

THE RELATIONSHIP BETWEEN KNOWLEDGE AND THE ATTITUDE OF PROSPECTIVE BRIDES AND GROOMS TOWARD PREMARITAL SCREENING

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ABSTRACT

Healthy pregnancy planning through premarital screening aims to reduce high-risk pregnancies with early intervention in prospective brides. However, it is less popular among prospective brides, a total of 74.4% of prospective brides do not know the benefits of premarital screening, this can affect the assessment of prospective brides on premarital screening even though premarital screening services are required by the government. This study aims to analyze the relationship between knowledge and the attitude of prospective brides regarding premarital screening. Method study is quantitative research with an observational analytical design, a cross-sectional study approach conducted on 63 samples with consecutive sampling techniques. The measurement of knowledge level and attitude uses a questionnaire and the Fisher Exact Statistics test. This study shows that the knowledge of prospective brides about premarital screening is mostly in the category of less than 44.4% and the majority attitude is positive 81%. There was a significant correlation ($p < 0.001$) between knowledge and attitudes towards premarital screening. It can be concluded that knowledge can affect the attitude and assessment of the prospective brides and groom towards premarital screening. Therefore, strategic steps are needed such as the integration of education in premarital counseling, the development of community-based campaigns.

Keywords: attitudes; knowledge; premarital screening; prospective brides and grooms.

INTRODUCTION

Healthy pregnancy planning through screening aims to reduce high-risk pregnancies with early intervention in prospective brides (Hall et al., 2023). Pregnancy planning is the government's effort to reduce the Maternal Mortality Rate (MMR) in Indonesia which is still high, according to Department of Family Health Report Ministry of Health (2021), MMR is at 305/100,000 live births or according to data from 2018-2021 MMR is still in the range of 4000 cases per year; this figure is still far from the SDGs target of 70/100,000 live births in 2030 (SDGs, 2023). Unplanned pregnancy is one of the causes of MMR, based on National Population and Family Planning Board (BKKBN) data in 2022 as many as 40% of pregnancies in Indonesia are unplanned pregnancies and 50% of them end in high-risk pregnancies. Suppressing unplanned pregnancies can contribute to helping accelerate the decline of MMR in Indonesia by improving access to and quality of comprehensive Family Planning and Reproductive Health (Ministry of National Development Planning, 2023).

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Healthy pregnancy planning aims to ensure that the prospective bride is ready for pregnancy and can prevent risky pregnancies because they are carried out during the preconception period so that interventions can be carried out as early as possible through premarital screening (Teshome et al., 2022). In 2021, there are 2,485,000 pregnant women living with HIV in Indonesia, this is one of these conditions that can be prevented through premarital screening (the Central Statistics Agency; Ministry of National Development Planning, 2023). According to Turan (2022) most of the problems that occur during pregnancy can be overcome in the preconception period before a woman becomes pregnant. Therefore, preconception care helps prevent morbidity and mortality by reducing individual, environmental and behavioral factors that can worsen maternal and child health in the early period. Premarital screening itself is a series of interventions that are carried out aimed at identifying and modifying biomedical, behavioral, and social risks related to women's health and pregnancy outcomes later (Janke et al., 2024). Premarital screening consists of, physical examinations, routine blood tests, urine and blood sugar tests and examinations recommended for indications include detection of carriers of certain genetic diseases, screening as well as testing for certain sexually transmitted diseases (Manik et al., 2023). Premarital and preconception screening should ideally be carried out six months before the wedding. However, it can be done at any time as long as the wedding has not taken place. This is useful if when screening is found sexually transmitted diseases can be treated immediately before marriage.

Based on the Regulation of the Minister of Health of the Republic of Indonesia (2021), premarital screening is a preventive measure that must be taken to prevent health problems in oneself, spouses, and offspring in the future, and It is part of the continuum of care service in maternal and child health, namely reproductive age health services to ensure the health and welfare of women, mothers and children in a sustainable manner. Although premarital screening programs have become mandatory for prospective brides and grooms, many of them only follow this procedure as an administrative formality of marriage at the religious affairs office without understanding its benefits. Based on the study by Utami et al. (2020) namely 74.4% of prospective brides do not know the benefits and timing of premarital screening, this is due to the assumption that pregnancy and having a child are natural things that do not require special health preparation. Premarital screening is an important strategy in preventing health problems in pregnancy, such as genetic diseases, infectious infections, and other complications. Lack of knowledge about premarital screening can lead to a negative or passive attitude towards follow-up after screening. This has the potential to increase the risk of complications that could have been prevented (Teshome et al., 2020). Health services of reproductive age are expected to increase the understanding of prospective brides on the importance of premarital screening so that couples of childbearing age have physical and mental readiness in facing marriage and pregnancy preparation (Ministry of Health, 2018).

Knowledge provides the basis of information needed to understand why a behavior is important or beneficial (Alkhaldi et al., 2016). Prospective brides and grooms who have good knowledge tend to have a positive assessment of premarital screening. Meanwhile, negative attitudes have an influence on the behavior of mothers-to-be in dealing with pregnancy later (Rujito et al., 2023). A person's positive attitude towards health may not have a direct impact on his behavior to be positive, but a negative attitude towards health almost certainly has an impact on his behavior (Munawaroh, 2019). Knowledge of premarital screening not only influences the prospective brides and grooms decision to undergo screening, but also determines their attitude towards the necessary follow-up to prevent complications of future pregnancies. This study aims to analyze the relationship between knowledge and attitudes of prospective brides and grooms related to premarital screening to assess how far the

bride-to-be understands the importance of premarital screening. carried out at the Taman Health Center in Sidoarjo Regency is a health center with a fairly large population spread across 15 sub-districts and villages and has a large number of prospective brides and grooms in average of 20 to 30 every month. This makes it easier for researchers to collect data.

METHOD

This study is quantitative research with an observational analytical design whose purpose is to analyze the relationship between knowledge and attitudes of prospective brides related to premarital screening obtained from 62 samples. The sample consisted of 21 grooms-to-be and 42 brides-to-be. The sample size was determined based on the availability of eligible participants who had completed premarital screening during the study period. Sampling was carried out at the Taman Sidoarjo Health Center which serves premarital screening with a fairly large number of prospective brides every month from January-March 2024. The inclusion criteria are first marriage, age 19-49 years and have never been pregnant or are pregnant. The Exclusion Criteria are having studied in the health sector.

After obtaining approval from the ethics commission of the Faculty of Medicine, University Airlangga, data collection was carried out, respondents were given an explanation before approval and the signing of informed consent. Filling out the questionnaire lasts about 30 minutes. The data used in this study is primary data, namely through an instrument in the form of a questionnaire filled out by the respondents themselves. The level of knowledge was measured using a questionnaire containing questions about premarital screening including definition, benefits, objectives, time, stages and types of coordinator examinations consisting of 15 questions with a total score of 100 with the category Good: If the answer is correct 76%-100%, Enough: If the answer is correct 56%-75% and Less: If the answer is correct <56%. The attitude questionnaire consisted of 10 questions with favorable and unfavorable question types including views or assessments of prospective brides, on prenuptial screening. The attitude category was measured using a Likert scale. To determine positive and negative attitudes, the mean value (T) was used as the threshold. Scores above the mean were categorized as positive attitudes, while scores below the mean were categorized as negative attitudes.

The data was analyzed using SPSS software, with a two-stage approach of univariate and bivariate analysis to explore the relationships between knowledge and attitudes toward premarital screening. Univariate analysis was used to describe the frequency distribution and percentage of each variable, including demographic characteristics, knowledge levels, and attitudes. Bivariate analysis employed Fisher's Exact Test to determine the statistical association between knowledge and attitudes. Additionally, the Contingency Coefficient Test was used to assess the strength of this relationship. To further understand the influence of knowledge on attitudes, an exploratory regression analysis will be conducted.

RESULTS

1. Knowledge

Based on the results in Table 1, it is known that the majority of prospective brides' knowledge is in the category of less as many as 28 respondents (44.4%).

Table 1 Distribution of respondents' knowledge levels.

Knowledge	Frequency (f)	Percentage (%)
Good	10	15,9
Enough	25	39,7
Less	28	44,4
Total	63	100

Source: Primary Data (processed using SPSS, 2024).

In Table 2, the knowledge of prospective brides based on the topic of premarital screening showed that out of 63 respondents, only 44% of prospective brides knew about the right time to carry out premarital screening, as well as the topic of additional health checks that were recommended, only 42% of prospective brides knew about the topic.

Table 2 Frequency of respondents' knowledge related to the topic of premarital screening.

Knowledge	Frequency (f)	Percentage (%)
Definition, benefits and objectives of premarital screening	49	78%
Stages of examination and implementation time	28	44%
Mandatory medical check-ups	40	63%
Recommended additional health checks	26	42%

Source: Primary Data (processed using SPSS, 2024).

2. Attitude

Based on the results in Table 3, it is known that the majority of prospective brides' attitudes are in the positive category with as many as 51 respondents (81%).

Table 3 Distribution of respondents' attitudes.

Attitude	Frequency (f)	Percentage (%)
Negative	12	19
Positive	51	81
Total	63	100

Source: Primary Data (processed using SPSS, 2024).

3. The relationship between knowledge and attitudes

Based on the results in Table 4, it is known that from 10 respondents (100%) with good knowledge, as many as 10 respondents (100%) have a positive attitude or the overall response with good knowledge has a positive attitude, and from 25 respondents (100%) with sufficient knowledge, it is found that 24 respondents (96.7%) have a positive attitude and 1 respondent (4%) has a negative attitude, while 28 respondents (100%) have less knowledge, It was found that 17 respondents (81%) had a positive attitude and 11 respondents (39.3%) had a negative attitude.

Table 4 Relationship of knowledge with attitudes.

Knowledge	Attitude						p-value
	Positive		Negative		Total		
	F	%	F	%	F	%	
Good	10	100	0	0	10	100	0,001
Enough	24	96,0	1	4	25	100	
Less	17	60,7	11	39,3	28	100	
Total	51	81	12	19	63	100	

Source: Primary Data (processed using SPSS, 2024).

After a bivariate analysis using the Fisher Exact test, a p value of 0.001 was obtained, so it can be said that knowledge has a significant relationship with the attitude of the prospective bride regarding premarital screening. Furthermore, the Contingency Coefficient test was carried out to assess the strength of the relationship between the two variables, so a value of 0.420 was obtained.

DISCUSSION

The results of the study showed that the knowledge of prospective brides at the Taman Sidoarjo Health Center was mostly in the poor category (44.4%) while the knowledge was based on category. in a question about the right time to do premarital screening, only (25%) participants were able to answer correctly, namely 6 months before marriage, the same was true for questions about additional examinations recommended for brides-to-be such as HIV infectious disease screening, only (35%) participants answered and genetic diseases such as thalassaemia, only about (29%) participants answered correctly on the question. This suggests that many prospective brides and grooms are about to enter married life but still have little information about sexuality, reproductive health, and pregnancy planning.

The lack of knowledge of prospective brides related to premarital screening results in their lack of understanding regarding premarital screening. This could be because the prospective brides and groom has never received information about premarital screening before or the information obtained is limited. This research is in line with the research of Dwiyanti et al. (2024) conducted at the South Kuta Health Center UPTD showed that knowledge related to premarital screening was obtained by 50% of prospective brides and grooms out of 93 respondents who had insufficient knowledge. In general, prospective brides and grooms already have knowledge about marriage and reproductive health that they have gained from education (Harvey et al., 2022). However, their knowledge is not detailed, especially on matters related to healthy pregnancy planning in the form of early detection of infectious diseases and hereditary diseases, so that follow-up examinations in premarital screening are less popular among prospective brides and grooms.

Attitude is the readiness or willingness to act and is not the implementation of a specific motive (Wardani et al., 2020). So that the prospective brides and groom is still willing to take part in the premarital screening because it is considered necessary to know the health condition before the wedding (89%) the prospective brides and groom agrees with the statement. However, the negative attitude was revealed when (49%) the prospective brides and groom agreed with the statement that

premarital health checks are only an administrative requirement at the Office of religious affairs. This could be due to a low level of knowledge and awareness about diseases that can be prevented through premarital screening (Rujito et al., 2023).

Interestingly, almost most of the prospective brides who are positive about premarital screening are prospective brides, but because the number of men and women is unbalanced, the perception of gender cannot be described. This can be caused by cultural and socio-economic factors. For example, culturally, women tend to be more knowledgeable about premarital screening and marriage-related matters because they are targeted by different educational programs (Al-Shafai et al., 2022). Knowledge or cognition is an important domain in shaping a person's actions while attitude can mean a general feeling that expresses relevance in seeking information (Vakilian, 2022). So that low knowledge but having a positive attitude can encourage individuals to find out more about premarital screening.

According to Lawrence Green, knowledge with attitudes is one of the predisposing factors that affect a population or individual in performing a certain behavior. Knowledge or cognition is an important domain in shaping one's actions while attitude can mean a general feeling that expresses relevance in seeking information (Priyoto, 2018). So that low knowledge but having a positive attitude can encourage individuals to find out more about premarital screening that they consider necessary in ensuring the health of themselves and their partners. Predisposition factors are not the only factors that trigger health behavior, but there is a reinforcing factor, (reinforcing) is a factor that involves the role of health workers as health information providers.

Furthermore, enabling factors also play an important role which includes the availability of facilities and infrastructure to facilitate premarital screening services. In Indonesia, the availability of facilities is adjusted to government regulations on the obligation of brides-to-be to take premarital screening as a preventive measure to prevent stunting through healthy pregnancy planning (BKKBN, 2024). Low knowledge with a negative attitude can be caused by respondents considering that premarital screening is a mandatory action so that it is not done on their own volition, resulting in them tending to think negatively about premarital screening. It should be noted that not all individuals can receive the information they need, let alone a coercion in behavior change (Al-Aama, 2010).

It can be concluded that insufficient knowledge affects the attitude and assessment of the prospective bride and groom towards premarital screening. This research is in line with the research of Afrina et al. (2022) that knowledge affects the way respondents behave. It is characterized by the results of respondents with a good level of knowledge followed by a positive attitude. Different results were found in Wulandari's research, (2024), namely the level of good knowledge accompanied by a negative attitude towards premarital screening, namely 67.7% of prospective brides who had a negative attitude, 43% had good knowledge.

CONCLUSION

There is a significant relationship between knowledge and the attitude of prospective brides regarding premarital screening at the Taman Sidoarjo Regency Health Center with a moderate level where knowledge has a significant influence on the attitude of prospective brides. This is because there has been no massive promotion about premarital screening is still limited to health service centers and online media. Therefore, strategic steps are needed such as the integration of education in premarital counseling, the development of community-based campaigns.

To increase the understanding of prospective brides regarding premarital screening, it is hoped that the health center can improve health promotion and increase cooperation with various sectors including BKKBN, considering government regulations on the obligation of prospective brides to take part in premarital screening as a preventive measure to prevent stunting through healthy pregnancy planning. As well as carrying out training related to premarital screening and reproductive health for health cadres who are members of the family assistance team (TPK) so that they can increase the knowledge of prospective brides and ensure they have access to the right information. It is hoped that prospective brides can understand the importance of premarital screening as a preventive measure that must be taken to prevent health problems in themselves, their spouses, and their offspring in the future.

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