



CASE REPORT ON PRE-MARITAL SCREENING, INFORMATION COMMUNICATION, AND REPRODUCTIVE HEALTH EDUCATION FOR PROSPECTIVE BRIDES

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ABSTRACT

Premarital screening is one of the government's program strategies for all prospective brides and grooms to find out the risks that will be faced by the couple, and also for their children in the future. Many things can be anticipated by conducting this screening, such as the risk of disease transmission, infertility, maternal and child mortality during childbirth, and birth defects. The purpose of this case study is to conduct premarital screening and assistance in the form of providing health reproductive (communication, information, education). A pair of prospective brides and grooms (calon pengantin) planning to get married in 1 month visit the Health Center for a premarital examination. As per the Health Center's work procedure, they undergo a premarital screening examination and receive follow-up. The results of anamnesis and physical examination of both candidates were normal, laboratory examination results showed that only the bride to be's hemoglobin levels was below normal (10.8 gr/dL). Assistance was provided to both brides and grooms 3 times, 1 time at the Health Center and 2 home visits, midwifery care provided in the form of providing iron tablets and Tetanus Toxoid immunization to the bride and health reproductive (communication, information, education) to both. The final visit showed that the knowledge of both brides and grooms was in the very good category. Both prospective brides and grooms are ideal age biologically and psychologically to get married.

Keywords: information communication; premarital screening; reproductive health education

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INTRODUCTION

Marriage is a sacred agreement undertaken in the name of God Almighty, marking the beginning of a commitment between prospective brides and grooms to establish a harmonious union (sakinah) rooted in mutual love and affection (mawaddah wa rahmah) (Kemenkes R.I, 2020). From a health perspective, marriage signifies the formation of a family and necessitates careful consideration of the couple's health status and medical history. Premarital screening emerges as a crucial preventive measure to mitigate potential health issues within marriage (Suresh et al., 2023). The primary objective of premarital screening is to identify health risks that couples may encounter and to assess potential implications for their future children. By conducting these examinations, couples can anticipate and address various health concerns, including the risk of disease transmission, complications during pregnancy and childbirth, birth defects, and infertility (Alhosain, 2018).

Premarital screening plays a pivotal role in equipping couples with essential knowledge and fostering their ability to build a healthy family, ultimately contributing to the birth of high-quality offspring (AlOtaiby et al., 2023). These health efforts encompass promotive, preventive, curative, and rehabilitative measures. Conducting health checks for premarital couples is critical for assessing their overall health status; when issues are identified, timely

interventions can be implemented to address them effectively (Saputri I.A, 2017). Prospective brides and grooms are key targets for tailored interventions, as stipulated by Presidential Regulation Number 72 of 2021 and BKKBN Regulation Number 12 of 2021. These mandates require couples to undergo comprehensive health screenings and receive reproductive health and nutrition education at least three months before marriage (BKKBN, 2021).

Premarital screening is integral to ensuring that both individuals possess sound reproductive health, defined as a holistic state of physical, mental, and social well-being. Reproductive health implies not only the absence of anatomical or physiological abnormalities in the reproductive system and its endocrine functions but also freedom from infectious diseases that may harm the partner. Additionally, it encompasses the capacity to experience a safe, satisfying, and consensual sexual life (Susanti D&Qorinah E.S, 2022). For prospective brides, reproductive health services have the right to ensure their well-being during pregnancy, childbirth, and postpartum periods, as well as the health of their newborns. A harmonious marital relationship must be grounded in love, mutual respect, and shared understanding, free from coercion, threats, or violence. Consequently, equipping prospective couples with a comprehensive understanding of reproductive health is essential to fostering both individual and familial well-being. The purpose of this case study is to conduct premarital screening and assistance in the form of providing health reproductive (communication, information, education) to prospective brides and grooms in preparing couples to be truly mentally, psychologically and biologically ready before entering married life.

METHOD

This case report employs a descriptive method with a case study approach. A case study provides an integrative and comprehensive framework for understanding specific problems to gain a deep and contextualized understanding of individual cases. The study was conducted within the jurisdiction of the Labuapi Health Center, West Lombok, West Nusa Tenggara. Data collection took place on April 15, 2024, at the health center, and on April 21 and 28, 2024, at the homes of the prospective brides. Primary data were gathered through various methods, including interviews, physical and laboratory examinations, and observations. Supporting instruments for this study included a specialized checklist or form for prospective brides and grooms, laboratory forms, the *Healthy Bride and Groom Card* book, and tools such as height-measuring scales, thermometers, stethoscopes, penlights, hand gloves, and flipcharts for information, education, communication, and counseling purposes. The data were systematically documented using the SOAP method (Subjective, Objective, Analysis, Plan).

This study was conducted following ethical approval from the Faculty of Health Sciences, Nahdlatul Wathan University, Mataram, as well as permissions from the Labuapi Health Center and the West Lombok Bappeda. Ethical considerations were emphasized to ensure participant rights and data confidentiality: 1) Informed Consent: Both prospective brides and grooms provided written consent, indicating their willingness to participate; 2) Anonymity: The data collection process did not record participants' names; initials were used on data sheets to maintain anonymity; 3) Confidentiality: Participants' information was kept strictly confidential, with only aggregated data included in the reported findings.

RESULT

On April 15, 2024, a prospective bride and groom visited the Labuapi Health Center for a premarital examination in preparation for their marriage in one month. Following ethical approval and informed consent, the couple agreed to participate as subjects in this case report. They received midwifery care over three visits: the initial visit at the Health Center and two

follow-up visits at the prospective bride's residence. These visits focused on providing information, communication, and education (ICE) regarding reproductive health. The respondents were identified as Ms. "M," a 24-year-old resident of Rumak, and Mr. "H," a 27-year-old resident of Jerneng, West Lombok. A questionnaire was administered to assess their knowledge of reproductive health. The results revealed that both respondents exhibited a low level of understanding in this area.

Subjective Findings

Medical History: Both individuals reported no history of communicable diseases (e.g., STIs, HIV/AIDS, Hepatitis B, TB, TORCH) or non-communicable diseases (e.g., diabetes, cancer, heart disease, kidney disease, asthma, hypertension, malaria). Additionally, they had no family history of genetic disorders (e.g., thalassemia, Rh incompatibility, hemophilia) or mental health issues.

Immunization Status: The prospective bride reported having received her second tetanus toxoid (TT2) vaccination during elementary school.

Lifestyle and Behavior: Neither individual reported engagement in risky sexual behaviors (e.g., premarital sex, multiple partners), smoking, or substance abuse (narcotics, psychotropics, alcohol).

Family Planning: Both individuals expressed their intention to have children immediately after marriage.

Using a structured questionnaire, the respondents' knowledge of reproductive health was evaluated. The results indicated that both individuals fell into the "low" knowledge category, underscoring the need for targeted reproductive health education and support.

Objective Findings

The prospective bride, Ms. M, weighs 48 kg, height of 155 cm, mid-upper arm circumference (MUAC) of 25 cm, and has a BMI of 19.97. Her vital signs are as follows: blood pressure (BP) 100/70 mmHg, pulse (N) 80 beats/minute, respiratory rate (P) 22 breaths/minute, and body temperature (S) 36.5°C. Physical examination revealed pale conjunctiva (+), scleral icterus (-), and no abnormalities. Laboratory tests showed hemoglobin (Hb) levels at 10.8 g/dL, blood type A, negative HBsAg, and non-reactive results for syphilis and HIV. The prospective groom, Mr. H, has a weight of 70 kg and a height of 168 cm. His vital signs include BP 110/80 mmHg, N 86 beats/minute, P 22 breaths/minute, and S 36.8°C. Physical and laboratory findings showed no pale conjunctiva, no scleral icterus, and no abnormalities. Hb levels were 14.4 g/dL, with blood type B, negative HBsAg, and non-reactive syphilis and HIV results.

Analysis

The case involves Ms. M, a 24-year-old prospective bride, and Mr. H, a 27-year-old prospective groom. Both individuals are undergoing premarital and preconception evaluations. While Mr. H is in good health, Ms. M was found to have mild anemia based on her hemoglobin levels (10.8 g/dL).

Management

1) The examination findings were explained to both prospective individuals. They were informed that their overall health and vital signs were within normal limits, except for mild anemia detected in Ms. M. 2) The third tetanus toxoid (TT3) vaccine was administered to the bride. Iron supplementation tablets (TTD) were provided, with a recommendation to take one tablet per week before pregnancy and one tablet per day during pregnancy. 3) The prospective bride was advised to consume a nutritious diet to improve iron levels and overall health. 4) The prospective bride was advised to consume a nutritious diet to improve iron levels and

overall health. The second and third visits were conducted at the prospective bride's home. The second visit, on April 21, 2024, focused on communication, information, and education about tips for preparing for a healthy pregnancy. The third visit, on April 28, 2024, provided communication, information, and education on health conditions and diseases to watch out for. After the information and education sessions, a knowledge test was administered, and the results showed that the knowledge of both prospective bride and groom was in the very good category.

DISCUSSION

In health discourse, a healthy marriage encompasses agreement and harmony between spouses across physical, psychological, sexual, and social dimensions. This balance aims to foster a stable family unit and promote the birth of healthy offspring. Premarital health screenings play a crucial role in achieving this goal by identifying potential health risks and ensuring informed decision-making for couples. In this case, both the prospective bride and groom demonstrated awareness by voluntarily undergoing premarital screening one month before their wedding. However, it is important to note that the ideal timeframe for premarital screenings, as recommended by health authorities, is six months before the wedding. This timeline allows for adequate intervention if health issues are detected, as emphasized in the Regulation of the Minister of Health No. 21 of 2021, specifically Articles 8 to 10 (Permatasari et al., 2022).

The ages of the prospective bride and groom fall within the category of readiness for marriage. Physical readiness is typically achieved after the growth phase, which generally concludes around 20 years of age. According to the guidelines issued by the National Population and Family Planning Board (BKKBN), the ideal age for marriage is 20–35 years for women and 25–40 years for men (BKKBN, 2017). In this case, it also shows that the age of both prospective brides and grooms is quite mature in making the decision to undergo premarital screening. As age increases, the decision-making process usually becomes more mature, this can be in line with behavior, especially those related to health. An older person tends to consider more factors when conducting a premarital examination, this is in accordance with the findings of Oluwole et al. (2022) with a significance level of $p < 0.001$ (Oluwole et al., 2022). Research by Zedan Zaien et al. (2022) also supports this with multiple regression analysis showing that age is significantly correlated with the practice of premarital health examinations ($p = 0.007$) that those over 20 years of age are more likely to undergo premarital health examinations compared to respondents who are younger (Zaien et al., 2022).

The findings of the study revealed no history of infectious, non-infectious, or hereditary diseases in either individual. Identifying at-risk parents allows them to seek genetic counseling and can inform reproductive decision-making (Hull et al., 2024). The primary objective of premarital screening is to anticipate and mitigate the transmission of infectious diseases such as tuberculosis, HIV, toxoplasmosis, and hepatitis. If one partner is diagnosed with an infectious disease like HIV, two critical options are available: consistent condom use during sexual activity to prevent transmission, or, if planning to have children, the mother must adhere to anti-HIV medication regimens to reduce the risk of vertical transmission (Manakandan & Sutan, 2017). For toxoplasmosis, pre-pregnancy treatment such as taking medicine is essential to prevent potential complications, including miscarriage or congenital defects in the baby. While the direct transmission of hepatitis B between partners is challenging to prevent, premarital screening plays a vital role in avoiding mother-to-child transmission. Following birth, administering hepatitis B vaccinations to the newborn effectively reduces the risk of disease transfer from the mother (Ardian, 2016).

Screening also addresses hormonal disorders such as diabetes mellitus, which can significantly increase the risk of miscarriage and congenital defects in babies. With early diagnosis, prospective mothers can adopt healthier lifestyles to regulate blood sugar levels and mitigate associated risks. Additionally, congenital heart diseases, though non-contagious, pose significant risks during pregnancy, including maternal mortality. In cases where pregnancy presents a life-threatening risk to the mother, medical professionals may recommend terminating the pregnancy (Chokoshvili et al., 2017). The rhesus factor is another critical consideration for prospective bride and groom. A mismatch in rhesus factors between partners can lead to complications if the fetus inherits a different rhesus factor from the mother. This can trigger the mother's immune system to perceive the fetus as a foreign object, increasing risks of miscarriage, severe anemia in the baby, liver swelling, jaundice, and heart failure. Comprehensive premarital screening helps identify and manage such risks, ensuring better health outcomes for both parents and their future children (Ardian, 2016).

Premarital screening also plays a crucial role in identifying and addressing infertility risks. Through comprehensive examinations, couples can assess the health of their reproductive systems. For instance, obesity in women significantly increases the risk of infertility; thus, weight loss is often recommended as a preparatory step for pregnancy. Additionally, any detected abnormalities in the female reproductive system must be treated before attempting conception. Similarly, the male reproductive system can be evaluated during premarital screening. If issues are identified, potential risk factors—such as smoking, radiation exposure, or excessive heat—should be avoided, as these can damage sperm cells. In cases where structural abnormalities or dysfunctions are discovered, surgical interventions and appropriate treatments may be required. Such measures are vital in minimizing the risk of infertility, alleviating concerns related to childbearing, and enhancing the couple's chances of achieving a healthy pregnancy (Ardian, 2016).

In relation to genetic diseases, parents who have family ties tend to be a factor in determining premarital screening behavior in their children (Sidabutar & Ella Nurlaela Hadi, 2024). Usually marriages occur between cousins, both from the father's and mother's sides. Because genetic disorders, such as sickle cell anemia, thalassemia, epilepsy, and hemophilia, are usually about 20 times more common. Therefore, it is important for premarital screening to be carried out to minimize the risk of hereditary diseases in these events (Abdulbari Bener, Mariam Al-Mulla, 2017). However, research conducted by Gosadi et al. (2021) shows that consanguineous couples are reluctant to undergo premarital health checks for several reasons. There is a belief that marriage is a predetermined destiny, and they are willing to accept all the risks associated with having children without undergoing premarital health checks (Gosadi et al., 2021).

The prospective bride and groom in this case study exhibited no harmful lifestyle habits, such as smoking, alcohol consumption, or drug use. These factors are essential to assess, as habits like smoking, excessive alcohol intake, and drug use can lead to severe complications during pregnancy. These include premature birth, congenital defects in the baby, and even fetal death. The absence of such high-risk behaviors contributes significantly to the health and safety of both the prospective parents and their future offspring, underscoring the importance of adopting healthy lifestyle choices prior to marriage (Permatasari et al., 2022). The prospective bride has a documented history of TT2 immunization, last received during the second grade of elementary school. As part of the premarital health requirements, it is necessary for her to receive further tetanus toxoid immunization, classified as TT3. This immunization is a mandatory program for prospective brides and grooms, serving as a prerequisite for marriage registration. Its primary objective is to prevent neonatal tetanus, a

life-threatening condition in newborns (Anatea et al., 2018). The tetanus immunization status is determined through a thorough review of the tetanus and diphtheria (Td) immunization history, which includes vaccines administered during infancy, childhood, and adolescence (Permatasari et al., 2022). Immunizations given during the preconception period can prevent many diseases that may have serious consequences or even prove fatal to the mother or newborn (Lassi et al., 2014).

A physical examination revealed that both the prospective bride and groom were generally healthy, with results falling within the normal range, except for the prospective bride, who presented with mild anemia, indicated by a hemoglobin level of 10.8 g/dL. According to the Ministry of Health guidelines, anemia in women of childbearing age is defined as a hemoglobin level below 12 g/dL. If anemia is detected in the prospective bride, it is advisable to delay pregnancy by using contraception until her hemoglobin levels normalize (≥ 12 g/dL). One of the important indicators to determine the degree of anemia in prospective brides is hemoglobin levels. If low hemoglobin levels are due to iron, folic acid, or vitamin B12 deficiency, then treatment is carried out by providing supplementation. Anemia is a health problem that affects 25% to 50% of the world's population and occurs in around 50% of pregnant women. This deficiency condition not only endangers the couple but also the fetus. Riskesdas 2018 stated that 48.9% of pregnant women suffer from anemia and the largest percentage is at the age of 15-24 years. The impact on the fetus is at risk of experiencing various congenital abnormalities. If anemia occurs in the first and third trimesters, it is often associated with an increased risk of low birth weight (Ahankari & LeonardiBee, 2015).

Efforts to address anemia include the following: 1) encourage the consumption of iron-rich foods as part of a balanced and nutritious diet. Priority should be given to animal-based sources of heme iron, such as liver, fish, meat, and poultry, complemented by plant-based non-heme iron sources like dark green leafy vegetables and legumes, in quantities meeting the recommended dietary allowances; 2) promote the use of fortified food products to increase dietary iron intake; 3) provide iron supplements to address immediate deficiencies effectively (Kemenkes R.I, 2018). In establishing a new household, the prospective bride and groom will fulfill their reproductive roles, which necessitate proper preparation for both physical and mental well-being. A key indicator of a healthy couple is the optimal condition of their reproductive health. Acquiring comprehensive knowledge about reproductive health is crucial for prospective brides and grooms to ensure a safe and healthy transition into married life and parenthood (Kurniasi H, 2021). Preconception care includes counseling and interventions aimed at detecting and modifying biomedical, behavioral and social risks to optimize women's health before pregnancy to improve maternal and neonatal health outcomes (Brammall et al., 2024).

The prospective bride must prepare herself physically and mentally to become a mother capable of supporting a healthy pregnancy and giving birth to a healthy and high-quality child (Bonneau et al., 2021). Similarly, the prospective groom plays a vital role as a future father by maintaining good health and actively participating in family planning, including the use of contraception and supporting safe pregnancy and childbirth. Both men and women are susceptible to reproductive health risks, particularly due to the potential transmission of diseases. Women are more vulnerable to reproductive health issues, including those arising during sexual intercourse, pregnancy, childbirth, postpartum, miscarriage, and contraceptive use. This heightened vulnerability is attributed to the biological structure of their reproductive organs and social factors that increase their susceptibility to sexually transmitted infections. Nevertheless, men and women share equal rights and responsibilities in maintaining reproductive health and fostering a healthy family (Permatasari et al., 2022). In this case

study, the initial assessment revealed that both prospective brides and grooms had a low level of knowledge regarding reproductive health. However, following three sessions of communication, information, and education, their understanding significantly improved, as evidenced by their final assessment in the "very good" category. Premarital guidance is related to the mental and physical preparation of the prospective bride and groom. This guidance can increase the knowledge of the prospective bride and groom (Retna Prihati et al., 2023).

CONCLUSION

Premarital screening for the prospective bride and groom encompassed anamnesis, physical examinations, and laboratory tests. Anamnesis revealed no history of current or past illnesses, infectious diseases, non-infectious diseases, or hereditary conditions for either individual. The prospective bride's last remembered tetanus toxoid (TT) immunization was administered during the second grade of elementary school. Neither the bride nor the groom exhibited high-risk health behaviors, such as premarital sex, smoking, alcohol consumption, or illegal drug use. Physical examinations confirmed normal health conditions for both individuals, except for the bride, who exhibited symptoms of anemia, such as pale conjunctiva. Laboratory results further indicated that the bride had mild anemia, with hemoglobin levels slightly below normal, while other parameters for both individuals were within normal limits. To address this, tailored information, communication, and education sessions on reproductive health were provided to enhance their readiness for marriage. These sessions aimed to improve knowledge and preparedness for a healthy marital and reproductive journey. It is recommended that health centers encourage communities in their area to undergo premarital screening well in advance—preferably 3 to 6 months before marriage—rather than perceiving it solely as a procedural marriage requirement. Early premarital screening is vital to identify and address potential health issues as part of comprehensive pregnancy planning and preparation.

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