

KNOWLEDGE AND ATTITUDES REGARDING THE FULFILLMENT OF PREMARITAL NUTRITION AMONG ADOLESCENTS

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Abstract

Basic Health Research (2018) reported the prevalence of chronic energy deficiency (CED) among non-pregnant and pregnant women of childbearing age in Indonesia by 14.5% and 17.3%, respectively. In addition, anemia in pregnant women increased from 37.1% to 48.9% in 2018. The health and nutritional status of pre-pregnant women can influence the nutritional status of children. This study aims to describe knowledge and attitude on the fulfillment of pre-marital nutrition among teenagers. This was a quantitative descriptive study with a cross sectional approach. The current study was conducted at MAN 1 Karanganyar in July-August 2023. The study samples involved 67 female respondents from class XII, who were selected using the Accidental Sampling technique. A questionnaire that had been tested for validity and reliability was applied as a data collection instrument. Univariate and bivariate data analysis were performed by using the SPSS version 23.0 program. The results showed that the majority of respondents had a good level of knowledge on the fulfillment of pre-marital nutrition by 33 respondents (49.3%), and 40 respondents (59.7%) had a moderate level of attitude on the fulfillment of pre-marital nutrition.

Keywords: knowledge, attitude, fulfillment of pre-marital nutrition

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1. Introduction

Adolescence is a critical developmental period that often receiving less attention and protection in achieving life goals [1]. The vulnerability of nutritional intake significantly increases during adolescence due to dietary habits lacking quality and essential nutrients, leading to various micro and macro nutritional deficiencies [2].

In both Ireland and globally, poor dietary quality and inadequate nutritional intake are prevalent among teenagers, which can have significant short- and long-term health impacts, including micronutrient deficiencies, increased risk of overweight/obesity, and elevated

cardiometabolic risk factors. These issues persist in adolescents in Ireland and worldwide [3].

According to Decree No. 379 of 2018, issued by the Director General of Islamic Community Guidance, the current premarital health guidance primarily focuses on reproductive health. However, research findings [4] indicate that chronic energy deficiency (CED) during adolescence can increase the likelihood of stunting in offspring from expectant mothers experiencing anemia [5]. In Indonesia, non-pregnant and pregnant women of childbearing age have experienced anemia at rates of 14.5% and 17.3%, respectively, with the prevalence of anemia in pregnant women

rising from 37.1% to 48.9% in 2018 [6]. Women with poor health and nutritional status bear the risk of giving birth to children facing nutritional issues from birth. Specifically, those with Chronic Energy Deficiency (CED) may deliver babies with a birth weight under 2500 grams, categorized as low birth weight (LBW), or a body length at birth under 48 cm [7]. These challenges could persist into childhood, affecting the overall growth and development of the child, potentially resulting in long-lasting effects on cognitive and physical development [8], reduced productivity, poor health, and an increased risk of various diseases such as diabetes, cardiovascular disease, cancer, and even COVID-19 [9].

Persistent malnutrition in adolescents, coupled with inadequate food management, may lead to an estimated 127 million toddlers being stunted by 2025 [10]. Hence, additional interventions and measures are imperative to reduce stunting cases to 100 million by 2025.

Indonesia ranks fifth in the world in terms of the number of stunted children, with an estimated 7.7 million children under the age of five affected [11]. Malnutrition remains a critical issue in Indonesia, contributing to about 45% of under-five deaths globally. This places Indonesia among the 36 countries accounting for 90% of the world's nutritional challenges, resulting in 6.6 million child deaths before the age of five [12, 13].

Various factors contribute to malnutrition in adolescents in developing countries, including supplementary food provisions in food-insecure environments, community-based approaches, indirect nutrition strategies, nutritional knowledge, dietary habits, food availability, and family support [14,15].

Premarital nutrition plays a crucial role in ensuring the health and well-being of future generations. Focusing on premarital nutrition before marriage is

imperative, as prospective mothers' nutritional status significantly impacts their offspring's health outcomes [16].

Therefore, researchers are interested in exploring "Knowledge and Attitudes Regarding the Fulfillment of Premarital Nutrition among Adolescents" to promote health and prevent stunting in children effectively.

2. Methods

This study was a quantitative descriptive research utilizing the Cross-Sectional Survey method. The primary objective of this approach was to observe behaviors and characteristics, generate descriptions, draw generalizations from the population, and address immediate concerns by capturing data at a single point in time.

The research focused on all 221 class XII students at MAN I Karanganyar, with a sample comprising 67 female students. The survey employed a simple random sampling technique, directly distributing questionnaires to the respondents. Data analysis encompassed univariate and bivariate analyses conducted through the SPSS program version 23.0.

3. Results and Discussion

Characteristics of Respondents

Table 1. Age Category

Category	Frequency	Percentage
11- 13 y	0	0.0
14 – 16 y	2	3.0
17 – 21 y	65	97.0
Total	67	100.0

In this study, the majority of respondents fall within the 17-21 age bracket, accounting for 65 participants (97%). This age range signifies a crucial developmental phase towards adulthood, marked by a burgeoning interest in intellectual pursuits, the individuation process seeking interpersonal connections and novel experiences and establishing a firm sexual identity [17].

Age is a significant factor that influences knowledge acquisition. Advancing age correlates with enhanced

cognitive abilities, resilience, and cognitive processes. Adolescents have the potential to act as catalysts for combatting stunting and chronic malnutrition in Indonesia, provided they possess a foundational understanding of nutrition and health from an early age [18]. Research has indicated that 8.7% of adolescents aged 13-15 and 8.1% of those aged 16-18 exhibit underweight and severe underweight categories [19]. Furthermore, a substantial proportion of adolescents face challenges related to anemia, with 65.2% reporting irregular breakfast consumption and 93.6% failing to meet recommended fiber intake from fruits and vegetables [20]. This predicament is compounded by the prevalent early marriages among Indonesian adolescents, who often lack the physical and psychological readiness to embark on familial responsibilities.

Table 2. Sources of Information regarding Premarital Nutrition Needs

Source	Frequency	Percentage
Healthcare Worker	15	22.3
Parents	2	3.0
Internet/Social Media	6	9.0
None	44	67.7
Total	67	100.0

The data indicates that the predominant proportion of respondents, 44 individuals (67.7%), demonstrated a need for more awareness regarding premarital nutritional requirements from any information source. Health education aims to change the behavior of individuals and society in health. Health education operates as a mechanism to instigate behavioral modifications among students on holistic health dimensions encompassing physical, mental, and social well-being, thereby fostering balanced personal growth and development through scholastic and extracurricular initiatives [21].

Following Law Number 23 of 2002 stipulating Child Protection, the designated beneficiary group for Youth

Care Health Services (PKPR) corresponds to adolescents aged between 10 and 18 years. Nevertheless, the World Health Organization's definition of adolescence spanning from 10 to 19 years prompts the Ministry of Health to broaden the inclusivity of PKPR service recipients, extending the age bracket to encompass adolescents between 10 and 19 years, notwithstanding their marital status [22]. The strategic focus of Youth Care Health Services (PKPR) extends to a diverse array of adolescent subgroups, including in-school adolescents, out-of-school adolescents, prospective young mothers, adolescents at heightened risk of HIV exposure, and adolescents with distinctive requirements [23].

Educational frameworks, both formal and non-formal, wield the potential to yield short-term effects by fostering knowledge alterations or enhancements [24]. Furthermore, information dissemination to adolescents through mass media platforms like radio, television, print publications, and other conduits plays a pivotal role in shaping perspectives and convictions [25].

Table 3. Level of Knowledge and Attitude of Teenagers on the Fulfillment of Premarital Nutrition

Category	Frequency	Percentage
Knowledge Level		
Poor	15	22.3
Moderate	19	28.4
Good	33	49.4
Total	67	100.0
Attitude		
Poor	0	0.0
Moderate	40	59.7
Good	27	40.3
Total	35	100.0

The data reflects a notable proportion of respondents exhibiting a commendable level of cognition regarding premarital nutritional requisites, with 33 individuals (49.3%) demonstrating a high level of knowledge and 40 individuals (59.7%) displaying a moderate attitude toward premarital nutrition fulfillment.

The interrelation between knowledge, attitudes, and dietary behaviors is pivotal in food selection and subsequent nutritional well-being. Individuals equipped with a sound nutritional knowledge foundation tend to conscientiously attend to the nutritional content of their daily dietary intake.

The nutritional status of adolescents, women of reproductive age, and premarital women will determine the health status of offspring during childbirth. The optimum fulfillment of nutritional requirements during the preconception phase is a linchpin for ensuring the birth of a healthy neonate endowed with standard physiological attributes [26].

The significance of maintaining adequate nutrition levels for premarital women ahead of pregnancy stems from the understanding that sound nutritional practices underpin optimal functionality of reproductive organs, fostering processes such as ovum maturation, production of high-quality ova, and seamless fertilization procedures [27,28]. Adequate nutrition serves as a reservoir for fetal sustenance and development. Also, it exerts an indelible influence on the holistic health status across conception and gestation phases, thereby mitigating the propensity for malnutrition-related complications during pregnancy [29]. This viewpoint aligns with the notion that nutrition education catalyzes cognitive and attitudinal transformations, fostering optimal nutritional comprehension and positive attitudes toward dietary fulfillment [30].

4. Conclusion

The study findings reveal that a significant portion of participants exhibited a commendable level of understanding regarding premarital nutritional requirements, with 33 respondents (49.3%) showcasing a high level of knowledge. In comparison, 40 respondents (59.7%) demonstrated a

moderate attitude toward fulfilling premarital nutritional needs.

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