

# An Overview of the Bridal Couple's Knowledge of Sexual and Reproductive Health

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**Abstract**— *Background: Early marriage is very risky, especially for women. Marriage needs to be well prepared, such as physical readiness and health as well as psychological. Knowledge and understanding of sexual and reproductive health are very important in equipping a bridal couple's in fostering a household and maintaining her health, especially reproductive health. Until now, no study or research has been conducted on the knowledge of the bridal couple's regarding sexual and reproductive health. This data is important in setting programs and policies related to programs that can be integrated and implemented for wedding couple's from the Ministry of Religion and the Ministry of Health. Purpose: The research aims to obtain an overview of knowledge about sexual and reproductive health in the bride and groom. Methods: Quantitative descriptive study with a population of prospective brides and grooms with a total sample of 60 respondents. The data collection technique used a quota sampling technique with inclusion criteria being the newlyweds in their first marriage. Result: Knowledge measured is knowledge about reproductive organs, maintenance and function of reproductive organs, sexual response, problems or diseases of reproductive organs, pregnancy, sexual and reproductive health rights, contraception, exclusive breastfeeding, sexually transmitted infections, and pregnancy Conclusion: Results This study shows that as many as 34 respondents (56.6%) have good knowledge about sexual and reproductive health and as many as 26 respondents (43.4%) have poor knowledge.*

**Keywords**— *Bridal couple's, knowledge, reproduction health.*

## I. INTRODUCTION

Health education is a process to improve people's ability to maintain and improve their health aimed at the community. Reproductive health education is part of health education which can be aimed at all age groups according to their needs. The main strategic approach has three main emphases. The first and so far the most effective is health promotion with the community as a whole including adolescents, for example regarding recommendations not to marry young, the dangers of teenage pregnancy, and sexually transmitted diseases. Second, health promotion by conducting health education, so that adolescents have healthy lifestyle behaviors, for example not marrying at a young age, prevention of sexually transmitted diseases, and maintenance of reproductive organ hygiene. Third, by improving the social skills of adolescents. Efforts to improve this ability allow adolescents to choose to accept or reject certain behaviors. It also makes independent choices about health-related behavior and can increase adolescent self-esteem.

One of the goals of reproductive health policies and strategies in Indonesia is to improve the quality of human life

through efforts to improve reproductive health and fulfill reproductive rights in an integrated manner, taking into account gender justice and equality. Young women who are about to enter the marriage stage need to maintain their health condition. Adolescents must be informed about reproductive health and preparations ahead of marriage.

Marriage (marriage) is a sacred bond between a partner a man and a woman who has stepped on or is considered to have matured enough. Marriage is an inner and outer bond between a man and a woman as husband and wife to form a happy and eternal household (1). Marriage is one of the developmental tasks (2). Marriage is an inner and outer bond between a woman and a man as husband and wife form a household based on each religion. Marriage is a religious order. Meanwhile, on the other hand, it is the only way to distribute sex that is legalized by religion (3).

The age of marriage is that Muslim men are at least 19 years old and Muslim women are 16 years old. In marriage, it must be accompanied by a sense of love and commitment and prepare each partner personally to achieve a harmonious marriage as desired and expected by each partner. Premarital counseling is an attempt to understand the role of husband and wife (4). Regulation of the director general of Islamic community guidance number: DJ. II/542 of 2013, has regulated guidelines for organizing pre-marital courses. In this regulation what is meant by pre-marital courses is the provision of knowledge, understanding, and skills and raising awareness to adolescents of marriage age about household and family life (5).

Marriage is the beginning of the formation of a family, in this marriage, each party, both husband and wife, has the same role in obtaining reproductive and sexual rights. Reproductive and sexual rights include having equal rights in deciding when to have children, how many children, birth spacing, family planning, complete information about sexual and reproductive health easily, completely, and accurately, sexually transmitted diseases and their prevention, and the effects or consequences of unhealthy reproduction, and the process of pregnancy. It is necessary to know about marriage because of individual differences, while marriage is an attempt to meet the needs that exist within the individual concerned. In addition, differences in individual development between couples who are getting married will cause individuals to experience difficulties because of these differences, and risk causing conflict in marriage. Differences and stressors that can cause psychosocial problems also need to be anticipated.

Education of the bridal couple plays an important role in increasing the provision of the bridal couple, one of which is knowledge about premarital health, providing an adequate understanding of premarital health, so that the bridal couple can have a healthy and safe marriage. They need to be equipped with sufficient knowledge about premarital health and premarital rights so that the bridal couple is ready to become a mother and a father (6).

Marriages that occur at a young age carry many health risks, including the risk of bleeding during pregnancy, and the problem of mortality and morbidity contributed by the adolescent age group, meanwhile, more than one-fifth of Indonesia's population of 206 million are adolescents aged 10-18 years. Indonesian Demographic and Health Survey data indicate an increase in the number of young women (under 16 years) who are married to 15.66% (7). Data from the Indonesian Central Bureau of Statistics identified that around 23% of women had been married before they were 18 years old (8).

Further research develops premarital guidance packages, studies in the form of materials, and media in premarital counseling (9). The results of a survey conducted in America, couples who received premarital education had lower divorce rates and higher marital satisfaction, compared to those who did not receive premarital counseling before marriage. This can be interpreted that premarital education is very important to do (10). The marriage of underage couples in several sub-districts in the community of Kubu Raya Regency is still quite high. Various efforts have been made by the government to reduce the number of young marriages in KB villages, but this problem persists (11). It is important to target teenagers directly related to the risk of young marriage, including school-age adolescents.

Marriage at a young age is very risky, especially for young women, they need to be well prepared, such as being physically and psychologically prepared. Knowledge and understanding of sexual and reproductive health are very important in equipping a bridal couple in fostering a household and maintaining her health, especially reproductive health.

Until now there has never been a study or research on bridal couple knowledge regarding sexual and reproductive health. This data is important in setting programs and policies related to programs that can be integrated and implemented for wedding couples from the institutions of the Ministry of Religion and the Ministry of Health. Researchers are interested in knowing the description of bridal couple knowledge about sexual and reproductive health.

## II. METHOD

Quantitative descriptive research aims to obtain an overview of bridal couple knowledge about sexual and reproductive health in Kec. Raya River Kab. Kingdom Fortress. The population in this study were prospective wedding couples, with a sample size of 30 couples (60 respondents), using a quota sampling technique with the inclusion criteria of the couple in the first marriage. Data

analysis using data analysis software with frequency distribution.

## III. RESULT AND DISCUSSION

### Result

The characteristics of the research respondents can be seen in Table 1 below:

TABLE 1. Characteristics of research respondents

Variable	n=60	
	f	%
Gender		
1. Man	30	50
2. Woman	30	50
Courtship status		
1. ≥ 2 years	48	80
2. < 2 years	12	20
Occupation		
1. Work	45	75
2. No	15	25
Information about reproductive health		
1. Ever	50	83,3
2. Never	10	16,7

Table 1 describes the description of the characteristics of the research respondents, as many as 50% of the respondents were male and 50% were female. In the dating status category, 48 respondents (80%) answered that it had been more than 2 years, and 12 people (20%) had less than 2 years. As many as 45 respondents (75%) work and as many as 15 respondents (25%) do not work. In the information that was obtained about reproductive health, 50 respondents (83.3) admitted that they had received information about reproductive health, and 10 respondents (16.7%) admitted that they had never received information about reproductive health.

Based on the results of the study, it was obtained an overview of bridal couple knowledge about sexual and reproductive health. The results of this study, as shown in Table 2, found that for respondents' knowledge of the reproductive organs, there were 45 respondents (75%) in the good category and 15 respondents (25%) in the poor category. Knowledge about the maintenance of reproductive organs in the good category 32 respondents (53.3%) and in the bad category 28 respondents (46.7%).

In terms of knowledge about the function of the reproductive organs, the results showed that 35 respondents (58.3%) had good knowledge and 25 respondents (41.7%) had poor knowledge. The results of the study found that 8 respondents (13.3%) had good knowledge about sexual response and 52 respondents (86.7%) had a bad category. Knowledge of problems or diseases of the reproductive organs, the results of this study found that as many as 21 respondents (35%) had good knowledge, and 39 respondents (65%) had poor knowledge. The results of this study also found that as many as 27 respondents (45%) had good knowledge about pregnancy and 33 respondents had poor knowledge (55%). In terms of knowledge about sexual and reproductive health rights, the results showed that 16 respondents (26.6%) had good knowledge and 44 respondents (73.4%) had poor knowledge.

The results of the study found that 17 respondents (28.3%) had good knowledge about contraception and 43 respondents (71.7%) had a bad category. Regarding knowledge about breastfeeding, the results of this study found that as many as 20 respondents (33.3%) had good knowledge, and 40 respondents (66.7%) had poor knowledge. Knowledge about sexually transmitted infections, the results of the study found that as many as 24 respondents (40%) had good knowledge about pregnancy and 36 respondents had poor knowledge (60%).

TABLE 2. Respondent's knowledge of sexual and reproductive health

Variable	n=60	
	f	%
Reproductive organs		
1. Good	45	75
2. Not good	15	25
Maintenance of reproductive organs		
1. Good	32	53,3
2. Not good	28	46,7
The function of the reproductive organs		
1. Good	35	58,3
2. Not good	25	41,7
Sexual response		
1. Good	8	13,3
2. Not good	52	86,7
Reproductive organ problems/disease		
1. Good	21	35
2. Not good	39	65
Pregnancy		
1. Good	27	45
2. Not good	33	55
Sexual and reproductive health rights		
1. Good	16	26,6
2. Not good	44	73,4
Contraception		
1. Good	17	28,3
2. Not good	43	71,7
Exclusive Breastfeeding		
1. Good	20	33,3
2. Not good	40	66,7
Sexually transmitted infection		
1. Good	24	40
2. Not good	36	60

In this study, univariate analysis was also carried out which aims to provide an overall picture of the respondents' knowledge about sexual and reproductive health. The results of the analysis are shown in Table 3 below:

TABLE 3. Respondent's knowledge of sexual and reproductive health

Variable	n=60	
	f	%
<b>Knowledge</b>		
1. Good	34	56,6
2. Not good	26	43,4

The results of this study indicate that as many as 34 respondents (56.6%) have good knowledge about sexual and reproductive health and as many as 26 respondents (43.4%) have poor knowledge.

Discussion

This study found that most of the research respondents had good knowledge about sexual and reproductive health. Good

knowledge and understanding of sexual and reproductive health in the bride and groom will increase positive attitudes and behavior in maintaining the reproductive organs. Comprehensive provision to bridal couples regarding reproductive organs, function, and maintenance is very important as a basis for bridal couples so that they can reproduce healthily.

In addition, the bridal couple also requires an understanding of sexual response in humans naturally. The sexual response consists of several stages that the bridal couple must understand, to avoid problems, and improve the quality of sexual relations. The stages in the sexual response cycle are the excitement phase, the plateau phase, the orgasm phase, and the resolution phase (12).

In young marriages, it needs to be anticipated with health promotion efforts such as teenagers who are studying at school. By providing education in health promotion it is hoped that it can provide comprehensive enlightenment and knowledge of the risks of marriage at a young age, both from social, psychological, and health aspects. An understanding of reproductive health is very important for improving reproductive health and preventing sexual violence among wives in the household (13). Efforts that can be made to minimize sexual and reproductive health problems are premarital counseling. Bridal couples must be given an understanding of healthy sexual relations, mental readiness in dealing with pregnancy and knowledge about the process of pregnancy and childbirth, and health care in the period before and after pregnancy.

Knowledge about pregnancy preparation is also very important. Knowledge about pregnancy is low, resulting in a lack of efforts to prevent possible problems during pregnancy. Complicated pregnancies can increase morbidity and mortality for the mother and fetus. Lack of preparation for pregnancy can cause hyperemesis-gravidarum, pre-eclampsia and eclampsia, ectopic pregnancy, diseases and abnormalities of the placenta and fetal membranes, antepartum bleeding, and several other problems (14). A healthy pregnancy requires physical and mental preparation for every mother. Healthy pregnancy planning must be done before the pregnancy. A well-planned pregnancy process will have a positive impact on the condition of the fetus and the physical and psychological adaptation of the mother for the better (15).

Breast milk is the first, main, and best food for babies, which is natural. Breast milk contains various nutrients needed in the process of growth and development of infants. The results of this study found that the majority of knowledge about exclusive breastfeeding was not good, in contrast to the results of previous studies which found that 76% of mothers' knowledge about exclusive breastfeeding was in a good category, while mothers with sufficient and insufficient knowledge were 11.9% (16). The bridal couple needs to know and increase their knowledge about the importance of exclusive breastfeeding for babies.

Premarital readiness is the basis for marriage starting from the aspect of reproductive health because marriage is closely related to having children. Premarital counseling is necessary for planning to have children. The results of this study indicate

that the majority of bridal couples do not know about contraception well. It is necessary to carry out further studies related to efforts to increase knowledge about the use of contraceptives in bridal couples. Previous research explained that counseling about contraceptives can increase the knowledge of prospective brides (17).

A person's knowledge can be influenced by several factors including education, occupation, age, interests, experience, culture of the surrounding environment, and information obtained (18). The majority of knowledge about sexually transmitted infections is in the poor category. A low understanding of sexually transmitted infections in at-risk bridal couples can be related to sexual attitudes and behavior. Further efforts are needed to increase bridal couple understanding of sexually transmitted infections.

#### IV. CONCLUSION

The results of this study indicate that most of the respondents have poor knowledge about sexual and reproductive health. Strategic efforts are needed to increase the knowledge of prospective brides with integrated programs between the ministries of religion and the ministries of health in premarital guidance or counseling.

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