



Effectiveness Bale Educational Merariq Kodeq (Bedeq) Assistance to Pre-Pregnancy Readiness In Early Married Couples as an Effort to Prevent Stunting

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Received: 14 October 2023/Accepted:26 February 2024/Published Online: 28 February 2024

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Abstract

Pregnancy due to merariq kodeq or getting married at an early age can be risky because, at that age, teenagers are relatively unable to accept physical and psychological changes. Efforts that can be made for couples who marry at an early age to prepare for a healthy pregnancy are through mentoring. The aim of this research is to analyze the effectiveness of Merariq Kodeq (Bedeq) Education Bale Assistance on Pre-Pregnancy Readiness. This type of research is Quasi-Experimental research with a Post-Test only with Control Group Design approach with a total sampling technique of 60 people divided into two groups, namely the BEDEQ assistance intervention group and the Catin service counseling control group with 30 people in each group. The results of the study showed that there was a significant difference between the intervention group and the control group, with a p value of 0.008 (p value 0.05). Most of the respondents had good knowledge after receiving the Bedeq intervention assistance treatment for prospective brides and grooms, 18 respondents (81.8%) and married couples, 7 people (87.5%). Meanwhile, in the control group, the level of knowledge about healthy pre-pregnancy among prospective brides and grooms was 10 people (45.5%) had good knowledge, 9 people (40.9%) had sufficient knowledge, and 3 people (13.6%) had poor knowledge. With BEDEQ assistance, the community, especially teenage brides and grooms, can pay more attention to their physical and psychological conditions in preparing for a healthy pre-pregnancy to prevent the risk of stunting.

Keywords: BEDEQ Assistance; Merariq Kodeq; Pre-Pregnancy Readiness

INTRODUCTION

Adolescence is a period of preparation for adulthood which will go through important developmental stages in life, including physical and sexual maturity, building an identity, social and economic independence, acquiring skills for adult life, and the ability to negotiate. Early marriage and teenage pregnancies are one of the problems experienced by teenagers today((WHO), 2015).

Globally, the number of young people aged 15-24 years is 1.2 billion, or 16% of the global population. Teenagers in Southeast Asia and East Asia

reach 307 million (Affairs & Dynamics, 2019). Approximately 90% of adolescents aged 15-19 years live in low- and middle-income countries, which are also burdened with high levels of adolescent fertility (Munakampe et al., 2021). Adolescent fertility is pregnancy aged < 19 years, including live births, abortions, stillbirths and miscarriages (Sentell et al., 2019). This incident occurs in 90% of marriages and the lowest economic status quintile (Geneva, Organization, 2017) .

Based on 2019 World Bank data, adolescent fertility in Indonesia is 46 births per 1000 women aged

15-19 years. This figure is almost the same as in 1997, namely 48 births per 1000 women. This shows that efforts to reduce adolescent fertility rates are still not making significant changes ((WHO), 2019). Data from the Central Statistics Agency in 2017 shows that around 39.17 percent or 2 out of 5 girls aged 10-17 years were married before the age of 15 years. There were 37.91 percent married at the age of 16 years and 22.92 percent married at the age of 17 years. West Nusa Tenggara is one of the provinces with the highest percentage of early marriage (aged 16-17 years) at 23.17 (Statistik, 2017), while according to research by Arisjulyanto (2019) there are 45.52% of teenagers engaging in risky sexual behavior in West Lombok Regency (Arisjulyanto, 2019).

The high percentage of early marriages in NTB province is often associated with the Merariqkodeq culture (underage marriage) or in the Sasak culture, Merariq kodeq can be interpreted as elopement involving an underage girl. The high rate of early marriage causes first pregnancies to occur at an early age. Around 35 percent of first pregnancies are experienced at the age of 15 years in both urban and rural areas and pregnancies at the age of 16 years reach 40.37 percent (Susenas, BPS 2017). The results of the 2018 Riskesdas data showed that teenagers who had been pregnant at the age of 10-19 years were 58.8% (Riskesdas, 2018).

Adolescents who experience pregnancy and early childbirth have not yet fully matured their bodies for the birthing process. The ideal age for a woman to give birth is 20 – 25 years. If the mother's age is younger or older than this age, she will be at greater risk of complications (Quenby et al., 2021). Adolescent pregnancy could be a global issue influencing nearly all nations within the world. In this article, all the critical results of juvenile pregnancy driving to antagonistic maternal results, such as preeclampsia, preterm untimely break of layers, iron deficiency, sexually

transmitted illnesses, and maternal mortality, and antagonistic neonatal results, such as preterm births, low birth weight, low Apgar scores, stillbirths, and neonatal mortality, are examined after looking into already distributed ponderers. (Maheshwari et al., 2022) Pregnant women aged less than 20 years will have a 5.117 times greater risk of experiencing pregnancy complications when compared to pregnant women aged 20-35 years (Putri et al., 2017). In Fitriahadi's research in 2018, it was stated that 60% of young mothers were at high risk of stunting. This can be calculated as 2:3, meaning that mothers who give birth at a younger age or under 20 years old have a 1.5 times greater chance of stunting their children (Fitriahadi 2018; Permatasari 2022).

Most pregnant teenage girls have a BMI (Body Mass Index) in the underweight category. This is caused by a lack of nutritional intake due to concerns about body shape during adolescence and a lack of education about nutrition. These two things then become the cause of the mother's low weight gain during pregnancy. This inappropriate increase in body weight then results in an increase in the number of babies born prematurely or Low Birth Weight (LBW), which is one of the triggering factors for cases of stunting in toddlers (Vivatkusol et al., 2017). Pregnancy too early in adolescents under 20 years of age psychologically causes psychological stress in adolescents. Teenagers who become mothers will experience psychosocial impacts such as mental tension and confusion about social roles, apart from that they will also face impacts from the surrounding community environment. A pregnancy process that is not planned well will have a risk impact on the condition of the fetus and also on the mother's physical and psychological adaptation during pregnancy (Sriyatin and Yuhandini 2022; Syalis and Nurwati 2020).

In West Lombok Regency, Sigerongan Village, Lingsar District, the Education Center has been inaugurated as a flagship program for Village Education Media so that it can be used as a mouthpiece for educational media for the community according to its utilization function. Efforts that can be made for couples who marry as teenagers to prepare for a healthy pregnancy are through mentoring with the Merariq Kodeq (BEDEQ) education center. BEDEQ assistance is carried out in an integrated manner between institutions of religious leaders, the community, health workers, and the KUA in providing optimal assistance for couples seeking merariq. kodeq. The aim of this research is to analyze The effectiveness of Merariq Kodeq (Bedeq) Education Bale Assistance on Pre-Pregnancy Readiness.

METHOD

This type of research is quasi-experimental research (Quasi Experiment Research) with a Post Test Only With Control Group Design approach (Nursalam, 2016). In this study, the intervention group received BEDEQ pre-pregnancy readiness assistance treatment, while the control group received pre-pregnancy counseling treatment in the catin program by health workers.

The population in this study were all prospective bride and groom couples or married couples aged less than 21 years in Lingsar District, West Lombok Regency. The sample in this study was all married couples aged less than 21 years in Lingsar District, West Lombok Regency who met the inclusion and exclusion criteria. This research was carried out using a total sampling technique of 60 people divided into two groups, namely the BEDEQ assistance intervention group and the Catin service counseling control group, with 30 people in each group.

Researchers conducted training for enumerators and data collectors. The tools used in this research are questionnaires and media modules. Both

groups were assessed including physical and non-physical readiness. Next, the treatment group was given a training intervention for 3 months through face-to-face classical education and mentoring that included interaction between participants and integration of resource persons with facilitation. Participants are provided with a module on physical and mental readiness before pregnancy so they can decide on planning for pregnancy without anxiety. The counseling control group was given education according to catin services and by health workers only. Next, the researcher conducted a posttest after the intervention process. Data analysis used univariate and bivariate analysis with Chi-Square analysis.

This research has passed the ethical test at the Mataram Ministry of Health Polytechnic Ethics Commission with no. LB.01.03/6/426/2023

RESULTS AND DISCUSSION

This research was conducted in Lingsar District, West Lombok Regency Service Working Area. This research was carried out in the period March to October 2023. The results of the research are described in the following table:

Table 1. Distribution of Respondent Characteristics Based on Age, Gender, Education and Status

Respondent characteristics	Group				P value
	Intervention		Control		
	N	%	n	%	
Age					
Mean	20,50		19,36		0,15
SD	3,224		2,834		
Min-Max	16 - 28		15 - 26		
Educational History					
Not school	1	3,3	1	3,3	0,88
SD	5	10,0	3	13,3	
Junior High School	10	33,3	10	33,3	
SMA	14	46,7	16	53,3	
Gender					
Man	15	50,0	15	50,0	1,00
Woman	15	50,0	15	50,0	
Status					

Catin	22	73,3	22	73,3	1,00
Married	8	26,7	8	26,7	

^aAnnova, ^b Chi square
*Level significance >0,05

In table 1, it is explained that the characteristics of respondents based on age in the intervention group were an average of 20.5 years old with educational history, mostly high school 14 (46.7%). Characteristics of respondents based on gender, 15 people (50%) were male and female respectively, with the status of 22 people (73.3%) as prospective brides and 8 people (26.7%) as married.

Meanwhile, in the control group, the average respondent was 19.36 years old with an educational history. Most of them were high school, 16 people (53.3%), 15 people each (50%) were male and female with candidate status. 22 people (73.3%) were brides and 8 people (26.7%) were married.

Table 2. Respondents' readiness for marriage

Readiness for Marriage		Ready		Not ready	
		n	%	n	%
Intervention Group	Catin	8	36,4	14	63,6
	Married	7	87,5	1	12,5
Control Group	Catin	7	31,8	15	68,2
	Married	7	87,5	1	12,5

Source: Primary Data, 2023

In the BEDEQ intervention group, the majority of prospective brides and grooms were not ready to get married, namely 63.6%. Meanwhile, for married

couples, from 8 respondents data was obtained that 7 couples were ready to get married (87.5%).

In the control group, the majority of prospective brides and grooms were not ready to get married, namely 68.2%. Meanwhile, for married couples, from 8 respondents data was obtained for 7 couples who were ready to get married (87.5%).

Table 3. Pre-Pregnancy Physical Readiness

Pre-Pregnancy Physical Readiness		Ready		Not ready	
		n	%	n	%
Intervention Group	Catin	2	9,1	20	90,9
	Married	5	62,5	3	37,5
Control Group	Catin	3	13,6	19	86,4
	Married	4	50,5	4	50,5

Source: Primary data, 2023

Pre-pregnancy physical readiness in the BEDEQ intervention group showed that the majority of prospective brides and grooms were not ready, namely 20 respondents (90.9%). Meanwhile, among married couples, 5 respondents (62.5%) were physically ready to get pregnant, the remaining 37.5% were not ready to get pregnant.

In the control group, the results obtained for prospective brides and grooms were that most of the 19 respondents (86.4%) were not physically ready to get pregnant, while for married couples the same results were obtained, namely 50% were ready to get pregnant and 50% were not ready to get pregnant.

Table 4. Healthy Pre-pregnancy Knowledge Level

Healthy Pre-Pregnancy Knowledge Level		Good		Enough		Less		p value
		n	%	n	%	n	%	
Intervention Group	Catin	18	81,8	4	18,2	0	0,0	0,008*
	Married	7	87,5	1	12,5	0	0,0	
Control Group	Catin	10	45,5	9	40,9	3	13,6	
	Married	4	50,0	4	50,0	0	0,0	

Chi square *Level significance <0,05

In table 4, it is explained that in the variable level of knowledge about healthy pre-pregnancy between the BEDEQ intervention group and the control

group, there is a significant difference with a p value of 0.008 (p value 0.005). Most of the respondents had good knowledge after receiving the BEDEQ

intervention assistance treatment in the group of prospective brides and grooms 18 (81.8%) and in married couples 7 (87.5%). Meanwhile, in the control group, the level of knowledge about healthy pre-pregnancy among prospective brides and grooms was 10 people (45.5%) had good knowledge, 9 (40.9%) had sufficient knowledge, and there were 3 respondents (13.6%) whose knowledge was still poor. Shifting the focus of health services by directly reaching teenagers at home and forming communities really needs to be emphasized to promote healthy reproductive behavior so that teenagers are not vulnerable to premature fertility (Munakampe et al., 2021). The establishment of a Merariq Kodeq educational center for prospective brides and teenage couples can really be a medium for communication and health information, especially adolescent reproductive health in preparing for a healthy pregnancy. Other facts related to reproductive health information for unmarried teenagers are sometimes considered taboo. Marriage is a social requirement for access to information and services to control/delay fertility. Decision making to utilize reproductive health information and services (Zimmerman et al., 2019).

This research activity is carried out through services for prospective brides or mothers-to-be, providing health education, facilitating and mobilizing families and communities to support meeting needs, increasing awareness and building commitment to change behavior in preparing for pregnancy and childbirth to prevent the risk of stunting.

Adolescent pregnancies also result in issues for young individuals. According to I'anah's (2018) research, girls who got married because they were pregnant outside of marriage had to drop out of school, take on unprepared household and child care duties, lose their adolescent years, and struggled to fit in with their new community and the workforce (I'anah, 2018)

The limitations of this research are the stigma attached to couples who marry early and concerns about public opinion, so attending classical at Bale Education requires assistance from community and religious figures to be able to take part in the research for the sample that has been recorded or determined. Most couples of early marriage age are not registered at the Office of Religious Affairs, and their marriage status is private (Pratama & Salat, 2021), so efforts to collect data and present participants require coordination and communication with the village or hamlet and influential figures in the community. Obstacles and difficulties were also helped by coordinating researchers with the DP2KBP3A team in the local area.

CONCLUSION

The results showed that there was a significant difference between the BEDEQ assistance group and the control group with a p value of 0.008 (p value 0.005). Most of the respondents had good knowledge after receiving the BEDEQ intervention assistance treatment for prospective brides and grooms, 18 (81.8%) and married couples, 7 (87.5%). Meanwhile, in the control group, the level of knowledge about healthy pre-pregnancy among prospective brides and grooms was 10 people (45.5%) had good knowledge, 9 (40.9%) had sufficient knowledge, and there were 3 respondents (13.6%) whose knowledge was still poor. With the assistance of the Merariq Kodeq educational center, the community, especially teenage brides and grooms, can pay more attention to their physical and psychological conditions in preparing for a healthy pre-pregnancy to prevent the risk of stunting. There is a need for collaboration between health services, health workers, community leaders, religious leaders, and related stakeholders. Future research on parenting patterns of Merariq Kodeq couples in an effort to prevent stunting.

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