The Implementation of Sexual and Reproductive Health Education to Future Bridegrooms: Scoping Review

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INTRODUCTION

According to the World Health Organization, sexual and reproductive health (SRH) is defined as a state of physical, mental and social well-being that is integral to the reproductive system (World & Organization, 2014). SRH has been recognized by international organizations as a human right and a necessity for development (World & Organization, 2014), although it faces many challenges in most countries, especially in the Middle East region (Baltzer et al., 2008). Sexual problems tend to be hidden because they are considered taboo and contrary to culture or religion (Roudsari et al., 2013). Sexual and reproductive health (SRH) is very important for individuals, couples, and families to achieve optimal reproductive health, improve relationships with partners, develop healthy sexual decision-making processes and participate in the socio-economic development of the community (Astuti et al., 2020).

Marriage is the dream and need of every human being (Dheny Rohmatika, Aris Prastyoningsih, 2021). Marriage is an inner and outer bond between a man and a woman as husband and wife with the aim of forming a complete and happy family (household) based on God Almighty (Law of The Republic of Indonesia, 2018). The readiness level of a couple is a major factor in determining the success or failure of a household. Providing information to the future...
Premarital education in sexual and reproductive health for the bridegrooms is the starting point for the development of maternal and child health that can be prepared early on, even before a woman becomes pregnant and a mother (Yulivantina & Kurniawati, 2021).

Various efforts have been made by international policymakers related to child marriage, domestic violence, divorce, and avoided maternal deaths, for example preventing early marriage by issuing regulations prohibiting marriage at the age of <18 years, improving education and empowering women, and enhancing knowledge related to reproductive health and evaluate and expand the coverage of health service facilities (BPS-Unicef, 2020). The policy of providing sexual and reproductive health education for future bridegrooms is the main focus of the government with the aim of preparing before pregnancy and ensuring maternal health so that they can give birth to a healthy and excellent generation/Directorate General of Islamic Community Guidance, Ministry of Religion of the Republic of Indonesia, 2017). The purpose of this scoping review was to review evidences regarding the implementation of sexual and reproductive health education for future bridegrooms.

**METHOD**

Method The research used in this research was a scoping review, which is a process to identify in which the literatures that become prospective research studied deeply and comprehensively. Those are obtained through various sources with various research methods that must be relevant to the research topic (Arksey, H. and O’Malley, 2005). The framework used in this research consisted of five steps: They were: (1) identifying research questions, (2) identifying relevant articles, (3) selecting articles, (4) conducting data charting, and (5) presenting data/results, discussion, and conclusions (Danielle Levac, Heather Colquhoun, 2010).

**Step 1: Identifying research questions**

In identifying research questions, the author used the PEO framework (Arksey, H. and O’Malley, 2005) as follows:

<table>
<thead>
<tr>
<th>P (Population)</th>
<th>E (Exposure)</th>
<th>O (Outcomes)</th>
<th>T (Themes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Future Bridegroom OR Premarital* OR Couple* OR married Couple* OR bride and groom* AND</td>
<td>Sexual and reproductive health education OR “Sexual and reproductive health (SRH)” education” OR “Sexual and reproductive health (SRH)” counseling” AND</td>
<td>Implementation OR Implementation* AND</td>
<td>AND</td>
</tr>
</tbody>
</table>

The scoping review question in this research was how is the implementation of sexual and reproductive health education (SRH) to future bridegrooms’ with the aim of exploring midwifery evidences regarding the implementation of sexual and reproductive health education (SRH) for future bridegrooms in terms of sexual and reproductive health education needs, barriers, and efforts/evidences based carried out both nationally and internationally in sexual and reproductive health education for future bridegrooms.

**Step 2: Identifying relevant articles**

The identification of articles was carried out using inclusion and exclusion criteria as follows:

<table>
<thead>
<tr>
<th>Inclusion Criteria</th>
<th>Exclusion Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Articles published in scientific journals</td>
<td>1. Articles in the form of opinions</td>
</tr>
<tr>
<td>2. Articles in the form of original articles (original research)</td>
<td>2. Articles in the form of guidelines and standard operating procedures (SOP)</td>
</tr>
<tr>
<td>3. Articles published in 2016-2021</td>
<td>3. Articles in the form of study design systematic reviews or scoping reviews</td>
</tr>
<tr>
<td>4. In English and Indonesian Languages</td>
<td></td>
</tr>
<tr>
<td>5. Articles focus on needs of sexual and reproductive health education, barriers, and efforts/evidence based conducted both nationally and internationally in sexual and reproductive health education for bridegrooms.</td>
<td></td>
</tr>
</tbody>
</table>

In searching for articles, the author used several search strategies using keywords (keywords), medical subject headings (Mesh), truncations, Boolean operators (OR, AND, and NOT) (Danielle Levac, Heather Colquhoun, 2010). This scoping review search was carried out by searching for relevant literatures using 3 databases in searching for literature sources, namely EBSCO, ProQuest, Willey Online Library, and one search engine; Google Scholar. The focus in this research was to discuss the implementation of sexual and reproductive health education (SRH) for the future bridegrooms.

**Step 3: Selecting Articles**

Searching for articles was based on keywords found 2,743 with details of Ebsco with 220 articles, ProQuest with 643 articles, Willey with 110 articles, and Google Scholar with 1,770 articles. Then, screening was carried out in the form of selection based on the suitability of the title and abstract of the articles in accordance with the purpose of the scoping review with the issue raised, namely the implementation of sexual and reproductive health education (SRH) for the future bridegrooms. The final results obtained...
There were 10 articles, which met the inclusion criteria based on the results of the analysis. The following is the process of searching for articles used in the literature review, which can be seen in the flowchart.

The search results using keywords, databases, and the search engine, namely Google Scholar obtained 2,743 articles. The articles obtained were extracted into Mendeley and 89 articles were removed through article duplication checks and manually screened the titles and abstracts of 2,654 research articles and 2,644 were excluded because they did not meet the inclusion and exclusion criteria. 14 articles were then screened in full and found 4 articles that were excluded because the data collection year was more than 5 years. Article extraction and article quality assessment were carried out on 10 eligible articles.

**Step 4: Data Charting**

10 articles that were critically assessed as a whole were then extracted to include the main criteria including author, year, research title, purpose, country, research design, population and research instruments, and results. Data charting was carried out through discussion with the 2nd author who adopted the modification of the Joanna Bridgee Institute (JBI). The author recorded and compared the extracted data, which can be seen in the following table 3.
<table>
<thead>
<tr>
<th>No.</th>
<th>Author, Year, research title</th>
<th>Research title</th>
<th>Purposes</th>
<th>Country</th>
<th>Research design, population, and instruments</th>
<th>Research results</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1.</td>
<td>(Khalesi et al., 2017)</td>
<td>A qualitative study of sexual health education among Iranian engaged couples.</td>
<td>Exploring the need for sexual health education for Iranian engaged couples</td>
<td>Iran</td>
<td>Research design: qualitative. Population: 38 engaged men and women; 9 health experts, and policy makers. Instruments: using interview guides to collect data.</td>
<td>Results: Analyzing participants’ perspectives revealed six themes, namely: (1) socio-cultural change, (2) emergence of social pathology, (3) insufficient sexual knowledge; (4) challenges in providing sexual health services, (5) individual consequences, and (6) social consequences.</td>
</tr>
<tr>
<td>A2.</td>
<td>(Amoah et al., 2021)</td>
<td>Experiences of Intimate Partner Violence against Women Who Married as Child Brides in Ghana.</td>
<td>Exploring Sexual Violence in Intimate Partners against Married Women</td>
<td>Ghana</td>
<td>Research design: qualitative. Population: The Ghanaian women who were married as children in this study were from Ghana. Instrument: This study used 15 semi-structured, in-depth interviews collected from Ghanaian women who married as children to examine their IPV experiences, and the factors these women thought contributed to these experiences. Data were analyzed using thematic content analysis with QDA Miner—a computer-aided qualitative research software.</td>
<td>Results: Most indicated that married women had experienced physical, emotional, sexual, and economic violence from their intimate partners. Respondents also indicated that they were economically dependent on their partners and/or had no or little autonomy in their household. Some also identified polygyny and other cultural beliefs and practices as contributing factors to IPV in their relationships. Factors that caused problems of physical, emotional, sexual, and economic violence from their intimate partners were affected by minimal education and knowledge, especially the lack of premarital education in sexual health and reproduction.</td>
</tr>
<tr>
<td>A3</td>
<td>(Terzioglu et al., 2018)</td>
<td>Sexual and Reproductive Health Education Needs, Gender Roles Attitudes and Acceptance of Couple Violence According to Engaged Men and Women</td>
<td>Aiming to evaluate the attitudes of engaged men and women who were old enough to marry, gender roles, and partner violence acceptance and determine their sexual/reproductive health education needs.</td>
<td>Turkey</td>
<td>A descriptive, research, population was determined at two marriage registry offices in Ankara, Turkey. The research sample consisted of 740 participants. Data were collected using a semi-structured form, Gender Role Attitude Scale and Acceptance Scale of Partner Violence.</td>
<td>Engaged couples needed education about sexual and reproductive health. The results revealed that premarital counseling was a promising strategy to support the sexual relationship of engaged couples and reproductive health needs, and improve their awareness of gender-based couple violence in the community.</td>
</tr>
<tr>
<td>A4</td>
<td>(Ortiningsih et al., 2021)</td>
<td>Premarital Counseling Affects Primigravida’s Knowledge and Attitude on Reproductive and Sexual Health</td>
<td>This research aimed to analyze the effectiveness of counseling for future bridesgrooms about knowledge and attitude during their first pregnancy.</td>
<td>Indonesia</td>
<td>Research design: retrospective cohort study. Population: The intervention group were 20 people and the control group were 40 primigravida. Participants were selected sequentially. Questionnaire was distributed online using the Google Form application for participants to collect data about past presence of premarital counseling and their effects.</td>
<td>Results: There was an effect of sexual and reproductive health counseling for the bridesgrooms regarding knowledge (p = 0.036 OR = 8.480 95% CI = 1.153 – 62.346) and attitudes (p = 0.020 OR = 5.411 95% CI = 1.311 – 22.329).</td>
</tr>
</tbody>
</table>
### A5 (After, 2018)

**The Change of Knowledge and Attitude of Bride and Groom Candidate After Reproductive Health Pre-Marital Course by KUA Officer**

This research aimed to analyze the effect of counseling on knowledge and attitudes of future bridegrooms regarding reproductive health. This research was quasi-experimental research with pre and posttest without control group design. The population were future bridegrooms registered at the KUA of Brebes Regency in July and August 2017, with a sample of 100 couples selected according to the inclusion criteria. The intervention was in the form of a one-day course by KUA officers on reproductive health with tools such as booklets on Reproductive Health for Future Bridegrooms and flip charts. Knowledge and attitude data were obtained by interviewing the future bridegrooms. The analysis was carried out with the Wilcoxon Match Paired Test. The results showed that there were differences in the knowledge and attitudes of the future bridegrooms before and after the intervention ($p<0.05$), with the average value increasing 2.58 points (knowledge) and 3.21 points (attitude).

### A6 (Amalia & Siswantara, 2018)

**Efektivitas Penyuluhan Kesehatan Reproduksi pada Calon Penganin di Puskesmas Pucang Sewu Surabaya (The Effectiveness of Reproductive Health Counseling on The Future Bridegrooms at Public Health Center of Pucang Sewu, Surabaya)**

The purpose of this research was to identify the difference in knowledge before and after reproductive health counseling to the future bridegrooms. Research design: Quantitative, cross sectional statistical test paired $t$-test. Population: future bridegrooms in the working area of Public Health Center of Pucang Sewu, Surabaya. The sample in this research was the future bridegrooms who did a health check and attended reproductive health counseling in September 2017 with a total of 32 people. The results of the study showed that before the counseling there were 62.5% of respondents who had less knowledge. After counseling, respondents who have less knowledge became 12.5%. Before the counseling the average value of the respondents was 50.62 and then it increased to 66.25 after the counseling. Before the counseling the average value of the respondents was 50.62 and then it increased to 66.25 after the counseling. The mean value was 15.625 and $p$-value was 0.031 or less than 0.05 so that there was a significant difference before and after counseling on the knowledge of the future bridegrooms.

### A7 (Alavi-Arjas et al., 2018)

**The Effect of Sexual and Reproductive Health Education on Knowledge and Self-Efficacy of School Counselors**

Assessing the effect of education intervention on knowledge and self-efficacy of high school counselors on adolescent SRH.

Research design: randomized clinical trial (RCT). Population: 120 SRH counselors in Tehran Iran. Instrument: using a questionnaire. After the intervention, the mean and standard deviation of knowledge and self-efficacy scores increased significantly in both the TBL and lecture groups ($p < .001$). However, the final mean (standard deviation) of counselor knowledge and self-efficacy scores in the TBL group was significantly higher than in the lecture group [20.06 (2.74) vs. 18.90 (2.95); $p = 0.03$ for knowledge and 43.01 (4.08) versus 41.15 (4.99); $p = .03$ for self-efficacy] with a nearly
<table>
<thead>
<tr>
<th>A8</th>
<th>(Hamdanieh et al., 2021)</th>
<th>Assessment of sexual and reproductive health knowledge and awareness among single unmarried women living in Lebanon: a cross-sectional study</th>
<th>Assessing the level of knowledge and awareness regarding SRH to single women</th>
<th>Research design: cross-sectional descriptive using self-administered questionnaires in English and Arabic. The questionnaire included 9 sections; section on socio-demographic characteristics, section on sexually transmitted infections (STIs), section on premarital testing, section on vaccines, section on menstruation and its disorders, section on symptoms and identification of pregnancy, section on contraceptive methods, section on vitamins, and section on honeymoon events. The questionnaire was distributed among all governorates of Lebanon to 491 single, unmarried women living in Lebanon aging between 17 and 55 years. Student's t-test and Chi-Square test were used to analyze the results.</th>
<th>It was found that only 8.8% of all participants had sufficient knowledge. The highest level related to SRH was knowledge about pregnancy (88.0%), and the lowest level was about contraception (13.5%).</th>
</tr>
</thead>
<tbody>
<tr>
<td>A9</td>
<td>(Odo et al., 2018)</td>
<td>Sexual and reproductive health services (SRHS) for adolescents in Enugu state, Nigeria: a mixed methods approach</td>
<td>Determining the availability and accessibility (geographical and financial) of sexual and reproductive health services (SRHS) among adolescents in Enugu State, Nigeria.</td>
<td>Research design: Mixed method. The population in this research is 192 health facilities that were contacted to check the availability of SRH services. A random sample of 1447 adolescents (12-22 years) completed the questionnaire correctly. Twenty-seven interviews and 18 group discussions were conducted. The data collection instruments consisted of a checklist, a questionnaire, a focus group discussion guide, and an in-depth interview guide. All instruments have been pre-tested. Quantitative data were analyzed using descriptive statistics and Chi-Square test. NVivo 11 Pro software was used to code and analyze qualitative data thematically.</td>
<td>A total of 1447 adolescents (between 12 and 22 years) filled out the questionnaire correctly. Among these adolescents, boys made up 42.9% while girls made up 57.1%. The majority (86.7%) of adolescents reported the availability of safe maternal services, and 67.5% reported the availability of services for the prevention and management of STIs and HIV and AIDS. Age (p = .05), education (p = .05) and income (p = .05) were found to be significantly associated with access to SRHS.</td>
</tr>
<tr>
<td>A10</td>
<td>(Ram et al., 2020)</td>
<td>Parent’s Perception regarding the Delivery of Sexual and Reproductive Health (SRH) Education in Secondary Schools in Fiji: A Qualitative Study</td>
<td>Measuring parents’ perceptions of the delivery of SRH education at public secondary schools in Fiji.</td>
<td>Research design: qualitative study. The population in this study were Parents who were recruited from five schools with student assistance. Twenty-six parents of whom 10 were male, aging between 38 and 65. Seven themes emerged covering the provision of school-based sex education, parental education, engagement with school-based sex education, home sex education, age-appropriate supplementary sex education,</td>
<td></td>
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</tbody>
</table>
The Implementation of Sexual and Reproductive Health Education to Future Bridegrooms: Scoping Review

participated in the study. Data from parents in Suva, Fiji, were from July to August 2018. The research instrument was a semi-structured questionnaire developed to conduct a Focus Group Discussion (FGD) among parents living in Suva who had school children from grades 11 to 13. Consents were obtained from each participant before the data collection stage. The collected data were transcribed verbatim and analyzed thematically. Ethical consents were obtained prior to data collection. ethnic variations on sex education, barriers and facilitators to delivery school-based sex education, and a perceived version of the ideal sex education.
Step 5: Presenting data/result, discussion, and conclusion

Critical Appraisal is the process of evaluating a scientific article or research carefully and systematically to assess its validity, value, and relevance in a particular context (Burls, 2009).

In this scoping review, the author conducted a quality assessment to the articles using 2 tools, namely 9 articles using the Joanna Briggs Institute (JBI) Critical Appraisal Tool and 1 article using the Mixed Methods Appraisal Tool with the assessment criteria used, namely:

- 2: questions answered well and explained in detail
- 1: questions answered but not explained in detail
- 0: the question is not answered and is not explained in the article

After evaluating the article then proceeded by grouping the quality of the articles into 4 criteria/grades, namely:

- A: final score 16-20
- B: final score 11-15
- C: final score 6-10
- D: final score 0-5

Table 4.
Article Quality Assessment Data

<table>
<thead>
<tr>
<th>Study</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clear aim &amp; Objectives</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Appropriateness of methodology</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
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<td>2</td>
</tr>
<tr>
<td>Research design</td>
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<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Recruitment</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Data Collection</td>
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<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Relation between researcher and participants</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Ethical issues consideration</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>2</td>
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<tr>
<td>Data analysis</td>
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<td>1</td>
<td>1</td>
<td>2</td>
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<tr>
<td>Finding &amp; reporting</td>
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<tr>
<td>Research value</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
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</tr>
<tr>
<td>Total</td>
<td>18</td>
<td>17</td>
<td>14</td>
<td>14</td>
<td>17</td>
<td>14</td>
<td>19</td>
<td>18</td>
<td>19</td>
<td>18</td>
</tr>
<tr>
<td>Overall</td>
<td>A</td>
<td>A</td>
<td>B</td>
<td>B</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>A</td>
</tr>
</tbody>
</table>

Based on the results of the quality assessment of the articles, it can be obtained that there are 7 articles of quality A and 3 articles of quality B.

RESULTS AND DISCUSSION

Based on the ten articles which have been reviewed in a scoping review related to the implementation of sexual and reproductive health (SRH) education for future bridegrooms, the following results were obtained:

1. Based on Article Characteristics
2. a. Study Characteristics Based on Country
3. Table 1.
Study Characteristics Based on Country

Based on table 1, the results of several articles were found from various countries i.e., 2 articles from Iran, 1 from Ghana, 1 from Turkey, 3 from Indonesia, 1 from Lebanon, 1 from Nigeria, and 1 from Fiji.

b. Study Characteristics Based on Research Design

Table 2.
Study Characteristics based on Research Design

Based on the characteristics of the research design, the 10 articles consisted of 3 articles with qualitative research design, 6 articles with quantitative research designs where 1 case series, 1 cohort, 1 Quasi-Experimental, 2 cross-sectional, and 1 RCT. The rest article was identified as the ‘mixed method’ method.
c. Study Characteristics based on Article Quality

Table 3. Characteristics Based on Article Quality

<table>
<thead>
<tr>
<th>No</th>
<th>Themes</th>
<th>Sub Themes</th>
<th>Research Articles</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Needs for sexual and reproductive health education for the future bridegrooms</td>
<td>Necessary</td>
<td>A1, A2, A3, A5, A6, A7, A9</td>
</tr>
<tr>
<td>2</td>
<td>Barriers to the provision of sexual and reproductive health education</td>
<td>Internal Factor</td>
<td>A1, A8, A9</td>
</tr>
<tr>
<td>3</td>
<td>Efforts/evidences conducted</td>
<td>External Factor</td>
<td>A2, A5, A7, A10</td>
</tr>
</tbody>
</table>

DISCUSSION

Based on the results of the literature search, the following results were obtained related to the implementation of sexual and reproductive health education for brides and grooms, as follows:

1. The needs for Sexual and reproductive health education

Based on 10 articles that have been reviewed by the author, it is stated that most of the participants stated the importance of premarital sexual and reproductive health education. This lack of knowledge is mainly when women experience physical, emotional, sexual, and economic violence from their intimate partners (Amoah et al., 2021). This is also in line with the research conducted by (Terzioglu et al., 2018) that in addition to gender-based partner sexual violence, they have no or little autonomy in the household and are economically dependent on their partners. In addition, based on the age of marriage, the age of women tends to be younger than that of men as obtained from 38 informants 23 women aged between 17-46 years and 15 men aged between 23-35 years (Khalesi et al., 2017).

Low pre-conception/pregnancy preparation for marriage results in complicated pregnancies which can increase morbidity and mortality for the mother and fetus. In addition, the lack of preparation for prospective grooms to become husbands and fathers can also have serious impacts, for example, the low participation of husbands in maternal assistance during the maternal and perinatal period (Astuti et al., 2019). This shows that preparation to become parents is very necessary for both the future bride and groom (Putu Ayu Dina Saraswati, Andari Wuri Astuti, 2020).

Lack of preparation for pregnancy can cause hyperemesis gravidarum, pre-eclampsia and eclampsia, abnormalities in the duration of pregnancy, ectopic pregnancy, diseases and disorders of the placenta and fetal membranes, antepartum bleeding, and multiple pregnancies (Prawirohardjo, 2020). This is in line with the research conducted by (Odo et al., 2018) entitled sexual and reproductive health services (SRHS) for adolescents in Enugu state, Nigeria: a mixed-methods approach stated that the availability and accessibility (geographical and financial) sexual and reproductive health services (SRHS) are an important aspect in reducing maternal and child mortality.

2. Barriers to the provision of sexual and reproductive health education

Factors that hinder the provision of sexual and reproductive health education for brides and grooms consist of internal factors which include knowledge, education, attitudes, and beliefs (Fadlyana & Larasaty, 2016). Knowledge is the result of knowing, and occurs after people have sensed a certain object of the candidate (Notoatmodjo, 2014). Knowledge of reproductive and sexual health for future bridegrooms is the starting point for their provision in deciding to have healthy sexuality (Astuti et al., 2020). Based on 8 articles conducted, it was found that most of the bride-to-be have less knowledge about reproductive health. In a study conducted by (Ortiningsih et al., 2021) most of the primigravida mothers (70%) had less knowledge. Most of them were in the category of primary and secondary education. A similar study related to knowledge of...
reproductive and sexual health education conducted by (Khalesi et al., 2017) was found in theme three, namely inadequate knowledge about reproductive and sexual health due to unclear education and sources. The participants stated that they do not have sufficient knowledge about sexual health and emphasized the need to increase sexual knowledge. As a result of this lack of knowledge, most indicated that they had experienced physical, emotional, sexual, and economic violence from their intimate partner (Amoah et al., 2021).

External factors that hinder reproductive and sexual health education include health and social service providers. Where in the research conducted (Khalesi et al., 2017), it is stated that couples do not talk about it because talking about sex is according to socio-culture is considered impolite, so most of the participants hide and ignore the problem. Health service providers are at the forefront of providing counseling related to wrong perceptions in the community. This is in line with research conducted by (Abdel-Tawab et al., 2017) who stated that health service providers must be trained in dealing with their sexual and reproductive health (SRH) needs. Premarital counseling should be an integral part of premarital health services and the scope of discussion should be expanded to cover topics such as sexual relations, wedding night, child-rearing, family planning, and conjugal communication (Putu Ayu Dina Saraswati, Andari Wuri Astuti, 2020).

3. Efforts/evidences conducted

The strength of a nation is strongly influenced by the strength of the family. The future of the nation is built on the foundation of the family (Directorate General of Directorate General of Islamic Community Guidance of the Ministry of Religion of the Republic of Indonesia, 2017). Reproductive and sexual health is one of the pillars of a sakinah family that also determines the happiness and future of the family. Therefore, it is necessary to provide information to prospective brides regarding reproductive health from an early age (Directorate General of Islamic Community Guidance, Ministry of Religion of the Republic of Indonesia, 2017) and it is the responsibility of all parties, especially the policymakers (Law of The Republic of Indonesia, 2018). This is in line with the research conducted by (Amoah et al., 2021) entitled Experiences of Intimate Partner Violence against Women Who Married as Child Brides in Ghana which stated that most of the informants who were interviewed had their marriages under age and experienced physical, emotional, sexual, and economic violence from their intimate partner, but did not understand what to do and to report the problem to.

LIMITATION OF THE STUDY

In this scoping review, it has a bias namely the researcher’s personal perspective or the subjective judgment of the researcher that affects the object of the study as well as other concerns including the quality of the study, the simplicity of the study, heterogeneity, and sample size.

CONCLUSIONS AND SUGGESTIONS

Based on the review of the ten articles, it can be concluded that the need for sexual and reproductive health education is urgently needed, the factors that hinder both internal and external must be overcome, and the policy from the government is also a problem that must be resolved in the implementation.

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ETHICAL CONSIDERATIONS

In this scoping review, ethical considerations cannot be applied.

Conflict of Interest Statement

In writing this scoping review, the author has no conflict of interest and will be responsible for the content and writing of the paper.

REFERENCES


The Implementation of Sexual and Reproductive Health Education to Future Bridegrooms: Scoping Review