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# Care management of premarital women using clear counseling techniques, roles body attitudes and gather approaches

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### ABSTRACT

Prevalence of child marriage in Indonesia has more than doubled in recent years but is still one of the highest in the East Asia and Pacific region crease of mother knowledge through education. This of course has an indirect impact on increasing high risk, both morbidity and mortality for mothers and babies to be born. Reproductive health of the bride and groom is a very important thing in order to prepare mothers to be the creators of a healthy and quality generation. The aims of this study is to conduct counseling management for premarital women with the CLEAR counseling technique, ROLES body attitude and the GATHER approach. This study uses a case study design with a descriptive observational method with a focus on the application of CLEAR, ROLES and GATHER counseling techniques. The subject of this case study is Ms. M, aged 24 years. This case study was carried out at PMB Siti Nuraeni in May 2022. Data was collected directly (primary data) using the Varney management approach and documentation in the form of SOAP (subjective data assessment, objective data assessment, data analysis and case management). Then the data were analyzed in descriptive analysis. Conclusion of this study that counseling technique used in premarital care cases is in accordance with the theory, namely by using the CLEAR technique (Clarifying, Listening, Encouraging, Asking for feedback, Repeating). Body posture uses the ROLES approach (Relaxing, Opening up the client, Learning toward the client, Establishing eye contact, Smiling and squarely). Implementation of counseling steps in premarital care cases is carried out according to the "GATHER" approach (Greet, Ask, Tell, Help, Explain, and Return).

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## INTRODUCTION

Recently, the prevalence of child marriage in Indonesia has more than doubled in recent years but is still one of the highest in the East Asia and Pacific region (BPS, 2016). There is still a high rate of early

marriage and there are still many marriages that are not registered, so they miss reproductive health services and counseling for the brides (Susyanti & Halim, 2020). This of course has an indirect impact on increasing high risk, both morbidity and mortality for mothers and babies to be born. Reproductive health of the bride and groom is a very important thing in order to prepare mothers to be the creators of a healthy and quality generation (Suparyanto dan Rosad (2015, 2020). In line with the various efforts that have been made by the government in dealing with early marriage rates, the BKKBN has been intensively campaigning but it is still not optimal, through GenRe (Planned Generation) it is hoped that it can reduce the number of early marriages in Indonesia, namely under 21 years for women, and under 25 years for men (Yuandari et al., 2019).

According to Astuti et al in (Lathifah et al., 2021), the pre-marital preparations carried out in terms of services are still limited to professional staff who provide education, the lack of knowledge of potential partners makes it possible not to delay pregnancy, even though pregnancy at the age of less than 20 years can lead to various complications during childbirth, babies born to mothers who are under 20 years old can face a 50% higher risk of experiencing a stillbirth (stillbirth) or a baby dying in the first few weeks compared to babies born to mothers aged 20-29 years. Babies born to mothers under the age of 20 are more likely to have low birth weight with long-term risk effects (Septa & Darmawan, 2011)(Fitri, 2018). The class for the bride and groom (catin) is one of the government's efforts and concerns to assist the readiness of the prospective bride and groom in carrying out household life (Sa'diah, 2018)(Devianti & Rahima, 2021)(Jamil & Muhammad, 2020). The existence of a premarital counseling program is a process of providing assistance by a professional to prospective husband and wife before carrying out marriage and providing provisions and instructions so that they can form a happy household life (Iklil & Kholis, 2016)(Juningsih & Syamsu, 2021). Several activities in premarital counseling provided by catin officers which discuss reproductive health which includes pregnancy, fertile period, pregnancy process, signs of pregnancy, ideal and risky pregnancies, danger signs of pregnancy, signs of emotional changes in the baby's mother, birth planning and complications (P4K) programs and the choice of contraceptive methods for new couples who wish to delay pregnancy (RI Ministry of Health, 2018). Self-counseling which is carried out includes several stages starting from the introduction between the client and the counselor, asking the client about himself, telling other alternative solutions, then helping to choose, explaining each of the solutions that will be chosen and encouraging the client to follow up on the solution. Counseling quality is also influenced by duration (time span), motivation or delivery of material, degree of health and skills of the counselor himself. This is because there are several factors that affect the interest of prospective couples of childbearing age, namely the knowledge factor of a potential partner of childbearing age after being given premarital health counseling and also the influence of other people who are considered important, such as the influence of family and husband is very large on potential couples of childbearing age under 20 year. Health workers have an important role in increasing the knowledge of prospective couples of childbearing age under 20 years about delays (Simanjuntak & Wahyudi, 2021)(Faiza & Akbarani, 2019). High-risk pregnancy is a pregnancy that allows complications during pregnancy and childbirth from the risk that the mother has compared to a normal pregnancy. Pregnancy has a high risk if it is influenced by triggering factors that will cause complications during pregnancy, even during labor and during the puerperium (Astuti et all, 2017). According to Astuti, et all, (2017) premarital health counseling for prospective couples of childbearing age under 20 years is very necessary and good for increasing knowledge of reproductive health which they still lack. Delivery of this counseling is also very influential on their perceptions about delaying pregnancy.

Counseling is a face to face situation. Someone who has been trained and has skills or because he has gained the trust of others tries to help face, explain, and overcome adjustment problems (Kusmiran, 2012). The aims of this study is to conduct counseling management for premarital women with the CLEAR counseling technique, ROLES body attitude and the GATHER approach.

## RESEARCH METHOD

This study uses a case study design with a descriptive observational method with a focus on the application of CLEAR, ROLES and GATHER counseling techniques. The subject of this case study is Ms. M, aged 24 years. This case study was carried out at PMB Siti Nuraeni in May 2022. Data was collected directly (primary data) using the Varney management approach and documentation in the form of SOAP (subjective data assessment, objective data assessment, data analysis and case management). Then the data were analyzed in descriptive analysis.

## RESULTS AND DISCUSSIONS

### Assessment of Subjective Data

Based on the study of subjective data, it was recorded that Ms. M, aged 24, came to PMB with the aim of pre-marital consultation. Based on the results of the current medical history review, it was found that the client experienced menarche at the age of 15, currently the client's menstruation is regular without dysmenorrhea and most of it is normal. Clients do not smoke, eat regularly, exercise regularly, clients do not consume drugs or alcohol. The client has no history of serious illness and has no family history of illness. The client plans to get married in the next 1 month and has no plans to delay pregnancy. The client has never received TT immunization.

### Objective Data Assessment.

Assessment of objective data is carried out by assessing the physical condition through observation from head to toe. The results of measuring vital signs found that the client's consciousness was composmentis, blood pressure 120/70 mm HG, temperature 36.7°C, pulse 86 x/min, breathing 24 x/min. Examination of the head, eyes, nasal cavity, oral cavity, neck, respiration, heart rate, breast, abdomen, upper and lower extremities, genitalia, patella reflex within normal limits.

### Data analysis

Data analysis was obtained from the results of the analysis of subjective and objective data assessment results. Data analysis in this case is a woman, pre-marital age 24 years

### Case Management

Management in this case is carried out in accordance with data analysis and client needs. Management in this case is to provide an explanation of the results of the examination and conduct premarital counseling which includes counseling related to prevention of anemia, counseling related to adolescent nutrition, counseling related to personal hygiene, counseling related to reproductive health, counseling related to reproductive disorders, planning repeat visits or referring if necessary. Counseling is carried out by applying counseling techniques (CLEAR), body postures (ROLES) and the GATHER approach.

### Discussion

Counseling can be carried out at any stage of the journey of a process with information and approaches that are always adapted. Likewise in the process of reproduction; Counseling can be carried out at the stages of adolescence, pre-marital, family planning, pregnancy, antenatal care, reproductive problems and risks, childbirth and various stages in the management of treatment or action (Poltekkes Kemenkes Gorontalo, 2013)

Counseling techniques can be remembered by the term CLEAR (Clarifying, Listening, Encouraging, Asking for feedback, Repeating). Clarifying is explaining. Listening is listening. Encouraging is encouraging. Asking for feedback is asking for feedback, while repeating is repeating. (Kusmiran, 2012)

Gestures during counseling can be remembered by the term ROLES (Relaxing, Opening up the client, Learning toward the client, Establishing eye contact, Smiling and squarely). So during counseling, a counselee must show a relaxed attitude, open up to the client, lean towards the client, show eye contact, and smile and sit properly (Kusmiran, 2012).

The GATHER approach (Greet, Ask, Tell, Help, Explain, and Return) is a framework that is generally used in providing counseling on reproductive health issues. Counseling for planning a healthy pregnancy should be given to couples who are planning to get married or planning a pregnancy with the aim of preparing for a healthy pregnancy so as to minimize the risk of complications during pregnancy and childbirth. Counseling for planning a healthy pregnancy according to the Ministry of Health (2018) planning a healthy pregnancy includes physical preparation, nutritional preparation, screening for TT immunization status, maintaining the health of the reproductive organs, health conditions that need to be watched out for.

Implementation of the GATHER stage in this case starts from Greet, Greet means greeting the client warmly. Implementation of Greet in premarital care counseling Greets the patient's head and welcomes the patient (paying attention). The Ask stage means asking clients about themselves. Implementation of Ask in premarital care counseling Asking about the patient's needs, knowledge and feelings about the problem at hand. The Tell stage means telling the client about alternative possible solutions. Implementation of Tell in premarital care counseling. Explain matters relating to the information the patient wants and explain alternative solutions to the patient's problem. The Help stage means helping the client choose alternative possible solutions. Implementation of Help in premarital care counseling is to help the patient make the desired decision, give time and encourage the patient to think. The Explain stage means explaining each alternative, the advantages and disadvantages of the solution. Implementation of Explain in premarital counseling counseling for adolescents related to anemia prevention. Counseling regarding adolescent nutrition, Counseling regarding TT status, Counseling regarding reproductive health. The Return stage means encouraging the client to return for follow-up. Implementation of Return in premarital care counseling is plan repeat visits by recording on KMS.

## CONCLUSION

The counseling technique used in premarital care cases is in accordance with the theory, namely by using the CLEAR technique (Clarifying, Listening, Encouraging, Asking for feedback, Repeating). Body posture uses the ROLES approach (Relaxing, Opening up the client, Learning toward the client, Establishing eye contact, Smiling and squarely). Implementation of counseling steps in premarital care cases is carried out according to the "GATHER" approach (Greet, Ask, Tell, Help, Explain, and Return).

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