)	2.100	1.420
Independent MGP courses	350	360
Teenage Age of Marriage	0	100

The PUSKESMAS staff interviewed mainly were (46.5%) PUSKESMAS head office and 46.5% were midwives' coordinators, and half of them were women (67.2%) (Table 2). Support provided by PUSKESMAS in implementing marriage guidelines was focused more on counseling related to couples getting immunization and reproductive health services. Midwives' advice about

health checks and reproductive health counseling was delaying pregnancy if the bride is too young, in danger of 4T pregnancy, HIV, and childbirth. KUA was conducted every two weeks and once a week, but counseling by the PUSKESMAS was on a day-to-day basis. Counseling was done when there was a bride who registered at KUA.

**Table 2.** Characteristics of officers of KUA and PUSKESMAS of Grobogan District

Position		n	%		
A. KUA Officers (n=15)					
Religious Leaders		7	46.7		
Religion Extension Workers		3	20.0		
The compiler of Guiding Materials		3	20.0		
Administrator		2	13.3		
B. Community Health Center(n=58)					
Head of Community Health Center		27	46.6		
Midwife Coordinator		27	46.6		
Implementing Midwife		3	5.2		
Medical Doctor		1	1.7		
Gender	Male		Female		
	n	%	n	%	
KUA Officers		15	100.0	0	0
Community Health Center		19	32.8	39	67.2

Some material on reproductive health has been provided as marriage guidelines, including (1) Differences in organs, functions, periods, and reproductive effects on men and women, rights and obligations; (2) Male and female reproduction, family planning; (3) Islamic guidelines related to reproduction and family planning. In its implementation, the media used were added pictures of female and male reproductive organs, flip-chart paper, meta plan paper, HVS paper, large markers, small

markers, pens, LCDs, laptops, and balls. The training was carried out for 2 hours (120 minutes).

Regarding the marriage course, all officers (100%) stated that they had held the course and attended the couples. However, 86% stated that participants who participated in the marriage course received certificates from the organizers, but 66% stated that the certificate had not been used as a requirement for marriage registration at KUA (Table 3).

**Table 3.** Answers distribution given by KUA officer upon candidate program

No	Question	Distribution of Answer (n=15)					
		Yes		No		No Answer	
		n	%	n	%	n	%
1	The bride and groom gave form N1 to the KUA officer to register the marriage.	15	100.0	0	0.0	0	0.0
2	The bride and groom have given the N2 form to the KUA officer to register the marriage	15	100.0	0	0.0	0	0.0
3	The bride has given the N3 form to the KUA officer to register the marriage	15	100.0	0	0.0	0	0.0
4	The bride has given the N4 form to the KUA officer to register the marriage	15	100.0	0	0.0	0	0.0
5	The bride has given other forms to the KUA officer to register the marriage	12	80.0	0	0.0	3	20.0
6	KUA has carried out bride and groom course activities (bride and groom courses)	15	100.0	0	0.0	0	0.0
7	Candidate course activities are followed by both brides and grooms	15	100.0	0	0.0	0	0.0
8	Combined bride and groom course activities have been held with other sub-districts	15	100.0	0	0.0	0	0.0
9	Participants who have participated in the bride and groom's course activities receive a certificate from the organizer	13	86.7	1	6.7	1	6.7
10	Certificates of bride-to-be course activities become a requirement for marriage registration at KUA	10	66.7	5	33.3	0	0.0
11	Prospective brides who carry out bride and groom courses receive the book Sakinah Family Foundation published by the Ministry of Religion	15	100.0	0	0.0	0	0.0
12	KUA officers give material exposure to marriage guidance policy to prospective brides in bride and groom course activities	15	100.0	0	0.0	0	0.0
13	Introductory material for the presentation of expectations and learning contracts given by KUA	10	66.7	4	26.7	1	6.7

No	Question	Distribution of Answer (n=15)					
		Yes		No		No Answer	
		n	%	n	%	n	%
	officers to prospective brides in the bride and groom course activities						
14	Material preparing for the sakinah family is given by the KUA officer to the bride and groom in the bride and groom course course	15	100.0	0	0.0	0	0.0
15	KUA officers give material to build relationships in the family to prospective brides in bride and groom course activities	15	100.0	0	0.0	0	0.0
16	KUA officers give material fulfilling family needs to prospective brides in bride and groom course activities	15	100.0	0	0.0	0	0.0
17	KUA officers provide material for maintaining reproductive health to prospective brides in the bride and groom training course activities	12	80.0	3	20.0	0	0.0
18	KUA officers give material preparing quality generations to prospective brides in bride and groom course activities of	15	100.0	0	0.0	0	0.0
19	KUA officers give reflection, evaluation, and post-test materials to prospective brides in bride and groom courses	13	86.7	0	0.0	2	13.3
20	KUA Officers provide introductory letters for prospective brides who will participate in IEC reproductive health in PUSKESMAS	7	46.7	7	46.7	1	6.7

The bride and the groom must complete several forms before the official marriage. The forms include N1 (marriage application), form N2 (marriage request), form N3 (bride's consent), and N4 (parental consent). All officers (100%) stated that the bride submitted the completed form to the KUA (Table 3). Other information gathered showed that: (1) KUA provided counseling based on a religious point of view, while PUSKESMAS was responsible for providing reproductive health, (2) Not all KUA worked in cooperation with PUSKESMAS, (3) Some KUA had planned activities for the couples on a day every week (Tuesday, Wednesday), but could not be conducted routinely, as budget constraints.

Data gathered from PUSKESMAS workers concluded that more than 90% stated that physical health

checks were carried out by health workers (93.1%), brides had medical examinations by health workers (94.8%), brides had nutritional status examinations by health workers (91.3%), and almost all health workers provide immunizations for the bride (98.2%). A description of the distribution of answers to the questionnaire from PUSKESMAS health workers is shown in Table 4. Examination performed on the couples must cover four components; anamnesis by health workers, doctors, or nurses; physical examination including nutritional status; laboratory examination; and TT (Tetanus Toxoid) immunization. However, data showed that most of the brides were not physically examined (pulse, breathing frequency, blood pressure, body temperature) by health workers (63.7%) and did not have their blood groups checked (91.4%) (Table 4).

**Table 1.** Distribution of answers from health center respondents

Questions	Distribution of Answer (n=58)						
	Yes		No		No Answer		
	n	%	n	%	N	%	
1	Health Worker receives a cover letter from KUA given by prospective brides	34	58.6	24	41.3	0	0.0
2a	Physical examination facilities provided by health personnel to prospective brides in the process of bride and groom courses	54	93.1	2	3.4	2	3.4
2b	health professionals provide laboratory support facilities to prospective brides during bride and groom courses.	55	94.8	2	3.4	1	1.7
2c	Health workers give facilities for checking the nutritional status of prospective brides in the process of bride and groom courses	53	91.3	4	6.8	1	1.7

Questions	Distribution of Answer (n=58)						
	Yes		No		No Answer		
	n	%	n	%	N	%	
2d	Immunization facilities provided by health personnel to prospective brides in the process of bride and groom courses	57	98.2	-	-	1	1.7
3a	Physical examination of the pulse is carried out on the bride and groom at the PUSKESMAS.	51	87.9	5	8.6	2	3.4
3b	Is the physical examination of the frequency of breath carried out on the bride and groom at the health center	53	91.3	4	6.8	1	1.7
3c	Physical examination of blood pressure is carried out on the bride and groom at the PUSKESMAS	53	91.3	3	5.1	2	3.4
3d	Physical examination of body temperature carried out on the bride and groom at the health center	53	91.3	4	6.8	1	1.7
3e	A full-body physical examination is performed on the bride and groom at the PUSKESMAS	37	63.7	18	31.0	3	5.1
4a	Investigation (laboratory) of hemoglobin (Hb) is carried out on the bride and groom at the PUSKESMAS	51	87.9	6	10.3	1	1.7
4b	Investigation (laboratory ) of blood type is performed on brides at the PUSKESMAS	53	91.3	5	8.6	0	0.0
4c	Examination (laboratory) of certain conditions (such as blood sugar, HIV, STI, Hepatitis, TORCH, etc. carried out on the bride and groom at the PUSKESMAS	33	56.8	23	39.6	2	3.4
5a	Examination of the nutritional status of the body is carried out on the bride and groom at PUSKESMAS	56	96.5	2	3.4	0	0.0
5b	Examination of the nutritional status of the height is carried out on the bride and groom in the PUSKESMAS	58	100.0	0	0.0	0	0.0
5c	Examination of the LILA nutritional status (upper arm circumference) is carried out on the bride and groom in the PUSKESMAS	48	82.7	10	17.2	0	0.0
5d	Examination of nutritional status signs of anemia are performed on prospective brides at the PUSKESMAS	53	91.3	5	8.6	0	0.0
6a	Hepatitis B immunization is performed on a bride in a PUSKESMAS	8	13.7	42	72.4	8	13.7
6b	Tetanus immunization (TT) is performed on brides at the health center	55	94.8	2	3.4	1	1.7
7a	Reproductive health knowledge material is given to prospective brides in IEC reproductive health	58	100.0	0	0.0	0	0.0
7b	Knowledge material about pregnancy is given to the bride and groom in IEC reproductive health	56	96.5	1	1.7	1	1.7
7c	A disease that needs to be watched out for is given to the bride and groom in KIE reproductive health	55	94.8	3	5.1	0	0.0
7d	Mental health material is given to the bride and groom in IEC reproductive health	38	65.5	17	29.3	3	5.1
8	Health workers provide a certificate of immunization to prospective brides	53	91.3	2	3.4	3	5.1

Questions	Distribution of Answer (n=58)					
	Yes		No		No Answer	
	n	%	n	%	N	%
9 Health workers provide a certificate to the bride and groom who have participated in IEC reproductive health	47	81.0	10	17.2	1	1.7

Half of the respondents (56.8%) examined their blood sugar, HIV, IMS, Hepatitis, and TORCH (56.8%). Not all brides were thoroughly examined for their nutritional status, but only a few brides were not examined for nutritional status of body weight (3.4%), brides have not examined for LILA (17.2%), and brides were not examined for their nutritional status showing signs of anemia (8.6%) (Table 4).

Most of the brides (72.4%) were not immunized against Hepatitis B, but almost all (94.8%) were immunized against TT in PUSKESMAS, and > 94% of the brides were given the material on reproductive health, pregnancy, and diseases that need to be taken care by the brides. Health workers stated that not all brides (29.3%) had received counseling about the bride's mental health, and only 17.2% of officers stated that the bride did not receive a certificate, had attended premarital counseling, and had received immunizations and the certificate followed the KIE.

#### Description of the Implementation of the KUA Marriage Program

This condition was not entirely under the Director General of Islamic Community Guidance regulations of the Ministry of Religion Number: Dj. li / 542 of 2013 concerning Guidelines for Implementing the Pre-Marriage Program to secure sakinah, mawadah, and adolescent teenagers who will get married. The certificate could be used as proof of attending the course and completing the marriage document.<sup>7</sup> All officers (100%) stated that they had delivered material about sakinah families and gave the couples the Sakinah Family Foundation Book.

Regarding reproductive health, husband and wife they had an equal role in obtaining reproductive and sexual rights. The reproductive rights are: (1) Have the same right in deciding when to have children, how many children, and birth interval, (2) Get complete information about sexual and reproductive health as well as the side effects of drugs, tools, and medical measures used to treat sexual and reproductive health problems, (3) Get complete and accurate information about sexually transmitted diseases so that the couples are protected from sexually transmitted infections (STIs) as well as reproductive tract infections (RTI) and understand how to prevent their transmission that can affect sexual and reproductive health for men, women, and their descendants, (4) Get influential family planning information and services that are affordable and can be received as desired without coercion, (5) Women have the right to receive necessary reproductive health services which enable them to be healthy and safe in undergoing pregnancy, and giving birth, and having a healthy baby (6) Marriage relationships must be based on

mutual respect for each partner and carried out in conditions and desired time together without an element of coercion, threats, and violence<sup>8</sup>.

#### Overview of Program Implementation for Couples from the Community Health Center Side.

One of the strategic issues in 2020 is the optimal quality of health services to support human development with the themes "Improving the quality of human resources through quality and affordable education and health services." The priorities are: (1) Improving health status through promoted, preventive, curative, and rehabilitative efforts in health development as well as through increased efforts to implement a healthy paradigm (dealing with stunting, GERMAS, PHBS, PUSKESMAS's role), (2) Improve the quality of life of women and gender equality, protect women and children, and accelerate the achievement of the Child-Friendly District in the context of fulfilling children's rights<sup>3</sup>.

The results show that not all brides and grooms have done a physical examination, health check, nutritional status check, and immunization. Not all brides and grooms have their blood checked, including blood sugar, HIV, STI, Hepatitis, and TORCH checks. This is contrary to the Central Java Governor Regulation No. 17 of 2016 concerning the Implementation of Maternal and Child Health in Central Java Province that the health check-up of the prospective bride and groom is a preventive effort according to article 7, paragraph 2. One way to realize the quality of human resources through improved health status, quality of life for women, and gender equality was by understanding and practicing reproductive health for prospective brides and premarital children.

Reproductive health is a comprehensive physical, mental, and social state and is not merely free of disease or disability - in all matters relating to the reproductive system and its functions and processes<sup>9</sup>. Therefore both men and women have the right to (a) get information and have access to safe, effective, affordable, and acceptable family planning methods for fertility arrangements that do not violate the law; and (b) access appropriate health services so that women can safely undergo pregnancy and childbirth to have a healthy baby<sup>10</sup>.

Quality reproductive health services must respect the community's religious, ethical values, and cultural background and comply with universally recognized international human rights standards<sup>8</sup>. The International Conference on Population and Development (ICPD) Program of Action held in Cairo, Egypt, in September 1994 stated several forms of reproductive health services, such as counseling,

information, education, communication, and family planning services, as well as education and services for prenatal care, safe delivery, and postpartum care, and health care for babies and women<sup>11</sup>.

This marriage coaching is a national activity carried out under the regulation of the Director General of Islamic Community Guidance number 379 of 2018 concerning guidelines for implementing Marriage Guidance for prospective brides. Another goal is to reduce the number of disputes, divorces, and domestic violence<sup>7</sup>. This premarital test was carried out once the married couples noticed their intended marriage to KUA. The duration of the guidance process could be conducted in five or two weekly meetings. This was following the regulation of the Director General of Islamic Community Guidance Ministry of Religion Number: DJ.II / 491 of 2009 concerning Candidate Courses. Premarital guidance material includes reading the KKUAN, Tawhid, points of worship, Taharah, prayer, munakahat (marriage), KUA, rights and obligations of husband and wife, and daily prayer<sup>12</sup>.

The premarital guidance was intended to make the couples aware of Islamic law in general and provide knowledge to the couples about the meaning of marriage to reduce divorce rates. The pre-Marriage course aimed to provide married adolescents with knowledge, understanding, skills, and awareness about married life and family life. This course was given to married brides of Muslim aged at least 19 years old and 16 years<sup>2</sup>. This premarital course could be delivered by family consultants, religious leaders, psychologists, and professionals in their fields (midwives, doctors). The premarital materials, if grouped, have three divisions:

#### **a. Basic group**

The Policy Ministry of Religion on Fostering Sakinah Families, Policy of the Dirjen of Islamic Education on the Implementation of Pre-Marriage Programs, Regulations on Marriage and Family Development, Munakahat Law, and Marriage Procedures

#### **b. Core group**

Implementing family functions, caring for love in the family, conflict management in the family, marriage, and family psychology

#### **c. Supporting group**

Andragogy Approach, SAP Compilation (Learning Activities Unit), Micro Teaching, Pre-Test and Post-Test, Task/Action Plan.

Implementing the pre-marriage courses was critical in providing knowledge, skills, and awareness to married adolescents about domestic and family life. Premarital courses allowed all young people of married age to participate and could join any time by registering in the district's KUA. During the pre-marriage course, officers provided materials on reproductive health. Some material on reproductive health was provided during the pre-marriage course, including differences in organs, functions, periods, and reproductive effects on men and women, rights and obligations; male and female reproduction, family planning; and Islamic guidelines related to reproduction and family planning<sup>6</sup>. This study shows that most health center respondents (>80%) get a

physical examination and nutrition counseling. More than 60% of KUA officers stated they had provided materials on reproductive health and sakinah family.

In its implementation, the media used were pictures of female and male reproductive organs, flipchart paper, meta plan paper, HVS paper, large markers, small markers, pens, LCDs, laptops, and balls. The training was carried out for 2 hours/session. However, the results of the interviews and the questionnaires suggested that the implementation was not following the regulations because of budget constraints, and the bride and groom were pregnant when registering at KUA<sup>7</sup>.

If KUA did not ask for reproductive health advice related to the bride to the PUSKESMAS, the counseling would not have been carried out, as not all KUA had an MOU with the PUSKESMAS to conduct the pre-marriage course. The pre-marriage course extension was carried out in the hall by gathering them together. PUSKESMAS could not provide reproductive health counseling under the existing regulations, and counseling could not be maximized and free because of the workload of PUSKESMAS's officers, but when officers provided TT immunizations for the bride, they still provided information about reproductive health to the bride.

Furthermore, the anemia status of the brides had to be identified before marriage to prepare for pregnancy and childbearing. In addition to anemia, health status needed to be checked, including physical preparation (physical health status of the couples), nutritional preparation (Fe-containing Tablets and folic acid), preparation of TT immunization for brides, and maintaining the cleanliness of reproductive organs<sup>13</sup>. In the health examination, the examination carried out was vital signs (temperature, pulse, respiratory frequency, and blood pressure), routine blood tests (Hb, platelets, leukocytes), blood tests recommended were Rhesus Blood Type, Blood Sugar When, Thalassemia, Hepatitis BC, and TORCH (Toxoplasma Rubella Cytomegalovirus and Herpes Simplex), and routine urine examinations<sup>14</sup>. Data showed that more than half of respondents were examined for blood sugar, HIV, STI, Hepatitis, and TORCH (56.8%).

Health workers at the PUSKESMAS had carried out premarital health checks for couples. The premarital examination is a precautionary measure that must be taken to prevent health problems for couples or future offspring, which has some benefits, such as preventing diseases for future babies, such as thalassemia, diabetes mellitus, and other diseases. The premarital examination is done to identify the case history of the couple so that there are no regrets later, especially for the history resulting in offspring. Make the bride more stable, more open, and more confident with each other about their medical history<sup>15</sup>.

## **CONCLUSIONS**

KUA has conducted pre-marriage courses for couples according to the rules of the Ministry of Religion with materials covering the religious concept of the sakinah family, reproductive health containing reproductive rights from the point of view of Islam in the 120 minutes per session. Some PUSKESMASs have carried

out activities for the bride and groom on a scheduled basis (for example, every Tuesday/Wednesday) but are no longer carried out routinely, even stopped due to budgetary problems. The certificate is given after the bride and groom take the marriage guidance course, but it is not yet required for marriage registration. A KUA has an MOU with a PUSKESMAS as a basis for conducting reproductive health services for prospective brides together and enforces rules for brides who do not attend the service and are not given a marriage book.

Delivering material by KUA related to Sakinah, Mawadah, and Waromah families must be linked to reproductive rights. MOU between KUA and the PUSKESMAS must be established so prospective brides' reproductive health services can run well. Local governments have provided financial support so that the activities of reproductive health services for prospective brides can be scheduled. A certificate course can be treated as a condition for marriage registration at KUA. PUSKESMAS and DP3AKB assist/provide material about reproductive health not only when there are course activities for prospective brides but are targeted at premarital adolescents and given the authority to "test the knowledge" of participants in reproductive health material. They are adding a "form" that must be answered by the bride and groom containing questions about reproductive health, where the results of these answers become the basis for health workers to explain things that the bride has not understood—utilizing and optimizing the SIMKAH (Marriage Management Information System) which contains a marriage management application system. SIMKAH is a Windows-based Computer Application program that is useful for collecting Marriage data from all Religious Affairs Offices (KUA) in the Territory of the Republic of Indonesia online. The data will be stored securely in the local KUA in Regencies / Cities in Regional Offices, Provinces, and the Bimas Islam and supplemented with data on prospective brides 'counseling (counseling on prospective brides' reproductive health, blood, and urine examinations, physical examinations, nutritional status checks). MOU between Puskesmas and KUA in assisting prospective brides in a comprehensive, holistic, and sustainable manner so that the management of the prospective bride is not missed. Application of PUP and the distance between pregnancy and the next child more than two years at EFA at a young age There is a need for pre-marriage courses for adolescent marriage age that are programmed under the Regulation of the Director General of Islamic Community Guidance Number: DJ.II / 542 of 2013 concerning Guidelines for Organizing Pre-Marriage Courses

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