THE EFFECTIVENESS OF REPRODUCTIVE HEALTH RIGHTS COUNSELING IN THE GENDER PERSPECTIVE OF THE BRIDE AND GROOM

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ABSTRACT

The DKI Jakarta area has realized reproductive health services for teenagers and prospective brides through the Counseling and Health Examination Program for Prospective Brides. The fulfillment of reproductive rights for men and women is determined by the anatomical function of the reproductive organs between men and women. The purpose of this study was to determine the effectiveness of counseling on reproductive health rights from the gender perspective of prospective brides at the North Jakarta District Health Center. This research is a quasi-experiment with a pretest and posttest design, the respondents in the study were 30 prospective grooms and 30 prospective brides. Sampling was non-random and purposive sampling, the results were tested by Paired T-Test and Independent Sample Test. The results of the study showed that there was an increase in the average (mean) score from the groom's gender perspective, namely 37.17 and became 44.60. This increase is statistically significant with a P value of 0.000. The average (mean) value of the prospective bride's gender perspective, namely 34.50, increased to 46.73. This increase is statistically significant with a P value of 0.000. The difference in the increase in the average posttest score from a gender perspective between grooms and brides did not differ with a value of P=0.455. Counseling about reproductive health, especially about reproductive health rights, is very important to be given to prospective brides and grooms so that a husband and wife relationship that respects each other is developed.

Keywords*: future bride and groom; gender perspective; reproductive health rights*

INTRODUCTION

Health is a human right for every Indonesian citizen guaranteed by the 1945 Constitution. Adolescent reproductive health issues are issues that receive full attention in health programs. The early marriage rate is 46.7% (Ministry of Health, 2018), and still high births at a young age (ASFR), which is 48 per 1000 women (Ministry of Health, 2022). The problems that occur are a challenge in adolescent health services, this is further exacerbated by the low level of knowledge of adolescents and young adults about reproductive health and reproductive health rights (Ministry of Health RI, 2018).

Efforts to improve health for adolescents and brides-to-be carried out in Indonesia are contained in Health Law No. 36 of 2009 Articles 46 to 55, and strengthened by Government Regulation No. 61 of 2014 concerning Reproductive Health. Reproductive health is a state of complete physical, mental and social health, not solely free from disease or disability related to the reproductive system, functions, and processes (PPRI, 2014). Reproductive health services provided are a series of activities aimed at adolescents to maintain their reproductive health (Ministry of Health RI, 2018).

The government has issued a policy regarding the implementation of reproductive and sexual health information communication and education for adolescents, especially prospective brides, as stipulated in government regulation No. 61 of 2014. Efforts to improve maternal health status must be carried out comprehensively. Maternal health program interventions are not only carried out in the downstream section, namely pregnant women but also carried out in the upstream section, namely in groups of adolescents and young adults to ensure that individuals can grow and develop optimally. healthy. through the provision of counseling, information, and education (IEC) reproductive health can be the basis for adolescents and prospective brides to prepare themselves for family life including planning for healthy pregnancies to give birth to quality next generations (Johariyah, 2018) (Evayanti, 2016).

Regulation of reproductive health for adolescents aims to ensure the fulfillment of everyone's right to reproductive health through quality, safe, and accountable health services; ensure that a woman of childbearing age can give birth to a healthy and quality generation and reduce maternal mortality (PPRI, 2014). Reproductive rights contained in the 1994 International Conference on Population and Development (ICPD) stated that reproductive rights are part of human rights recognized by national law, international documents on human rights, and other agreements or agreements. This reproductive right guarantees the basic right of every couple and individual to decide freely and responsibly regarding the number, spacing, and timing of having children and to obtain information (Wulandhari, 2022) (Junariyah, 2018).

The DKI Jakarta area has provided reproductive health services for teenagers and prospective brides through the Counseling Program and Health Examination of the Bride and Groom, namely the Regulation of the Governor of the Province of the Special Capital Region of Jakarta Number 31 of 2013 concerning the Implementation of Midwifery for Adolescents and Reproductive Health and strengthened by Governor Regulation Number 185 of 2017 which was ratified on November 30, 2017, and implemented comprehensively in February 2018. This Pergub is an operational guideline for related sectors in implementing counseling and health

checks for prospective brides in the context of fostering resilience and family welfare in the Special Capital Region of Jakarta Province (Pemprov DKI), 2017).

The fulfillment of reproductive rights for men and women is determined by the anatomical function of the reproductive organs between men and women. The reproductive function of the male and female reproductive organs is different, so the care and maintenance are also different. However, what happens in society is that there is a generalization of treatment that ignores and belittles the reproductive function of women so that women experience an unhealthy reproductive process, which results in maternal death (Marcell and Burstein, 2017). Women's reproductive health problems are shaped by gender schemes that develop in society, that the roles and positions of men and women are different, women are considered to have roles and positions in society that are lower than men, resulting in unfair treatment in society. forms of marginalization, subordination, violence, and excessive workload (Farchiyah et al., 2021) (Evayanti, 2016). The weak position of women in society makes women vulnerable to physical and psychological violence from men, such as domestic violence (KDRT). Domestic violence that often occurs is related to women's reproductive problems, so it is important to know about women's reproductive rights for prospective brides, including the right to enjoy sexual intercourse, the right to refuse sexual intercourse, and the right to determine the number and spacing of children (Amalia and Siswantara, 2018) (Nurasia, 2016).

Fitria and Helmi's research at Islamic boarding schools in the Yogyakarta region in 2011 stated that gender equality and reproductive health were influenced by the attitudes of caregivers and caregivers who tended to differentiate between male gender roles, misperceptions of religious guidance due to incomplete knowledge that affected understanding. gender differences in society. (Fitria helmi, 2011). The knowledge of the bride and groom about their respective reproductive rights will strengthen the perspective of the bride and groom in the field of reproductive health before starting a household life so that maximum readiness and planning for having children is realized (Parwiningrum, 2008).

METHOD

This research is a quasi-experimental study, with a pretest and posttest study design and statistical tests paired t-test and independent sample test. The sampling technique was carried out non-randomly using a purposive sampling approach. This research has received ethical clearance by Health Polytechnic of Jakarta III ethics commission with No. 185. KEPK-

PKKJ3/82/VIII/2019. The criteria determined in the sampling of this study are the prospective bride and groom are registered at the local KUA, ever received counseling about Reproductive Health, and willing to be a respondent. The exclusion criteria for this study are the bride and groom who need a special examination .

The sample in this study used a minimal sample of experimental research, namely 30 prospective grooms and 30 prospective brides. The research will be conducted at the Catin Public Health Center at the North Jakarta District Health Center during the data collection period from April to September 2019. This research has received research ethics approval from the health research ethics committee of the Poltekkes Kemenkes Jakarta III (KEPK-PKJ3). In this study, the ethical aspects applied contained principles: respect for the person, beneficence, justice, risk and benefit, and informed consent. Bivariate data analysis and hypothesis testing were carried out using a paired t-test statistic. This study uses an α value of 0.05 or 5% and a confidence level of this study is 95%, and to test the differences between groups of grooms and brides using an unpaired T-test (Independent sample test).

RESULTS AND DISCUSSION

Table 1. Frequency Distribution of Characteristics of Bride and Groom Candidates at North Jakarta District Health Centers

Characteristics of Respondents		Male		Female	
		n	Precentage	n	Precentage
		30	(%)	28	(%)
Age Group	1. 20-24	10	33,4	16	57,1
	2. 25-29	12	40,0	9	32,1
	3. 30-34	6	20,0	1	3,6
	4. 35-39	1	3,3	1	3,6
	5. 40-44	1	3,3	1	3,6
Education	1. Elementary School	1	3,3	1	3,6
	2. Junior High School	0	0	3	10,7
	3. Senior High School	16	53,4	11	39,3
	4. College	13	43,3	13	46,4

Worked	1. No-worked	0	0	5	17,8
	2. Labor	0	0	0	0
	3. Private Sector Employee	24	80,0	19	67,8
	4. Self-employed	3	10,0	2	7,1
	5. Civil servant	3	10,0	2	7,1

The results showed that the characteristics of the male respondents were mostly in the age range of 25-29 years, namely 40%, and the age range of 20-24 years, namely 33.4%. Respondents with an age range of more than 35 years are only around 6.6%. Female respondents had the opposite age range to male respondents, namely more than half were in the 20-24 year age range of 57.1%, followed by the 25-29 year age range of 32.1%.

The education of the male respondents was not evenly distributed, most of them had high school education, namely 53.4%, and tertiary education, namely 43.3%. There was only one (3.3%) male respondent who had an elementary school education/equivalent, while none had a junior high school education/equivalent. Female respondents had almost equal levels of education, namely tertiary education 46.4%, high school/equivalent 39.3%, junior high school/equivalent 10.7%, and elementary school/equivalent 3.6%.

Male respondents have a type of work as private employees 80% as entrepreneurs 10% and as teachers (PNS) 10%. Most of the female respondents have the same type of work, namely as private employees 67.8%, but for female respondents, there are still those who do not work, namely 17.8%.

Table 2. Differences in Gender Perspective of Grooms Regarding Reproductive Health Rights Before and After Counseling

	Pretest	*Postest*	*p-value*
Sex	n=30	n=30	
Male			
Mean	37,17	44,60	
SD	10,158	10,006	0,000

Differences in the value of the gender perspective on the pretest and posttest of the grooms regarding reproductive health rights experienced a significant increase. The mean value before counseling was 37.17 and increased after counseling to 44.60. This increase is statistically significant with a P value < 0.05 (P value = 0.000).

Table 3. Differences in Gender Perspective of Bride and Groom Regarding Reproductive Health Rights Before and After Counseling

	Pretest	*Postest*	*P value*
Sex	n=30	n=30	
Female			
Mean	34,50	46,73	
SD	10,431	11,896	0,000

The value of the gender perspective on the pretest and posttest experienced a significant increase. The average value before counseling was 34.50 and increased after counseling to 46.73. This increase was statistically significant with a P value <0.05 (P value = 0.000).

Table 4. Differences in Gender Perspectives of Brides and Grooms Regarding Reproductive Health Rights Before and After Counseling

	Pretest	*Postest*	*P value*
Sex	n=30	n=30	
Male			
Mean	37,17	44,60	
SD	10,158	10,006	
Female			
Mean	34,50	46,73	
SD	10,431	11,896	0,455

Based on statistical calculations using the Independent sample test, it shows that the difference in mean values in the gender perspective between groups of grooms and brides does not have a significant difference, this is proven by a P value of more than 0.05 (P value = 0.455).

The results showed that the characteristics of the male respondents were mostly in the age range of 25-29 years, namely 40%, and the age range of 20-24 years, namely 33.4%. Respondents with an age range of more than 35 years are only around 6.6%. Female respondents had the opposite age range to male respondents, namely more than half were in the 20-24 year age range of 57.1%, followed by the 25-29 year age range of 32.1%.

This can be caused by the phenomenon in a society that men will feel ready to marry if they are over the age range of 25 years, people assume that men will become the head of the

household so the perception that is instilled is that before marriage men must have a job that makes money. The psychological development of a man is also only said to be mature if he is well-established or aged more than 25 years. Men in their 20s are still considered too young to marry and no society considers it too late to marry or an “old virgin” (Donna et al, 2014).

More women marry in the age range of 20-24 years, this could be because women are seen as gentle and weak creatures compared to men, women are not required to have a job before marriage because their husbands will support their lives. The psychological development of women is considered to have reached the adult stage at the age of 20, so they are required to get married sooner. Differences in the roles and responsibilities of women and men are socially determined by society. Gender is related to the perceptions and thoughts and actions that are expected of women and men that are formed by society, not because of biological factors (Ministry of Health, 2015).

The education of male respondents was not evenly distributed, most of them were at the high school education level, namely 53.4%, and university education, 43.3%. There was only one (3.3%) male respondent who had an elementary school education/equivalent, while none had a junior high school education/equivalent. Female respondents had almost the same level of education, namely tertiary education 46.4%, high school/equivalent 39.3%, junior high school/equivalent 10.7%, and elementary school/equivalent 3.6%.

The education levels of male and female respondents were almost the same, this could be because the respondents live in cities that have easy and free access to education. Big cities allow men and women to get their basic rights in the form of education and health, so there is no significant difference in educational level between male and female respondents.

80% of male respondents work as private employees, 10% as entrepreneurs, and 10% as teachers (PNS). Most of the female respondents had the same type of work, namely as private employees 67.8%, but for female respondents there were those who did not work, namely 17.8%.

Most of the male respondents work as private employees, as well as female respondents. There were no male respondents who did not work, all of them had worked before marriage. There are 17.8% of prospective brides who are not working but are ready to get married. This can be caused by the division of roles between men and women formed by the surrounding community, women have a natural role to experience menstruation, pregnancy, childbirth, breastfeeding, and menopause (Gonsalves et al, 2018).

This natural role has shaped the division of gender roles or the roles of men and women in society. The wife is on duty at home taking care of the children, husband, cooking, and household needs so that she doesn't have to work outside the home to earn a living for the family. Meanwhile, men have a natural role to only fertilize eggs and have a social role as the head of the household who has to work for a living. Differentiating roles between men and women makes it easier for gender discrimination or gender injustice to occur in society. This is the result of a social system (structure) in which one gender (male or female) becomes a victim (Ronis Tova et al, 2015).

This happens because of the beliefs and justifications that have been instilled throughout human civilization in various forms and ways that affect both parties, even though in daily life it is more experienced by women. Boediarsih et al. examined adolescent perceptions of gender roles and gender sexuality, stating that respondents more rigidly divided tasks between men and women based on gender (Boediarsih)

Differences in the value of the gender perspective on the pretest and posttest of the grooms regarding reproductive health rights experienced a significant increase. The mean value before counseling was 37.17 and increased after counseling to 44.60. This increase is statistically significant with a P value < 0.05 (P value = 0.000).

Respondents' understanding of their reproductive health rights before counseling was formed from the environment. Respondents' gender perspective is influenced by the culture and views of the surrounding community. Respondents so far only know the roles and functions of men and women based on the perceptions that develop in society. The division of social roles between men and women is shaped by cultural and community views. One of the important things that respondents knew about reproductive health rights before counseling was that the provisions for pregnancy, childbirth, and the number of children they had were determined by the husband, while based on the description of reproductive health rights states that women also have the right to determine when to get pregnant and how many children they want" (Donna et al, 2014) (Surya, Adi, 2011).

The results showed that the groom's gender perspective on reproductive health rights before being given counseling had an average score of 37.17 and then increased to 44.60. The increase in the average value of the groom's gender perspective is statistically significant with a P value <0.05 (P value = 0.000). The results of this study indicate that counseling about reproductive health rights is important to be given to prospective grooms and women so that households can be created that respect each other's reproductive health rights (Amalia R, Siswantara P, 2018) (Nurasiah, 2016).

Differences in the value of the gender perspective on the pretest and posttest of the prospective bride and groom regarding reproductive health rights experienced a significant increase. The average value before counseling was 34.50 and increased after counseling to 46.73. This increase was statistically significant with a P value <0.05 (P value = 0.000).

The average value of the prospective bride's gender perspective before being given counseling is 34.50. The low value of the prospective bride's gender perspective before counseling is influenced by the distribution of social roles between men and women which is determined based on the differences in the functions, roles, and responsibilities of men and women as a result of social construction that can change or change according to changing times. the role and position of a person constructed by society (WHO 1998).

The average value of the prospective bride and groom's gender perspective after being given counseling about reproductive health rights experienced a statistically significant increase with a P value <0.05 (P value = 0.000). Increasing the average value of the prospective bride and groom's gender perspective changed the perceptions and knowledge of respondents about their reproductive health rights. This increase indicates that respondents are aware that the obligation to get pregnant, give birth, give birth, and take care of children is the responsibility of the husband and wife. Women have the same rights as men regarding reproductive health, women can determine when they are ready to get pregnant, give birth, and how many children they want (Ministry of Health, 2015).

An increase in the average score from a gender perspective regarding reproductive health rights for prospective brides and grooms shows that before counseling the respondents had a low view of the division of roles in reproduction (Johariyah, Mariati T, 2018). Gender roles according to WHO are divided into 3 types, namely productive roles known as roles in the public sector, reproductive roles known as roles in the domestic sector, and social roles. The productive role is the role that a person performs and is related to the work of producing goods and services, this role is often directed at men according to society and culture. The reproductive role, namely the role performed by someone related to the maintenance of human resources and household chores, such as caring for children, cooking, washing clothes and household appliances, ironing, cleaning the house, and so on. This reproductive role is also called a role in the domestic sector, and women tend to feel that the domestic role is their responsibility. (Gonsalves et al, 2018; WHO 2018).

The average value of the gender perspective between the two groups before counseling was also homogeneous and there was no difference with a value of P = 0.320. There was no

significant difference in the mean score of the gender perspective between the group of grooms and brides with a P value of more than 0.05 (P value = 0.455).

The average value of the perspectives of prospective grooms and women before and after counseling about reproductive health rights is not different, this shows that both prospective grooms and women have almost the same knowledge about reproductive health rights. This is in line with research conducted by Nurasiah, 2016 that the gender perspective after counseling has changed for the better but does not show differences between groups of prospective grooms and brides (Nurasiah Ai, 2016). Respondents' perspectives are influenced by the culture and perceptions of the surrounding community. Counseling about reproductive health rights has been able to improve the gender perspective of the respondents for the better.

CONCLUSION

There is an increase in the average value of the gender perspective of grooms and brides after being given counseling about reproductive health rights. However, the increase in the value of the gender perspective between the groom and the bride did not show a significant difference. This proves that health education about reproductive health rights is effective in increasing the understanding of a gender perspective for prospective brides, both men, and women.

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