

## The Importance of Premarital Guidance Literacy Media in Efforts to Prevent Stunting

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### ABSTRACT

**Background:** One method that can be used in behavioral change efforts is the Health literacy approach. Prospective brides and grooms are the target group for stunting prevention efforts. One form of approach is through the Marriage Registrar during marriage guidance. The biggest obstacle to this effort is the lack of supporting facilities for marriage guidance, to help the availability of these facilities, namely by providing stunting prevention booklets for prospective brides and grooms. This study aims to determine how much impact the use of booklets by marriage registrars in premarital guidance has on increasing knowledge, attitudes and motivation, Behavioral Control, Subjective Norms and Health Literacy of prospective brides and grooms in preventing stunting.

**Method:** This study is a qualitative and quantitative mix-method study. Using a phenomenological approach and a Quasi-experimental pre-post test design. Respondents in this study were the marriage registrar and the bride and groom.

**Research Results:** Lack of literacy media has an impact on the quality of premarital guidance. The use of Stunting Prevention booklets in guidance to prospective brides and grooms shows differences in knowledge, attitudes, behavioral control, subjective norms and Health Literacy of prospective brides and grooms in efforts to prevent stunting. However, there is no difference in the Motivation of prospective brides and grooms in efforts to prevent stunting.

**Conclusion:** The availability of Literacy Media is important in the implementation of premarital guidance related to efforts to prevent stunting.

**Keywords:** Premarital Guidance, Literacy media, Booklets, Stunting prevention,

### 1. INTRODUCTION

Stunting is a condition of growth failure caused by various factors, both direct and indirect causes. Direct causes include consumption patterns and diseases. Indirect causes are sanitation factors, family income, food insecurity, and others. In some developing countries, low birth weight is also a factor causing stunting [1,2].

Considering the various factors causing stunting, the government has launched a national strategy in an effort to prevent stunting known as the "Five Pillars of the National Strategy for Accelerating Stunting Prevention" (STRANAS Stunting), namely: 1) Leadership Commitment and Vision; 2) National Campaign and Behavior Change Communication; 3) Convergence, Coordination, and Consolidation of Central, Regional and Village Programs; 4) Nutrition and Food Security; and 5) Monitoring and Evaluation. [3]

Behavior change communication is one of the pillars in the National Strategy for Accelerating Stunting Prevention. This strategy aims to increase public knowledge and awareness to independently assist in stunting prevention efforts during the 1000 HPK period. This pillar has also been stated in the National Action Plan for Food and Nutrition (RAN-PG) contained in the Regulation of the Minister of PPN (BAPPENAS) in 2018. This pillar plays an important role in increasing the effectiveness of specific and sensitive nutrition interventions.

Health literacy or health literacy is defined as an integrated concept as knowledge, motivation and competence to access, understand, assess and apply health information to make decisions and take decisions in everyday life related to health care, disease prevention and health promotion [4].

The National Assessment of Adult Literacy (NAAL) states that factors that influence a person's health literacy are Knowledge, Access to Information, Education Level, Age, Income, Occupation, Language, Ethnicity, Gender, and access to Health services. (5) . Measuring the level of public Health literacy can be done with several instruments. The selection of this measurement instrument is adjusted to the research objectives, target population of the research and the context of measuring Health literacy. [6] .

## 2. Method

This study is a mixed method sequential exploratory, The first stage of the study began with a qualitative method using a phenomenological approach to study behavioral phenomena related to knowledge, attitudes, and motivation. The study was continued with a quantitative method using a Quasi-experimental design, Pre and post-test control group. The study was conducted in Ternate City with respondents being wedding registrars and prospective brides. The number of prospective brides and grooms who were respondents in this study was 37. The calculation of the sample size in this study was based on the results of research [7] then calculated using the Lameshow formula as follows:

$$n_1 = n_2 = \frac{2\delta^2(z_{1-\alpha} + z_{1-\beta})^2}{(\mu_1 - \mu_2)^2}$$

Based on the calculation with the formula, the sample in this study was 43 samples. Because the intervention and control ratio is 1: 1, the total sample is 86 consisting of 43 control group samples and 43 intervention group samples. In the data collection process, several respondents dropped out so that the number of respondents in each group was 37 with a total of 74.

## 3. RESULTS

### a. In-depth Interviews and Focused Discussions

In general, the themes in the interviews and FGDs were related to the strategies or policies implemented by related agencies, in this case the DPPKB and the Ministry of Religion, in efforts to prevent stunting for prospective brides and grooms, the effectiveness of the strategies, methods, and media used.

Policies related to national stunting prevention efforts have been established through the National Strategy for Accelerating Stunting Reduction. However, implementation in each region varies greatly. The implementation of stunting prevention efforts that have been carried out by government agencies in the Ternate City area is as follows:

"Related to stunting prevention efforts in DPPKB, all activities are directed at stunting prevention efforts, because related to stunting prevention we have family companion cadres, in each sub-district there is a team consisting of 3 people, there are elements of PKK, there are cadres and there are from PLKB so per sub-district there are three people. and indeed there are incentives to carry out the task of accompanying. (Informant RM).

The participation of the Ministry of Religion in efforts to prevent stunting is part of the Ternate City Stunting Reduction Acceleration Team, as conveyed by the informant:

"The government, in this case the Ministry of Religion, is very focused on household life issues, so this is synchronized and connected, there is a common thread with the BKKBN and Health Service programs in reducing stunting rates."

In various stunting prevention activities involving related agencies, the use of media and selection of methods are very important, because the selection of the right media and methods will have an impact on the desired results. The following is information related to the media and methods used.

"In our (DPPKB), there is an elsimil application, this application is an electronic application that helps us in providing assistance to prospective brides and grooms, where prospective brides and grooms are asked to access this application and then fill in the data. Based on the data, assistance is carried out. (NEN).

Another informant added:

"We have an Elsimil Kit, so those who accompany them can get an Elsimil KIT, which helps with how to fill out the application. Actually, in Elsimil, in terms of education, the data attached there is also data, there for educational materials, it must be updated, but I don't know yet because this is a national application for all of Indonesia, even if there is additional content or what is it, it is national. (RM)

Regarding Media Use, Informant RE said:

We do not use any media, guidance is only given verbally.

AF Informant Conveys:

Until now, we have only searched for the module independently, only we have a reading corner where there are several books prepared to be read, cantin who come can read in the reading corner.

The informant also added

"If I may suggest, don't make it in the form of a book or module, but in the form of a leaflet, because with people's very busy lives, they need media that can be read and understood quickly, because if they are presented with a lot of modules, they won't read them because there are too many, but when it's a leaflet or booklet, it would be better because they will open one or two pages, it will be more effective.

When asked about what information they wanted to get during marriage guidance, the informant answered:

"taught how to be a good housewife, how to take care of children to produce healthy children, then guidance for men regarding their role as head of the household. (FQ)

The informant also added:

"There should be cooperation between the KUA and the Health Department.

We can get any information on the internet, but we don't really understand whether it's true or not, so we need some kind of guide, but one that is easy to understand (IN)

When asked about the marriage guidance provided to prospective brides and grooms, the informant said that:

"We were guided when we went to the KUA office but only for a few minutes, regarding the responsibilities after marriage, as an imam, being a good mother, then regarding the ijab kabul procession. If there is a reading related to health or whatever, that is also good (FQ)

**Table 1.** Respondent characteristics

Characteristics	Control Group		Intervention group	
	n	%	n	%
<b>Age</b>				
20-24 years	15	37	13	35
25-29 years old	19	46	20	54
30-35 years	7	17	4	11
<b>Education</b>				
High School/Vocational School	17	41	17	46
Diploma	10	24	8	22
Bachelor	14	35	12	32
<b>Work</b>				
ASN/PPPK	8	20	7	19
Honorary	4	10	5	14
Private employees	12	29	12	32
Self-employed	5	12	3	8
Doesn't work	12	29	10	27
<b>Total</b>	<b>41</b>	<b>100</b>	<b>37</b>	<b>100</b>

Source: Primary Data 2024

The distribution of respondents based on age is mostly between 25-29 years old, in the control group as much as 43% and the intervention group as much as 54%. Based on Education, the most respondents have high school/vocational high school education consisting of 41% in the control group and 46% in the intervention group. For the job category, in the control group the most are unemployed while in the intervention group the most are private employees.

#### **b. Differences in Knowledge, Attitude, Motivation, Subjective Norms, Behavioral Control and Health Literacy between groups before and after Treatment.**

The results of the significance test are shown in table 2. in the intervention group before and after the treatment was given. From this table, it shows that there are differences in the variables of knowledge (p value = 0.000), Attitude (p value = 0.002), Subjective norms (p value = 0.004), behavioral control (p value 0.000), and Health Literacy (p value = 0.000). In the control group, there was no difference in the five variables, this can be seen from the p value in all variables > 0.05. The only variable that shows a difference is the Knowledge variable with a p value = 0.010.

**Table 2.** Significance Test of Differences in Knowledge, Attitude, Motivation, Subjective Norms, Control Behavior and Health Literacy Before and After Treatment

Group	Pre-test		Post test		P-value
	Mean±SD	Min-Max	Mean±SD	Min-Max	
<b>Knowledge</b>					
Intervention	17.40±2.92	12 - 23	19.45±2.97	12-23	0,000

Control	17.91±2.99	13 - 23	18.51±2.84	13-23	0.010
<b>Attitude</b>					
Intervention	31.18±4.74	22 - 40	31.94±4.89	22-40	0.002
Control	31.24±4.22	22 - 40	31.16±4.43	22-40	0.791
<b>Motivation</b>					
Intervention	18.72±2.30	14 - 20	17.08±2.30	12-20	0.165
Control	17.08±2.16	14 - 20	17.51±2.34	12-20	0.044
<b>Subjective Norms</b>					
Intervention	31.54±3.36	27 - 40	32.94±4.02	25-40	0.004
Control	31.70±3.39	26 - 40	32.13±3.69	25-40	0.053
<b>Behavior control</b>					
Intervention	29.00±5.29	22 - 41	32.81±4.30	26-39	0,000
Control	27.45±3.61	22 - 36	28.59±3.51	23-39	0.094
<b>Literacy</b>					
Intervention	29.70±5.91	10 - 40	36.62±5.23	30-40	0,000
Control	28.76±5.28	10 - 35	27.37±7.00	10-40	0.755

Source: Primary Data, 2024, a: Intervention Group, b: Control Group

### c. Differences in Knowledge, Attitude, Motivation, Subjective Norms, Behavioral Control, and Health Literacy before and after Treatment.

The results of the significance test are shown in table 3. Of the six variables tested, two variables showed a difference between the control group and the intervention group before treatment, namely the Subjective Norm and Behavioral Control variables with a p value of <0.05. The other four variables showed no difference with a p value of >0.05, namely the Knowledge, Attitude, Motivation, and Health Literacy variables. After Treatment, a difference was found between the control group and the intervention group, namely the Subjective Norm, Behavioral Control and Health Literacy variables with a p value of <0.05. The other three variables showed no difference with a p value of >0.05, namely the Knowledge, Attitude, and Motivation variables.

**Table 3.** Significance Test of Differences in Knowledge, Attitude, Motivation, Subjective Norms, Control Behavior and Health Literacy Before and After Treatment

Group	Intervention (n=37)		Control (n=37)		P-value
	Mean±SD	Min-Max	Mean±SD	Min-Max	
<b>Knowledge</b>					
Pre	17.40±2.92	12 - 23	17.91±2.99	13-23	0.458
Post	19.45±2.97	12 - 23	18.51±2.84	13-23	0.039
<b>Attitude</b>					
Pre	31.18±4.74	22 - 40	31.24±4.22	22-40	0.959
Post	31.94±4.89	22 - 40	31.16±4.43	22-40	0.473
<b>Motivation</b>					
Pre	18.72±2.30	14 - 20	17.08±2.16	12-20	0.995
Post	17.51±2.36	14 - 20	17.51±2.34	12-20	0.170
<b>Subjective Norms</b>					
Pre	31.54±3.36	27 - 40	31.70±3.39	26-40	0,000
Post	32.94±4.02	25 - 40	32.13±3.69	25-40	0.003
<b>Behavior control</b>					
Pre	29.00±5.29	22 - 41	27.45±3.61	26-39	0,000
Post	32.81±4.30	26 - 39	28.59±3.51	23-39	0,000
<b>Literacy</b>					
Pre	29.70±5.91	10 - 40	28.76±5.28	30-40	0.593
Post	36.62±5.23	30 - 40	27.37±7.00	10-40	0,000

Source: Primary Data, 2024,

a: Group before treatment,

b: Group after treatment

## 4. DISCUSSION

The implementation of the policy related to Presidential Regulation Number 72 has been carried out within the Ternate City Government with the formation of the Stunting Reduction Acceleration Team. This team consists of several related agencies including DPPKB, Health Office, and Ministry of Religion. This team has carried out various activities in efforts to prevent stunting.

In this study, information was obtained regarding the implementation of stunting prevention efforts for prospective brides and grooms carried out by the DPPKB and the Office of the Ministry of Religious Affairs of Ternate City. The Population and Family Planning Control Service (DPPKB) implemented stunting prevention efforts by forming a Family Companion Team and using the *elsimil* application (electronic ready for marriage and pregnancy). The Office of the Ministry of Religious Affairs of Ternate City as part of the Ternate City Stunting Acceleration Team, also played a role in various activities.

#### **a. The Importance of Media Literacy in Premarital Guidance to Prevent Stunting**

Based on the results of interviews and FGDs, mentoring prospective brides and grooms using the *elsimil* application has not been running optimally. This is because this application is still being updated, in addition, the family mentoring team is also not optimal. The material for marriage guidance at the KUA Kecamatan is about the responsibilities of husband and wife, the rights and obligations of husband and wife, family life, the dynamics of family life, and about family economic management.

Marriage guidance at the District Religious Affairs Office (KUA) has not been maximized due to several factors, including the distance between the registration period and the implementation of the marriage contract, the cantin not coming in person or representing someone else to take care of the registration process, materials and guidance methods that are not yet available. This is in line with research conducted by (8) which concluded that the factors that inhibit the implementation of guidance for prospective brides and grooms include internal factors such as facilities, infrastructure and infrastructure and external factors such as prospective brides and grooms who are reluctant or consider guidance unimportant.

From the results of the interviews and FGDs, it was also concluded that the unavailability of educational facilities or media was one of the factors that made guidance less than optimal. Where the average guidance only lasts less than 15 minutes. The lack of guidance time is also influenced by the limited number of *penghulu* in each KUA Sub-district. The success of counseling is also influenced by the willingness of prospective brides and grooms to attend counseling sessions, this is in line with research which concludes that The effectiveness of premarital counseling may also depend on the willingness of the couple to engage in the process. This suggests that shorter, more focused sessions may be impactful if the couple is committed [9].

Regarding information media, based on the results of interviews and FGDs, it can be concluded that there is no educational guide or media available for both the marriage registrar and the prospective bride and groom. The marriage registrar usually looks for the media or material that will be delivered during the guidance. However, there are also KUA Sub-districts that provide reading corners for prospective brides and grooms. This condition is in accordance with the results of research conducted by [10] which concluded that almost all (95.2%) of marriage service facilities do not have a marriage counseling/advice guidebook that is used as a reference in implementing the marriage counseling/premarital counseling program.

The informant also said that media is needed to help the counseling process. Information or educational media provided in a simple and easy-to-understand form, not in the form of a book that takes time to read and understand. This is because according to the informant, the average prospective bride and groom who follow the guidance have limited time.

#### **b. The use of Stunting Prevention Booklets has a positive impact on increasing knowledge, attitudes, behavioral control, subjective norms and literacy in prospective brides and grooms.**

The results of this study indicate that before being treated, in both groups, most of the variables did not show differences. The variables of knowledge, attitude, motivation, intention, action and health literacy showed no difference before treatment. The difference was only seen in the variables of subjective norms and behavioral control. This illustrates that the condition of the characteristics of the subjects at the beginning of the study based on the assessment of several indicators in both groups was mostly the same.

Knowledge, Attitude, Motivation, Intention, Action and Health Literacy, Control Group and Intervention Group before treatment did not differ, this shows that the average prospective brides in both groups were relatively the same or homogeneous at the beginning of the study. This condition is in line with the results of research conducted on prospective brides in Padang City which concluded that a small number of prospective brides had low knowledge, negative attitudes and were not ready in efforts to prevent stunting [11].

The implementation of marriage guidance using stunting prevention booklets, there are differences before and after treatment in the variables of Knowledge, Attitude, Subjective norms, Behavioral control and Health Literacy. While the motivation variable did not show any differences before and after treatment. This condition provides an illustration that providing counseling using stunting prevention booklets in the intervention group has an impact on literacy of stunting prevention efforts in prospective brides and grooms, although not on all variables. This is in line with several intervention studies conducted to date that have shown that the use of adapted Education materials can improve understanding of Reproductive Health topics for patients with limited and adequate Health literacy, and may even reduce literacy gaps in Reproductive Health knowledge [12-21].

After the treatment was carried out on both groups, the data obtained showed that there were differences in the two groups, where in the intervention group there was an increase in the mean value of the variables Knowledge, Literacy, Subjective norms and behavioral control. This illustrates that the use of booklets as a counseling medium has a better impact.

The results of this study strengthen the basic assumptions related to literacy conveyed by <sup>4</sup>that Health Literacy or Health literacy is an integrated concept as knowledge, motivation and competence to access, understand, assess and apply information and make decisions in daily life related to Health. Knowledge will not have an impact if it is not followed up with motivation and competence to behave.

## 5. CONCLUSION

Policies related to efforts to prevent stunting since premarital have been set by the government. However, implementation at the implementing level has not been maximized due to various factors, including facilities and infrastructure and the availability of information and education media to support the implementation of guidance for prospective brides and grooms. The availability of Literacy Media is important in the implementation of premarital guidance related to efforts to prevent stunting.

### Compliance with ethical guidelines

This article is part of a Dissertation research entitled Health Literacy Model for Stunting Prevention which has received ethical approval from the Health Ethics Committee of the Faculty of Public Health, Hasanuddin University, Makassar, with the number: 5717/UN4.14.1/TP.01.02/2023

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