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by Implementation Of Reproductive Health Service Prog Okta

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Implementation of reproductive health service program for brides-to-be in Pekanbaru City

Zulfahera Zulfahera¹, Heryudarini Harahap^{1,2*}, Nurlisis Nurlisis¹, Oktavia Dewi¹,
Yessy Harnani¹

¹STIKes Hang Tuah Pekanbaru

²Bappedalitbang Provinsi Riau

*Corresponding author:

DR. Heryudarini Harahap, M.Kes

Jl. GadjahMada No. 200

Phone numbers: +6281310570326 / +628127534205

E-mail address: yudariniharahap@yahoo.com

Abstract

Background : Many brides-to-be do not have sufficient knowledge on reproductive health. The reproductive health service program is carried out by giving education on reproductive health and medical examinations for the brides-to-be. **Aims**: To assess the implementation of the reproductive health service program for brides-to-be. **Settings and Design**: The study was conducted at Pekanbaru City in July 2020. The study used qualitative method with an exploratory approach. **Methods and Material**: Data was collected through in-depth interviews, observation, and documents review. The informants were the persons in charge of family health and nutrition program in the Pekanbaru City Health Office (Dinkes Pekanbaru) and community health service (Puskesmas), Ministry of Religion Pekanbaru (Kemenag Pekanbaru), and the brides-to-be. **Statistical analysis used**: Processing and data analysis was carried out according to qualitative analysis methods, namely data reduction, data presentation, and verification/drawing conclusion. **Results**: The brides-to-be were given reproductive and sexual health education, medical examinations, and immunization screening of Tetanus Toxoid (TT). The reproductive health examination was carried out at the Puskesmas or hospital. However, not all of the brides-to-be did a prenuptial health examination. There was no MoU between the Kemenag Pekanbaru and the Dinkes Pekanbaru or between the Puskesmas and the Religion Office (KUA). **Conclusions**: The implementation of reproductive health services for the brides-to-be at Pekanbaru City has not been carried out optimally. The relevant sectors must collaborate to establish an MoU on reproductive health services for the brides-to-be between Dinkes Pekanbaru with Kemenag Pekanbaru and between Puskesmas with KUA.

Keywords: Bride-to-be, prenuptial examination, reproductive health service

Key Messages:

Reproductive health service programs for brides-to-be must be carried-out by implementing Reproductive Health Information and Education Communication (IEC) and health checks so that the

brides-to-be can prepare and be ready to undergo pregnancy, child delivery, and carry out breastfeeding in a healthy manner as well as give birth to quality future generations.

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Introduction

Indonesia still has many problems and challenges in its efforts to provide reproductive health services (RHS) and reproductive rights as well as the low status of women's health, which is reflected in the high rate of chronic energy deficiency (CED) among women aged 15-49 years of 31.8%, and 17.3% for pregnant women. The percentage of anaemia in women aged 15-24 years was 32%, and 48.9% in pregnant women. The percentage of hypertension in women was also quite high, namely 36.8%. The percentage of marriage at the age of 15-24 years was 24.0% and there were still those who got married at the age of below 15 years old, which was 2.4%.^[1] Teenage pregnancies were also quite high, with 24.0% of women aged 19 years old who had become mothers or were pregnant with their first child. Total Fertility Rate (TFR) was 2.45%, and the fertility rate of women aged 15-19 years old (ASFR) was 33/1000 women.^[2] The incidence of miscarriage in married women at the age of 10-59 years was 4%. Report on the development of HIV/AIDS and PIMS in Quarter I and II of 2019 showed that housewives ranked second in the category of people who suffered from AIDS, namely at 17,275 people.^[3]

The MMR maternal mortality rate (MMR) in Indonesia was 305/100,000 live births.^[4] The target is to decrease MMR to 232/100,000 live births and the Infant Mortality Rate (IMR) to 24 per 1000 live births in 2024.^[5] The number of MMR in 2018 was 109, and in 2019 it increased to 125 (Riau Provincial Health Office, 2019). The number of MMR in Pekanbaru City in 2019 was 13, which doubled compared to 2018 which had 6 deaths.^[6]

Various interventions have been carried out to reduce MMR and IMR and to improve the health of mothers and babies, but the results are still not as expected. The concept of the healthy paradigm explains that efforts to accelerate the reduction of MMR and IMR must be carried out in a more upstream manner, namely in the pre-pregnancy or preconception period with an emphasis on promotion and preventive efforts, one of which is regarding the reproductive health of the bride. The reproductive health of the bride and groom is a condition that shows the physical, mental, and social health conditions of the bride and groom related to their reproductive functions and processes, including not having diseases or disorders that affect reproductive activities.^[5]

Bride is a strategic target group in the efforts to improve health before pregnancy. Approaching marriage, many brides-to-be do not have sufficient knowledge and information about reproductive

health in the family, so that after marriage, pregnancies are often not well planned and not supported by optimal health status. These can have negative impacts such as the risk of disease transmission, pregnancy complications, disability, and even death of mothers and babies. ^[7] Before entering into a marriage, each bride and groom must already have basic knowledge of reproductive health and a healthy reproductive attitude, including awareness of pre-marital health checks to see whether their reproductive organs are in optimal condition. ^[8]

RHS programs for brides-to-be are carried out by implementing reproductive health information and education communication (IEC) and health checks for brides-to-be who are about to get married, so it is hoped that brides-to-be can prepare and be ready to undergo pregnancy, child delivery, and carry out breastfeeding in a healthy manner as well as give birth to quality future generations. Health checks, both physical and supportive, as well as TT immunization are carried out at the Puskesmas, while the provision of IEC for reproductive and sexual health can be given to couples or groups of brides-to-be outside of health facilities, for example the Office of Religious Affairs (KUA). ^[7]

Article 4 of the Presidential Instruction Number 1 of 2017 concerning healthy life community movement (GERMAS), explains that "The Minister of Religion should carry out pre-marital health guidance to encourage healthy living behaviours and increase the nutritional status of brides-to-be and encourage the implementation of clean and healthy places of worship activities". ^[9] Brides-to-be who want to pursue marriage are required to take a course for bride and groom. They will be given a certificate and ¹⁰ provided with basic knowledge and skills about married life. The Office of Religious Affairs as the organizer includes a course for bride and groom (SUSCATIN) as one of the requirements for the marriage registration procedure. ^[10]

A study showed that there was a difference in brides-to-be's attitudes and knowledge before and after intervention of reproductive health service IEC. ^[11] Another study showed that pre-marital medical examination program was very useful for brides-to-be as a preventive measure for the possibility of contracting a disease from their spouses and children in the future. ^[12]

Data from the Regional Office of the Ministry of Religion of Riau Province in 2019 showed that the number of brides-to-be who got married in Pekanbaru City was 6,784 people, while the ones who took the bride and groom course and received the reproductive health service IEC was 4,075 people. ^[13] It means that 40 percent of the brides-to-be did not get reproductive health service IEC. The preliminary study showed that the implementation of reproductive health services for the brides-to-be in Puskesmas has not been conducted optimally in all Puskesmas. Thus, the aim of this study is ² to assess the implementation of the reproductive health service program for the bride-to-be based in Pekanbaru City.

Subjects and Methods

This study was carried out in Pekanbaru City in July 2020. The study method was qualitative with case study approach. The selection of community health service (Puskesmas) was based on whether they carried out standard or non- standard reproductive health services for the brides-to-be.

The keyinformants in this study were 1 person in charge/head of the Program of the Family Health and Nutrition section, 1 person who managed the Reproductive Health Program (RHP) at the PekanbaruCity Health Office, and 2 persons in charge of RHP at the Puskesmas that were selected based on the criterionof whether they had implemented reproductive health services for brides-to-be according to the standards/comprehensivelyor not. The supporting infomants were 1 person from the Ministry of Religion, and 2 brides-to-be who got married before the COVID-19 Pandemic. The bride and groom who got married before the COVID-19 pandemic were chosen because during the COVID-19 pandemic, the reproductive health services for the bride and groom are postponed until the pandemic ends, except for administrative services and marriage registration.^[14]

Data collection was conducted using in-depth interview and document review. In-depth interview used interviews guidelines. Each statement or answer from the informants was noted and recorded with a recording device in the form of mobile phone so that it could become a real archive of primary data. Informant, information category, and extracted categorization could be seen in Table 1.

Table 1. Information Category

No	Informant/Information Category	Extracted information
1	Person in charge of reproductive health services/ An overview that is related with the reproductive health service program for the brides-to-be	What was the policy on the implementation of IEC for the reproductive health of the bride? How was the budget for implementing the reproductive health service program for the bride? What were the obstacle factors for the implementation of the reproductive health service program for the bride? What were the supporting factors for the implementation of the reproductive health service program for the bride? What efforts were being conducted to improve the outcomes of the bride's reproductive health service program?
2	Brides-to-be/ The bride-to-be's understanding of sexual and reproductive health	How was the government support for the implementation of the bride course? How was the government support for the medical examination of the bride and groom? What did the bride-to-be know about sexual and reproductive health? What were the health checks performed for the bride-to-be? what were the benefits of following a bride course? What were the benefits of conducting a medical examination for the bride-to-be?

Processing and data analysis were carried out according to qualitative analysis methods, namely data reduction, data presentation, and verification/drawing conclusion. Triangulation of

sources and data was conducted. Source triangulation was carried out by comparing and cross-checking information obtained through the Program Manager for the Pekanbaru City Health Service and Puskesmas, the Ministry of Religion, and the brides-to-be. Data triangulation was carried out by re-analyzing and entering document tracing, such as data recapitulation of the Puskesmas that provided reproductive health services for and a certificate of health for the brides-to-be. Through this process, validation was used to confirm whether the transcripts and analysis that had been prepared by the researcher was in accordance with the real experience or work of the main informants.

The study was performed following the guidelines of Helsinki declaration. Ethical clearance for the study was granted from the Ethic Committee of the STIKes Hang Tuah Pekanbaru through letter number 315/ KEPK/STIKes-HTP/ VI/2020. Written informed consents were obtained from the informants. Permission to conduct study was issued by Pekanbaru City Health Office through letter number 071/Dinkes-Umum/590/2020.

Results

The total population of Pekanbaru City in 2018 was 1,117,359, spread across 12 sub-districts.^[15] The distribution of the population of Pekanbaru City by age group and sex can be seen in table 1. The majority of the population in Pekanbaru City was at the productive age (15-49 years), namely 60.0% of the total population. The percentage of women at reproductive age (WUS) in Pekanbaru City was 60.5% of the total number of women.

Table 1. Total Population by Age Group in Pekanbaru City in 2018

No	Age groups (years)	Men	Women	Total
1	15 – 19	52,256	53,504	105,760
2	20 – 24	62,537	61,140	123,677
3	25 – 29	54,463	51,697	106,160
4	30 – 34	48,174	46,610	94,784
5	35 – 39	45,406	44,174	89,580
6	40 – 44	42,402	39,840	82,242
7	45 – 49	36,487	32,081	68,568
Total population aged 15 – 49		294,725	329,046	670,771
Total population		573,206	544,153	1,117,359

Source: BPS Pekanbaru (2018)

⁵ Table 2 shows the distribution of Puskesmas that provided reproductive health services for brides-to-be in the work area of the Pekanbaru City Health Office. All Puskesmas had implemented reproductive health services for the bride and groom, but only 4 (19.0%) Puskesmas had carried out supporting health checks according to the standards/comprehensively by carrying out complete

laboratory examinations (HB, blood type, HBsAg, HIV, Syphilis, blood glucose, urine protein). There were 10 (47.6%) Puskesmas which did not carry out laboratory examinations at all.

3 Table2.Reproductive Health Services for Brides-to-be in the Work Area of the Pekanbaru City Health Office in 2020

No	Sub-districts	Puskesmas	Reproductive health service for bride			MOU
			Serves reproductive health service	Type of laboratory examination	Trained human resources	
1	Tampan	RI Sidomulyo	√	HbsAg, HIV, blood type, glucose, and protein in urin	2	-
2		SimpangBaru	√	HIV	2	-
3		Sidomulyo	√	-	2	-
4	PayungSekaki	PayungSekaki	√	-	2	-
5	Bukit Raya	SaptaTaruna	√	HIV, Plano test	2	-
6		Harapan Raya	√	Blood type, HB, HIV, Syphilis	2	-
7	MarpoyanDamai	SimpangTiga	√	-	2	-
8		Garuda	√	-	2	-
9	Tenayan Raya	Tenayan Raya	√	-	2	-
10		Rejosari	√	Plano test, Hb Ag, Syphilis, HIV	2	-
11	Limapuluh	Limapuluh	√	HIV, Syphilis, Blood type, Plano test	2	-
12	Sail	Sail	√	Plano test	2	-
13	Pekanbaru Kota	Pekanbaru Kota	√	-	2	-
14	Sukajadi	Langsat	√	HIV, Hepatitis	2	-
15		Melur	√	Blood type, HbSag, Syphilis, HIV	2	-
16	Senapelan	Senapelan	√	-	2	-
17	Rumbai	MuaraFajar	√	-	2	-
18		Umbansari	√	-	2	-
19		Rumbai Bukit	√	Syphilis, HIV, Hepatitis	2	-
20	RumbaiPesisir	KaryaWanita	√	-	2	-
21		Rumbai	√	Plano test	2	-

Source:DinasKesehatan Kota Pekanbaru⁶¹

Characteristics of Informants

The total number of informants was seven people, consisting of four key informants and three supporting informants. Table 3 describes the characteristics of the informants. Most of the informants were female. Theinformants' education varied from diploma to stratum 3. The experience of informants in managing reproductive health programs (IU1, IU2, IU3 and IU4) varied from 3.5 - 25 years. It could be said that the informants already had a lot of experience in managing reproductive health programs

Table 3. Informant Characteristics

Informant	Age (years)	Gender	Education	Experience (years)	Department
Key					
IU 1	44	Female	S1	3.5	Head of the Program of the Family Health and Nutrition
IU 2	34	Female	D4	6	Manager of the Reproductive Health Program
IU 3	47	Female	D3	15	Manager of the Reproductive Health Program at Puskesmas Sidomulyo RI
IU 4	54	Female	S2	25	Manager of the Reproductive Health Program at Puskesmas Karya Wanita RI
Supporting					
IP 1	62	Male	S3	35	Ministry of Religion of Pekanbaru City
IP 2	31	Male	S1		Bride
IP 3	28	Female	D3		Bride

Implementation of Reproductive and Sexual Health IEC for brides-to-be

The implementation of reproductive health IEC for brides-to-be in Pekanbaru City was carried out by providing face-to-face counseling at the Puskesmas using flipcharts on the reproductive health of the brides-to-be and IEC which was conducted in the bride course organized by the Marriage Advisory, Guidance, and Preservation Agency (BP4).

Based on the results of in-depth interviews with key informants and supporting informants, it was known that health workers at the Puskesmas in the work area of the Pekanbaru City Health Office had received training on IEC for the reproductive health of brides-to-be, but there were trained health workers who were assigned to the inpatient room. The implementation of IEC for the bride and groom's reproductive health was not based on an agreement (MoU) between the Health Office and the Ministry of Religion of Pekanbaru City. The infrastructure used for providing counseling were flipcharts, but the related institutions could not provide pocket books and health cards to the brides-to-be. This could be seen from the key and supporting informants' statements:

"For Puskesmas, in 2019, we have trained the health workers, so each Puskesmas already has health workers who are competent in providing IEC for brides-to-be. The competency requirements are seen from those who have received training"(IU1, IU2)

"What was clear, the ones who have received training. But health workers who have been trained are placed in the inpatient unit"(IU3)

"Those who convey their health material in the bride course are obviously the people who have been trained at the center" (IP1)

"... in the implementation, we are still in the cross-sectoral process, especially with the Ministry of Religion in the formation of the MoU. The target of the 2020 MoU with the Ministry of Religion has been realized "(IU1, IU2)

"The agreement is only in the form of a circular letter from the Director General. There is no MoU yet"(IP1)

"We have distributed the flip charts to all Puskesmas, but the pocket books and health cards are still not sufficient based on the number of targets." (IU1)

"The availability of the facilities is determined by the course institution itself. There are tables, chairs, books, and other devices that support the course institution. (IP 1)

Medical examination of the brides-to-be

² Based on the results of in-depth interviews with the key informants and supporting informants, it was known that the medical examinations given to the brides-to-be were different in each Puskesmas. There were Puskesmas that carried out comprehensive health examinations, namely general, physical, supporting/complete laboratory examinations (blood group, hepatitis, HIV/AIDS and syphilis). However, there were still Puskesmas that only carried out general and physical examinations as well as TT immunization, because there were no laboratory health personnel and logistics. This ⁵ can be seen from the results of interviews with informants:

"Well ... for general examinations such as height, weight, upper arm circumference, HB examination, the Puskesmas have them, they are sufficient. But for the triple elimination check, there are no logistics from the Ministry of Health, Ma'am. "(IU2)

"Only blood pressure checks and TT immunization. For laboratory examinations such as HIV/AIDS, sexually transmitted diseases, and other infectious diseases, it cannot be carried out as we have no human resources for that. This Puskesmas does not have laboratory personnel "(IU3)

"Physical examinations such as blood pressure, pulse, temperature, height, respiration, and body weight, then in the laboratory examination, there would also be an examination of HB, blood type, blood sugar, HIV, syphilis, hepatitis, then urine protein, reduction, and pregnancy tests" (IU4)

"I don't know Ma'am ... because I didn't do any inspection" (IP2)

"When the hospital did a medical check-up, it was attached, not from the Puskesmas. In the hospital, the examinations conducted were labor, routine blood, chemistry and hepatitis viruses, HIV, then there was tension in vital signs and nutritional status" (IP3)

Implementation of TT Immunization Screening

² Based on the results of in-depth interviews with key informants and supporting informants, it was known that the implementation of TT immunization screening for prospective brides was carried out at the Puskesmas. However, not all prospective brides received TT immunization, because there

was no MoU, and KUA did not recommend it. This can be seen from the following statements of the main informants and supporting informants:

"Puskesmas has implemented it" (IU1)

"KUA said that bride TT injection was allowed, but they won't force us to take it, so I went to a midwife near the house, sis" (IP3).

"There is no MoU with the Ministry of Religion" (IU1)

"There is no MoU with the KUA" (IU3, IU4)

Discussion

Implementation of IEC for sexual and reproductive health for brides-to-be

The implementation of IEC for the reproductive health of the prospective brides in Pekanbaru City was carried out inside and outside of the Puskesmas buildings. IEC was conducted inside the Puskesmas buildings by providing face-to-face counselling. IEC carried out outside the building was provided in the bride course. The bride course is a program that must be followed by prospective brides to get a certificate as one of the requirements for pre-marriage. Technical course activities for brides-to-be were carried out under the Ministry of Religion which was organized by the Marriage Advisory, Guidance, and Preservation Agency (BP4) of Pekanbaru City by involving health workers in providing reproductive health material. Implementation of IEC for the reproductive health of the brides-to-be was still based on a circular letter from the Ministry of Religion and the Ministry of Health. There was no agreement/cooperation (MoU).

Supporting factors in the implementation of IEC for the prospective brides-to-be's reproductive health were the training of the Puskesmas' health personnel ³ in the work area of the Pekanbaru City Health Office and infrastructure such as manuals and reproductive health sheets for brides-to-be that were distributed to the Puskesmas. The inhibiting factors in the implementation of IEC for the prospective bride and groom's reproductive health were the absence of cross-sector commitment in the form of no agreement/MoU between the Health Office and the Ministry of Religion as well as the absence of pocket books and leaflets for each bride as there was no budget for the procurement of the books.

According to the Ministry of Health of the Republic of Indonesia ^[7], IEC for sexual and reproductive health for prospective brides was carried out using IEC tools/media, namely reproductive and sexual health flipcharts for future brides. The flipcharts were intended for health workers. IEC for the reproductive and sexual health of the brides-to-be was provided at the time of spiritual guidance for marriage preparations given to couples or groups of prospective brides and grooms outside of health

facilities, for example the Office of Religious Affairs/KUA. After receiving IEC, the prospective brides and grooms were advised to go to a health facility to get health checks and immunizations. IEC of reproductive health service activities for the brides-to-be was carried out on the basis of an agreement between the health workers and the Office of Religious Affairs (KUA)/Church/Parisada/Vihara. Therefore, it was necessary to collaborate with local religious institutions or groups.

This study is also similar to Gunawan's study which stated that the bride course program was carried out to provide some foundations for the brides-to-be about family knowledge and healthy reproduction so that the prospective brides and grooms would have the knowledge as well as mental and physical readiness in entering the marriage phase. The brides-to-be must attend a course for the brides and grooms to be given a certificate and provided with basic material knowledge and skills about married life.^[10]

Medical examination of the prospective brides and grooms

Medical examinations for brides-to-be in Pekanbaru City such as physical and general examinations were carried out, but only 4 Puskesmas conducted supporting/laboratory examinations such as HB examination, blood type and triple elimination, namely Hepatitis, syphilis and HIV/AIDS. Puskesmas that carried out comprehensive health check provided a Pre-Marital Health Check Certificate to the prospective brides and grooms. However, there were still Puskesmas that only carried out general and physical health checks as well as TT immunization and issued a TT Immunization Screening Certificate. Inhibiting factors in the medical examination of prospective brides were the absence of health analysis human resources, unavailability of logistics/reagents for laboratory examinations, and the absence of budget for logistics/reagent procurement.

The Ministry of Health of the Republic of Indonesia (2017) explained that the health checks given to the brides-to-be before marriage were the examination of vital signs (temperature, pulse, respiration, blood pressure), routine blood tests (HB, platelets, leukocytes), urine checks, recommended blood examinations (blood type, blood sugar, thalassemia, hepatitis, TORCH), and nutritional status checks.^[5]

Regulation of the Minister of Health (Permenkes) Number 4 of 2019 concerning Technical Standards for the Fulfillment of Basic Service Quality at the Minimum Service Standards (SPM) in the Health Sector, specifically the 6th Standard Statement, states that "Every Indonesian Citizen of Reproductive Age (15-59 Years) must get health screening according to standards". Reproductive age health services according to standards cover health education, including family planning (KB) and screening for risk factors for communicable and non-communicable diseases.^[3] The results of this study are also not in accordance with the Indicators of the National Medium-Term Development Plan

(RPJMN) and the Ministry of Health's Strategic Plan of 2020-2024, which explain that the criterion for districts that provide reproductive age health services is that at least 50% of Puskesmas must provide reproductive health services for brides-to-be.^[16]

Implementation of TT Immunization Screening

Tetanus toxoid (TT) immunization status is an effort to safely prevent and protect oneself against tetanus by giving 5 doses of TT immunization to achieve full immunity.^[5] Implementation of the TT immunization program for WUS is in the form of a coverage screening program of TT immunization. TT immunization is conducted 5 (five) times for a woman in her lifetime to get T5 status.^[17]

The Joint Instruction of the Director General of Islamic Community Guidance and Hajj Affairs of the Ministry of Religion and the Director General of Communicable Disease Eradication and Residential Environment Sanitation of the Ministry of Health No. 02 of 1989 concerning Tetanus Toxoid Immunization for Prospective Brides and Grooms instructs that all heads of the regional offices of the Ministry of Religion and heads of the regional offices of the Ministry Health across Indonesia to order all personnel under them to carry out guidance and TT immunization services for the brides and grooms. This regulation becomes the basis or foundation as one of the requirements for marriage administration stipulated by the KUA for couples who are going to get married, namely the obligation to carry out TT immunization by showing a letter/proof of TT immunization for the prospective brides from the nearest hospital or health center.^[18]

Limitation of this study is the fact that this research was conducted during the COVID-19 pandemic, where there was a policy of Social Distancing and Physical Distancing that made the researchers unable to analyze the implementation of the reproductive health program of the brides and grooms with face-to-face and direct observation. Instead, the researchers were only able to conduct in-depth interviews with informants using cell phone and review the documents obtained during the research. There is a policy of the Ministry of Health of the Republic of Indonesia regarding the postponement of the implementation of reproductive health services for brides-to-be during the COVID-19 pandemic, except for administration and marriage registration services, meaning that the information that the researchers obtained only revealed the conditions in 2019.

The implementation of reproductive health services for the brides-to-be in Pekanbaru City has not been optimally implemented. Only a small proportion of Puskesmas provided reproductive health services for brides-to-be according to the standards/comprehensively, which consisted of the implementation of IEC for reproductive and sexual health, medical examinations, laboratories examination, and TT immunization screening for the brides-to-be. It is recommended that all

Puskesmas in the work area of the Pekanbaru City Health Office should provide standards/comprehensive reproductive health services for brides-to-be. The Pekanbaru City Health Office and Puskesmas would soon provide a written agreement/ MoU with the Ministry of Religion of Pekanbaru City and the KUA concerning the implementation of reproductive health services for brides-to-be.

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