



Implementation of Collaborative Counseling Services to Improve Reproductive Health Muslim Marriage Candidates

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Abstrak

Kata kunci:

Kesehatan reproduksi, Konseling kolaboratif, Pernikahan muslim

Problematisa yang dihadapi dewasa ini ialah kesehatan reproduksi bagi calon pasangan yang akan atau yang telah menikah cenderung diabaikan. Ditambah lagi pemberian layanan konseling secara intensif yang terbatas mengingat permasalahan kesehatan reproduksi dapat mengganggu kondisi biologis dan psikologis individu. Tujuan penelitian ini adalah memberikan gambaran serta kerangka kerja layanan konseling kolaboratif yang dapat diadopsi bagi penyuluh KUA (Kantor Urusan Agama), Konselor dan Konsultan keluarga. Metode yang digunakan ialah pendekatan deskriptif kualitatif. Hasil penelitian menunjukkan layanan konseling kolaboratif dapat menjadi alternatif solusi dalam meningkatkan kesehatan reproduksi dan penguatan secara psikologis calon pengantin muslim. Para konselor, penyuluh agama, lembaga kesehatan dapat bersinergi dalam pelaksanaan layanan konseling kolaboratif.

Abstract

Keywords:

Reproductive health, Collaborative counseling, Muslim marriage

The problem faced today is that reproductive health for prospective or married couples tends to be ignored. In addition, the provision of intensive counseling services is limited considering that reproductive health problems can disrupt the biological and psychological conditions of individuals. The purpose of this study is to provide an overview and framework of collaborative counseling services that can be adopted for KUA (Religion Office) extension workers, family counselors and consultants. The method used is a qualitative descriptive approach. The results showed that collaborative counseling services can be an alternative solution in improving reproductive health and psychologically strengthening Muslim brides-to-be. Counselors, religious instructors, health institutions can work together in the implementation of collaborative counseling services.



INTRODUCTION

It is well known that various reproductive health problems have been growing in recent years. Reproductive health problems are found to be particularly common in women aged between 15 and 45 years old (Saravanabavan et al., 2021). This knowledge of reproductive health is important and has a wide impact on women's health in the future. (Rahma et al., 2022; Skinner-Taylor et al., 2021). Research shows that various treatments such as chemotherapy, radiotherapy, hormone therapy, or surgery, can adversely affect reproductive function in both women and men. (Anderson et al., 2021). The condition is actually ineffective if only given medical treatment, but psychologically also needs attention because it can disturb the psychology of the couple when living in a household after marriage. In Africa, early marriage without proper preparation has adverse consequences for women's physical, emotional and social well-being and development. (Rokicki, 2021). In addition, if reproductive health is not given special assistance, the impact that will occur is the poor health of children and mothers, the risk of HIV and the risk of fetal miscarriage (Tripathi, 2021). Premarital counseling in health and sex issues discusses human reproductive physiology, family planning and important emotional values in sexual relationships. (Susanti et al., 2022).

Dudgeon & Inhorn, (2004) explains reproductive health has emerged as an organizational framework that incorporates men into maternal and child health programs. The emergence of the COVID-19 pandemic) has rapidly changed the pre-existing worldwide sexual and reproductive health environment (Bolarinwa et al., 2021; Hashem et al., 2021). Sexual health means being physically free from sexual problems, feeling proud, and psychologically comfortable as a sexual being. It refers to the state of physical, mental, and social well-being related to sex. According to the World Health Organization (WHO), sexual health is fundamental to the overall health and well-being of individuals, couples, and families, and contributes to the social and economic development of societies and countries. (Nho, 2021). Awareness of the health and psychology of couples should be further strengthened and continuously evaluated comprehensively (Pozzi et al., 2021).

The provision of premarital guidance is still considered less than 24 hours. Therefore, it is hoped that there will be cooperation between the Ministry of Religious Affairs, KUA, and the Ministry of Health so that all prospective brides can get access to effective and comprehensive reproductive health education so that it can be balanced between material from a religious perspective and reproductive health (Hasanah et al., 2022). Reproductive health counseling services should be proactive and encouraged, as the implementation of such counseling has been shown to benefit patients' mental health, quality of life, and adherence to treatment. The



provision of counseling services that meet standards and involve various multidisciplines can support clients in the decision-making process (Zaami et al., 2022).

The sexual and reproductive health program for prospective brides is one of the programs implemented by the government where this activity is aimed at women from adolescence before pregnancy to prepare women to become healthy pregnant women and ensure maternal health so that they can give birth to a healthy and quality generation (Utami et al., 2021). In practical terms, the role of the government is not optimal without psychological assistance by psychology practitioners or counseling. The results showed that reproductive health counseling activities in terms of physical can increase the knowledge of prospective brides by 96.7%. Reproductive counseling activities in terms of psychological can increase the knowledge of prospective brides by 100%. In addition, reproductive counseling from a social perspective can increase the knowledge of prospective brides by 90% (Kusumaningtyas et al., 2020). Based on the study, it appears that the implementation of reproductive counseling can strengthen the cognitive and psychosocial aspects of individuals.

Based on the results of interviews and observations at several KUAs in Bengkulu City, such as KUA (Religion Office) Gading Cempaka, Selebar, Muara Bangkahulu, it is known that in general premarital guidance/counseling services have been carried out routinely. The limitation is that premarital guidance is only conducted once, one week before the marriage contract. If analyzed, premarital guidance/counseling services that are vulnerable to only one time with material that is not suitable for the conditions of the prospective bride and groom affect the development of life after family. The results of the need assessment also showed that religious instructors need a framework for reproductive counseling services that is systematic and holistic.

Various studies that have been described above assume that physiological and psychological assistance services for Muslim brides-to-be are still separated from one another. Since the reproductive situation covers all aspects of human life, it is expected that family counselors or consultants implement a collaborative model of counseling. Therapeutic collaboration throughout counseling can deepen the understanding of how relationships help promote changes in client attitudes (Silva et al., 2021; Tennant & Sperry, 2003). Clients will be more open and developed if every counseling session is done collaboratively (Do Céu Taveira et al., 2017).

As discussed in the theoretical study and previous research, collaborative counseling services are important to be studied and evaluated so that they can be applied programmatically from the KUA as a forum for family development. The problem is that this collaborative counseling service is still limited in its implementation, especially in the aspects of



competence and personnel. So far, collaborative counseling services are predominantly carried out from educational units or schools. The presence of this research is an explanation of the disciplines of counseling, social, health and religion that can be integrated in a special service. Added Zierhut et al., (2017) stated that models that incorporate a multidisciplinary approach to implementation and information delivery are beneficial for both clients and service providers.

METHOD

This research uses descriptive qualitative type. This study describes and analyzes how the implementation of collaborative counseling to improve reproductive health for Muslim brides before or after marriage. The type of data used is secondary data obtained from national and international research journals, and information from religious instructors in the field. The data collection techniques used are library research and observation by searching and collecting secondary data sourced from various references whose validity can be accounted for. Data analysis techniques in the field with the Miles and Huberman approach procedure with the prefix of data reduction (data reduction), data display (data presentation) by systematically summarizing findings and verifying credible data (Creswell, 2015).

FINDING AND DISCUSSION

Collaborative counseling is based on the philosophies of constructivism and social constructionism. The evolving field of counseling generally refers to adult development and life transition literature in counseling. Collaborative counseling is a term that defines an inclusive theoretical framework and different counseling approaches. Counselor phenomenology is defined in three perspectives: (a) developmental-to conceptualize adult experiences and counseling; (b) collaborative-to characterize counselor-client roles, interactions, and processes; and (c) idiographic-to conceptualize the application of theory and interventions to individuals. From these perspectives are derived specific practices that emphasize assessment of transition status, adult processes, counseling outcomes in meaning and behavior, and various contexts and modalities for service delivery (Avis, 1987).

Collaborative counseling has been widely practiced, although addressing different issues such as integrating a mental health professional into the infertility care team has the potential to decrease stress for patients, support staff, and clinicians, leading to improved patient retention. (Domar, 2015). Furthermore, in the process of completing scientific work of counselor education students (Brooks et al., 2021). Findings suggest collaborative counseling is a natural extension of humanistic philosophy and is necessary in helping to resolve study issues. Community



stakeholders, such as pastors or religious leaders can serve as collaborative partners with counselors to introduce health awareness (Avent Harris et al., 2022).

The research findings show that the implementation of collaborative counseling to improve the reproductive health of Muslim brides in Bengkulu is packaged and passed through several stages:

1. Precounseling Stage

The religious counselor conducts consensus with the educational institution of the Health Analyst Academy and the counselor of the family consultation institution of the Faculty of Sharia UIN Fatmawati Bengkulu in clarifying the subject matter. First look at the list of reproductive health problems from various reports and problem checklists, then look at the client's family history. This consideration is done to clarify the main problem that refers to the optimal response and refers to the homogeneity of the problem (Reed et al., 2020).

2. Implementation Stage

In KUA terms, this stage is better known as pre-marital counseling. The difference is that there are several stages that are structured by adopting a group counseling framework (Pare, 2012). The steps include:

- a. Session I (Establishment)

In this session, the religious instructor focused on developing group information to motivate clients with an agenda that would be carried out in the group. It discusses the rules, code of ethics with communication patterns using the adult developmental task approach because the participants involved are from 18 to 40 years old (Mehta et al., 2020).

- b. Session II (Transition)

In the transition session, there is a transference of problems that are returned to the client. In this stage, the client expresses positive expectations to be achieved in both counseling sessions, especially towards reproductive health and family happiness. Counselors show their maturity, professionalism and influence on clients through positive interactions that illustrate emotional closeness. The pattern built in the group dynamics, there is feedback and question and answer and give attention to each other. Furthermore, in the transition session, there are several things conveyed by the client, namely, before the marriage the biological condition is generally quite healthy. After conducting a search it turns out that the client has never conducted a medical examination regarding reproductive health conditions. At this stage, the client is recommended to conduct a medical



examination to a health analyst, gynecologist or internal medicine doctor and the results of the examination will be the subject of the next session.

In addition, emotional psychological conditions vary greatly, namely happiness, sadness, and anxiety. This condition needs to be a concern of the counselor because of the emotions of the prospective bride and groom who will live a household life with severe challenges. At this stage, religious instructors work together with counselors at the sakinah family consultation institute of the Faculty of Sharia, UIN Fatmawati Sukarno Bengkulu to provide psychological strengthening with service themes 1) Religion as a basis in household; 2) Building effective communication between spouses; 3) Family problem-solving skills. In this transition session, the counselor listens more to what the client says and makes referrals or recommendations to the parties involved in collaborative counseling services. The technique used is non directive counseling technique. Non directive counseling in the middle east that is centered on the Muslim person can increase success in the counseling process. (Al-Thani & Moore, 2012).

c. Session III (Activity)

The third session is a continuation session of the second session. From the results of observations and interviews, religious instructors provide comprehensive service materials as agreed at the transitional stage. Counseling service material fills more emphasis on cognitive aspects, attitudes and behavior. The goal is for clients to act in accordance with expectations. The group counseling model is based on a classical approach, carried out through educational interactions, using lecture, discussion, question and answer methods, LCD, film media, hand out, blackboard, and scheduled.

Common topics include developmental age tasks, reproductive health, responsibility and love with a time duration of only 30 minutes to 1 hour. This effort was made as a form of modeling, opening up insights, gaining experience. The collaborative counseling model emphasizes the values of positive interactions until transference occurs where the client delegates past experiences and expectations to the counselor by paying full attention to what is conveyed by the client. The collaborative counseling model is also based on a religious approach, the general goal is to have aqidah, correct in accordance with Islam, taqwa to Allah SWT, perform correct worship, have mature and praiseworthy morals by displaying polite, orderly, disciplined, caring, patient, resilient, brave in dealing with the problems of daily life, have independence, have a broad



insight into thinking critically, logically, systematically, creatively, carefully, cleverly in overcoming all existing problems this approach refers to the Qur'an, Hadist, and Sunnah which are poured through the theme of discussion in collaborative counseling. The delivery pattern is first the counselor reads the verse and its meaning, then explains the verse in a language that is easily understood by the client with practical examples.

d. Session IV (Termination)

In the closing session, namely the counseling termination session, this session the counselor conveyed that the activity would end, made conclusions on steps to improve reproductive health and psychology in building a household. In addition, clients are asked to reflect on the experience gained as follow-up material. The improvement can be seen from the pattern of the relationship between thoughts and feelings as shown in figure 1.

e. Final Stage

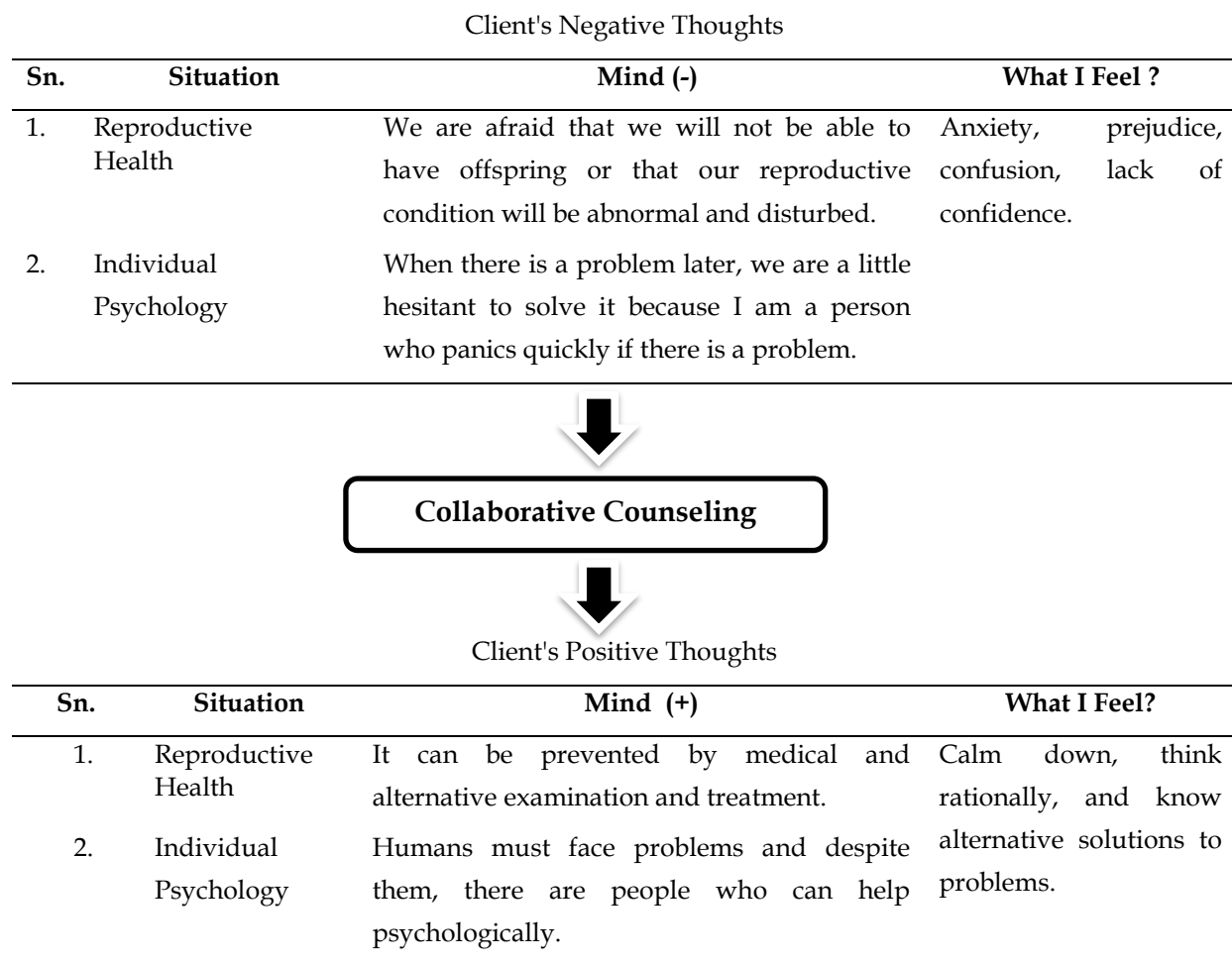
The final assessment process shows significant results, the interpretation of these results is by looking at the development of clients who tend to be dominated by positive cognitive patterns through assistance and monitoring from extension workers. The impact of the contribution provided includes assistance and monitoring of clients during the transition period, assistance in efforts to develop positive behavior patterns and mindsets in running married life, establishing cooperation with health, counselors and religious leaders.

Based on the results of data collection and analysis of field data, it is illustrated that after collaborative counseling, clients gain a way to direct their thoughts and gain skills to make alternative strategies when facing reproductive problems and family problems. When compared with previous relevant research, there is a distinctiveness in this study. There are many efforts to address reproductive health, such as guidance and counseling media in the form of modules on reproductive health of adolescent girls (Afriani et al., 2021). However, the limitation is that the user module is not practical as it cannot be used by everyone. This is reinforced by the fact that guidelines addressing counseling for women's age-related fertility decline, and reproductive aging are inconsistent and incomplete (Trawick et al., 2021). Furthermore, various mental health disciplines (for example counseling, psychology, social work) all mandate competency in working with clients from diverse religious and spiritual backgrounds. However, there is growing evidence that practitioners feel underprepared to meet the needs of their religiously and spiritually diverse clients (Sami et al., 2021). From the perspective of health that often conducts information services or counseling, it seems that it is



not optimal, this is indicated by the recognition of health workers who stated that reproductive health services are still limited (Denno et al., 2021). Likewise, the obstacles faced by religious instructors in carrying out the role and function of BP4. These obstacles can be seen in the increasing divorce rate in Indonesia from 2017 to 2021 (Awad & Fauziah, 2022).

Figure 1. Client's Thought and Feeling Relationship



Source: Data analysis, 2022.

CONCLUSION

The implementation of collaborative counseling in the process is quite systematically carried out by the KUA together with several partners, because the KUA is the center known to the community regarding family affairs. Some steps conceptually adopt a group counseling approach, however, an individual counseling approach can also occur. The point is that the counselor can make recommendations or referrals to experts in the field of reproductive health and psychology of prospective bridal couples even after marriage. The operation is to identify



problems periodically, for example, quarterly, monthly, or annually. The hope is that the mapping of reproductive health and family psychology can be monitored so that in addition to reducing the number of cases of reproductive diseases, it can also prevent divorce.

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