Improving Reproductive Health Knowledge on Women Through Majelis Taklim

Meningkatkan Pengetahuan Kesehatan Reproduksi pada Wanita Melalui Majelis Taklim

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ABSTRACT

Reproductive health is an important to built a harmonious family. Woman participation in religious and health knowledge will providing a large portion of human development. Religious knowledge activities are routine every week for strengthening Islamic religious members of majelis taklim. Majelis taklim as education form that emphasizes to increase spiritual potential and forming become human beings who believe God Allah and have noble character includes ethics, character, and morals as manifestations of religious education. Increasing spiritual potential includes practicing, understanding, and planting religious values. The purpose of this research was to determine the level of majelis taklim members participation about religious knowledge and reproductive health. This was a descriptive qualitative study with pre test and post test design. Informant were majelis taklim members. The summary showed that level of religious knowledge about the reproductive health of the assisted participants was good that it gives a psychological impulse to register for early detection of cervical cancer. The woman reproductive health can improved by majelis taklim participation.

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INTRODUCTION

Recognizing the role of religion is very important for human life. The internalization of Islamic religious values in the life of each individual becomes a necessity, which is pursued through good education in the family environment, informal and non-formal educational institutions and the community.

Majelis taklim is Islamic forum where people gather and learn about Islam. The other definition is an education form that emphasizes increasing spiritual potential and forming students or worshippers to become human beings who believe and fear to Allah, having noble character also. Noble character includes ethics, character, and moral as manifestation of religious education. Increasing spiritual potential includes practicing, understanding, and planting religious values, as well as practicing those values in individual life or community collectives. The increase in spiritual potential ultimately aims at optimizing the various potential possessed by human beings whose actualization reflect their dignity, and dignity as God’s creatures.

The position of majelis taklim as a non-formal educational institution has the following functions: fostering and developing the Islamic religion in order to form a pious society towards Allah as a gathering event that can revive missionary endeavor and Islamic unity, as a means of continuous dialogue between Islamic theologian, government, and the peoples and as a media have modernization ideas that are beneficial for the peoples development.

Majelis taklim has its own position and provisions in regulating the implementation of education or Islamic missionary endeavor, in addition to other institutions which have the same goals. As a non-formal education institution, by its nature which is not too binding with strict rules, it is an effective and efficient education, quick to produce and very good for developing the workforce or the potential of the people, because it is popular with the wider community. The effectiveness and efficiency of this education system have been proven more than the majelis taklim which are now growing and developing, both in villages and in cities.

Therefore, the majelis taklim is strategically a means of Islamic missionary endeavor which plays a central role in fostering and improving the quality of life of Muslims according to the demands of religious teachings. In addition, the other is to awaken Muslims in order to live and practice their religious teachings that are contextual to the environment, social culture and nature around them, so that Muslims can become ummatan wasathan who emulate other groups of people.

Based on the number of education council in Serang City there are 673 institutions spread across 6 (six) sub-districts. Thus the distribution of the number of Taklim assemblies has potential targets for increasing religious knowledge about reproductive health.

Thus the participation of majelis taklim is very large and has broad potential, especially in religious knowledge about reproductive health and coordination efforts with stakeholders especially the Serang City health office in an effort to increase awareness of early prevention of cervical cancer and its treatment, so that it will eventually produce reproductive health quality especially for member education council.

The role of majelis taklim as an effective means especially for women in improving their quality of life, especially in the health sector, but the role of the education council is limited to the education and religious fields so that the main role of the Majelis Taklim has not been mainly in maternal health.

First, the content of the material and the weight of delivering speeches or tablighs that are less interesting, less attention to their relevance to actual problems or environmental needs. Then, management of majelis taklim is not accompanied by careful planning.

In addition, the individual abilities of the preachers have not supported their involvement in solving community problems, especially in mastering general science. The power of analysis of the situation and problem-solving ability is still weak and unsystematic.

The level of religious knowledge about health in general and reproductive health is very minimal has not been delivered on the majelis taklim program by assembly, thus the level of religious knowledge is still low about reproductive health.

This research to determine the level majelis taklim members participation about religious knowledge and reproductive health.

METHODE

The location of the research are majelis taklim Ar-Raudah, As-Syifa and Darul Irfan Serang City of Banten Province, which all utilize the mosque and mushala as a place of activity.

The methol used intervening or experimental research by pre test and post test, research methods carried out in a intervening at majelis taklim members to changes in better living conditions.

The informan collected 60 persons as members of majelis taklim, they never received socialization of health programs, especially reproductive health through majelis taklim activities from leader/doctor/ public health services so that there is still a low level of knowledge about reproductive health.

The informans characteristic between 28-60 years of age and marriage between 10-35 years and they bornes between 1-7 childrens, to high bornes child will be categorized a high risk of reproductive health.

Before the session began, the informans majelis taklim
actively filled out the questionnaire related to religious knowledge and reproductive health and after the session finish, the informans majelis taklim actively filled out the questionnaire related to religious knowledge and reproductive health.

Efforts to prevent diseases arising from reproductive organs of companion communities are carried out by washing with water, soap, special cleansers, natural medicines (betel leaves) and using cotton, which indicates that the method of cleaning or prevention of diseases in the reproductive organs is still at risk for the outbreak of disease in their reproductive organs.

Specifying Learning: Members of majelis talim needs to be educated outside religion knowledge and another aspects (health, lifeskill, etc)

Diagnosing: Protecting reproduction health for women is very important to become harmonious families.

Action Plan I: Presentation about the Importance of Maintaining Women’s Reproductive Health for Harmonious Families by Hj. Enung Nugraha, M.Pd as Researcher for Community Service (Lecturer at UIN "SMH" Banten) and give questionaires to informans as members of majelis taklim before and after presentation.

Action Plan II: Presentation on Participation majelis taklim in Improving Religious Knowledge About Reproductive Health, by Prof.Dr.H.E.Syarifudin, M.Pd as Chair of the Community Service Researcher Team (Lecturer at UIN "SMH" Banten) give questionaires to informans as members of majelis taklim before and after presentation.

Taking Action: A doctor presentation about reproduction health risks and medicines to 60 informans as members of majelis taklim.

Evaluating: After presentations all informans directed to take reproductive health test at public health center (puskesmas).

DISCUSSION

As a nation that has a cultural characteristic in broadcasting Islam, in Indonesia it cannot be released by the existence of education council, where education council has a strategic role to become a means of Islamic preaching and preaching, having a central role in fostering and improving the quality of life of Muslims according to the teachings religion.

In addition, Ariffin (2014) said to make Muslims aware in order to appreciate, understand, and practice their religious teachings that are contextual to the environment, social culture and nature around them, so that Muslims can become ummatan wasathan who emulate other groups of people. For this reason, the leader must act as a guide to the brightness of Islamic life that leads to spiritual mental health and functional awareness as the caliph on this earth.

Kemenag RI (2012) reported that education council is a non-formal educational institution that is conducted regularly and periodically which has its own curriculum and is followed by worshippers whose aim is to foster good relations between people, good relations with Allah nd good relations with the environment.

Nevertheless, it is better to do a recording of the assembly of the education council. The aim is to find out the development, understanding, and addressing of the pilgrims to the education council material. Recording or data collection of pilgrims is also useful to find out the conditions of daily living of the pilgrims so that the education council can help when the congregation who contends is facing problems. In addition, the recording of pilgrims intended to facilitate the assembly of education council in compiling subject matter in accordance with the conditions of the congregation.

Education council activities can be held in mosques, mushallas, meeting halls, atria agencies, family homes, and others. Thus, the place of activity of education council is very flexible, not bound by certain places or buildings in its implementation.

Thus, it can be underlined that the purpose of education council is to form a perfect human being in the eyes of Allah and for the realization of happiness and prosperity and the quality of life in the world and in the hereafter blessed by Allah which is human responsibility in carrying out its activities.

Knowledge is the result of “knowing” and this happens after people have sensed a certain object. Sensing occurs through the human senses are the senses of sight, hearing, taste, and touch.

Knowledge is the whole thoughts, ideas, ideas, concepts and understanding that humans have about the world and all its contents including humans and their lives. Knowledge includes reasoning, explanation and human understanding of everything. Knowledge is the result of knowing that occurs through the process of sensation, especially the eyes and ears of a particular object, the effect of which is a very important domain for the formation of open behavior.

Notoatmodjo (2012) stated, knowledge of cognitive is a very important domain in shaping one’s actions (overt behavior). Knowledge of cognitive is a domain that is very important for the formation of one’s actions (overt behavior) which includes the cognitive domain has six levels are knowing, understanding (comprehension), application, analysis, synthesis and evaluation.

Notoatmodjo (2010) explained the level of one’s knowledge
Reproductive health according to Ahmad (2015) is defined as a state of complete physical, mental, social well-being and all things related to the system, functions, and processes of reproduction. Although concise, this definition indicates that reproductive health requires a guarantee for a safe and comfortable sex life, the freedom that is accompanied by responsibility for having sex, and when and how much she will have children. For all of these people also have the right to obtain correct information about matters related to their reproduction.

Widyastuti (2009) has defined reproductive health is a state of physical, mental and social well-being as a whole, not merely free from illness or disability in all matters related to the reproductive system, as well as its functions and processes.

Broadly Emilia, et.,al. (2008) said, the scope of reproductive health includes: maternal and newborn health, prevention and control of reproductive tract infections including HIV/AIDS, prevention and prevention of complications of abortion, adolescent reproductive health, prevention and treatment of infertility, cancer at the age of and osteoporosis, various other aspects of reproductive health, such as cervical cancer, genital mutilation, fistulas, etc.

Marlene and Jocelyn (2017) stated that improvements in reproductive health do lead to improvements in women’s economic empowerment and expanding contraceptive use improves women’s agency, education, and labor force participation.

Dini et.,al., (2010) showed that religious institution built by people at the micro level is possible to empower women. Through research program on Women Empowerment in Muslim Context (WEMC), Majelis Ta’lim in Mulyasari village does not only gives benefit to gain religious knowledge. Through a two-way learning process and design of special materials related to various real problems faced by women, Majelis Ta’lim may encourages women to empower themselves and to challenge public authorities and religious leaders.

Agus (2016) said in the context of a developing Islamic society, the Majelis Ta’lim institution, which exists throughout the region of West Java, can become a development actor in the midst of its routine religious study activities. Although its scope to date has been in the religious area (diniyah), its representatives are becoming involved as actors and spokesmen for the development of Islamic society in social and economic fields.

This activity opens a question and answer room so that the participants’ curiosity or concerns in the examination effort can be answered and are expected to provide increased knowledge and awareness. Providing stimulants in each activity, especially community assistance, one of them is how to attract and influence each other among participants to respond to each other, this is one indicator where they are interested in participating in this activity.

The leadership of majelis taklim after following this activity became more aware of the needs of their congregation so that it was hoped that this community empowerment program would not be completed until this year but continued in the following year.

In community service this time, the scientific repertoire that develops is about increasing religious knowledge in the health sector, where the role or participation of taklim assemblies other than as religious non-formal education institutions needs to be developed and utilized for the welfare of society in various fields in order to improve the quality of life for Muslims. Development of institutional participation (education council) which in fact the mothers or women who aim to improve knowledge (religious and other knowledge) and charity (positive behavior) need to be given high appreciation, for that mutually beneficial role between majelis taklim as institutions or facilities with mothers (worshippers) taklim assemblies must have balanced strength so that the subject of the taklim assembly objectives will be maximally achieved.

The role of religious leaders and committee members in efforts to increase religious knowledge and health quality of pilgrims, this requires a two-way communication (member-management), where there is convergent collaboration with health workers through public health/hospital services, where the main key health is “prevention is more important than cure", this jargon can be optimized through caring in the form of taklim assembly program to its worshippers.

The need for a positive communication approach between families so that what the wife experiences are related to her reproductive health, it is better if the husband/husband cares about his wife’s reproductive health by asking for routine check-ups or even delivering them to the nearest hospital, as well as doing treatment reproduction health.

There is a culture of courage (not ashamed) to ask/consult health workers available in public health services (health/hospital) about reproductive health and cervical cancer examination, with this if you experience early symptoms, you may immediately check with a health worker have competence so that transmission can be prevented and even the next stage.

Reproductive health will support the realization of a harmonious quality of family health, where the mother can carry out her function as an energetic housewife and a productive wife serves her husband to the fullest. Of course, this is in accordance with the purpose of the household.

In this community assistance there are supporting and inhibiting factors are:

1. Supporting factors (near and adequate public health
service facilities, health workers available, free (for BPJS / KIS holders) from examinations to treatment to recovery and if the reproductive health check is enough to pay no more than IDR 10,000 / per examination until the results are visible.)

2. Inhibiting factors (lack of family support and the environment of taklim assemblies, lack of knowledge about reproductive health and fear of conducting examinations and lack of awareness of fellow taklim members)

The participation of majelis taklim is a non-formal educational institution that forms the perfect human being in the eyes of Allah and for the realization of happiness and well-being and quality of life in the world and in the afterlife blessed by Allah as human responsibility in carrying out their activities and how the activity by the board of directors and pilgrims of the education council.

Religious knowledge about reproductive health, namely the level of one’s knowledge is influenced by several factors, including: age, education, environment, intelligence, work, experience, counseling and mass media by means of scientific methods on reproductive health (prohibiting premarital sexual relations, sexual intercourse through rectal and oral, sexual relations between similar partners and also sexual relations with animals, sexual relations with partners who alternately ethics of sexual relations, problems of pregnancy and childbirth, breastfeeding, prohibition of family planning with contraception, and prohibition of adultery).

Awareness of early detection of uterine cancer is a person’s awareness will appear to be seen from his attitude and behavior as a result of a motivation to act that is autonomous namely awareness or the best because it is based on the concept or foundation within oneself about cancer that occurs in the neck the uterus of the female reproductive organs which is the entrance to the uterus which is located between the uterus (uterus) with intercourse, by checking into public health services, where a person is consciously aware of carrying out an early detection of cervical cancer in public health services.

Supporting factors are motivated from family and fellow members of the taklim group and awareness of knowing the health of their production while the inhibitor is not yet a consultant or psychiatrist for participants to examine cervical cancer if convicted has entered a certain stage. This is an effort to strengthen the sufferers themselves to continue to treat themselves until they are declared cured.

Understanding the level of religious knowledge, almost all education council are always taught about worship and muamalah, but on the other hand about health certainly not in detail the lecturers/preachers teach this, for that researcher spread questionnaires in an effort to know the level of religious knowledge about reproductive health and the extent of the role of lecturers/education council/teacher leaders provide material on awareness of reproductive health.

Before presentations and action only 20 informan or 33% knowing by questionares that religion knowledge and after presentation showed 60 informan or 100% knowing about religion knowledge specific in hygiene and health. So there is improving a number of 40 informan or 67% in religion knowledge.

Then, unfortunately, the attention of the assembly leaders took notice of their members, especially about efforts to provide knowledge about reproductive health, which had never been carried out in each of majelis taklim. This indicates that prior awareness efforts to detect cervical cancer were minimal but some mentoring participants knew the impact if they suffered from cervical cancer, then the obstacle to doing this is the fact that there is a sense of taboo, shame and fear, especially the perception of their partners (husbands) each has not received a positive response.

Before presentations and action only 13 informan or 21,7% knowing by questionares that reproduction health and after presentation showed 60 informan or 100% knowing about reproduction health and testing it. So there is improving a number of 47 informan or 78,3% in reproduction health. Of the total number of assisted participants totaling 60 informan or 100% has knowing that HPV syndrome is a virus that carries cervical cancer and has contagious properes both directly (having sex) or indirect (through food media) after being delivered by doctor as presenter from the Serang City Health Service (dinas kesehatan kota Serang), then there was an intense dialogue between participants and resource persons so that with the question and answer process there were interactions among fellow participants about curiosity about their reproductive health status, but still constrained by shame and fear if detected with cervical cancer, but researchers and resource persons assisted by the leadership of the education council gave confidence and certainty that the results of the tests or early detection of cervical cancer would be made successful by health workers, but if there were those who were detected the education council leaders and health workers would communicate with the elderly so that the obligation of treatment is still carried out in accordance with the advice of health workers.

In this case, the Cipocok Jaya and Banjaragung public health center through directives from the Serang City Health Service were facilitated to carry out early detection of cervical cancer as it had been scheduled. Then accompanied by each of the taklim leaders, all mentoring participants conducted early detection of cervical cancer by IVA method by taking a small amount of fluid around the vagina and then testing.

Efforts to make early detection of cancer carried out by
mentoring participants is a good level of awareness show about improving in religion knowledge amount 67% and reproductive health amount 78.3%, but only 58 informan or 96,7% dispossed to reproductive health testing, it turns out that there are detected symptoms of cancer but it is still uncovered and until now medical treatment is still being carried out by assisting health workers in Cipocok Jaya and Banjaragung public health centers (puskesmas).

**CONCLUSION**

The level of religious knowledge about the reproductive health of the assisted participants is very good that it gives a psychological impulse to register for early detection of reproductive disease. The woman reproductive improving in religion knowledge amount 67% and reproductive health amount 78.3%, but only 58 informan or 96,7% dispossed to reproductive health testing.

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The author solely wrote this paper without help except language editing and polishing and also formatted of the final manuscript.

**Ethics**

I have correctly followed the expected research ethics in writing this paper.

**REFERENCES**


