



The Effect Of Premarital Counseling Intervention On Reproductive Health Knowledge Of Prospective Brides And Grooms In Southwest Aceh Regency

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Abstract

Reproductive health of prospective brides and grooms is an important aspect in improving the quality of family health in the future. Low levels of knowledge and attitudes related to reproductive health among prospective couples may lead to various health problems; therefore, an intervention through premarital counseling is necessary. This study employed a quantitative design with a pretest-posttest approach. The sample consisted of 50 prospective brides and grooms who participated in premarital counseling at the Office of Religious Affairs (KUA) in Blangpidie District. Data analysis was conducted using the Chi-Square test to determine relationships between variables, logistic regression analysis to identify dominant factors, and the Wilcoxon Signed Rank Test to assess differences before and after the intervention. The results showed that there was no significant relationship between age and reproductive health knowledge and attitudes among prospective couples. In contrast, education level, occupation, and availability of information were significantly associated with reproductive health knowledge and attitudes. Multivariate analysis indicated that education and information systems were dominant factors associated with knowledge, while information systems and occupation were dominant factors influencing attitudes. The Wilcoxon test results showed a significant difference in knowledge and attitudes before and after premarital counseling, where all respondents experienced improvement after the intervention. Premarital counseling is effective in improving reproductive health knowledge and attitudes among prospective brides and grooms; therefore, it needs to be optimized as an effort to enhance the quality of community reproductive health.

Keywords: *Premarital Counseling, Knowledge, Attitude, Reproductive Health, Prospective Brides and Grooms.*

Introduction

Marriage is a physical and spiritual bond between a man and a woman with the goal of forming a happy, eternal, and prosperous family, as mandated by Law of the Republic of Indonesia Number 1 of 1974 concerning Marriage. Marriage is understood not only as a means of fulfilling biological needs, but also as a moral and spiritual responsibility that requires readiness in various aspects, both mental, emotional, and material. Thorough

preparation is crucial for couples to build a harmonious family and avoid various problems that can disrupt the integrity of the household.

However, reality shows that many couples still experience marital problems. These problems are not only related to disharmonious communication, differing views, or third-party intervention, but can also lead to divorce. Data from the Central Statistics Agency (BPS) shows that the divorce rate in Indonesia has increased significantly over the past five

years, from 405,056 cases in 2018 to 516,344 cases in 2022, before finally declining to 463,654 cases in 2023. This phenomenon indicates that many families are unprepared for the complexities of married life.

Southwest Aceh serves as a significant example, showing a decline in divorce cases from 181 in 2022 to 152 in 2023, reflecting improvements in social interventions and family conflict resolution at the local level. Conversely, several other regions have shown consistent year-over-year increases, reflecting ongoing challenges to family resilience and the need for more targeted policy attention. Analysis of this table demonstrates that the divorce issue in Aceh is not uniform, but rather influenced by the social, economic, and social service capacity of each district/city.

One factor contributing to the high divorce rate is a lack of knowledge and preparedness regarding reproductive health. Data from prospective married couples undergoing health check-ups in Aceh Province in 2024 shows that Southwest Aceh Regency ranked second to last with 121 couples tested. This figure is lower than several other regencies/cities, such as Pidie (342 couples) and Aceh Besar (298 couples).

This number shows that the level of premarital health checks in Southwest Aceh is still relatively limited, both due to the smaller population and the possibility of limited access to information and facilities. Nevertheless, these examinations remain crucial for preventing infectious diseases, early detection of reproductive health issues, and as a way to prepare prospective brides and grooms for building healthy families. These data indicate the need for a more intensive outreach strategy from the local government and health workers in Southwest Aceh to increase participation in health screenings and align with provincial public health programs.

Reproductive health screenings for prospective brides and grooms (catin) are a preventative measure increasingly emphasized by the local government and health facilities in Aceh. This program aims to ensure the health readiness of couples before entering married life and to detect potential sexually transmitted infections, including HIV, early. The increasing number of prospective brides and grooms undergoing premarital screenings demonstrates growing public awareness of the importance of reproductive health, both for family resilience and for preventing long-term disease risks. This step also contributes to breaking the chain of HIV transmission among fertile couples and reducing the risk of HIV transmission to children in the future.

HIV cases for the 2022–2024 period show an increasing trend in most districts/cities in Aceh. Banda Aceh, Lhokseumawe, and North Aceh have the highest number of cases, in line with the characteristics of urban areas with higher population mobility and better access to health

services, which leads to more optimal case detection. On the other hand, several regions, such as Simeulue, Gayo Lues, and Subulussalam, recorded relatively low case numbers due to smaller populations and limited reporting rates. Overall, the trends in the table indicate that increased screening, health education, and premarital examinations for prospective brides and grooms are highly relevant to the HIV control strategy in Aceh.

After reviewing the development of HIV cases in Aceh over the past three years, it is important to expand attention to another public health issue that has long-term impacts on the quality of human resources: stunting. Unlike HIV, which requires a behavior-based approach to detection and treatment and comprehensive health services, stunting reflects a chronic nutritional problem rooted in social and economic conditions and access to basic services.

Stunting data in Aceh for the 2022–2024 period shows dynamics that illustrate the effectiveness of local government interventions and the challenges that still need to be addressed. The decline in prevalence in several districts/cities indicates that programs to improve nutrition, monitor toddler growth, and increase service. Basic health services are beginning to yield positive results. However, some regions still record relatively high stunting rates, indicating variations in service availability, family nutritional literacy levels, and social environmental support. This situation emphasizes the need for more equitable and sustainable stunting reduction efforts, with a focus on strengthening nutrition education, increasing access to nutritious food, and optimizing the role of integrated health posts (Posyandu) in monitoring child growth and development.

Reproductive health plays a crucial role in achieving household well-being. Issues such as infertility, sexually transmitted infections, high-risk pregnancies, and nutritional issues are common issues that seriously impact family harmony. The WHO reports that approximately 25% of couples in developing countries experience infertility, while in Indonesia the prevalence reaches 10–15% of couples of childbearing ages. These issues are often not adequately addressed before marriage, resulting in psychological and social burdens for couples.

In this context, prospective brides and grooms need access to accurate and comprehensive reproductive health information. Unfortunately, many myths and misconceptions persist in society, influencing couples' perceptions and decision-making when preparing for marriage. To address this challenge, the government, through the Ministry of Religious Affairs, has mandated the implementation of Marriage Guidance programs or premarital counseling for prospective brides and grooms.

In various regions, premarital counseling programs are implemented collaboratively by the Office of Religious Affairs (KUA) and health workers. For example, at the

Tlogosari Kulon Community Health Center, reproductive health material is delivered by doctors, while the KUA provides guidance on family dynamics and spirituality. This program is mandatory for all prospective brides and grooms, although a small number still opt out due to work or local cultural reasons (Directorate General of Islamic Community Guidance, 2018). However, participation and the impact of this program are uneven. Several studies indicate a gap between the expectations of prospective brides and grooms and the material provided, particularly regarding reproductive health issues.

In Aceh, premarital counseling programs have been routinely implemented, including in Southwest Aceh Regency. However, information regarding the program's impact on raising awareness of reproductive health attitudes among prospective brides and grooms remains limited. Yet, reproductive health issues in Aceh are complex, stemming from both sociocultural factors and access to healthcare. Therefore, research on the impact of premarital counseling programs on awareness of reproductive health attitudes among prospective brides and grooms in Southwest Aceh Regency is crucial.

In Southwest Aceh Regency, stunting prevention outreach to prospective brides and grooms has been conducted through collaboration between the Abdya Regency Government and several agencies, such as the Ministry of Religious Affairs, the Health Office, and the National Population and Family Planning Board (BKKBN), on December 6, 2023. However, this phenomenon reflects the urgent need to strengthen the correct reproductive health attitudes among prospective brides and grooms, indicating that many prospective brides and grooms still do not understand important aspects such as preparing for a healthy pregnancy, preventing complications, and fulfilling optimal nutrition for the mother and fetus.

Several general findings in other regions indicate that despite premarital education programs, participation and understanding among prospective brides and grooms (Catin) is often low. For example, in Sidoarjo, participation was only around 33%. Furthermore, premarital education is often not optimal in changing attitudes, requiring more effective interventions.

This research is expected to provide an empirical overview of the extent to which premarital counseling programs contribute to increased understanding and changes in reproductive health attitudes among prospective couples. The results can inform policy formulation and the development of more comprehensive, contextual, and community-relevant premarital counseling programs, thereby enabling healthy, harmonious, and high-quality families in the future.

Based on this background, the researcher is interested in conducting research on "The Effect of Pre-Marital Counseling Intervention on the Knowledge and Attitudes

of Reproductive Health of Prospective Brides and Grooms in Southwest Aceh District".

Methods

This study used a quantitative approach because the data collected were numerical and could be statistically analyzed to explain changes in reproductive health attitudes before and after the intervention. The research design used was a pre-experimental one-group pre-test–post-test model, involving only one group of subjects without a control group.

This study used a pre-experimental design with a one group pretest-posttest design approach, namely a design that only involves one group without a control group, but measurements were taken before and after the intervention.

This research was conducted at the Office of Religious Affairs (KUA) and the Blangpidie District Health Center, Southwest Aceh Regency, Aceh Province.

This study used a total sampling technique because the population of prospective brides and grooms who participated in premarital counseling at the Blangpidie District Office of Religious Affairs (KUA) from October to December 2025 was less than 100. Therefore, the entire accessible population, totaling 25 couples, was used as a sample.

Data were collected through pre-test and post-test questionnaires distributed to respondents before and after being given pre-marital counseling intervention.

This questionnaire contains statements regarding prospective brides and grooms' knowledge and attitudes regarding reproductive health, including premarital examinations, reproductive hygiene, healthy lifestyles, sexually transmitted disease prevention, and family planning. The questionnaire was self-administered with assistance from researchers to ensure clarity of each question.

The main instrument in this study was a closed-ended questionnaire designed using the Guttman scale to measure changes in reproductive health attitudes before and after the intervention. This questionnaire was adapted from an instrument used to measure reproductive health attitudes in prospective brides and grooms and then adapted to the context and objectives of the study.

Result

It is important to first describe the characteristics of the respondents involved in this study. Respondent descriptions provide a general overview of the research subjects' backgrounds, thus aiding in understanding the context and interpreting the results. Respondent characteristics in this study include gender, age, education level, occupation, availability of information systems, knowledge level, and attitudes toward reproductive health. These are shown in the

following table:

Table 1. Frequency Distribution of Respondents According to Characteristics of Prospective Brides and Grooms

Distribution	Characteristics	(f)	(%)
Gender	Man	25	50
	Woman	25	50
	Total	50	100
Age	<20 years	5	10
	21-30 years old	29	58
	>30 years	16	32
	Total	50	100
Education	Intermediate	33	66
	Tall	17	34
	Total	50	100
Work	Non-civil servant	25	50
	civil servant	25	50
	Total	50	100
Information Systems	There is	16	32
	There isn't any	34	68
	Total	50	100
Knowledge	Low	30	60
	Tall	20	40
	Total	50	100
Attitude	Negative	18	36
	Positive	32	64
	Total	50	100

Based on Table 1 above, the most dominant respondent characteristics are seen in several key aspects. In terms of age, the majority of respondents were in the 21–30-year group (29 people) (58%), indicating that this study was dominated by the productive age group. In terms of education level, the majority of respondents had secondary education (33 people) (66%), thus reflecting that the respondents' educational background tended to be at that

level. In terms of information systems, the majority of respondents stated that there was no information system (34 people) (68%), indicating the still limited use of information systems in the research environment. Furthermore, in terms of knowledge, respondents with low knowledge were more dominant (30 people) (60%), indicating the need for increased education and outreach. Meanwhile, in terms of attitude, the majority of respondents had a positive attitude

(32 people) (64%), indicating a tendency to accept or view the research topic favorably.

Table 2. Relationship between Age and the Level of Reproductive Health Knowledge of Prospective Brides and Grooms

		Age			Total	Chi-Square	P value
		<20 years	21-30 years old	>30 years			
Pretest_	Enough	1	10	6	17	0.527	0.768
Knowledge	Not enough	4	19	10	33		
Total		5	29	16	50		

Based on Table 2, the analysis of the relationship between age and the level of reproductive health knowledge of prospective brides and grooms at the pretest stage shows a Chi-Square value of 0.527 with a significance value of 0.768. A significance value greater than 0.05 indicates that there is no significant relationship between age and the level of reproductive health knowledge of prospective brides and grooms before being given premarital counseling

intervention. This is seen in all age groups, both <20 years, 21–30 years, and >30 years, most of whom are still in the category of having insufficient knowledge. This finding indicates that age differences do not significantly affect the level of reproductive health knowledge of prospective brides and grooms at the pre-intervention stage, so a comprehensive premarital counseling intervention is needed without differentiating age groups.

Table 3. Relationship between Age and Attitudes Towards Reproductive Health of Prospective Brides and Grooms

		Age			Total	Chi-Square	P value
		<20 years	21-30 years old	>30 years			
Pretest_Attitude	Good	0	1	1	18	4.203	0.122
	Enough	0	10	7	32		
Total		5	29	16	50		

Based on Table 3, the results of the analysis of the relationship between age and the attitudes of prospective brides and grooms at the pretest stage showed a Chi-Square value of 4.203 with a significance of 0.122. A significance value greater than 0.05 indicates that there is no significant relationship between age and the attitudes of prospective brides and grooms before being given premarital counseling

intervention. This can be seen that in all age groups, both <20 years, 21–30 years, and >30 years, the majority of respondents were in the adequate attitude category. This finding indicates that age differences do not significantly affect prospective brides and grooms' attitudes towards reproductive health

Table 4. Relationship between Education and the Level of Reproductive Health Knowledge of Prospective Brides and Grooms

		Education		Total	Chi-Square	P value
		Intermediate	Tall			
Knowledge Pretest	Enough	6	11	17	10,822	0.001
	Not enough	27	6	33		
Total		33	17	50		

Based on Table 4 above, the results of the analysis of the relationship between education level and reproductive health knowledge of prospective brides and grooms at the pretest stage showed a Chi-Square value of 10.822 with a significance of 0.001. A significance value smaller than 0.05 indicates that there is a significant relationship between education level and reproductive health knowledge of prospective brides and grooms before being given premarital counseling intervention. This can be seen that

respondents with higher education were more likely to be in the sufficient knowledge category, namely 11 people, compared to respondents with secondary education, which only numbered 6 people. Conversely, respondents with secondary education were more dominant in the insufficient knowledge category, namely 27 people. These findings indicate that education level plays an important role in influencing reproductive health knowledge of prospective brides and grooms.

Table 5. Relationship between Education and Attitudes Towards Reproductive Health of Prospective Brides

		Education		Total	Chi-Square	P value
		Intermediate	Tall			
Pretest_Attitude	Good	8	10	18	5,824	0.016
	Enough	25	7	32		
Total		33	17	50		

Based on Table 5 above, the results of the analysis of the relationship between education level and the attitudes of prospective brides and grooms at the pretest stage showed a Chi-Square value of 5.824 with a significance of 0.016. A significance value smaller than 0.05 indicates that there is a significant relationship between education level and the attitudes of prospective brides and grooms before being given premarital counseling intervention. This can be seen

that respondents with higher education were more likely to be in the good attitude category, namely 10 people, compared to respondents with secondary education, which amounted to 7 people. Meanwhile, respondents with secondary education were more dominant in the adequate attitude category, namely 25 people. These findings indicate that education level influences the attitudes of prospective brides and grooms towards reproductive health.

Table 6. Relationship between Occupation and the Level of Reproductive Health Knowledge of Prospective Brides and Grooms

		Work			Chi-Square	P value
		Non-civil servant	civil servant	Total		
Knowledge Pretest	Enough	5	12	17	4,367	0.037
	Not enough	20	13	33		
Total		25	25	50		

Based on Table 6, the results of the analysis of the relationship between occupation and the level of reproductive health knowledge of prospective brides and grooms at the pretest stage showed a Chi-Square value of 4.367 with a significance of 0.037. A significance value smaller than 0.05 indicates that there is a significant relationship between occupation and the level of reproductive health knowledge of prospective brides and grooms before being given premarital counseling

intervention. This can be seen that respondents with civil servant employment status were more in the sufficient knowledge category, namely 12 people, compared to non-civil servant respondents who only numbered 5 people. Conversely, non-civil servant respondents were more dominant in the insufficient knowledge category, namely 20 people. These findings indicate that employment status plays a role in influencing the level of reproductive health knowledge of prospective brides and grooms.

Table 4.7 Relationship between Occupation and Attitudes Towards Reproductive Health of Prospective Brides

		Work			Chi-Square	P value
		Non-civil servant	civil servant	Total		
Attitude Pretest	Good	4	14	18	8,681	0.003
	Enough	21	11	32		
Total		25	25	50		

Based on Table 7 above, the results of the analysis of the relationship between work and the attitudes of prospective brides and grooms at the pretest stage show a Chi-Square value of 8.681 with a significance of 0.003. The value of significance A value of less than 0.05 indicates a significant relationship between employment and the attitudes of prospective brides and grooms before receiving premarital counseling intervention. This is evident in the

fact that respondents with civil servant employment status were more likely to be in the positive and negative attitude categories, with 14 and 11 respondents, respectively. Conversely, non-civil servant respondents were more likely to be in the negative attitude category, with 21 respondents. This finding suggests that employment status influences prospective brides and grooms' attitudes toward reproductive health.

Table 8. Relationship between Information Systems and the Level of Reproductive Health Knowledge of Prospective Brides and Grooms.

		Information		Total	Chi-Square	P value
		There is	There isn't any			
Knowledge Pretest	Enough	10	7	17	8,517	0.004
	Not enough	6	27	33		
Total		16	34	50		

Based on Table 8 above, the results of the analysis of the relationship between the availability of information and the level of reproductive health knowledge of prospective brides and grooms at the pretest stage showed a Chi-Square value of 8.517 with a significance of 0.004. A significance value smaller than 0.05 indicates that there is a significant relationship between the availability of information and the level of reproductive health knowledge of prospective brides and grooms before being given premarital counseling intervention. This can be seen that respondents who have

access to information are more in the sufficient knowledge category, namely 10 people, compared to respondents who do not have access to information, which only number 7 people. Conversely, respondents who do not have access to information are more dominant in the insufficient knowledge category, namely 27 people. These findings indicate that the availability of information plays an important role in shaping the reproductive health knowledge of prospective brides and grooms.

Table 9. Relationship between Attitudes and Information Systems on Reproductive Health of Prospective Brides

		Information		Total	Chi-Square	P value
		There is	There isn't any			
Pretest_Attitude	Positive	11	7	18	10,953	0.001
	Negative	5	27	32		
Total		16	34	50		

Based on Table 9 above, the results of the analysis of the relationship between the availability of information and the attitudes of prospective brides and grooms at the pretest stage showed a Chi-Square value of 10.953 with a significance of 0.001. A significance value smaller than 0.05 indicates that there is a significant relationship between the availability of information and the attitudes of prospective brides and grooms before being given premarital counseling intervention. This can be seen that

respondents who had access to information were more in the positive attitude category, as many as 11 people. Conversely, respondents who did not have access to information were more dominant in the adequate attitude category, as many as 27 people. These findings indicate that the availability of information plays an important role in shaping the attitudes of prospective brides and grooms towards reproductive health

Table 10. The Effect of Premarital Intervention on the Knowledge Level of Prospective Brides and Grooms

	Shapiro-Wilk			Posttest – Pretest		Negative Ranks	0a
	Statistics	Df	Sig.	Z			
Knowledge Pretest	0.958	50	0.068	Z	--6.184b	Positive Ranks	50b
Knowledge Posttest	0.877	50	0.001	Sig.	.000	Ties	0c

Based on Table 10, the normality test using Shapiro–Wilk due to the number of samples <100, it is known that the significance value in the Shapiro–Wilk test. Meanwhile, the significance value of the knowledge pretest data is 0.068 and the knowledge posttest data is 0.001. So it can be concluded that although there is a normally distributed knowledge pretest, it is still stated that the knowledge pretest and posttest data are not normally distributed. Thus, further data analysis was carried out using nonparametric statistical tests that are appropriate to the characteristics of the research data.

The nonparametric statistical test used in this study is the Wilcoxon Signed Rank Test, because this test is suitable for comparing two paired data originating from the same sample, namely the knowledge scores of prospective brides and grooms before and after being given pre-marital counseling intervention.

The calculated Z value based on the Wilcoxon Signed Rank Test results is --6.184. Meanwhile, the significance value

obtained is 0.001. Based on the Wilcoxon Signed Rank Test criteria, the significance value is less than 0.05, so the null hypothesis (H0) is rejected and the alternative hypothesis (H1) is accepted.

These results indicate a significant difference in the level of reproductive health knowledge of prospective brides and grooms before and after premarital counseling. Therefore, it can be concluded that premarital counseling significantly improved reproductive health knowledge of prospective brides and grooms in Southwest Aceh Regency.

The Wilcoxon Signed Rank Test Output Ranks shows that the negative rank value is 0, indicating that no respondents experienced a decrease in their level of reproductive health knowledge after receiving premarital counseling. Furthermore, the positive rank value is 50, indicating that all respondents (prospective brides and grooms) experienced an increase in their level of reproductive health knowledge after participating in premarital counseling.

Table 11. The Effect of Premarital Intervention on the Attitudes of Prospective Brides and Grooms

	Shapiro-Wilk			Posttest – Pretest		Negative Ranks	0a
	Statistics	Df	Sig.	Z			
Attitude Pretest	.928	50	.005	Z	-6.185b	Positive Ranks	50b
Posttest Attitude	.921	50	.002	Sig.	.000	Ties	0c

Based on Table 11, the normality test using Shapiro–Wilk because the number of samples is less than 100, it is known that the significance value of the attitude pretest data is 0.005, while the significance value of the attitude posttest data is 0.002. These results indicate that the attitude pretest data is not normally distributed because the significance value is less than 0.05, while the attitude posttest data is not normally distributed because the significance value is less than 0.05.

Therefore, because the data were not normally distributed, the analysis of differences in attitudes between prospective brides and grooms before and after the premarital counseling intervention did not meet the requirements for parametric testing. Therefore, further data analysis was conducted using a nonparametric statistical test, namely the Wilcoxon Signed Rank Test, which is appropriate for comparing two paired data sets in the same sample.

The calculated Z-value based on the Wilcoxon Signed Rank Test results is -6.185. Meanwhile, the significance value obtained is 0.000. Based on the Wilcoxon Signed Rank Test criteria, the significance value is less than 0.05, so the null hypothesis (H0) is rejected and the alternative hypothesis (H1) is accepted.

These results indicate a significant difference in the reproductive health attitudes of prospective brides and grooms before and after premarital counseling. Therefore, it can be concluded that premarital counseling significantly impacts changes in reproductive health attitudes of prospective brides and grooms in Southwest Aceh Regency.

Based on Table 4.19, the Wilcoxon Signed Rank Test Output Ranks shows that the negative rank value is 0, indicating that no respondents experienced a decrease in their level of reproductive health knowledge after receiving premarital counseling. Furthermore, the positive rank value is 50, indicating that all respondents (prospective brides and grooms) experienced an increase in their level of reproductive health knowledge after participating in premarital counseling.

Multivariate Analysis Results

Multivariate analysis in this study was conducted to determine the independent variables most strongly associated with prospective brides' reproductive health knowledge and attitudes. This analysis aimed to control for

the influence of confounding variables and determine the dominant factors influencing the dependent variable. The multivariate analysis method used in this study was multiple logistic regression, as the dependent variable was categorical.

Selection of Knowledge Multivariate Analysis Variables

The independent variables examined in this study included age, gender, education level, occupation, and availability of information. All of these variables are suspected to be related to prospective brides' reproductive health knowledge and attitudes.

Before conducting multivariate analysis, each independent variable was first analyzed bivariate with the dependent variable to determine which variables were suitable for inclusion in the multiple logistic regression model. Variables with a significance value of ≤ 0.25 in the bivariate analysis were considered potential for multivariate analysis.

Based on the bivariate analysis, the variables of education level, occupation, and information availability had a significance value of < 0.25 on the knowledge and attitudes of prospective brides and grooms regarding reproductive health, thus meeting the criteria for multivariate analysis. Meanwhile, the variables of age and gender did not meet the criteria because they had a significance value of > 0.25 , and were therefore not included in further analysis.

Table 12. Selection of Multivariate Knowledge Variables

No	Variables	Significance
1.	Education	0.001
2.	Work	0.037
3.	Information Systems	0.004

The selection of variables for the multivariate analysis of knowledge was based on the results of the bivariate analysis with a significance criterion of < 0.25 . The selection results showed that the variables education (0.001), occupation (0.037), and information systems (0.004) met the criteria for multivariate analysis. These three variables showed a

significant relationship with the reproductive health knowledge of prospective brides and grooms, making them suitable for inclusion in the logistic regression analysis to determine the most dominant factors influencing the reproductive health knowledge of prospective brides and grooms before the premarital counseling intervention.

Table 13. Results of Logistic Regression Test of Knowledge Level

No.	Variables	B	Sig.	Exp (B)	(95% CI)
1.	Education	-1,835	0.011	0.160	(0.039-0.652)
2.	Work	-0.750	0.317	0.472	(0.109 – 2.051)
3.	Information Systems	1,526	0.036	3,602	(1.102-19.212)

The education variable was shown to have a significant relationship with the reproductive health knowledge of prospective brides (0.011). The B coefficient value of -1.835 indicates a negative relationship, meaning that prospective brides with secondary education have a lower chance of having good reproductive health knowledge compared to prospective brides with higher education, assuming other variables are held constant. The Exp (B) value is a statistical measure in logistic regression that shows how much the odds of an event (outcome) change due to a one-unit increase in the predictor variable, with a value of 0.160 with a 95% confidence interval (0.039–0.652) indicating that prospective brides with secondary education have a 0.160 times greater chance of having good knowledge compared to those with higher education. In other words, higher education acts as a protective factor against low reproductive health knowledge.

The employment variable did not show a significant relationship with the reproductive health knowledge of prospective brides and grooms (0.317). The B coefficient value of -0.750 indicates a negative relationship, but is not statistically significant. The Exp (B) value of 0.472 with a 95% confidence interval (0.109–2.051) indicates that employment status cannot be used as a strong predictor of the level of reproductive health knowledge of prospective brides and grooms after being controlled for by education and information systems variables.

Meanwhile, the information system variable shows a significant relationship with reproductive health knowledge of prospective brides (0.036). The B coefficient value of 1.526 indicates a positive relationship, meaning that prospective brides who obtain reproductive health information have a greater chance of having good knowledge. The Exp (B) value of 3.602 with a 95% confidence interval (1.102–19.212) indicates that prospective brides who have access to the reproductive health information system have a 3.602 times greater chance of having good reproductive health knowledge compared to prospective brides who do not obtain information, assuming other variables remain constant.

Based on the results of the multivariate analysis, it can be concluded that education and information systems are the dominant factors associated with reproductive health knowledge among prospective brides and grooms. These findings suggest that premarital counseling interventions should focus on improving access to information and delivering materials tailored to the education level of prospective brides and grooms to ensure more effective reproductive health knowledge enhancement.

Selection of Variables for Multivariate Analysis of Prospective Bride and Groom's Attitudes

Table 14. Selection of Multivariate Attitude Variables

No	Variables	Significance
1.	Education	0.036
2.	Work	0.003
3.	Information Systems	0.001

Variable selection for multivariate analysis of attitudes was based on the results of bivariate analysis with a significance criterion of <0.25. The selection results showed that education (0.036), occupation (0.003), and information systems (0.001) met the criteria for multivariate analysis. These three variables showed a significant relationship with

the attitudes of prospective brides and grooms towards reproductive health, making them suitable for inclusion in the logistic regression analysis to determine the most dominant factors influencing the attitudes of prospective brides and grooms before the premarital counseling intervention.

Table 15. Results of Logistic Regression Test of Attitudes

No.	Variables	B	Sig.	Exp (B)	(95% CI)
1.	Education	-1.009	0.179	0.365	(0.084-1.590)
2.	Work	-1,531	0.036	0.216	(0.052 – 0.902)
3.	Information Systems	1,801	0.013	6,057	(1,459-25,147)

The education variable does not have a significant relationship with prospective brides' attitudes towards reproductive health (0.179). The B coefficient value of -1.009 indicates a negative relationship, but is not statistically significant. The Exp (B) value of 0.365 with a 95% confidence interval (0.084–1.590) indicates that education level is not a strong factor in shaping prospective brides' attitudes towards reproductive health after being controlled for by the variables of occupation and information systems.

The employment variable was shown to have a significant relationship with the prospective bride and groom's attitude towards reproductive health (0.036). The B coefficient value of -1.531 indicates a negative relationship, meaning that prospective brides with certain employment statuses (e.g., non-civil servants) have a lower chance of showing a positive attitude towards reproductive health compared to prospective brides with civil servant status, assuming other variables remain constant. The Exp (B) value of 0.216 with a 95% confidence interval (0.052–0.902) indicates that prospective brides who are non-civil servants have a 0.216 times greater chance of having a positive attitude compared to prospective brides who are civil servants. This suggests that job stability can play a role in shaping more positive attitudes towards reproductive health issues.

Meanwhile, the information system variable shows the most dominant relationship with the attitude of prospective brides and grooms (0.013). The B coefficient value of 1.801 indicates a positive relationship, meaning that access to reproductive health information has an effect on increasing the positive attitude of prospective brides and grooms. The Exp (B) value of 6.057 with a 95% confidence interval (1.459–25.147) indicates that prospective brides and grooms who obtain reproductive health information have a 6.057 times greater chance of having a positive attitude compared to prospective brides and grooms who do not obtain information, assuming other variables are considered equal.

Based on the analysis, it can be concluded that the information system is the most influential factor affecting the attitudes of prospective brides and grooms, followed by employment variables. This finding reinforces the importance of optimizing information delivery in premarital counseling programs to foster positive attitudes toward reproductive health before entering marriage

Discussion

Based on the explanation of the intervention material variables, the material can be expanded to include a discussion of pregnancy planning and preconception health. This material covers the importance of premarital health checks, such as infectious disease screening, nutritional status, and physical and mental readiness for pregnancy. Furthermore, prospective brides and grooms are provided with an understanding of the fertile period, planning the

number and spacing of their children, and the importance of folic acid consumption and balanced nutrition before pregnancy. This education aims to prevent the risk of pregnancy complications, reduce maternal and infant mortality rates, and support the birth of a healthy generation.

Furthermore, material on communication in marriage and reproductive health is crucial for prospective brides and grooms. This material emphasizes couples' ability to build open communication, mutual respect, and joint decision-making regarding reproductive health, such as contraception use and family planning. This session also discusses preventing domestic violence and the importance of equal roles between husband and wife.

Within the scope of a healthy lifestyle, the material presented emphasizes the importance of maintaining physical fitness through regular exercise, which has been shown to improve fertility and overall health. Furthermore, avoiding cigarettes and alcohol is crucial, as these substances can disrupt reproductive hormone function and reduce egg and sperm quality. Counseling also highlights the importance of adequate rest and stress management, as hormonal imbalances caused by lack of sleep and prolonged stress can negatively impact the reproductive system. Thus, a healthy lifestyle forms the foundation for physically preparing the bride and groom.

Within the scope of premarital examinations, the material focuses on the importance of early detection of the health conditions of prospective brides and grooms. This examination aims to identify infectious and non-infectious diseases that could potentially affect the pregnancy and the couple's health. One recommended test is the TORCH test, which plays a role in detecting infections such as toxoplasmosis, rubella, cytomegalovirus, and herpes, which pose a risk to the fetus. Furthermore, premarital counseling also helps couples understand healthy and responsible pregnancy planning. Information regarding access to health services, such as community health centers (Puskesmas) and hospitals, is also provided so that prospective brides and grooms know the appropriate places to undergo these examinations.

Within the context of balanced nutrition, the material emphasizes that good nutritional intake plays a crucial role in increasing the chances of a healthy pregnancy and preventing various complications. Consuming a balanced diet containing carbohydrates, protein, fat, vitamins, and minerals is fundamental to maintaining reproductive health. Specifically, iron and folic acid are of primary concern because they play a crucial role in preventing anemia and the risk of birth defects in babies. Furthermore, the counseling also educates mothers that malnutrition in the expectant mother can have long-term impacts on the child's growth and development, including increasing the risk of stunting.

In the context of preventing risky behavior, counseling

materials are directed at minimizing factors that can harm reproductive health. Premarital sex is presented as a risk factor for sexually transmitted infections. Furthermore, drug and alcohol use are emphasized as behaviors that can damage reproductive organs and reduce fertility. Education on the importance of maintaining personal and environmental hygiene is provided as a simple yet effective step in preventing reproductive infections. Furthermore, avoiding multiple sexual partners is also crucial for maintaining reproductive health and preventing sexually transmitted infections.

The research results showed that the level of reproductive health knowledge of prospective brides and grooms before receiving premarital counseling intervention was still dominated by the adequate and inadequate categories. This was evident from the pre-test results, which showed that the majority of respondents did not yet have an optimal understanding or a completely positive attitude toward reproductive health. This situation indicates that prior to the intervention, prospective brides and grooms still had limited access to and understanding of accurate and comprehensive reproductive health information.

The results of the study showed that attitudes toward reproductive health among prospective brides and grooms before receiving premarital counseling intervention varied, with the majority of respondents in the good and adequate categories, and some respondents in the poor categories. This indicates that prior to the intervention, prospective brides and grooms' attitudes toward reproductive health had not yet fully developed, likely influenced by limited experience, information, and in-depth understanding of the importance of reproductive health in married life.

After receiving premarital counseling, post-test results showed a significant improvement in the reproductive health attitudes of prospective brides and grooms. Most respondents experienced a shift in attitudes toward the better category. This improvement indicates that premarital counseling plays a crucial role in developing more positive, rational, and responsible attitudes toward reproductive health. The counseling process, which involves delivering material, discussing, and clarifying information, allows prospective brides and grooms to reflect more deeply on their attitudes and perspectives.

After receiving premarital counseling, post-test results showed a significant increase in the level of reproductive health knowledge of prospective brides and grooms. This improvement was evident in the shift in respondents' knowledge categories toward better ones. This indicates that premarital counseling positively contributes to fostering a more responsible understanding of reproductive health before marriage.

The Influence of Age on Knowledge of Reproductive Health

Based on the results of the bivariate analysis using the Chi-Square test, a value of 0.527 was obtained with a significance level of 0.768 ($p > 0.05$). This value indicates that there is no significant relationship between age and the level of reproductive health knowledge of prospective brides and grooms in the pre-test stage before being given premarital counseling intervention. This means that the difference in age of respondents—whether under 20 years old, 21–30 years old, or over 30 years old—does not have a significant impact on the level of knowledge possessed.

Descriptively, the research results also show that the majority of prospective brides and grooms across all age groups still fall into the category of having insufficient knowledge. This indicates that increasing age does not automatically improve a person's understanding of reproductive health. This finding aligns with a 2018 World Health Organization report, which stated that low reproductive health knowledge remains a global problem, particularly in developing countries, and is driven more by a lack of access to comprehensive health education than by age alone.

Furthermore, the theory proposed by Lawrence W. Green (1980) through the PRECEDE-PROCEED model explains that knowledge is a predisposing factor influenced by various determinants such as education level, experience, access to information, and social environment. In this theory, age is only one individual characteristic that does not directly determine the level of knowledge without the support of other factors. Thus, a more mature person does not necessarily have better reproductive health knowledge if they do not obtain adequate information.

Furthermore, research conducted by Glasier et al. (2006) in *The Lancet* also confirmed that a lack of reproductive health education is a major factor in individuals' low understanding, including among adults. The study demonstrated that health education interventions play a crucial role in increasing individuals' knowledge and awareness of reproductive health issues, compared to demographic factors such as age.

Based on this description, it can be concluded that age is not a primary determinant of the level of reproductive health knowledge of prospective brides and grooms. Knowledge is more influenced by external factors such as access to information, education, and exposure to health education programs. Therefore, premarital counseling is crucial and should be provided equally to all prospective brides and grooms, regardless of age. This intervention is expected to improve a comprehensive understanding of reproductive health, so that prospective brides and grooms are better prepared physically, mentally, and socially for marriage and are able to make informed decisions regarding their future reproductive health.

The Influence of Age on Attitudes About Reproductive Health

Based on the results of the bivariate analysis, a Chi-Square value of 10 was obtained with a significance level of 0.391 ($p > 0.05$), indicating that there was no significant relationship between age and the attitudes of prospective brides and grooms in the pre-test stage before being given premarital counseling intervention. These results indicate that age differences, both in the young and adult age groups, do not have a significant influence on the formation of attitudes of prospective brides and grooms regarding reproductive health.

Descriptively, the majority of respondents across all age groups fell into the fair to good attitude category. This indicates that attitudes toward reproductive health are not solely shaped by age but are influenced by a variety of other, more complex factors. Attitude is a psychological component formed through the interaction between an individual and their environment, including personal experiences, social values, culture, and exposure to information.

This finding aligns with the theory proposed by Martin Fishbein and Icek Ajzen (1975) in their Theory of Reasoned Action, which states that a person's attitude is influenced by their beliefs and evaluations of an object or behavior, not solely by demographic characteristics such as age. In other words, individuals from different age groups can have similar attitudes if they have relatively similar experiences and exposure to information.

Furthermore, research by Icek Ajzen (1991) through the Theory of Planned Behavior also confirms that attitudes are formed from a combination of knowledge, experience, subjective norms, and perceived self-control. In this context, age is not the primary determinant in attitude formation, but rather merely a background factor that does not directly influence attitudes without accompanying cognitive and social processes.

Furthermore, a study by Albarracín et al. (2005) in Psychological Bulletin showed that attitude change was more effectively influenced by communication and educational interventions than by demographic factors such as age. This suggests that exposure to appropriate information can shape and change individuals' attitudes in a more positive direction, regardless of their age.

Thus, the results of this study confirm that age is not the primary factor determining prospective brides and grooms' attitudes toward reproductive health. Attitudes are more influenced by experience, social environment, and access to information and education. Therefore, premarital counseling remains necessary for all prospective brides and grooms, regardless of age. This counseling plays a crucial role in fostering more positive attitudes, increasing awareness, and encouraging consistent behaviors in maintaining reproductive health before entering marriage.

The Influence of Education on Knowledge of

Reproductive Health

Based on the results of the bivariate analysis, a Chi-Square value of 10.822 was obtained with a significance level of 0.001 ($p < 0.05$), indicating a significant relationship between education level and reproductive health knowledge of prospective brides and grooms at the pretest stage. These results confirm that education level is a factor that plays an important role in shaping individual knowledge, especially in the context of reproductive health before premarital counseling interventions are provided.

Descriptively, respondents with higher education were more likely to be in the "sufficient knowledge" category, while respondents with secondary education tended to be in the "poor knowledge" category. This difference suggests that education contributes to an individual's ability to understand health information. Individuals with higher education generally have better literacy skills, making it easier to access, understand, and evaluate information related to reproductive health.

This finding aligns with research by Nutbeam (2000), which explains that health literacy is the result of an educational process that enables individuals to acquire the cognitive and social skills to access and use health information effectively. Individuals with higher levels of education tend to have better health literacy, which results in increased knowledge and more positive health behaviors.

Furthermore, a study by Baker et al. (2007) showed that low levels of education were closely associated with limited understanding of health information, which ultimately resulted in low levels of health literacy. This study confirms that formal education plays a crucial role in improving an individual's ability to understand medical and general health information.

Furthermore, research by Cutler and Lleras-Muney (2010) also states that education has a strong relationship with improving an individual's knowledge and health status. Education not only improves the ability to read and understand information but also fosters more rational thinking in making health-related decisions.

Thus, it can be concluded that education level significantly influences prospective brides and grooms' reproductive health knowledge. The higher a person's education level, the greater their ability to understand health information received. Therefore, premarital counseling is crucial, especially for prospective brides and grooms with secondary or lower education levels, to improve their understanding of reproductive health. This intervention is expected to reduce the knowledge gap and increase the bride and groom's readiness to live a healthy and responsible married life.

The Influence of Education on the Attitudes of Prospective Brides and Grooms Regarding

Reproductive Health

Based on the results of the bivariate analysis, a Chi-Square value of 7.500 was obtained with a significance level of 0.024 ($p < 0.05$), indicating a significant relationship between education level and the attitudes of prospective brides and grooms in the pre-test stage before being given premarital counseling intervention. These results indicate that education is an important factor that plays a role in shaping individual attitudes, especially in the context of reproductive health.

Descriptively, respondents with higher education were more likely to have good attitudes, while those with secondary education tended to have fair attitudes. This difference suggests that the higher a person's education level, the more favorable their attitudes toward reproductive health. Education plays a role in improving critical thinking skills, broadening horizons, and making it easier for individuals to receive and understand health information.

This finding aligns with the theory proposed by Icek Ajzen (1991) in his Theory of Planned Behavior, which states that attitudes are influenced by an individual's beliefs about a behavior and their evaluation of its consequences. Individuals with higher levels of education tend to have greater knowledge and understanding, thus forming positive beliefs about the importance of reproductive health, which ultimately translates into better attitudes.

Furthermore, research by Nutbeam (2000) also confirms that education plays a crucial role in improving health literacy. Good health literacy enables individuals to access, understand, and use health information effectively, thus fostering more positive attitudes toward health behaviors. Therefore, individuals with higher levels of education tend to be more open and responsive to reproductive health information.

Furthermore, a study by Cutler and Lleras-Muney (2010) showed that education contributes to the formation of health behaviors and attitudes by improving cognitive and decision-making abilities. Education not only increases knowledge but also influences how individuals perceive the risks and benefits of a health behavior, thus forming more positive and rational attitudes.

Thus, it can be concluded that education level is significantly related to prospective brides and grooms' attitudes toward reproductive health. The higher the education level, the more likely individuals are to have positive attitudes, supported by a better understanding and health literacy. Therefore, premarital counseling remains necessary, especially for prospective brides and grooms with secondary education, to improve understanding and develop more positive attitudes. This intervention is expected to strengthen prospective brides and grooms' readiness for married life, particularly in maintaining optimal reproductive health.

The Influence of Occupation on Prospective Brides' Knowledge of Reproductive Health

Based on the results of the bivariate analysis, a Chi-Square value of 4.367 was obtained with a significance level of 0.037 ($p < 0.05$), indicating a significant relationship between employment and the level of reproductive health knowledge of prospective brides and grooms at the pretest stage. These results indicate that employment status is one of the factors that plays a role in influencing an individual's level of knowledge before being given premarital counseling intervention.

Descriptively, respondents with civil servant status were more likely to be in the sufficient knowledge category, while non-civil servant respondents tended to be in the insufficient knowledge category. This difference suggests that employment type can influence an individual's access to information, experience, and learning resources related to reproductive health. Formal employment, such as civil servant employment, generally provides a more structured work environment, access to training programs, and broader exposure to information, including health information. Conversely, individuals with informal or temporary employment often face limitations in accessing quality information.

This finding aligns with the concept of social determinants of health proposed by the World Health Organization (2010), which states that socioeconomic conditions, including employment, influence an individual's access to health information and services. Employment not only determines income levels but also influences social environments, information networks, and opportunities for health education.

Furthermore, research by Mirowsky and Ross (2003) shows that more stable and structured employment is associated with higher levels of health knowledge and awareness. Individuals working in the formal sector tend to have greater access to health information and are better able to understand that information than individuals working in the informal sector.

Furthermore, a study by Cutler and Lleras-Muney (2010) also confirmed that socioeconomic factors, including occupation, are closely related to levels of health knowledge and behavior. The work environment can be an important vehicle for disseminating health information through social interactions, training, and institutional policies that support employee health.

Thus, it can be concluded that employment significantly correlates with the level of reproductive health knowledge of prospective brides and grooms. More formal employment tends to provide greater opportunities to acquire information and experience that support knowledge development. Therefore, premarital counseling should still be provided equitably, especially for prospective brides and grooms with

non-civil servant or informal sector employment statuses, to reduce the information gap and improve understanding of reproductive health.

The Influence of Work on the Attitudes of Prospective Brides and Grooms Regarding Reproductive Health

Based on the results of the bivariate analysis, a Chi-Square value of 10.668 was obtained with a significance level of 0.005 ($p < 0.05$), indicating a significant relationship between employment and the attitudes of prospective brides and grooms at the pretest stage. These results indicate that employment status plays a significant role in shaping individual attitudes towards reproductive health before premarital counseling interventions are provided.

Descriptively, respondents with civil servant status were more likely to be in the good to very good attitude category, while non-civil servant respondents tended to be in the fair attitude category. This difference suggests that job type can influence attitude formation through various mechanisms, such as the work environment, economic stability, and access to information. Formal employment, such as civil servant status, generally provides a more conducive environment for the exchange of information, including health information, and allows individuals to be more exposed to educational programs or workplace health policies.

This finding aligns with the concept of social determinants of health proposed by the World Health Organization (2010), which states that socioeconomic conditions, including employment, influence how individuals think, act, and behave toward health. Employment not only serves as a source of income but also shapes the social environment that can influence individuals' values, norms, and attitudes toward various health issues, including reproductive health.

Furthermore, the theory proposed by Icek Ajzen (1991) in his Theory of Planned Behavior explains that an individual's attitude is formed from beliefs about a behavior and evaluations of its consequences. A more structured and informative work environment can strengthen positive beliefs about the importance of reproductive health, thus forming a more positive attitude. Individuals with stable employment also tend to have a higher perception of self-control, which contributes to the formation of positive attitudes.

Furthermore, research by Ross and Mirowsky (2003) shows that socioeconomic status, including occupation, is closely related to health attitudes and behaviors. Individuals with more stable employment tend to have more proactive attitudes toward health due to the support of resources, access to information, and a more supportive social environment.

Thus, it can be concluded that employment has a significant relationship with prospective brides and grooms' attitudes

toward reproductive health. More formal and stable employment provides greater opportunities to develop positive attitudes through access to information, experience, and a supportive social environment. Therefore, comprehensive premarital counseling remains essential for all prospective brides and grooms, especially those in the informal sector, to increase understanding and foster a more positive and consistent attitude toward reproductive health.

The Influence of Reproductive Health Information on Prospective Brides' Knowledge of Reproductive Health

A significance value of 0.004 ($p < 0.05$) was obtained, indicating a significant relationship between the availability of information and the level of reproductive health knowledge of prospective brides and grooms at the pretest stage. These results confirm that access to information is an important factor influencing an individual's level of knowledge, particularly in the context of reproductive health before premarital counseling interventions are provided.

Descriptively, respondents with access to more information were categorized as having sufficient knowledge, while those without access tended to be categorized as having insufficient knowledge. This suggests that adequate information plays a significant role in enhancing individual understanding. Information obtained through various sources, such as mass media, health professionals, and social environments, can help individuals better recognize, understand, and internalize reproductive health concepts.

This finding aligns with the concept of health literacy proposed by Don Nutbeam (2000), who stated that an individual's ability to access, understand, and use health information is key to improving health knowledge and behavior. Without adequate access to information, individuals will have difficulty understanding health issues, including reproductive health, resulting in low levels of knowledge.

Furthermore, the World Health Organization (2016) also emphasized that providing accurate and easily accessible health information is a key strategy for increasing public awareness and knowledge. The WHO stated that limited access to information is a major obstacle to improving reproductive health, particularly for groups who have not received formal education.

Furthermore, research by Glasier et al. (2006) in *The Lancet* showed that lack of access to reproductive health information is closely related to low levels of individual knowledge and awareness of reproductive health issues. The study emphasized the importance of comprehensive and ongoing information dissemination to improve public understanding.

Thus, it can be concluded that the availability of information is significantly related to the level of reproductive health

knowledge of prospective brides and grooms. The better access to information, the higher the individual's level of knowledge. Therefore, providing adequate information should be an integral part of premarital counseling programs. This intervention is expected to improve the overall understanding of prospective brides and grooms, so they are better prepared for married life, particularly in maintaining optimal reproductive health.

The Influence of Reproductive Health Information on the Attitudes of Prospective Brides and Grooms Regarding Reproductive Health

Based on the results of the bivariate analysis test, a Chi-Square value of 9.507 was obtained with a significance level of 0.009 ($p < 0.05$), indicating a significant relationship between reproductive health information and the attitudes of prospective brides and grooms at the pretest stage. This finding indicates that the information received by prospective brides and grooms has a significant relationship in shaping their attitudes towards reproductive health before being given premarital counseling intervention.

Based on the data distribution, respondents who had access to reproductive health information tended to exhibit more positive attitudes, such as a willingness to maintain reproductive health, openness in communicating with partners, and support for healthy lifestyle behaviors. Conversely, respondents with little or no access to information were more likely to be in the moderate attitude category. This indicates a clear difference in attitude formation based on the availability of information an individual receives.

This finding aligns with the theory proposed by Icek Ajzen (1991), which states that an individual's attitude toward a behavior is influenced by beliefs formed from the information they possess. Adequate information will foster positive beliefs about the importance of reproductive health, thus encouraging better attitudes. Conversely, limited information can lead to a lack of understanding and result in less than optimal attitudes.

Furthermore, the concept of health literacy proposed by Don Nutbeam (2000) also emphasizes that access to information is a key component in shaping health knowledge and attitudes. Individuals who have the ability to access and understand health information tend to have more positive attitudes and are better prepared to make decisions regarding their health.

Furthermore, research by Glasier et al. (2006) in *The Lancet* shows that providing comprehensive reproductive health information plays a crucial role in raising awareness, shaping attitudes, and encouraging better health behaviors. Accurate information not only increases knowledge but also influences how individuals view the importance of reproductive health in their lives.

Thus, it can be concluded that reproductive health information has a significant relationship with the attitudes of prospective brides and grooms. Information not only serves as a source of knowledge but also plays a role in shaping individuals' beliefs and attitudes toward health behaviors. Therefore, providing adequate information needs to be a key component of premarital counseling programs. This intervention is expected to foster more positive and consistent attitudes, thus better preparing prospective brides and grooms to maintain reproductive health before entering marriage.

The Influence of Pre-marital Counseling on the Knowledge of Prospective Brides and Grooms

This study aimed to determine the effect of premarital counseling intervention on the level of knowledge and attitudes regarding reproductive health among prospective brides and grooms at the Religious Affairs Office (KUA) in Blangpidie District, Southwest Aceh Regency. The study was conducted in several stages, beginning with a pre-test, followed by premarital counseling intervention, and ending with a post-test. The premarital counseling intervention was provided as an effort to increase understanding and foster positive attitudes toward reproductive health among prospective brides and grooms before entering married life.

The statistical analysis using the Wilcoxon Signed Rank Test showed a significance value of 0.001 for both knowledge and attitude variables. These results indicate a significant difference between the level of knowledge and attitudes regarding reproductive health among prospective brides and grooms before and after the premarital counseling intervention. Therefore, it can be concluded that the premarital counseling intervention significantly improved the knowledge and attitudes regarding reproductive health among prospective brides and grooms.

This increase in knowledge occurs because premarital counseling provides prospective brides and grooms with the opportunity to obtain information directly from competent personnel, as well as through a discussion and question-and-answer process that encourages active participant involvement. Premarital counseling also helps prospective brides and grooms understand the importance of reproductive health in building a healthy and quality family, thus fostering a more positive attitude.

The results of this study align with research conducted by Fauziah et al. (2025) published in *Avicenna: Journal of Health Research*. This study confirmed that premarital counseling or courses on prospective brides and grooms have an impact on improving reproductive health knowledge and attitudes. Through premarital education and guidance, prospective brides and grooms gain a better understanding of reproductive health as part of preparing to build a healthy and quality family. The study showed an increase in the average reproductive health knowledge of prospective brides and grooms before and after participating

in premarital counseling, as well as an increase in reproductive health attitudes, although in varying magnitudes.

Based on the results of the testing and data discussion, it can be concluded that premarital counseling interventions have an impact on improving reproductive health knowledge and attitudes among prospective brides and grooms. Therefore, the implementation of premarital counseling needs to be continuously improved and developed as part of promotional and preventive efforts in the field of reproductive health, particularly for prospective brides and grooms before entering married life.

The Influence of Premarital Counseling on Attitudes about Reproductive Health of Prospective Brides and Grooms

The research was conducted in several stages, beginning with a pre-attitude test, followed by a pre-marital counseling intervention, and ending with a post-attitude test. The premarital counseling intervention was designed to foster positive attitudes toward reproductive health among prospective brides and grooms before entering married life.

Intervention materials can focus on internalizing values and building self-awareness regarding the importance of maintaining reproductive health as part of marital responsibilities. This material includes instilling positive values such as responsibility, commitment, and awareness of the importance of healthy lifestyle behaviors. Reflective approaches such as case discussions, experience sharing, and situational studies are used in the delivery, enabling participants to understand the consequences of negative attitudes toward reproductive health, such as the risk of sexually transmitted infections or unplanned pregnancy. This approach is expected to lead to a shift from mere knowledge to awareness and a willingness to adopt positive attitudes.

Furthermore, the material can be directed at strengthening attitudes through increased empathy, respect for partners, and awareness of the importance of collaboration in maintaining reproductive health. Prospective couples are encouraged to understand their partners' perspectives, appreciate differences, and foster mutual support in making decisions related to reproductive health. Methods used can include role-playing, partner communication simulations, and group discussions to practice interpersonal skills.

The results of statistical analysis using the Wilcoxon Signed Rank Test showed a significance value of 0.001 for the reproductive health attitudes variable. This result indicates a significant difference between the reproductive health attitudes of prospective brides and grooms before and after the premarital counseling intervention. Therefore, the null hypothesis (H₀) is rejected and the alternative hypothesis (H₁) is accepted, meaning that the premarital counseling intervention significantly improved the reproductive health

attitudes of prospective brides and grooms.

This change in attitudes occurs because premarital counseling focuses not only on providing information but also on building awareness and understanding of the value of reproductive health within the context of married life. Through counseling, prospective brides and grooms are encouraged to recognize the importance of family planning, maintaining reproductive health, and establishing healthy communication with their partners. This contributes to the development of a more positive attitude and preparedness for their roles as husband and wife.

The results of this study align with research conducted by Septina et al. (2025), which found that premarital classes, including online ones, influence the formation of reproductive health attitudes among prospective brides and grooms. This study demonstrated that reproductive health education provided through structured premarital classes can improve prospective brides' understanding and responses to reproductive health issues, particularly those related to pregnancy planning. Providing contextual and accessible education, such as through online media, has proven effective in improving prospective brides and grooms' readiness.

Based on the testing results and data discussion, it can be concluded that premarital counseling interventions significantly impacted reproductive health attitudes among prospective brides and grooms. Therefore, premarital counseling needs to be continuously optimized as part of promotive and preventive efforts to improve reproductive health and prepare prospective brides and grooms for marriage

Conclusions

The findings of this study indicate that age is not significantly associated with reproductive health knowledge or attitudes among prospective brides and grooms in Southwest Aceh Regency. However, educational level and occupational status show significant relationships with both knowledge and attitudes toward reproductive health. Additionally, the availability of information is significantly associated with improved levels of reproductive health knowledge.

Before the implementation of premarital counseling, the majority of respondents exhibited only moderate to low levels of knowledge and attitudes, reflecting inadequate understanding and preparedness regarding reproductive health. Following the intervention, there was a marked improvement in both domains, with respondents demonstrating higher levels of knowledge and more positive attitudes.

These results suggest that premarital counseling has a significant effect on enhancing knowledge and shaping positive attitudes toward reproductive health. Therefore,

premarital counseling should be considered a key strategy in preparing prospective couples for healthy and informed marital life.

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