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## Pre-marital education (PME) program for marriage readiness and stunting prevention to women of childbearing age

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### Abstract

**Background:** Indonesia is one of the countries with a high burden of malnutrition, including stunting. One preventive measure for stunting is the optimization of pre-pregnancy services (preconception). Preconception services, especially for prospective brides and grooms, aim to identify and modify biomedical, psychological, and social risks related to women's health and pregnancy conditions through an optimal early detection strategy. Current issues regarding stunting can indeed be prevented through optimal pregnancy and marriage planning. Therefore, a strategy is needed to develop comprehensive pre-marriage planning through premarital classes.

**Purpose:** To determine the effectiveness of pre-marital education (PME) program for marriage readiness and stunting prevention to women of childbearing age

**Method:** This research used a quantitative research design with a quasi-experimental one-group pretest-posttest approach. The instrument used a questionnaire on the physical, psychological, and social readiness of premarital individuals that had been tested for validity and reliability. The sampling method used accidental sampling, and 49 prospective brides and grooms were obtained as participants.

**Results:** The results indicated that the "*Paketin Canting*" class titled "*Paket Kelas Catin Cegah Stunting*" had an effect on the biopsychosocial readiness of premarital individuals. In future research, the *Catin* class method can be further developed to enhance motivation and utilization. Additionally, further research is needed on the impact of *Catin* classes on reducing stunting rates in Indonesia, and statistical tests show a significant difference before and after the *Paketin Canting* intervention on the biopsychosocial readiness of premarital individuals ( $p$ -value = 0.000).

**Conclusion:** There is an effect of the "*Paketin Canting*"- a pre-marital education program on the physical, psychological, and social readiness of premarital individuals.

**Keywords:** Pre-marital Education Program; Readiness; Stunting; Women of Childbearing Age.

## INTRODUCTION

Stunting in childhood is the best indicator of a child's well-being and is an accurate reflection of social disparities. Stunting is the most common form of child malnutrition, with an estimated 161 million children worldwide in 2013 being below -2 SD from the median Child Growth Standards (De Onis, & Branca, 2016).

Based on the results of the Indonesia Nutrition Status Study in 2021, the national prevalence of stunting has decreased by 1.6 percent per year from 27.7 percent in 2019 to 24.4 percent in 2021. Almost the majority of the 34 provinces show a decrease compared to 2019, with only 5 provinces showing an increase. This indicates that the implementation of government policies to accelerate the reduction of stunting in Indonesia has yielded relatively good results. The Indonesia Nutrition Status Study 2021 conducted by the Research and Development Agency of the Ministry of Health not only provides an overview of the nutritional status of toddlers but can also be used as an instrument for monitoring and evaluating the achievement of specific intervention indicators at both the national and district/city levels, which has been carried out since 2019 and will continue until 2024. Currently, the prevalence of stunting in Indonesia is better than in Myanmar (35%), but still higher than in Vietnam (23%), Malaysia (17%), Thailand (16%), and Singapore (4%) (Ministry of Health of the Republic of Indonesia, 2021).

Stunting affects one-third of children under the age of 5 in developing countries, and 14% of child deaths are attributed to it. A large number of risk factors for stunting have been identified in epidemiological studies. However, the relative contribution of these risk factors to stunting has not been extensively studied in various countries. We estimated the number of stunting cases in children aged 24–35 months (i.e., at the end of the 1,000-day vulnerability period) caused by 18 risk factors in 137 developing countries (Danaei, Andrews, Sudfeld, Fink, McCoy, Peet, & Fawzi, 2016).

Efforts to prevent stunting at an early stage must be undertaken so that women of childbearing age who are preparing for pregnancy can ensure the successful preparation of the first 1000 days of a child's life. In the effort to prevent stunting, it is

necessary for mothers to improve their nutritional status during pregnancy. The mother's knowledge indirectly influences the mother's health, the fetus she carries, and the quality of the baby to be born. Historically, nutritional improvement efforts have been made when the mother is already pregnant, so it would be better to conduct nutritional education, especially in stunting prevention, before the mother becomes pregnant and is preparing for her pregnancy (Fauziatin, Kartini, & Nugraheni, 2019).

Pre-marriage is a phase where individuals can get to know, understand, and accept each other before taking the next step in forming the household they desire, to avoid divorce. Therefore, guidance is crucial. Directorate General of Islamic Community Guidance passed a Decision Number 379 of 2018 was made regarding the Implementation Guidelines for Pre-Marriage Guidance for Prospective Brides and Grooms. It is expected to provide knowledge and understanding related to everything that must be prepared by prospective brides and grooms. However, in reality, many prospective brides and grooms do not participate in pre-marriage guidance organized by the Ministry of Religious Affairs in Bandung City (Ardiansyah, 2020).

Prospective brides and grooms, both men and women, are one of the at-risk target groups because after marriage, they plan to have children, and it is expected that the marriage will produce healthy children. Early prevention of stunting can be done by raising awareness among prospective brides and grooms about stunting incidents. To address the indirect causes of stunting, implement nutrition-sensitive interventions, where the target of these sensitive nutrition interventions is families and communities carried out through various programs and activities, including providing counseling on adolescent reproductive health and prospective brides and grooms (Ismayanty, Lufar, & Mulyati, 2022).

Pre-marriage guidance is an intervention or preventive action provided to couples, especially young couples planning to marry. Pre-marriage education programs are training procedures for basic skills and knowledge aimed at providing information to couples to better prepare for marriage from both religious and psychological perspectives (Ramadan, & Ramdani, 2022).

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## RESEARCH METHOD

This study utilized a quasi-experimental research design with a one-group pretest-posttest design. The sample was selected using accidental sampling technique, consisting of 49 prospective brides. Paketan Canting is an educational program given to prospective brides as pre-marriage guidance. Paketan Canting consists of 2 sessions covering topics such as pre-marital physical preparation, pre-marital psychological preparation, and pre-marital social preparation. Additionally, physical and psychological pre-marriage screening was conducted, followed by the participants filling out a questionnaire, with a total of 49 female prospective brides.

The instrument used was a questionnaire assessing physical, psychological, and social readiness, which underwent validity and reliability testing. The results showed 51 valid items (based on the calculated R value > the tabled R value (0.378) with a significance level of 0.1%) and reliable (with a Cronbach's alpha value of 0.962). There were additional instruments to complement the data, namely the London Measure of Unintended Pregnancy (LMUP) questionnaire and the Self-Report Questionnaire (SRQ) to measure the readiness for pregnancy and the psychological condition of prospective brides. Data were collected through surveys and interviews, processed using the SPSS program, and subjected to parametric tests. This research was conducted with the approval of the ethics commission of Universitas Aisyiyah

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The study involved data collection, observation, identification, interviews, and the completion of a questionnaire consisting of 51 questions, including a participant willingness sheet. The questions covered participant characteristics such as age, nutritional status based on BMI, highest education level, and occupation. The questionnaire also included questions about the participants' knowledge of the biopsychosocial pre-marriage readiness for stunting, covering physical, psychological, and social readiness. Participants were then asked to complete the questionnaire.

After the questionnaire was filled out, an assessment was conducted. The assessment indicators for participants' knowledge of biopsychosocial readiness were based on the questionnaire answers, categorized as ready, sufficiently ready, or not ready. For physical readiness, the categories were ready if the score was 27-44, sufficiently ready 18-26, and not ready 1-17. For psychological readiness, the categories were ready if the score was 39-44, sufficiently ready 26-28, and not ready 1-25. Lastly, for social readiness, the categories were ready if the score was 51-68, sufficiently ready 3-50, and not ready 1-33. The assessment was based on the median value obtained from the questionnaire. The data collected were processed, and the discussion of statement problems formed the basis for presenting the information in tabular form to draw conclusions.

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**RESEARCH RESULT**

**Table 1. Characteristic of Participants (N=49)**

<b>Variables</b>	<b>Results</b>
<b>Age (Mean ±SD) (Range)</b>	(26.57±5.000) (20-35)
<b>BMI (n/%)</b>	
Underweight	7/14.2
Normal	29/59.2
Overweight	9/18.4
Obesity	4/8.2
<b>Education (n/%)</b>	
Elementary - Junior High	23/47.0
Senior High	20/40.8
Diploma/University	6/12.2
<b>Occupation (n/%)</b>	
Labor	23/46.9
Intreprenneur	2/4.1
Employee	17/34.7
Student	7/14.3
<b>Physical Readiness (n/%)</b>	
<b>Pre-Test</b>	
Prepared	12/24.0
Moderately prepared	22/45.0
unprepared	15/31.0
<b>Post-Test</b>	
Prepared	38/78.0
Moderately prepared	11/22.0
unprepared	0
<b>Psychological Readiness (n/%)</b>	
<b>Pre-Test</b>	
Prepared	9/18.0
Moderately prepared	30/61.0
unprepared	10/21.0
<b>Post-Test</b>	
Prepared	33/67.0
Moderately prepared	16/33.0
unprepared	0
<b>Social Readiness (n/%)</b>	
<b>Pre-Test</b>	
Prepared	8/15.0
Moderately prepared	28/57.0
unprepared	13/28.0
<b>Post-Test</b>	
Prepared	33/67.0
Moderately prepared	16/33.0
unprepared	0

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Table 1 shows that the participants' age had a mean and standard deviation of (26.57±5.000) and a range of 18-35 years. Based on their body mass index, the majority were classified as normal (59.2%). The majority of the participants had an education level of Elementary School - Junior High (46.9%), and most of them were laborers (46.9%).

Regarding the pre-marital physical readiness of participants before receiving material on preventing stunting, the majority were moderately prepared (31%) or unprepared (45%), compared to those already prepared for marriage (24%). After receiving the stunting prevention class, the physical readiness for pre-marriage participants was mostly in the prepared category (78%), compared to moderately prepared (22%) and unprepared for marriage (0%).

For the psychological readiness of participants before receiving material on preventing stunting, the majority were moderately prepared (61%) or

unprepared (21%), compared to those already prepared (18%). After receiving the stunting prevention material, the psychological readiness for pre-marriage participants was mostly in the prepared category (67%), compared to moderately prepared (33%) and unprepared for marriage (0%).

In terms of social readiness, participants before receiving material on preventing stunting were mostly moderately prepared (57%) or unprepared for marriage (28%), compared to those already prepared (15%). After receiving the stunting prevention material, the readiness of participants in the prepared category (67%) was more than those moderately prepared (33%) and unprepared (0%).

Before testing the hypothesis, a normality test using the Shapiro-Wilk test was conducted, and the results showed that all variables did not have a normal distribution. Therefore, bivariate analysis using the Wilcoxon test was employed.

**Table 2. Wilcoxon Test Result**

Variables	t (difference coefficient)	p-value	Notes
Pretest_fisik and Posttest_fisik	7.854	0.000	There is a difference
Pretest_psikologis and Posttest_psikologis	6.811	0.000	There is a difference
Pretest_sosial and Posttest_sosial	7.040	0.000	There is a difference

The interpretation of Table 2 above is that there is a difference in scores before and after the intervention in the form of stunting prevention material on the variables of pre-marital physical readiness, psychological readiness, and social readiness. It is concluded that there is an influence of the "*paketin canting*" on the biopsychosocial readiness for pre-marriage.

**DISCUSSION**

Marriage readiness is an important consideration for prospective couples because in preparing for marriage, one must be ready to establish a relationship with their partner, such as being ready to take on responsibilities as husband and wife, being ready for sexual relations, being ready to care for children, and being ready to build a family (Adyani, Wulandari, & Isnaningsih, 2023).

Divorce cases in Indonesia are on the rise again. According to the Indonesian Statistics report, the number of divorce cases in the country reached 447,743 cases in 2021, an increase of 53.50% compared to 2020, which recorded 291,677 cases.

This report indicates that wives are more likely to file for divorce than husbands. About 337,343 cases or 75.34% of divorces occurred due to divorce lawsuits filed by wives that have been decided by the court (Annur, 2022).

Pre-marital intervention programs are increasing in the United States, although there is no empirical data to support their effectiveness. In addition to the lack of strong empirical support, many pre-marital counseling programs fail to articulate a coherent theory of the family process or family intervention that serves as a conceptual guide to formulate program goals and design program activities

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(Bagarozzi, & Bagarozzi, 1982).

Stunting remains a major public health issue in Nepal as it increases the risk of diseases, permanent physical damage, and death in children. Public health planners can develop and redesign new interventions to reduce stunting and severe stunting in children under 5 years of age in this country by examining determining factors (Tiwari, Ausman, & Agho, 2014).

In 2015, there were over 98.5 million fewer children experiencing stunting under the age of 5 compared to 1990. In East Asia, the Pacific, and South Asia, stunting prevalence decreased by 24.8%, 25%, respectively. Minimal decreases occurred in Latin America and the Caribbean by 12.6%, in the Middle East and North Africa by 12.9%, and in Sub-Saharan Africa by 13.4% (Campisi, Cherian, & Bhutta, 2017).

Child marriage is one of the factors that contribute to the high prevalence of stunting in Indonesia, with 30-35 percent of stunting cases in children born to women who married at a young age. There is a need for education on good reproductive health and preparation for healthy pregnancy. This approach needs to be implemented early, including psychological and economic preparation (Rahmanindar, Izah, Astuti, Hidayah, & Zulfiana, 2021).

The first pregnancy is a phase in the reproductive cycle that needs to be prepared by prospective brides. During pregnancy, various changes occur that will affect a woman's physical and psychological condition. Pre-marital education influences the readiness to face the first pregnancy in female prospective brides in the Office of Religious Affairs (KUA) of Bantul District Yogyakarta (Rokhanawati, & Nawangsih, 2017).

With the increasing divorce rate, there is a need to minimize it. Divorce is caused by various factors, one of which is the low psychological readiness of prospective brides and grooms. Some ways that marriage advisors at the Office of Religious Affairs (KUA) can do to improve the psychological readiness of prospective brides and grooms (Wulandari, 2021).

Marriage requires preparation, both mentally, financially, and knowledge about marriage. Therefore, pre-marital guidance is needed before marriage to help couples understand their rights and

obligations in married life and prepare themselves for married life. Furthermore, the high divorce rate is often caused by many prospective bridal couples who do not attend pre-marital guidance (Fitri, & Komaladewi, 2020).

From the results of the community service research that has been carried out, it can be concluded that the community service activities for the implementation of the Prospective Bride Class in the Office of Religious Affairs (KUA) Metro Timur regarding marriage dynamics and stunting prevention went smoothly and could improve the knowledge and insight of prospective brides in preparing for a happy family and producing healthy, stunting-free generations. Hopefully, such activities can continue to be carried out by adding diversity to the material for prospective brides, not just the material that is part of the KUA and Health Center programs (Yuliasari, Hardiansyah, & Jamiah, 2023).

Counseling or guidance is a process of providing assistance to individuals or groups, and this guidance is given to avoid difficulties or to overcome problems faced by individuals in their lives. This guidance is more preventive than curative. Pre-marital preparation is needed in terms of bio-psycho-socio-economic-cultural-spiritual aspects in marriage (Kristina, & Yesti, 2023).

After marriage, life will no longer be individual as it has become a family with your partner. Certainly, one must be ready to earn a living, do household chores, and engage in sexual activities. It is advisable to undergo pre-marital medical check-ups to understand your partner and create a quality family (Saputri, 2020).

Pre-marital education through a psychological approach plays a very important role. Without psychological readiness for prospective brides and grooms, anxiety, stress, depression, and even domestic violence (DV) often occur (Salsabila, 2021).

The results of this research prove that emotional readiness, social readiness, role readiness, and financial readiness will affect the readiness to marry prospective brides and grooms. Prospective brides' readiness to marry is very important to prevent divorce (Nurainun, & Yusuf, 2022).

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## CONCLUSION

The program of the stunting prevention class has an influence on the physical readiness for pre-marriage, psychological readiness for pre-marriage, and social readiness for pre-marriage.

## SUGGESTION

In the subsequent research, the *Catin* class method can be developed to enhance enthusiasm and utilization of the *Catin*. Additionally, there is a need to conduct research on the impact of the stunting prevention class program on reducing stunting rates in Indonesia. Married couples should have good physical and mental health. However, the utilization of specific classes in the field still needs improvement. Therefore, government policies and the development of stunting prevention classes are required to enhance premarital preparation participation, especially among men.

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