



THE INFLUENCE OF MEDIA LEAFLET ON INCREASING KNOWLEDGE OF REPRODUCTIVE HEALTH OF BRIDES-TO-BE IN PADANG CITY

Uliy Iffah¹, Miranie Safaringga², Laila Hijradesy Ridwan³, Putri Maharani⁴

Fakultas Kedokteran, Universitas Andalas, Padang, Indonesia

Email: uliyiffah07@gmail.com

Abstrak

According to WHO (2019), the Maternal Mortality Rate is the number of maternal deaths resulting from pregnancy, childbirth, and postpartum processes, which are used as indicators of women's health status. Maternal Mortality Rate (MMR) is one of the global targets of the Sustainable Development Goals (SDGs) to reduce maternal mortality (MMR) to 70 per 100,000 live births by 2030. Several efforts to reduce MMR have been carried out by the Padang City government, including implementing the Childbirth Planning and Prevention of Complications (P4K) Program, using MCH books, implementing classes for pregnant women, and health counseling activities. This quantitative research uses a pocketbook of the bride and groom using leaflet media. This is a guide for brides-to-be as part of marriage advice and guidance for those who have registered their marriage at the Regional Office of Religious Affairs (KUA). The subject of this study was a bride-to-be in Padang City. Providing reproductive health counseling on women's knowledge in premarital preparation in the working area of KUA Koto Tengah District has an influence.

Kata kunci : *Reproductive health, bride-to-be*

INTRODUCTION

According to WHO (2019), the Maternal Mortality Rate is the number of maternal deaths resulting from pregnancy, childbirth, and postpartum processes, which are used as indicators of women's health status (WHO 2019). Maternal Mortality Rate (MMR) is one of the global targets of the Sustainable Development Goals (SDGs) to reduce maternal mortality (MMR) to 70 per 100,000 live births by 2030 (Ayele, Tefera, and East 2021). Based on the health profile of Padang City, in 2019, maternal mortality was 16 people per 100,000 live births. This rate increased in 2020 to 21 people per 100,000 live births. The most common causes are infection, hypertension, exclamation and pre-exclamation, abortion, kidney, lung, HIV/AIDS diabetes, malaria, and heart disease. Padang City is still one of the most significant MMR contributors in West Sumatra Province (Sari, Herman, and Wenny n.d.).

Maternal death can occur during pregnancy, childbirth, and the puerperium. According to (WHO, 1996), maternal death can be caused by obstetric complications in bleeding, sepsis, blocked labor, hypertensive disorders in pregnancy, and septic abortion. In addition, maternal death can also be caused by three risk factors of delay (3T), namely late in the examination, late in obtaining childbirth services, and late arrival to health care facilities, and 4 (4T), namely too young, too often, too old and too close (Regulation of the Minister of Health of the Republic of Indonesia number 2562/MENKES/PER/XII/2011) (Yustina 2020). This statement is in accordance with the results of research (Fransiska, 2017) that maternal death can be directly affected by delays in decision-making, delays on the road, delays in getting treatment, and obstetric complications, while the indirect influence is a high-risk pregnancy, not routine in ANC examinations, education, and maternal work.

Maternal health program interventions cannot only be carried out downstream, namely for pregnant women, but must also be drawn upstream, namely in adolescent and young adult groups to ensure individuals can grow and develop healthily (Santy, Putri, and Kurniatin 2022). To improve the continuity and quality of life, maternal and child health services are carried out with a Continuity of Care approach starting from pre-pregnancy, pregnancy, maternity and postpartum, infants, toddlers, to

adolescents (men and women of childbearing age). During the pre-pregnancy period, the program is intended for couples of childbearing age (PUS) through Family Planning (KB) programs and Integrated Reproductive Health Services (PKRT), including Adolescent Reproductive Health Services (PKRR) at Puskesmas (Pedro et al. 2018).

The bride and groom as someone who will enter the wedding gate really needs information and education about reproductive health, especially about proper pregnancy planning so that later they will have healthy offspring and mothers give birth safely (Dewi et al. 2022). Information and education need to be provided because there are still many wrong assumptions about reproductive health, so similarities in perception and information are needed so as not to misbehave in reproductive health. Reproductive health education given to brides-to-be is an effort to fulfill reproductive rights for women. Several efforts to reduce AKI have been carried out by the Padang City government, including the implementation of the Childbirth Planning and Prevention of Complications (P4K) Program, the use of KIA books, the implementation of classes for pregnant women, and health counseling activities (DKK Padang, 2019).

Reproductive health counseling activities specifically for brides-to-be at the puskesmas have not run effectively. KUA admitted that it knew about the Pocket Book for Brides-to-be, but it was never given to Catin because of the thick book and according to KUA Catin would not be interested in reading it. And generally brides-to-be come from different educational backgrounds. Not all of them can understand the language written in books. So, couples tend to be lazy to read the contents of the book even though it is very useful.

There are several other media alternatives that can be made in the form of leaflets, posters and videos that are proven to be related to one's knowledge, motivation and interest in the content (Chowdhury et al. 2015). In order for the book to be more interesting and simpler, the development of the book will be carried out. This development is the creation of an overview leaflet of the book accompanied by the addition of interesting images, so that it can arouse interest from Catin to read and repeat it anywhere. In line with the Research Master Plan (RIP) of Andalas University, this research will be integrated on the theme of Food Security, Medicine and Health. The description of the sub-theme of the research is nutrition and health, especially maternal and child health (RIP Unand, 2017). Based on the description above, the author is interested in taking the title of Development "The Influence of Media Leaflet on Increasing Knowledge of Reproductive Health of Brides-to-be in Padang City.

RESEARCH METHODS

The research method used in this research is quantitative research, where this type of research collects and analyzes data in numerical form to understand a phenomenon. The subjects of this research are prospective brides in Padang City, and the media used is a leaflet pocket book containing marriage advice and guidance for couples who have registered at the local Religious Affairs Office (KUA).

RESULT AND DISCUSSION

1. Characteristics of Respondents

**Table 1 Frequency Distribution of Respondent Characteristics in KUA
Koto Tangah District in 2023**

No	Characteristics of Respondents	<i>f</i>	%
1.	Age		
	a. <20	1	2,5
	b. 20-24	15	37,5
	c. 25-29	23	57,5
	d. 30-34	1	2,5

2.	Education		
a	ELEMENTARY	2	4,5
b	JUNIOR HIGH	2	4,5
c	HIGH SCHOOL	19	47,5
d	PT	17	42,5
3.	Work		
a	Not Working	11	27,5
b	Private	20	50
c	CIVIL SERVANT	5	12,5
d	Other	4	10

Based on Table 1 Above it can be seen that the age distribution of respondents based on the highest age group is in the age group of 25-29 years, which is 23 people (57.5%). Meanwhile, based on the last education is high school, which is 19 people (47.5%). For job characteristics, in general, respondents work in the private sector, which is as many as 20 people (50%).

2. Univariate Analysis

Table 2 Distribution of Women's Catin Knowledge Level Before Reproductive Health Counseling

Reproductive Health Knowledge	Posttest Scores	
	<i>f</i>	%
Good	11	27,5
Enough	25	62,5
Less	4	10
Total	40	100

Based on Table 2, it can be seen that before reproductive health counseling was given, there were still 4 people (10%) who had a lack of knowledge.

Table 3 Distribution of Women's Catin Knowledge Level After Reproductive Health Counseling

Reproductive Health Knowledge	Posttest Scores	
	<i>f</i>	%
Good	32	80
Enough	8	20
Less	0	0
Total	40	100

Based on Table 3 It can be seen that after being given reproductive health counseling, the level of knowledge of respondents has increased; that is, no one has a lower level of expertise.

3. Bivariate Analysis

Table 4 Results of Paired-Samples T-Test of Reproductive Health Knowledge on Catin in KUA Koto Tengah District

Variable	n	Mean	SD	SE	<i>p-value</i>
<i>Pretest</i>	40	71,95	7,100	1,123	.001
<i>Posttest</i>	40	81,05	6,812	1,077	

Based on Table 4, it is known that before being given reproductive health counseling, the average score obtained by respondents was 71.95. After being given reproductive health counseling, there was an increase in the average score obtained to 81.05. So it can be said that the provision of reproductive health counseling can increase women's knowledge about reproductive health in premarital preparation.

DISCUSSION

1. Characteristics of Respondents

Respondents who participated in this study came from KUA Koto Tengah District, with the highest age range of 25-29 years, which was 23 people (57.5%), and the lowest respondents with the age of <20 years, which was one person (2.5%). Age is very influential on a person's level of knowledge because age differences can affect a person's acceptance of information or expertise (Panyavaranant et al. 2023).

Based on education level, the most respondents were high school graduates, which were 19 people (47.5%); the least were respondents who were at the elementary education level, which 2 people (4.5%), and junior high school, which was two people (4.5%). Education is one of the factors that influence knowledge. The higher a person's education, the easier it will be to receive information, he has more knowledge (Izzati et al. 2019).

Based on the type of work, most respondents work in the private sector, which is as many as 20 people (50%). At the same time, the least were respondents who worked in various other fields, namely as many as four people (10%) of Honorary Teachers, BUMN, and PTT. Work can also affect knowledge because the work environment can make a person acquire expertise and experience directly or indirectly.

2. Level of Knowledge of Catin Women Before Being Given Reproductive Health Counseling

Based on the results of this study show that women's knowledge before being given reproductive health counseling, most respondents have sufficient knowledge, namely as many as 25 people (62.5%), and at least are respondents who have less knowledge, which is as many as four people (10%). The results of this study are in line with research conducted by Purwaningsih (2017), where before health education was given on satin (sustain), as many as 20 people (48.8%) had sufficient knowledge, and 4 people (9.8%) had insufficient knowledge.

Respondents' knowledge that is still lacking can be caused because respondents have never received information about premarital reproductive health. This knowledge is the result of finding out after sensing a particular object. In general, knowledge comes from experience and can be obtained through information obtained from others; providing health education in the form of reproductive health counseling is one way to convey information to someone.

Based on the number of correct answers per question item before being given reproductive health counseling, the information most widely known by respondents was uterine function and late seeking medical help was one of the things at risk in pregnancy, which was 38 people (95%). This is because most of the respondents graduated from high school. Education is one of the factors that influence knowledge. The higher a person's education, the easier it will be for him to receive information so that his knowledge is also more (Rivaldo and Nabella 2023).

3. Level of Knowledge of Catin Women After Being Given Reproductive Health Counseling

After being given reproductive health counseling, it was found that there was an increase in knowledge of women's catin as many as 32 people (80%) had good knowledge, and as many as eight people (20%) had sufficient knowledge (Nichols 2017). This is in line with the research of Hardiningsih et al. (2017), where there was an increase in knowledge of women of childbearing age after being given health counseling about contraceptives in the work area of the Sangkrah Surakarta Health Center, as many as 48 people (92.3%) respondents had a good level of knowledge, and 4 people (7.7%) respondents had a sufficient level of knowledge,. None of the respondents lacked knowledge.

This increase in women's knowledge about reproductive health can be caused because women have been exposed to information about reproductive health through counseling given during pre-marital briefing at KUA Koto Tengah District. In addition, using tools or media in the form of leaflets can also help can receive information (Kilfoyle et al. 2016).

This is reinforced by research conducted by Nurlaela et al. (2018), where there is an increase in knowledge in brides-to-be about the first 1000 days of life (HPK) after being given health education using tools in the form of Child Love Cards (KCA) (Wahyudianto et al. n.d.). Research by Evrianasari and Dwijayanti (2017) on the influence of reproductive and sexual health pocketbooks for action on obtaining knowledge about reproductive and sexual health in KUA Tanjung Karang Pusat found that kespro and sexual pocketbooks can facilitate action to obtain information about reproductive and sexual health.

4. The Effect of Reproductive Health Counseling on Women's Catin Knowledge in Premarital Preparation

In this study, it was found that before reproductive health counseling, the average score of women's knowledge about reproductive health was 71.95. After being given reproductive health counseling, there was an increase in the average female catin knowledge score of 81.05. There was an increase in the average knowledge score of 9.1. This shows that providing reproductive health counseling can increase women's knowledge about premarital reproductive health.

Based on the results of data analysis using the Paired-Samples T-Test, a Sig. value of $0.001 < 0.005$ was obtained or can be said to be meaningful. This shows that there is an influence of providing reproductive health counseling on women's catin on women's knowledge about reproductive health in premarital preparation.

This research was reinforced by researchers about the effect of premarital debriefing on brides who attended premarital counseling classes, it was found that before premarital debriefing was given, the average score of prospective brides was 8.7 (Thiga 2018). After being given premarital debriefing, there was an increase in the average score to 12.4. The results of statistical analysis show p values of $0.001 < 0.005$. So it can be concluded that there is an influence of providing premarital information on brides who attend premarital counseling on the knowledge of prospective brides. This is in line with the research of Yulizawati et al. (2018) on the effect of providing premarital counseling with a family mentoring model on prospective brides in the preconception period where p values of $0.001 < 0.005$ were obtained on material about ovulation periods so that it can be said that there is an influence of providing counseling on the knowledge of prospective brides about ovulation periods.

CONCLUSION

Based on the results of research on the effect of reproductive health counseling on women's knowledge in premarital preparation, the following conclusions were obtained: 1) Most women are between the ages of 25-29, have their last high school education and generally work in the private sector. 2) Most women before being given reproductive health counseling have a sufficient level of knowledge. 3) Most women after being given reproductive health counseling have a good level of knowledge. 4) There is an influence of providing reproductive health counseling on women's knowledge in premarital preparation in the working area of KUA Koto Tengah District.

BIBLIOGRAPHY

- Ayele, Asnakew Achaw, Yonas Getaye Tefera, and Leah East. 2021. "Ethiopia's Commitment towards Achieving Sustainable Development Goal on Reduction of Maternal Mortality: There Is a Long Way to Go." *Women's Health* 17:17455065211067072.
- Chowdhury, Ataharul, Helen Hambly Odame, Shirley Thompson, and Michael Hauser. 2015. "Enhancing Farmers' Capacity for Botanical Pesticide Innovation through Video-Mediated Learning in Bangladesh." *International Journal of Agricultural Sustainability* 13(4):326-49.
- Dewi, Rahma Kusuma, Dhita Kris Prasetyanti, Yeni Puspita Anggraini, and Fantri Nugroho. 2022. "The Effect of Health Education through Booklet Media on Reproductive Health Knowledge in Preventing Pregnancy Risk in Pre-Marriage Couple." *Journal for Quality in Public Health* 5(2):550-55.
- Izzati, Umi Anugerah, Bachtiar Syaiful Bachri, M. Sahid, and Dian Eka Indriani. 2019. "Character Education: Gender Differences in Moral Knowing, Moral Feeling, and Moral Action in

- Elementary Schools in Indonesia.” *Journal for the Education of Gifted Young Scientists* 7(3):547–56.
- Kilfoyle, Kimberly A., Michelle Vitko, Rachel O’Conor, and Stacy Cooper Bailey. 2016. “Health Literacy and Women’s Reproductive Health: A Systematic Review.” *Journal of Women’s Health* 25(12):1237–55.
- Nichols, Tom. 2017. *The Death of Expertise: The Campaign against Established Knowledge and Why It Matters*. Oxford University Press.
- Panyavaranant, Peeranun, Thi Phuoc Lai Nguyen, Djoen San Santoso, Vilas Nitivattananon, and Takuji W. Tsusaka. 2023. “Analyzing Sociodemographic Factors Influencing Citizen Participation: The Case of Infrastructure Planning in Khon Kaen, Thailand.” *Social Sciences* 12(4):225.
- Pedro, Juliana, Tânia Brandão, Lone Schmidt, Maria E. Costa, and Mariana V Martins. 2018. “What Do People Know about Fertility? A Systematic Review on Fertility Awareness and Its Associated Factors.” *Upsala Journal of Medical Sciences* 123(2):71–81.
- Rivaldo, Yandra, and Septa Diana Nabella. 2023. “Employee Performance: Education, Training, Experience and Work Discipline.” *Calitatea* 24(193):182–88.
- Santy, Eka, Riska Regia Catur Putri, and Lydia Febri Kurniatin. 2022. “Integrated Sexual Reproductive Health Information, Education And Communication (IEC) Can Increase Couple Compliance With Prospective Bridge In Health Examination In Pontianak City.” *Journal of Midwifery* 7(2):19–24.
- Sari, Yanti Puspita, Hermalinda Herman, and Bunga Permata Wenny. n.d. “Analysis of Risk Factors and Quality of Antenatal Services in Pregnant Women and Its Impact on the Incidence of Severe Preeclampsia in Padang City West Sumatera.”
- Thiga, Moses M. 2018. “Kabarak University International Research Conference on Emerging Trends and Issues in Education.”
- Wahyudianto, Heri, Andjar Prasetyo, Noviati Fuada, Iswari Hariastuti, Ery Agus Kurnianto, Abdul Asis, Sjane F. Walangarei, Bambang Tejo Premono, Moch Lukluil Maknun, and Eko Bhakti Susetyo. n.d. “Synergies To Address Stunting In Papua: A Multisectoral Approach And Improving People’s Quality Of Life.”
- WHO. 2019. “Trends in Maternal Mortality: 1990 to 2019.” Retrieved (<https://www.who.int/reproductivehealth/publications/monitoring/maternal-mortality-2013/en/>).
- Yustina, Ida. 2020. “The Relationship of Maternal Health Conditions on the Utilization of Maternity Waiting Homes for Maternity Motherhood.” *Britain International of Exact Sciences (BIOEx) Journal* 2(1):220–30.



This work is licensed under a [Creative Commons Attribution-ShareAlike 4.0 International License](https://creativecommons.org/licenses/by-sa/4.0/)