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EFFECTIVENESS OF REPRODUCTIVE AND SEXUAL HEALTH PROGRAMS FOR PROSPECTIVE BRIDGES (CATIN) IN IMPROVING CATIN'S KNOWLEDGE AND ATTITUDES OF CATIN IN GUNUNGSARI PUBLIC HEALTH CENTER IN 2018 (Effectivity of Premarital Counseling on Health Reproduction Knowledge for the Future Bridge in Gunungsari)

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Abstract: Reproductive and sexual health program for prospective brides is one of programs implemented by government where these activities are aimed at women from adolescence before pregnancy prepare women to become healthy pregnant women and ensure health of mothers so that they can give birth to a healthy and quality generation. Purpose: This study aims to determine effectiveness of the implementation of IEC program on sexual and reproductive health of bride and groom at Gunungsari Public Health Center in 2018. Methods: This study was conducted with a cross-sectional design with a case-control approach, sampling technique used was proportional random sampling. Data collection was carried out on 38 primigravida pregnant women who visited the public health center with a history of participating in IEC catin program as observation group and 38 respondents from primigravida mothers with a history of not participating in KIE catin program as control group. Then data were analyzed by using chi-square. Results: Results showed that knowledge of sexual and reproductive health in two groups did not have a difference (p = 1,000), as did catin's attitudes towards sexual and reproductive health in two groups (p = 0.487). IEC and sexual health are less effective in increasing knowledge and attitudes. Discussion: The need for more specific program evaluation to increase outcomes by program objectives. Multiple workflows, standard procedures, and program performance should be reviewed by program objectives to increase success. Also, cooperation with several related parties is necessary as an effort to increase public awareness to actively participate in program.

Keywords: Kespro program, bride and groom, knowledge, attitude

INTRODUCTION

The reproductive and sexual health program for brides-to-be is one of programs implemented by government where the activity is aimed at women from adolescence until

before pregnancy to prepare women to become pregnant and ensure health of mothers so that they can give birth to a healthy and quality generation.

Reproductive health in adolescents is still largely untreated, this can be seen from high rate of early marriage, which is 26.5%, and high rate of birth in adolescents (ASFR), namely 51 per 1000 women. (IDHS, 2012). It is necessary to provide comprehensive knowledge about reproductive and sexual health to catin who will enter gate of marriage. Through provision of reproductive health counseling, information, and education (IEC), it is hoped that bride and groom can prepare themselves to live a family life.

According to Manuaba et al, (2009: 118) that in general, children entering adoles cence with out having adequate knowledge and education about reproductive health, will tend to have a high errisk of behaving far from expected. In fact, during irrelationship (dating), information they get tends to bewrong. Adolescent's taboo sex behavior will only reduce their chances of not talking openly but not prevent sexual behavior (Aritonang, 2015).

Health service activities are provided through several approaches such as promotive, preventive, curative, and rehabilitative activities through physical examinations, support, immunization, nutritional supplementation, health consultations, and other health services. Health consultation is provided through question and answer, focus group discussions, interactive discussions using communication, information and education facilities, and media. KIE Kespro and sexual program for catin at Gunungsari Public Health Center have been running since early 2017, since early 2017 total number of women receiving KIE Kespro and sex for catin totaled 442 couples with details of 99 couples aged less than 20 years, 332 couples of reproductive age, and 11 couples aged over 35 years, but there is no form of evaluation of success of program.

METHOD

Research design in this study was a cross-sectional design using a case-control approach, namely data collection starting from visit of bride and groom to Public Health Center. A case-control study was conducted by identifying case group (mothers who visited the prospective bride and groom at public health center) and the control group (mothers who did not visit prospective bride and groom at the health center), then retrospectively (tracing backward) respondents' knowledge and attitudes were examined whether the implementation of health IEC reproductive and sexual for catin is effective. Number of samples was calculated based on unpaired categorical analytical research method using sample formula as many as 38 case groups and 38 case controls. Quantitative data analysis was performed through bivariate statistical analysis using ***Chi-Square*** test to test differences in respondents' knowledge and attitudes.

RESULTS

Table 1. Characteristics of catin group who received KIE Kespro& sexual and group that did not receive KIE Kespro& sexual

No.	Characteristics	Catin KIE Group		Catin's non-KIE group	
		F	%	f	%
1	**Age**				
	<20 years	7	18	6	16
	20-35 years	31	82	32	84
2	**Education**				
	SD	2	6	1	2
	Junior High	4	10	12	32
	High school	27	70	22	58

	PT	5	14	3	8
	Profession				
3	Work	0	0	1	2
	Does not work	38	100	37	98
	Pregnancy Planning				
4	Plan	32	84	32	84
	Not a plan	6	16	6	16

Source: Primary Research Data, 2018

Most respondents are in productive age range for pregnancy, namely age range of 20-35 years, namely 82% in catin IEC group and 84% in non-catin IEC group. Highest level of education in both groups is senior secondary education (SMA), which is as much as 70% in catin IEC group and 58% in non-catin IEC group. Occupations of respondents in both groups were mostly housewives who did not work, namely 100% in catin IEC group and 98% in non-catin IEC group. Meanwhile, pregnancy planning for the two respondents also showed that pregnancies of two groups of respondents were almost entirely planned, namely 84% in catin IEC group and 84% also in non-IEC catin group.

Table 2. Characteristics of knowledge and attitudes of catin group who received KIE Kespro and sexual and catin group who did not get KIE Kespro and sexual

No.	Characteristics	Catin KIE Group		Catin's non-KIE group		*P*
		F	%	f	%	
	Knowledge					1,000
1	Enough	20	52	20	52	
	Less	18	48	18	48	
	Attitude					0.487
2	Good	17	44	14	36	
	Enough	21	56	24	64	

Source: Primary Research Data, 2018

The majority of respondents who received IEC catin program had sufficient knowledge (52%). Majority of respondents who did not receive KIE Kespro program and sexual knowledge had sufficient knowledge (52%). More than half of respondents (56%) who received KIE Kespro and sexual programs had sufficient attitudes and most of them were 64% who did not receive KIE Kespro program and sexually had sufficient attitudes. Based on the p-value in the knowledge category, it can be concluded that there is no difference between two groups with a significance value of p = 1,000, while p-value in attitude category about reproductive health and sexuality is better than group that does not get KIE Kespro and sex, although not much different only with a significance value of p = 0.487.

DISCUSSION

Respondents' Knowledge of Reproductive and Sexual Health

Respondents' knowledge of reproductive health (KESPRO) and sexuality showed same score between KIE Catin group and non-IEC Catin group, namely having sufficient knowledge (52%). This is in line with results of study which stated that majority of a person's knowledge level before being given health education was in the sufficient category, namely 63.3%.(Arosna, 2014). Another study thatdividedthe level ofknowledgeinto 4 categories, namelygood, enough, not good, and not good, showed results that students who had a good category were 0 or 100%, enough was 9 peopleor 7.83%, less good was 17 people or 14. , 79% and not good were 61 peopleor 53.07% of 87 students who were respondents (Bazarudina, F. 2013).

Based on p-value in knowledge category, it can be concluded that there is no difference between IEC Catin group and non-IEC Catin group with a significance value of p = 1,000. Research Ratih Arruum et al, (2016) show sanin crease in knowledge about married life, namely the rolesand responsibilities in it and dynamics that may occur in marriage from before (M = 77.35) and after training (M = 82.35). Based on the test results using Wilcoxon Signed Rank Test, this change can be considered significant (p <0.05). Research result DewiSusanti et al, (2018) show that 31.6% of respondents have low knowledge before pre-marital education and 97.4% have high knowledge after pre-marital education and there is an effect of pre-marital education on the knowledge of the prospective bride and groomp-value 0.001).

Knowledge is influenced by two factors, namely formal education and non-formal education including education through exposure to mass media, economic activities, social relations, and experiences. (Wawan et al, 2011). While research Hery Ernawati, (2018) shows 3 factors that influence adolescent reproductive health knowledge, namely gender (p-value- = 0.00), number of sources of information (p-value = 0.037) and use of parents as a source of adolescent reproductive health information (p-value- = 0.00). Research Eny, (2019) shows that there is a significant relationship between level of adolescent knowledge about reproductive health and free sex behavior. While research results Donny Nurhamsyah, et al. (2015) shows level of student knowledge about TRIAD (HIV / AIDS and drugs) Adolescent Reproductive Health (KRR) in treatment group before being treated in form of education, most of them were in sufficient category (55%). Meanwhile, after being given treatment majority were in a good category (90%), and in control group before being given treatment most of them were in sufficient category (50%). Whereas after being given treatment majority was in sufficient category (90%) and there was an educational effect on changes in student knowledge about TRIAD KRR in treatment group before and after being given education with a P-Value of 0.007, and there was an educational effect on changes in student knowledge about TRIAD KRR in control group before and after being treated with a P-Value value of 0.004.

Higher a person's education and experience, broader his knowledge will be. Source of knowledge is mostly obtained from sensing, namely sense of sight and sense of hearing. Lack of information about sexual behavior among future brides and grooms is caused by a lack of support from situation and environment, so information is needed about meeting needs of adolescents through appropriate programs including education and counseling, protection of adolescents against sexual violence, providing information on reproductive health, and prevention of STDs (premenstrual syndrome).), HIV / AIDS prevention, adolescent sexual harassment prevention, and treatment programs, so that adolescents can understand the need to maintain reproductive health and understand the impact of irresponsible behavior.

Health education programs are main and guaranteed way to provide health to families and communities. Providing information about reproductive problems before marriage is very important. This information includes pregnancy prevention and intervals between pregnancies. New partners must have sufficient knowledge and awareness about various reproductive health problems.(Mahmoodi, 2016). Lawrence Green stated that a person's behavior, in this case, activities of adolescents in maintaining reproductive health, is influenced by predisposing factors (knowledge and attitudes), supporting factors (reproductive health education), and reinforcing factors (activities of health workers and figures). (Wijaya, Agustini, and Tisna, 2014). Results showed that there was an influence on level of knowledge of reproductive health with readiness to marry in bride and groom, which was explained in statistical test of p-value 0.027 < 0.05 and there was also an influence

between knowledge before and after being given health education with a value of p = 0.039 <0.05.(Hidayati, 2016).

Knowledge is influenced by several factors such as age, experience, occupation, environment, socio-culture, information, and education. Better level of education and work a person has, better knowledge and skills one will have (Notoatmodjo, 2014). Other research shows that there is an influence between knowledge before and after being given health education with a value of p = 0.039 < 0.05 (Fauziyah, 2012). This research is almost same as research Kirana, (2016) which indicates that there is a significant positive relationship between premarital counseling for bride and groom where value of r-count is 0.549 with p = 0.0000 <0.05.

Every couple getting married must have a fairly good knowledge of the reproductive system which includes benefits of contraceptive method, use of suitable contraceptives in early days of marriage if they do not want to get pregnant, and other reproductive health problems. Couples who receive prenuptial counseling can reduce chance of divorce by 31% (Beautiful, 2018). In other literature, it is stated that socio-economic factors - spouse's income also contribute to satisfaction in marriage (Ratih Arruum Listiyandini, Titi Sahidah Fitriana, 2016).

Premarital period is one of critical points to prevent serious relationship problems. In many developed countries such as UK and United States, couples encouraged to participate in premarital counseling programs. Effectiveness of this program in increasing marriage satisfaction has been proven in both developed countries (Yaz and Arrow et al., 2014). Research Susanti, (2019)shows that implementation of prenuptial counseling is generally in moderate category (80.95%) and poor category (19.05%) which is considered to include policies, human resources (human resources), facilities and infrastructure, guidelines, time, duration, methods, media, and theory. As for need for pre-marital counseling on reproductive health, 90.48% need counseling at marriage service facilities.

Sexual behavior is behavior that aims to attract attention of opposite sex. This behavior is very broad where this behavior occurs based on sexual urges. The problem often faced by adolescents is that their sexual urges have increased while normatively they are not married, they have not been allowed to have sexual intercourse. Also, adolescent sexual maturity has not been matched by psychosocial maturity, as a result, sometimes a very strong curiosity arises, desire to explore and fulfill sexual urges defeats understanding of norms, self-control, rational thinking, so that it appears in form of trying - trying to have sex. Various factors can influence adolescent sexual behavior, including biological factors, influence of parents and peers, academic factors, (Wijaya, Agustini, and Tisna, 2014).

The knowledge that is half-half is more dangerous than not knowing at all because this half - half-knowledge will encourage adolescents to find out this information independently and make their understanding which sometimes is wrong causing them to experiment about sexual matters without realizing danger, then when problem arises from trial and error they are afraid to ask for help or ashamed to consult their parents. Simple knowledge about sexuality will not reduce sexual desire or desire. It requires skills and understanding of this knowledge to encourage someone to avoid risky sexual activities.(NPR Dewi, 2017).

Adolescent problems related to reproductive health are all rooted in lack of information, understanding, and awareness to achieve reproductive health, including an understanding of need for hygiene maintenance of reproductive organs, reproductive processes, and impact of irresponsible behavior such as pregnancy undesirable, abortion, and other sexually

transmitted diseases that have yet to be resolved. Knowledge of cognitive is a very important domain in one's actions. So that it is very necessary to increase adolescent knowledge, many ways can be done to increase knowledge in adolescents starting from early education from parents and providing extension activities. so that adolescents will better understand and be able to apply theories they get to the existing facts. In times of change like those experienced by teenagers, many things are sometimes ignored because of assumption that problem is minor and does not need to be addressed. Ideally, even smallest problem, even smallest information, is a big thing for adolescent development.

This shows that most adolescents have good knowledge about reproductive health because these institutions work with health workers to provide education about reproductive health to adolescents. In subjects of guidance and counseling as well as biology, it is studied about reproductive health. Adolescents also get information about reproductive health and premenstrual syndrome (PMS) obtained from various information sources, including print media (newspapers, magazines, posters), electronic media (television, radio), internet media, family, friends, and others. (counseling, seminars). Most common sources of information on reproductive health and premenstrual syndrome (STD) are from printed media (newspapers, magazines, posters).

Attitudes of Respondents About Reproductive and Sexual Health

Attitude of respondents about Kespro (reproductive health) and sex shows that more than half of respondents who received the Public Health and Education Information and Education Communication (IEC) program had an attitude in sufficient category, namely (56%) and most of women who did not get KIE Kespro and sexual programs also have a sufficient attitude, namely 64%. Meanwhile, p-value in attitude category about sexual and reproductive health was better than group that did not get IEC and sexual health, although not much different, only with a significance value of p = 0.487. Research result Dewi Susanti, Yefrida Rustam, (2018) shows that 76.3% have a negative attitude before premarital education and there is an effect of pre-marital education on attitudes of prospective bride and groom with a p-value = 0.013. Results of other studies found that there was an effect of premarital health education on attitudes of prospective bride and groom (p-value 0.035) in Lubuk Begalung District, Padang City (Beautiful, 2018).

Attitudes about reproductive health consist of positive attitudes and negative attitudes. A positive attitude is shown by ability to carry out early treatment and early prevention of reproductive health, while a negative attitude is shown when a person is unable to treat and prevent reproductive health. (Wijaya, Agustini, and Tisna, 2014). Attitude is a predisposing factor that includes components such as beliefs, ideas, concepts, and emotional expressions expressed with behaviors related to action. Someone who has a positive attitude is less likely to have premarital sexual relations and vice versa. Formation and change of attitudes will be determined by two factors, namely (1) internal factors (individual himself) is individual's way of responding selectively to outside world so that not all who come will be accepted or rejected and (2) external factors exist outside individual who is a stimulus to form and change attitudes. Research conducted by Fauzia A (2016) on the effect of health education on preconception nutrition on the level of knowledge and attitudes of premarital healthy food consumption shows that there is an influence between attitudes before and after being given health education with a value of p = 0.03 <0.05. Attitude is a person's readiness or willingness to act. Attitude is not yet an action or activity, but it is a predisposition to action or behavior. An attitude has not been automatically manifested in action. It should be noted that attitude of prospective bride and groom is a supporter of her readiness to face household mahligai. According to the researcher's assumption, a person's attitude can be influenced by age and

level of education based on the characteristics of the respondent where some respondents already have a positive attitude after pre-marital health education because the respondent's age is ripe for marriage and the respondent's education also determines a person's attitude. Research Donny Nurhamsyah, et al (2015) shows attitude of students about TRIAD Adolescent Reproductive Health in treatment group before treatment was carried out majority were in a positive category (95%). Meanwhile, after being given treatment, all respondents had an attitude in positive category (100%) and in control group before being given treatment majority was in a positive category (90%), while after being given treatment majority remained in a positive category (90%) and there was no educational effect on changes in student attitudes about the KRR Triad in treatment group before and after being given P-Value 1,000 education, and there was no educational effect on changes in student attitudes about KRR Triad in control group before and after being given P-Value 1,000 treatment.

CONCLUSIONS AND SUGGESTIONS

Conclusion

1. Most of knowledge of catin who got KIE Kespro and sex was in the sufficient category (52%).
2. Most of catin attitudes who get KIE Kespro and sex are in the moderate attitude category (64%).
3. KIE Kespro and sexual programs were less effective in increasing knowledge of prospective brides with a significance value of p = 1,000.
4. KIE Kespro and sexual programs were less effective in improving attitudes of prospective brides with a significance value of p = 0.487.

Suggestion

1. Large number of findings of catin that did not participate in KIE Kespro program and sexual activities for catin was one of low coverage of KIE Kespro program and sexual for catin. In collaboration with related parties, community is expected to participate actively in program.
2. More specific program evaluation is needed to improve outcomes by program objectives. Some workflows, standard procedures and program performance should be reviewed according to program objectives to increase program success.

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