

THE EFFECT OF PREMARITAL EDUCATION ON READINESS FOR THE FIRST PREGNANCY OF BRIDES IN RELIGIOUS AFFAIRS OFFICE LUBUK BEGALUNG, PADANG

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Abstract

First pregnancy is a transition period for every woman. Pregnancy preparations must be done during the preconception period. If women are not ready to face pregnancy can cause anxiety and worry so, it can interfere with the pregnancy process. The purpose of this study was to know at the effect of *premarital education* on the readiness to face the first pregnancy for brides in Religious Affairs Office (KUA) Lubuk Begalung , Padang.

Type of this research is *pre-experiment* using *one group pretest posttest designs*. Data collection was conducted from April to May 2019. The population in this study were 72 registered brides in April 2019 at KUA Lubuk Begalung. Sampling uses the total sampling method. Data processing is done by *Paired sample T-Test* ($p < 0.005$) and *Chi-Square Test* ($p < 0.005$).

The results showed that before being given *premarital education* 46.9% of respondents were not ready to face the first pregnancy while after being given *premarital education* 95.9% were ready to face the first pregnancy. The results of *Paired sample T-Test* and *Chi-Square test results* obtained *p-value* = 0.001.

There is the influence of premarital education on the readiness of prospective brides to face the first pregnancy in Religious Affairs Office (KUA) Lubuk Begalung , Padang. It is expected that health workers will more optimally provide information about pregnancy readiness

Keywords : *Premarital Education*, Readiness, First Pregnancy

INTRODUCTION

Pregnancy is a time of transition for every woman, namely a period between life before having children and life later after the child is born (Varney, 2004). The first pregnancy that every woman will go through after marriage will bring social change and psychological changes in her life. Some of them are happy to face the first pregnancy and others are known to experience anxiety. This depends on how a woman prepares the pregnancy so that she can adapt to any changes that occur during the pregnancy process (Newman, 2006).

If married women who are not ready to face pregnancy can cause anxiety and worry, there will be an increase in adrenal hormones which will adversely affect fetal development and *outcomes* later childbirth, namely post partum depression and increased rates of child violence (Rokhanawati, 2017). Increasing morbidity and mortality rates in mothers and infants can also be caused by a lack of preparation of knowledge about pregnancy, sexual intercourse, and childbirth (Stephenson J, *et al*, 2014).

Recorded maternal mortality (MMR) in Indonesia is the highest in ASEAN at 359 per 100,000 live births this number has not yet reached the target of the 2015-2019 National Medium

Term Development Plan (RPJMN). The MMR target per 100,000 live births in 2019 is 306 cases (SDKI, 2012; RPJMN, 2015-2019).

In 2017 the number of maternal deaths in West Sumatra was 115 cases. The maternal mortality rate in Padang City in 2017 was 16 cases. There are 5 cases in Lubuk Begalung Subdistrict, 3 cases in Koto Tengah Subdistrict, 2 in Nanggalo District and Pauh District, 1 in Padang Timur Sub-District, Kuranji, Lubuk Kilangan and Bungus Districts. For 2017 the causes of maternal deaths were 6 cases of preeclampsia, 5 cases of bleeding, 1 bronchial asthma, 1 case of sepsis, 1 case of carcinoma recti, and 1 case of hyperemesis gravidarum (Dinkes Kota Padang, 2018).

One effort to reduce maternal mortality was increasing knowledge and changing behavior of both mothers, families and communities (Riskasdas, 2013). Midwives as professionals who are close to women are responsible for providing knowledge, support, care and advice to women before and during pregnancy (Yulizawati et al, 2019).

The Indonesian government has facilitated brides to increase their knowledge before marriage, namely through *premarital education*. program *Premarital education* is a program that aims to prepare the bride and groom in the face of life after marriage and prepare for pregnancy. Guided by the Director General Regulation of the Indonesian Islamic Society Number 379 of 2018 concerning instructions for conducting premarital marriage guidance for brides and grooms, the material to be given includes exposure to marriage guidance policies, preparing family welfare, building relationships in families, meeting family needs, maintaining reproductive health and preparing qualified generation who can work with health agencies such as local health centers.

According to Suprastowo (2018), women often feel confused during the first pregnancy and have difficulty running their roles as mothers. The results obtained 72.7% of respondents said they needed pregnancy planning counseling and information on pregnancy care

Lubuk Begalung is recorded as the sub-district with the highest Maternal Mortality Rate (MMR) in Padang City in 2017. According to the Ministry of Religion of West Sumatra, Lubuk Begalung is the third most married sub-district in Padang, which is more than 1500 events each year. From the initial survey conducted in KUA, Lubuk Begalung, Padang through direct interviews with the head of the district, there was no specific counseling provided by health workers about the readiness to face the bride and groom. The researcher also conducted direct interviews with 10 brides, 8 people said they wanted to have children soon after marriage, 6 people said they were afraid and anxious if they imagined pregnancy, 5 people said they did not know what to prepare for the first pregnancy, 2 people wanted to delay pregnancy for work reasons.

Based on the problems described above, the authors are interested in conducting a study on "The Effects of *Premarital Education* on Preparedness for Facing First Pregnancy in Prospective Brides in KUA, Lubuk Begalung , Padang ".

Method

Type of this research used the *pre-experiment* using *one group pretest posttest designs* (Sugiyono, 2017). The population in this study is the bride and groom registered in April 2019 in KUA Lubuk Begalung, which is 72 people. The sampling technique in this study was carried out by the Total Sampling method. The research will be conducted in KUA Lubuk Begalung, Padang. Preparation and Research was conducted in December 2018 - June 2019. Data analysis was univariate and bivariate with analysis *chi-square* and *Paired Sample T-Test*.

Results

This study were done in April-May 2019. The sample studied amounted to 58 respondents, but because 9 responden did not follow the *posttest* , the final number of samples was 49 respondents

Table 1. Distribution of Frequency Characteristics of Respondents

No	Characteristics	f (n = 49)	%
1	Age		
	<20 years	9	18.4
	20-25 years	28	57,1
	26-30 years	12	24,5
	> 30 years	0	0
2	Education		
	No school / not graduated	0	0
	Elementary School	7	14.3
	Middle School	4	8.2
	High School	28	57.1
	PT	10	20.4
3	Employment		
	IRT	27	55.1
	Trade	10	20.4
	Private	11	22.4
	PNS	1	2.0
4	Income Husband		
	<2,500,000	12	24,5
	≥ 2,500,000	37	75,5
5	Wife Income		
	None	27	55,1
	<2,500,000	4	8.2
	≥ 2,500,000	18	36,7

Based on table 1 it is known that most brides are in the 20-25 year age group, 57.1%. The last education was the highest number of respondents, namely at the high school level / equal to 57.1%. The majority of prospective brides will work as housewives as much as 55.1%. The highest income of prospective husbands is in the range of 002,500,000 which is 75.5% and prospective wives do not earn as much as 55.1%.

Univariate Analysis

Table 2 Distribution of Prospective Readiness for Facing The First Pregnancy Before and After *Premarital Education*

Preparedness for Pregnancy	<i>Respondent Group</i>			
	<i>Before</i>		<i>After</i>	
	f	%	f	%
Unready	23	46.9	2	4.1
Ready	26	53,1	47	95,9
Total	49	100	49	100

Table 2 shows that before being given *premarital education* 46.9% of respondents were unprepared for the first pregnancy while after being given *premarital education* 95.9% were ready to face the first pregnancy and only 4.1% were unprepared. This shows that after being given *premarital education* it can increase the readiness of the brides to face the first pregnancy.

Table 3 Categories of Readiness for Brides in the First Pregnancy Before *Premarital Education*

Preparedness for Facing pregnancy	General		readiness Physical		Psychological Readiness		Social and financial readiness	
	f	%	F	%	f	%	f	%
	Unready	26	53,1	19	38,8	33	67,3	18
Ready	23	46.9	30	61.2	16	32.7	31	63.3
Total	49	100	49	100	49	100	49	100

Based on table 3 before being given *premarital education* it was found that 53.1% were not ready in terms of general readiness and 46.9% are said to be ready. Physical readiness of the bride in the face of the first pregnancy before being given *premarital education*, namely 61.2% was ready to face the first pregnancy and 38.8% were not ready. The psychological readiness of the bride before being given *premarital education* from table 3 shows that 32.7% of respondents were ready to face the first pregnancy and 67.3% were unprepared. Social and financial readiness obtained before being given *premarital education* was 63.3% ready and 36.7% were not ready to face the first pregnancy.

Table 4 Categories of Readiness for Brides in the First Pregnancy After *Premarital Education*

Readiness to face pregnancy	General		Physical Readiness		Psychological Readiness		Readiness Social and financial	
	f	%	f	%	f	%	F	%
	Unready	2	4.1	5	10.2	9	18,4	8
Ready	47	95.9	44	89.8	40	81.6	41	83.7
Total	49	100	49	100	49	100	49	100

Based on table 4, the data shows that after being given *premarital education* for general readiness there is an increase of only 2 people or 4.1% of respondents were not ready and 47 people or 95.9% were ready to face the first pregnancy. Physical readiness also experienced an increase after being given *premarital education* as many as 44 people or 89.8% were ready and 5 people or 10.2% of respondents were still not ready to face the first pregnancy.

The psychological readiness of the bride in the face of the first pregnancy after being given *premarital education* from table 5.4 shows that most of the respondents were ready, namely 40 people or 81.6% and 9 people or 18.4 respondents still not ready. In social and financial readiness, some respondents were ready after being given *premarital education*, namely 41 respondents or 83.7% while 8 respondents or 16.3% were still not ready to face the first pregnancy.

Bivariate Analysis

Table 5. Relationship between *Premarital Education* and Preparedness for Facing First Pregnancy at Prospective Brides at KUA Lubuk Begalung

<i>Premarital Educa tion</i>	Not Ready		Ready		Total		p-value	OR (95% CI)
	f	%	F	%	f	%		
	Before	23	46,9	26	53,1	49		
After	2	4,1	47	95,9	49	100		
Total	25	25.5	73	74,5	98	100		

Based on table 5 shows that the readiness of brides is better after given *premarital education* (95.9%) compared to before being given *premarital education* about readiness to face the first pregnancy. The results of statistical tests using the test *chi-square* obtained p-value = 0.001, meaning that there is a significant relationship between the provision of *premarital education* about first pregnancy preparedness with the readiness of prospective brides to face the first pregnancy in KUA Lubuk Begalung District, Padang City. Table 5 shows that *premarital education* is a factor that can affect the readiness of prospective brides in the face of the first pregnancy (OR = 20.7).

Table 6. Test Results *Paired Samples T-Test* Readiness for Brides Facing First Pregnancy

Variable	Mean	SD	SE	p value
Before	18.33	3.590	0.513	0.001
After	23.22	2.608	0.373	

Based on table 6, average ± SD score before intervention readiness of prospective brides to face the first pregnancy was 18.33 ± 3.590 and the mean ± SD score after intervention namely 23.22 ± 2.608. The statistical test results obtained p value = 0.001, it can be concluded that the provision of *premarital education* has an effect on the readiness of the bride to face the first pregnancy in KUA Lubuk Begalung , Padang.

DISCUSSION

The results of this study indicate that 46.9% of respondents were not ready to face the first pregnancy before being given *premarital education*. In the aspect of general preparedness, most respondents were not ready to face their first pregnancy, 53.1% and the other 46.9% were ready to face the first pregnancy. This can be caused by a lack of knowledge and information obtained by respondents about the first pregnancy. On the aspect of physical readiness 61.2% of respondents were ready to face pregnancy before being given *premarital education* but there were still 38.8% of respondents not ready to face their first pregnancy. Likewise, the social and financial aspects have partially faced the first pregnancy before being given *premarital education*, which is 63.35% of respondents, but 36.7% of respondents also need special attention because they are not ready to face the first pregnancy.

Psikological readiness are the most unready aspect. That found 67.3% of respondents were unready and only 32.7% of respondents were ready to face the first pregnancy before being given *premarital education*. Most respondents who are not ready for this aspect can be caused by negative thoughts about pregnancy and concerns that something bad will happen during pregnancy as well as a lack of understanding of respondents about normal pregnancies and unplanned pregnancies. According to Bobak (2005) pregnancy planning is needed to ensure acceptance of pregnancy so that the mother does not experience stress and has an impact on the outcome of pregnancy. A good planning for pregnancy should be done during the preconception period. A well-planned pregnancy process will have a positive impact on the condition of the fetus and the physical and psychological adaptation of women and their partners (Oktalia, 2016).

The results of this study are in line with research conducted by Rokhanawati (2017) stating that before the intervention was given it was found that 44.2% of respondents were ready to face the first pregnancy and 55.8% were not ready to face the first pregnancy. One of the reasons for respondents not ready to face the first pregnancy is the lack of knowledge about pregnancy and the importance of being prepared for pregnancy. The level of knowledge is influenced by the level of education. The level of education will affect a person's critical mind, so the higher the level of education, the person's knowledge will be better. This knowledge can be obtained from various sources such as the mass media, electronic media, books, society, families and health workers (Notoatmodjo, 2012).

The results of this study indicate that after given a *premarital education* was significant increase in the majority of respondents as much as 95.9% of respondents ready to face the first pregnancy and 4.1% still not ready after being given *premarital education*. Respondents who were not ready even though they had been given education about pregnancy could be caused by the increase in knowledge about pregnancy which made the respondents anxious because they misunderstood or did not understand the information provided (Utari, 2016).

In every aspect of readiness there is also an increase in the readiness of prospective brides to face the first pregnancy. In general readiness only 4.1% of respondents were not ready and 95.9% were ready to face the first pregnancy, 89,% of respondents were ready for aspects of physical preparedness, 81.6% in psychological preparedness, 83.7% of respondents were prepared for aspects social and financial readiness after being given *premarital education*.

This is evident that the provision of information and the addition of knowledge can increase the readiness of brides to face pregnancy. Based on research conducted by Amalia (2018), that there is an increase in knowledge of prospective pregnant women after being given health education about nutrition for pregnant women. Knowledge is the result of knowing and occurs after

someone has done an object of an object and most of it is obtained through vision and hearing (Priyoto, 2018). The level of knowledge will influence how a person acts and looks for the cause of a solution in his life (Walyani, 2014). So that this study found changes in data on the readiness of the bride after getting education about pregnancy readiness. Respondents received additional knowledge and information in this study through *premarital education* about pregnancy preparedness provided by researchers.

The results of bivariate analysis in this study indicate that there is an effect of *premarital education* on readiness for the bride and there is a meaningful relationship between *premarital education* and readiness to face the first pregnancy. Based on the statistical test obtained sig value of 0.001, meaning that *premarital education* given to prospective brides has a relationship and affects the readiness of respondents to face the first pregnancy. In this study OR (*odds ratio* 20.7) means that respondents who did not get *premarital education* about pregnancy had a 20.7 times chance of being unprepared for the first pregnancy.

The results of this study are in line with Rokhanawati's (2017) research, regarding the effect of health education on first pregnancy preparedness. It was found that before being given health education 57.5% of respondents said they were not ready to face the first pregnancy but after being given health education only 39.5% of respondents not ready to face the first pregnancy. Likewise with Amalia's research (2018) there was an increase in knowledge of prospective brides after being given health education seen in the results of the study the average value before and after being given health education was 13.0 to 17.0. These results prove that there is an effect of providing health education to readiness to face the first pregnancy.

Based on this study it was found that before being given *premarital education* respondents were at most unprepared for aspects of psychological readiness. After being given *premarital education* about pregnancy readiness, there is an increase in preparedness in psychological aspects, although it is still an aspect with the most incorrect answers. This can be caused by excessive worry about pregnancy and anxiety if something bad happens during pregnancy.

In this study it was found that after being given *premarital education*, 2 of 49 respondents were still not ready to face the first pregnancy. Based on the characteristics of respondents with primary school education level and age <20 years, one of the factors causes respondents to remain unprepared even though they have been given *premarital education* about pregnancy. According to Notoatmodjo (2010), the level of education also determines whether or not an individual is easy to absorb and understand science, the higher a person's education the better the acceptance of information obtained. For women who have less than 20 years of age, most do not have physical, mental and social readiness in the face of pregnancy. The more age, the level of maturity and strength of a person will be more mature in thinking and working (Nursalam, 2008).

Submitting information about first pregnancy preparedness through prenuptial counseling is one method to prepare prospective mothers' knowledge about pregnancy and instill the principle of normal pregnancy. The premarital period is the most ideal period to assess the readiness of the bride and provide knowledge about pregnancy, so that after marriage a woman is ready to go through the pregnancy process and minimize incidents that are not alleviated due to lack of knowledge about pregnancy.

CONCLUSION

1. Almost half of the respondents are not prepared to deal with the first pregnancy before being given a *premarital education*

2. Most respondents are ready to face first pregnancy after being given *premarital education* about pregnancy preparedness
3. There are influences *premarital education* on the readiness of the bride to face the first pregnancy in KUA Lubuk Begalung , Padang.

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