Journal for Quality in Public Health
Vol. 3, No. 2, May 2020, pp: 678-690
DOI: 10.30994/jqph.v3i2.120

ISSN: 2614-4913 (Print)
2614-4921 (Online)

Management Analysis Of The Premarital Counseling and Health Screening Program In Kediri

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Received : October 12, 2019

Accepted : February 13, 2020

Published : May 15, 2020

ABSTRACT

Maternal mortality during pregnancy, childbirth and puerperium fase is an evaluation of maternal health status before pregnancy. The period of preparation for marriage is the right time to do a thorough preparation in physical health, psychological and social health. The purpose of this study was to determine the function of the management of premarital counseling and health screening program in Kediri. The research design is a qualitative research with a case study approach. Data collection using in-depth interview techniques with semi-structured questions with 21 informants. From the research result shows that the premarital counseling and health screening program in Kediri include four aspects of management functions, namely planning, organizing, implementing and evaluating. In the planning process it has not been implemented optimally because this program is still new and a top down program implemented under SE Mayor No. 441.7 / 7178 / 419.108 / 2017 so the process of analyzing the program situation specifically must be done more optimally. In the function of organizing the premarital program, it does not have a formal team, inter professional collaboration is carried out according to its authority so that the sense of ownership of the program is not yet strong in program implementers. In the implementation function, this program is an individual health effort of the Public Health Center with clear service flow and administrative system, coordinating with the stakeholders. The assessment function must optimize in monitoring, supervision and appreciation so that it becomes the leverage force for the achievement of program objectives.

Keywords: Counseling, Health Examination, Management, Premarital Couple

INTRODUCTION

The Public Health Center or Public Health Center, is a first-level health facility responsible for community health in its working area in one or a sub-district area. Based on Regulation of the Indonesian Health Minister Number 75 of 2014 mandates Public Health Center to organize the first level of Community Health Efforts and Individual Health Efforts. The regulation is also mandated that in carrying out its functions, it must refer to the health development policy in each city or district. This is an effort to harmonize development run well and sustainably in achieving its objectives, Public Health center must prepare an activity plan for a five-year period, then detailed in the annual plan in accordance with the local budget planning cycle.

Related to alignment and continuity with the policy of the Government of Kediri which issued a Mayor Circular Number 441.71 / 7178 / 419.108 / 2017 Regarding the Implementation of Counseling and Health Examination for Prospective Brides, the Public Health center as a facility designated as the executor of the program's technicalities must manage the program accordingly effective and efficient.

This Circular is an effort to implement the provisions of article 20 and article 21 of Law Number 52 Year 2009 concerning Population Development and Family Development to assist the bride and groom in making decisions to realize reproductive rights responsibly as quality pregnancy preparation and reduce maternal mortality rates, infants and children it is necessary to have counseling about reproductive The Premarital Counseling and Health Screening program. Along with the fulfillment of the Law, health data shows that the circular is an effort to reach the target of Kediri City in achieving 0% maternal mortality rate and 0% infant mortality rate in the Movement to suppress maternal and child mortality.

Kediri City Health Profile in 2017 showed that throughout 2017 the stillbirth rate was 2.8 per 1,000 live births with a total birth of 4,293 (9 stillbirth babies). While the AKB of the city of Kediri is 2 per 1,000 live births. IMR is very important, because the high IMR shows the low quality of care during pregnancy, during labor and the puerperium, nutritional status and infectious diseases. The cause of neonatal death (0-28 days) in the city of Kediri was mostly due to LBW births of 56.25%, asphyxia by 37.5%, infections by 6.25%. Whereas infant mortality (29 days - 11 months) in 2015 in Kediri city was caused by post colostomy and convulsions sepsis. The profile also shows that in 2017 there were no deaths of pregnant women and childbirth, while the deaths of Postpartum mothers were 4 out of 4293 live births. Maternal mortality is also an important indicator in determining the degree of public health. Maternal mortality rates describe the number of women who die from a cause of death related to pregnancy disorders or their management (not including accidental or incidental cases) during pregnancy, childbirth and in the postpartum period (42 days after giving birth) regardless of the length of the pregnancy. Maternal deaths can be used in monitoring deaths related to pregnancy. This indicator is influenced by general health status, education and services during pregnancy and childbirth.

The maternal mortality rate has a sensitivity. AKI's sensitivity to improving health services makes it an indicator of the success of the health sector development and is used to measure the success of Human Resource Development stated in the Human Development Index, especially maternal health plays an important role in the formation of quality Human Resources.

The occurrence of maternal death during pregnancy, childbirth and the postpartum period is an evaluation of the mother's health status before entering pregnancy. Likewise, the occurrence of cases of infant deaths in the womb, babies born dead and babies died is closely related to the health status of the mother who contains it. Efforts to improve the status and health status of pregnant women, women giving birth and their babies cannot begin when the mother is tested positive for pregnancy but must be pulled further back before the pregnancy begins. Namely the teenage daughter and the period of marriage preparation.

MATERIALS AND METHODS

This research use qualitative research with 21 main informants from 9 public health center in Kediri City and 3 triangulation person from City Health Institution. It is using purposive technique sampling. To collect the data we using in depth interview using question guidelines.

RESULTS

Description of Place of Study

The research location covers the area of Kediri City, where the City of Kediri is located between 111º 05 - 112º 03 East Longitude and 7º 45 - 7º 55 South Latitude with a land area of 63.40 Km². The boundaries of the City of Kediri are as follows: the North is bounded by Gampengrejo Subdistrict, Kediri Regency, the East by Wates and Gurah Subdistricts of Kediri Regency, the South by Kandat and Ngadiluwih Districts in Kediri Regency, and the West is bounded by banyakan and Semen Kediri District . The condition of the City of Kediri is divided into 2 (two) parts by the Brantas River flow stretching from South to North for 7 Km. The western region covers Mojoroto Sub-district, and the East covers City District and Pesantren District.

Descriptive Public Data

Table 1 Distribution Frequency Characteristics of Main Informant 2020

No	characteristic	(f)	(%)
1	Man	1	4,7
2	Women	20	95,3
	Total	21	100.0
1	18-40 years	9	42.8
2	41-60 years	12	57.2
	Total	21	100.0
1	Midwife Diploma 3	9	42.8
2	Midwife Diploma 4	8	38.01
3	Bachelor of Dentistry	1	4.7
4	General Bachelor of Medicine	3	14.3
	Total	21	100.0
1	Premarital programmer	7	33.3
2	Midwife Coordinator	9	42.8
3	Midwife	1	4.7
4	Head of Public Health Center	4	19.19
	Total	21	100.0

Based on the table above, the age of the main informants was between 18-40 years (early adulthood) as many as 9 people and between 41-60 years (middle adulthood) as many as 12 people. The last formal education of the main informants was 9 (nine) midwifery D3 graduates, 8 midwifery D4 students, 3 general bachelor of medicine, 1 dentist bachelor of dentistry, and. Based on their position and duties as Midwife KIA 1 person, there are 7 premarital Programmer, 9 Midwives Coordinator , 4 Head of Public Health Center.

Custom Data

This research stated 4 (four) big themes from thematic analysis. The four themes were:
1. Planning Aspects in the Premarital counseling and health screening Program
2. Organizing Aspects in the Premarital counseling and health screening Program
3. Actuating Aspects in the Premarital counseling and health screening Program
4. Evaluating Aspects in the Premarital counseling and health screening Program

The four major themes are described into several sub-themes. The resulting of each themes :
1. Planning Aspects in The Premarital counseling and health screening Program in Public Health Center of Kediri
a. Preparation of Planning Activities
b. The Background and Situation Analysis of the Emergence of Premarital counseling and health screening Program

c. Supporting data for planning Activities
d. Facility, Infrastructure and Budget Planning
e. Involvement of stakeholders and advocacy efforts
2. Organizing Aspects in the Premarital counseling and health screening Program
a. Selection of Premarital Programmer
b. Premarital Programmer Job Description
c. Premarital counseling and health screening Program as one kind of health services
d. Supporting Team Involvement
e. Understanding the roles and tasks of cross related programs
3. Implementation Aspects in the Premarital counseling and health screening Program
a. Service flow Premarital counseling and health screening Program
b. The Premarital counseling and health screening Program as Individual Health Efforts in Public Health Center
c. The Premarital counseling and health screening Administration System program
d. Coordination and Feedback with and from the City Health Institution
4. Aspects of Assessment in the Premarital counseling and health screening Program
a. Monitoring and Supervision System and awards in the Premarital counseling and health screening Program
b. the Premarital counseling and health screening Program outputs and leverage for maternal and child health programs
c. Barriers and How to overcome the obstacles of the Premarital counseling and health screening Program
d. the Premarital counseling and health screening Program is effective to continue, effective for the maternal and child health program

DISCUSSION

Planning Aspects in the Premarital counseling and health screening Program

a. Preparation of Planning Activities

The results of this study indicate that the main informants stated that the preparation planning program process was carried out through the general preparation phase in Public Health center by looking at the data of previous year, the gap between targets and result, and the targets setting. However, according to the triangulation informant, the special planning for the Premarital counseling and health screening program in public health center was not done optimally because this program was also a new and top down program so that the planning preparation activities did not run as the other program which is settled. The activity in several Community Health Centers is carried out by joining Maternal and Child Health and or Family Planning-Reproductive Health activities.

This shows that the preparation phase of planning has not been optimally carried out by the Public Health Center in the city of Kediri because there no target that is agreed upon with the City Health Institution. The lack of agreed targets made the planned program do not have leverage force in its implementation.

b. The Background and Situation Analysis of the Emergence of Premarital counseling and health screening Program

In this research, the situation analysis is done by looking at the state of public health that occurs and accompanying phenomena that occur in priority programs for maternal and child health, namely the occurrence of maternal and infant mortality, stunting, early pregnancy that are prone to pregnancy problems, and transmission of cases of disease from mother to child. And for some Public Health center running this program without a situation analysis because they run this program based on the Kediri Mayor Circular Letter Number 441.7 / 7178 / 419.108 / 2017.

c. Supporting data for planning Activities

The main supporting data needed in planning the Premarital Counseling and health screening program is the data for Fertile Women Ages. Other than that, other data needed is facility and infrastructure data,

population projection data, data on early pregnancy, nutrition, teeth, MCH, and data on Premarital Counseling and health screening service achievements in the previous year.

In the Regulation of the Minister of Health of the Republic of Indonesia Number 31 Year 2019 Concerning Public Health Center Information System, it is stated that data and information from the Public Health Center system must be utilized by Public Health Center for: a. support the management of Public Health Center covering planning, mobilizing, implementing, monitoring, controlling and evaluating Public Health Center performance. b. monitoring for outbreak detection, c. monitoring of health problems, d. compilation of Public Health Center profiles, and e. Health program data reporting is based on data communication.

This supporting data is very important as the basis for authority holders and policy makers in making decision. The data needed in the Premarital counselling and Health screening program is used for projection of infrastructure and facilities needs, budget planning and policy directions program planning itself. However, because some of the facilities and infrastructure of this program are still dropping from the Department of Health, the available data is used by Public Health Center to meet the shortage of needs from the dropping.

d. Facility, Infrastructure and Budget Planning

In planning facilities, infrastructure and budgets for the Premarital counselling and health screening program program at the Kediri City Health Center, most Public Health get dropping from the City Health Institution. For some shortcomings and limitations the number of Public Health Center will be sufficient from using Regional Public Service Agency funds. These deficiencies include printing inquiry request forms, and laboratory reagents. While the health service according to the triangulation informant stated that he used the General Allocation Fund to provide education facilities and infrastructure premarital health screening. For some stakeholder meeting activities the Public Health Center can use the Public Health Center Operational Health Assistance fund.

Allocation of funds in this program is included in the Public Health Center Proposed Activity Plan. This is in accordance with Regulation of the Minister of Health No. 44 of 2016 concerning the guidelines of Public Health Center Management that the proposed activity plan (RUK) must be integrated into the local planning system and at the level of access achievement targets, service quality service targets, targets for achieving outputs and outcomes, and eliminating conditions which can lead to the loss of opportunities for program targets to obtain health services that should be implemented in an integrated manner in one implementation.

With the enactment of the Public Health Center as The pattern of Regional Public Service Agency funds , it is possible for Public Health Center to receive a general allocation fund budget from the Kediri government to finance the counselling and health inspection programs for the bride and groom without going through budgeting from the Health Office. In its management, Public Health Center finances have the flexibility to shift budgets, especially in the absence of projections of the amount of Premarital counseling and health screening program so that if there is a lack of facilities and infrastructure, the Public Health Center can immediately meet the shortage.

e. Involvement of stakeholders and advocacy efforts

In planning this Premarital counseling and health screening program the main informant stated that it had involved cross-programmer, stake holders and carried out advocacy efforts to the existing policy stakeholders with several forms of implementation variations. Advocacy that has been done is to the Village goverment, religious Affairs office sub-district, cadres and school principals. Likewise, the triangulation informant stated that this program was a very cross-sectoral program so that the planning had carried out advocacy to the related sectors directly or indirectly in the Premarital counseling and health screening program.

Cross-program planning can be outlined in the current Year Activity Implementation Plan at the Public Health Center. in the planning document was found that there was a program implementation, partners involved, the time of implementation and how it was implemented. According to the Regulation of the Minister of Health of the Republic of Indonesia Number 44 of 2016 the preparation of activities implementation plans (RPK) is carried out through a cross-program and cross-sectoral integration approach within the scope of the life cycle. Cohesiveness is important to implement given the limited resources at the Public Health Center. With integration there will be no missed opportunity, Public

Health Center activities can be carried out efficiently, effectively, with quality, and the priority targets set in the five-year planning can be achieved.
Advocacy is a strategic and planned effort or process to get commitment and support from relevant parties (stakeholders). These related parties are community leaders (formal and informal) who generally act as resource persons (opinion leaders), or policy makers (norms) or funders. Also in the form of groups in society and mass media that can play a role in creating a conducive atmosphere, public opinion and encouragement (pressure) for the creation of public health efforts. It must be realized that the commitment and support sought through advocacy is rarely obtained in a short time. In self-advocacy targets generally take place stages, namely (1) knowing or aware of the problem, (2) interested in helping to overcome the problem, (3) caring about problem solving by considering various alternative solutions to the problem, (4) agreeing to solve the problem by choosing one of the alternative solutions to the problem and (5) deciding the follow-up to the agreement. Thus, advocacy must be planned, careful and appropriate (Ministry of Health, 2011).
It is undeniable that this Premarital counseling and health screening program program is a program that is in dire need of advocacy because the target is not directly within the priority scope of the Public Health Center. Advocacy carried out so far has been to the Village goverment, the Office of Religious Affairs, the District, cadres and secondary school principals. But this has not been felt to provide maximum support for the Premarital counseling and health screening program program because the arrival of the Premarital counseling and health screening program to the Public Health Center is often because they are forced to meet the requirements, even their arrival is too close to the time of marriage so that if there are health problems there is nothing the Public Health Center can help to improve their health status.

Organizing Aspects in the Premarital counseling and health screening Program

a. Selection of Premarital Programmer

The results of the research in the sub-theme of selecting premarital programmer at the Kediri City Health Center, most of the key informants stated that the premarital programmer was still one with the family planning programmer. Obtained also a health center that has a special premarital programmer and vice versa there are those who do not have a programmer and directly in coordination with the Midwife coordinator. This is in accordance with the statements of the three triangulation informants from the City Health Office of Kediri stating that the premarital programmer must still be adjusted to the conditions of health human resources in the Public Health Center, if human resources sufficient it is fulfilled the ideal conditions ie there is a separate premarital programmer, but if not possible it can be put together with the Health reproduction or maternal and child health programmer.
The selection of premarital programmer is certainly based on the competence of health human resources in the Public Health Center. The definition of competency according to the Decree of the Minister of National Education RI No. 045 / U / 2002 is a set of smart, responsible actions that a person has as a condition for being considered capable by the community in carrying out tasks in certain fields of work (Ministry of Health, 2017). Based on technical competence in the premarital program included in the family planning-reproductive health program family, which if measured from the level and specialization of education, functional technical training and proper HRH work experience is a midwife.
Midwives in Public Health Center as the most appropriate and ideal functional midwife in the premarital program, but it is also necessary to calculate the need for technical training on reproductive health, so that there is an increase in capacity in providing services.

b. Premarital Programmer Job Description

The results of the research in the sub-theme of the job description of the programmer stated that there were no separate job descriptions for the premarital program, the task could be broken down in the functional positions of midwives or family planning programmer. But for holders of separate premarital programs they have job descriptions, especially cross-program coordination and monthly recording and reporting. This is in line with the conclusions obtained in the triangulation informant interview that the

job description of the premarital programmer is to carry out physical examinations, conduct screening, record reporting, provide counseling and counseling,
According to the Decree of the Minister of Health of the Republic of Indonesia Number 369 / Menkes / SK / III / 2007 regarding Professional Standards of Midwives states that midwives have an important task in counseling and health education, not only to women, but also to families and the community. These activities should include antenatal education and preparation for parenthood and can extend to women's health, sexual health or reproductive health and child care.
Even though the job description in the premarital program is in accordance with the professional standards of the midwife it carries, but in the job description the midwife needs to include additional tasks as an integration task. This clear job description becomes a demand in the assessment of Public Health Center accreditation staffing standards as a first-level health facility.
c. Premarital counseling and health screening Program as one kind of health services
Based on the research, it was found that the sub-theme for the provision of premarital program services at the Public Health center was divided into three conditions, namely: a. services provided in reproductive health programs, b. services provided in maternal and child health programs, c. services provided in a separate premarital service program. This is also in line with the results of interviews with triangulation informants that the Public Health center can be provided through the Maternal and Child Health program, the family planning program, or a separate premarital service.
The Public Health center according to its function as a first-level Public Health effort and individual health effort organizer organizes these health efforts in an integrated and sustainable manner. The first level Public Health effort includes essential Public health effort and development public health effort. Essential public health efforts must be carried out by each Public Health center to support the achievement of Regency / City Minimum Service Standards. Whereas the first level individual health effort must be implemented according to standard operating procedures and service standards (Ministry of Health, 2017). The premarital program service is included in the health services for mothers, children and family planning for Public health effort and individual health effort which are essential programs.
The Public Health center has arranged the type of premarital program services in accordance with the carrying capacity and human resources available at the public health center in such a way that this program can be run well, but these types of services need to be included in the types of services that can be read by the public with instructions clear groove anyway. If you want this program to have even greater leverage, it needs to be done by creating a separate premarital service program that is separate from maternal and child health program and family planning program so that the premarital feels comfortable doing counseling and health screening .

d. Supporting Team Involvement
The results of research on aspects of organizing the premarital program get the sub-theme of the involvement of the support team for the premarital program. In this sub-theme, it shows that there is no specific team that is given a decree from the head of the Public Health center to support the premarital program but there is cross-program involvement and inter profession at the Public Health center. The cross programs involved included the MCH, P2, Nutrition, Labor, Pharmacy and UPU programs. Whereas the inter profession involved includes midwives, health analysts, nurses / midwives who hold P2 programs, nutritionists, pharmacists and general practitioners.
Previous research conducted by Habibi, et al (2017) states that in the division of tasks, determining resources and arranging work groups in the Tamangapa Health Center is determined by the discipline or competency of each health worker.
The absence of a special team formed for the premarital program has the disadvantage that the existing team is merely exercising its authority without having the burden of succeeding the existing program. The professions involved do not conduct routine evaluations for performance achievements, program weaknesses, obstacles and obstacles encountered and together seek alternative solutions to the problems encountered. All are the responsibility of the program holder to conduct a study of the program.

e. Understanding the roles and tasks of cross related programs
In the sub-theme understanding of roles and tasks across related programs we find that the understanding in the premarital program is quite good and the coordination in carrying out this program is carried out through an existing container at the public health center namely mini workshop. Understanding these roles and tasks is also adjusted to the authority of their respective professions. This is consistent with the statement from the triangulation informant that indeed the understanding of the roles and tasks of the teams involved is good and runs according to the authority of the profession. Every officer involved in the premarital program must collaborate and improve understanding of their roles and duties in the premarital program so that the program can achieve its objectives.

According to Abdulsyani, Roucek, and Warren, collaboration is working together to achieve common goals. This is the most basic social process. Meanwhile, according to Hadari Nawawi collaboration is an effort to achieve common goals that have been determined through the division of tasks / work, not as a work boxing but as a work unit all aimed at achieving goals. The main motivation is to obtain collective results that are not possible if each party works individually (Ministry of Health, 2017). In collaboration if each officer does not understand their roles and duties, the process of social interaction cannot achieve the stated program goals.
Understanding the roles and duties of the professions involved in the implementation of counseling and health inspection programs for the bride and groom cannot be separated from the role of a leader in forming a work team. Public Health center leaders must be keen to form "the winning team" for this program so that there is an acceleration in the achievement of the premarital program. Related to the previous sub-theme that it turns out that a special work team for this program has not been carried out.

Actuating Aspects in the Premarital counseling and health screening Program
a. Service flow Premarital counseling and health screening Program
From the results of the study, it was found that the premarital flow was internally at the public health center and premarital flow was externally at the public health center. In the premarital flow internally shows the existence of several conditions, namely: a. there is a separate channel, b. the flow of premarital that follows the family planning program Poly channel and c. the flow of premarital which follows the flow of the MCH Poly service. Variation of this plot occurs related to the theme of the aspects of organizing counseling programs and health checks for brides.
Whereas for the external premarital flow is the overall premarital flow involving cross-sectoral, namely premarital dating to the village office, getting an appeal for premarital examination at the health center, after obtaining a yellow card back to the village office, from the village office premarital brings the marriage requirements to the religion affairs office in accordance with their religion .
Service flow is a standard procedure in providing services that are included in one of the elements in the assessment of public satisfaction surveys stipulated in the Minister of Administrative Reform and Bureaucratic Reform of the Republic of Indonesia Number 14 of 2017 Concerning Guidelines for Preparation of Community Satisfaction Survey Public Service Provider Unit. Because it is needed an effective path in the delivery of premarital program services for the purpose of providing satisfaction of patients who receive services. In addition to the other satisfaction indicator flow is the completion time. Completion time is the period of time needed to complete the entire service process for each type of service.
Public health center need to review the effectiveness of the existing service flow. The flow is also related to the length of the short time required to carry out the service. These two things are also very important for the premarital given that most of the premarital that are the target of this service are productive age groups who work and do not always get the ease of permission to leave work.
b. The Premarital counseling and health screening Program as Individual Health Efforts in Public Health Center
From the results of in-depth interviews that have been conducted about premarital services as an individual health effort at the public health center it shows that all premarital services are carried out at the main public health center and cannot be provided with this program at the auxiliary public health center. The services provided have standard operational procedures as a reference in implementing

services. Examinations carried out include physical examinations and laboratory examinations. Physical examination carried out includes measurements of height, weight, blood pressure and measurement of MUAC for female premarital, Laboratory tests include examination of blood type, hemoglobin, HIV-Aids, TPHA-VDRL, and HBs Ag.
The service time provided ranges from 30 minutes to 2 hours. The time variations occur based on the burden of laboratory tests because the laboratory also receives examination requests from other units. In the services provided there are also additional examinations in several health centers, namely dental examinations, measurement of abdominal circumference and BMI which aims to support non-communicable disease control programs (PTM).
In accordance with Regulation of the Minister of Health of the Republic of Indonesia Number 75 of 2014 that the function of the public health enter is: a. Organization of Public Health Efforts and b. Implementation of Individual Health Efforts, so that the program of counseling services and examination of premarital is included in individual health efforts which remain inseparable from public health efforts. As an individual health effort must be equipped with standard operating procedures (SOP)
According to the Minister of Administrative Reform and Bureaucratic Reform of the Republic of Indonesia Number 35 of 2012 Concerning Guidelines for the Preparation of Operational Standards Government Administration Procedures Standard Operational Procedures (SOP) are a series of standardized written instructions regarding various processes of carrying out organizational activities, how and when to do, where and by who is done (Ministry of government employee, 2016).
Physical examination carried out needs to be further studied by calculating body mass index and socializing healthy community movements for all categories of ideal BMI, less and more. Laboratory tests carried out need to be followed up with treatment if diseases and problems are found. Therefore, examination of the bride and groom should not be sudden so there is time for treatment interventions if there are problems. But this premarital program still has weaknesses because it does not cover the entire process of follow-up for the health status that is problematic.

c. The Premarital counseling and health screening Administration System program
Good health services require a good administration system. In the case of the administration system of the premarital program service, several key systems are found, namely that the registration system has been carried out in a separate register and then the application is included in the family planning program reporting which is reported monthly to the Kediri City health department. Requirements needed to get the service of this program are copy of identity card, Family member card, assurance card which ultimately impact on the payment system, namely that the citizens of Kediri as proven by ID Card get services for free, while non-Kediri residents must pay according to the levies specified in the Regulation Kediri City Region Number 12 of 2012.
Based on the Regulation of the Minister of Administrative Reform and Bureaucratic Reform of the Republic of Indonesia Number 14 of 2017 Regarding Guidelines for the Preparation of Public Satisfaction Surveys Public Service Provider Units indicate the survey elements that must be measured are service requirements and costs or tariffs. The requirements in question are requirements that must be met in the maintenance of a type of service, both technical and administrative requirements. Whereas the fee / tariff is the fee charged to the service recipient in managing and or obtaining services from the organizer, the amount of which is determined based on an agreement between the organizer and the community.
The easier the administrative requirements for obtaining a service are highly correlated with satisfaction from the community. And for affordable costs with good quality will increase public satisfaction. In this case the premarital service has fulfilled the element of satisfaction that is that the requirements are easy just by carrying a copy of identity card / family card, no charge for residents of Kediri, and affordable rates for residents outside the city of Kediri. However, the digital era has entered into all areas of public service need to think about how to process online registration for the bride and groom whose partners from out of town so that their time is more effective and cut the flow that affects service time.

d. Coordination and Feedback with and from the City Health Institution
In implementing this premarital program, coordination with the Health Office has been carried out. This coordination has been going well. However, there is no good bait yet and it is not optimal.
According to Harold Koontz and Cyril O'Donnell coordination is the attainment of individual business harmony in the effort to achieve common goals (Djoko Wiyono, 2007). So that this coordination is absolutely necessary to achieve organizational goals so that it runs smoothly, avoiding the achievement of goals that are ineffective and ineffective. Coordination can be done by providing feedback as part of coordinating program activities that have been carried out. Providing feedback is also an efficiency effort because of the opportunity for the meeting.
Based on this research, the Kediri City Health Office needs to conduct coaching in an integrated, integrated cross-program and continuous manner. Real coordination must be carried out optimally so that if there are problems that cannot be solved by the public health center it can be decomposed together with the Health Office.

Evaluating Aspects in the Premarital counseling and health screening Program
Evaluating and Assessment is an activity to compare the results that have been achieved with a predetermined plan. Assessment is an important tool to assist decision making at the level of policy formulation and at the level of program implementation. This involves a critical analysis of various aspects of the development and implementation of a program and the activities that shape the program, its relevance, its formulation, its efficiency and activities, its costs and its acceptance by all parties involved (Djoko Wiyono, 2007).

a. Monitoring and Supervision System and awards in the Premarital counseling and health screening Program
Monitoring activities have been carried out in several health centers in the City of Kediri, although targets and targets do not yet exist. Monitoring activities carried out are through monitoring the process by looking at the extent of services provided, and seeing the amount of premarital served. The next monitoring activity is also through monitoring based on the target quality of health center services that have been previously determined at the health center. As for supervision activities by the City of Kediri Health Office specifically for the premarital program, there is not yet. There is supervision but is carried out directly by the East Java Provincial Health Office in one public health center. In the case of providing rewards and punishments for performance achievements that have not been done.
Monitoring (supervision) of Public health center can be divided into two, namely internal supervision and external supervision. Internal supervision is supervision carried out by the Public health center itself, while external supervision is carried out by agencies from outside the Public health center including district / city health offices, institutions other than district / city health offices and or communities (health ministry 2017). The purpose of this supervision is to know the extent to which the implementation of health services is in accordance with standards, work plans, resources and know the existence of obstacles, obstacles and challenges so that solutions can be determined as early as possible. This study states that internal monitoring has not been carried out optimally because there are no indicators of targets and targets that do not yet exist to compare the achievements of the performance of the premarital program. The thing to do for monitoring is just to look at the amount of premarital being served.

b. the Premarital counseling and health screening Program outputs and leverage for maternal and child health programs
The results of this premarital program stated that in addition to serving counseling and examinations for prospective brides, but also produced very important and useful data for the MCH program, Nutrition, and P2 programs, especially Triple Elimination Diseases. This program also provides leverage for maternal and child health programs, especially in supporting the 1000 day life program to improve the quality of human resources.
This premarital program does not stand alone to achieve its own goals but becomes a program that provides input on performance achievements for other programs integrated in health services at the

public health center. These results can provide information to decision makers about the changes that must be followed up, provide information on accountability for implementation and the results of the performance of program activities to interested parties (Ministry of Health 2017).
What remains to be evaluated is the extent to which the utilization of the premarital data for other programs, whether it has been used for planning other programs, for example in the premarital program it is known how many premarital with upper arm circumference is less than 23.5 cm whether the nutrition program intervenes further can't be described yet. Likewise for other data generated by the premarital program.

c. Barriers and How to overcome the obstacles of the Premarital counseling and health screening Program
The results of the study noted several obstacles faced by the premarital program as a new program as follows:

- Couples outside the city so that counseling and examination can not be carried out together
- The lack of awareness of the premarital to carry out the examination and considers this examination to be limited to the marriage requirements
- stake holder socialization is not yet maximal
- There are no targets
- Waiting time for services
- Not yet able to reach non Muslim premarital
- There is a lack of reagents

Meanwhile, the way to overcome this problem is also done by doing several alternatives, namely: a. improve stake holder cooperation, b. increase cross-program collaboration within the public health center, c. raise the legal umbrella status that is more binding for the community to carry out the program d. improve service flow, e. laboratory inspection at the place of origin of origin for the premarital partner who works outside the city.
Health problems are multidimensional problems, i.e. there are many determinants. Most of these determinants are even beyond the scope of duties and authority of the health sector (Ministry of Health, 2017). Therefore the obstacles experienced in this program must be resolved together stake holder because it is multi-dimensional. While barriers that occur in the capacity of public health center must be resolved by efforts to improve the program at the public health center.

d. the Premarital counseling and health screening Program is effective to continue, effective for the maternal and child health program
The attitude scale of key informants and triangulation informants for this program is effective and very effective. The effectiveness of this delivered is that the premarital program targets the MCH program, knows the health status of the premarital in preparing for pregnancy and marital maturity, premarital examination is comparable to antenatal care, early detection, handling infectious diseases as early as possible and provides mindset changes.
According to the Law of the Republic of Indonesia number 1 of 1974 and the Republic of Indonesia Law Number 16 of 2019 concerning Marriage states that marriage is a spiritual bond between a man and a woman as husband and wife with the aim of forming a happy and eternal family (household) based on the Godhead. To guarantee the basic rights of citizens in forming a happy and eternal family, they need to be prepared physically and mentally. The premarital program is an effort to ensure that the marriage objectives according to the law are achieved.
In line with this research conducted by Dilla F, et al., 2019 most respondents who followed (91.9%) and did not attend premarital course (54.1%) had good knowledge about reproductive health and the majority of respondents who followed (91.9%) and did not follow premarital course (75.7%) had a good attitude regarding reproductive health. These good practices can have an impact on life after marriage which can affect the health of oneself and family (Ministry of Health, 2018)
But a good attitude to participate in premarital program is not enough if it is not followed by premarital awareness about the importance of the program. They will only accept the results of the examination in an effort to fulfill the marriage requirements. Short time to meet health workers also becomes a

shortcoming of counseling material that is given. The more ideal thing is to open a premarital class managed by religion affairs office as a ratification institution for the marriage institution.

CONCLUSION

The results of a study of management analysis of premarital counseling and health screening program stated 4 major themes,

1. Planning Aspects in The Premarital counseling and health screening Program in Public Health Center of Kediri
2. Organizing Aspects in the Premarital counseling and health screening Program
3. Implementation Aspects in the Premarital counseling and health screening Program

a. Service flow Premarital counseling and health screening Program

4. Aspects of Assessment in the Premarital counseling and health screening Program

each aspect has a sub-theme that shows the state of program management at the public health center

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