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Analysis of Physical and Mental Health of Prospective Spouses Regarding Marriage Stress in the Ciruas Health Center Work Area, Serang Regency, Serang

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Abstract

Marriage is a crucial phase in life that requires optimal physical and mental readiness. High levels of stress in prospective spouses can impact their health, relationships, and the quality of their married life. This study aims to analyze the effect of physical and mental health checks on the stress levels of prospective spouses in Ciruas District, Banten Province. The study design used a quantitative approach with a quasi-experiment and a qualitative approach through in-depth interviews. A sample of 132 people was determined using the Slovin formula and the purposive sampling technique. The variables studied included blood pressure, BMI, hemoglobin levels, infectious diseases, and mental conditions based on the GAD-7. The intervention was carried out in the form of premarital health checks and education. Research Results: Quantitatively, the average stress score of prospective spouses before the intervention was 8.45 and decreased to 6.13 after the intervention, indicating a statistically significant improvement ($p = 0.000$). Most respondents (97%) were in good physical condition, and mental examinations showed an increase in psychological stability after counseling. Qualitative data revealed that partner support, perceptions of test results, and counseling experiences influenced stress reduction, while barriers included limited access to services, concerns about test results, and low health literacy. This study concluded that physical and mental health screenings significantly reduced stress levels for prospective spouses.

Keywords: Physical Health Checkup, Mental Health, Premarital Stress, Spouses.

Introduction

A wedding is one of the most precious moments in a person's life, but despite the joy, many prospective spouses experience stress due to the various preparations [16].

Research shows that prospective spouses with good mental health tend to be better able to manage stress and conflict during wedding preparations, thereby reducing the risk of divorce later in life [44].

Physical health checks for prospective spouses encompass several important aspects aimed at ensuring their bodies are ready for a healthy married life. One of the main checks is reproductive health, which includes tests for sexually transmitted infections (STIs), fertility screenings, and hormone tests to ensure that both spouses are in optimal physical condition for marriage and childbearing (BKKBN, 2024). Anemia screenings are conducted to detect red blood cell deficiencies, which can impact the health of pregnant women in the future (Serang Health Office, 2022). Furthermore, nutritional checks are conducted to ensure that prospective spouses have good nutritional status and are free from metabolic disorders (Stunting.go.id, 2024).

Physical health policies for prospective spouses in Indonesia are further strengthened by marriage guidance programs aimed at preparing couples for marriage through premarital health checks. One important initiative is the Electronic Ready for Marriage and Ready for Pregnancy (Elsimil) Program, managed by the National Population and Family Planning Agency (BKKBN). According to data, in 2023, only around 39.7% of couples completed their health data through this system, indicating the need to increase participation in health checks. Furthermore, Elsimil results indicate that more than 50% of prospective spouses experience health problems, such as anemia, chronic malnutrition, and marrying at too young or too old an age, which can impact the couple's reproductive health and mental readiness [1].

Some indicators of prospective spouses' mental health include levels of anxiety, stress, depression, and emotional readiness to face major life changes [46].

The high divorce rate in Indonesia, with over 400,000 cases recorded annually, highlights the need for educational and intervention efforts, such as the Marriage Guidance (Binwin) program. Additionally, a preliminary survey conducted in Ciruas District, Banten Province, aimed to provide an initial overview of the social, health, and cultural conditions that may influence marriage preparation. A 2022 report from the Serang Regency Health Office indicated that the prevalence of anemia among women of childbearing age in Serang Regency reached 17.8%, which also impacted the Ciruas area. This reflects the potential for nutritional issues that could impact the health of

prospective spouses.

Furthermore, data from the National Population and Family Planning Board (BKKBN) revealed that 18% of prospective spouses in Serang Regency suffer from chronic malnutrition, a finding also recorded in Ciruas District. These findings emphasize the need for more intensive educational and counseling interventions, both regarding physical and mental health, to support prospective spouses in preparing for a healthy and harmonious marriage. Comprehensive health and marriage guidance programs, combining physical and psychological aspects, are essential to improve the quality of marriage preparation and prevent health problems that could potentially impact future married life [43].

Government-organized marriage guidance encompasses various important aspects to prepare prospective spouses for a healthy and harmonious married life. A key component of this guidance is a physical health examination, which includes detecting health problems such as anemia and malnutrition, and assessing the prospective bride and groom's reproductive health. Furthermore, the guidance includes education on mental health, such as stress management, effective communication in relationships, and emotional management to address potential marital conflict. This guidance also provides insight into financial planning, household management, and mental readiness for married life. This program is expected to provide a strong foundation for prospective spouses to begin their family life with optimal physical and mental readiness [29].

The guidance provided to prospective spouses covers various aspects aimed at physical and mental preparation. Reproductive health guidance teaches prospective spouses the importance of premarital examinations, contraceptive use, and healthy pregnancy planning (BKKBN, 2024). Mental health guidance provides insight into stress management, relaxation techniques, and ways to overcome anxiety or depression that can arise before marriage (Ministry of Health of the Republic of Indonesia, 2023). Furthermore, nutrition and health education guides prospective spouses to maintain a healthy diet and achieve an ideal body weight to prepare for family life and a healthy pregnancy (Alhusseini et al., 2023). Communication guidance teaches prospective spouses effective communication skills in domestic relationships and how to resolve conflicts constructively (Ministry of Health of the Republic of Indonesia, 2023). Finally, financial guidance helps prospective spouses understand the importance of financial

planning for building economic stability within the household and managing the family budget (BKKBN, 2024).

Marriage Guidance (Binwin), organized by the Islamic Community Guidance Center of the Ministry of Religious Affairs, is a preventative measure to address various challenges in married life. This program offers comprehensively designed materials, covering reproductive health, relationship communication, conflict management, family finances, and mental and spiritual readiness. With this training, prospective spouses are expected to have better skills for a harmonious married life.

The urgency of marriage guidance programs and physical and mental health checkups for prospective spouses is significant, given the high divorce rate in Indonesia and the prevalence of health problems among prospective spouses. With over 400,000 divorces per year, many couples face issues such as stress, marital conflict, poor financial management, and an inability to manage emotions, which ultimately lead to separation. Furthermore, poor physical conditions, such as anemia and malnutrition, as well as mental health challenges, also complicate marriage preparations. Therefore, interventions involving physical health checkups and mental health counseling are crucial to ensure prospective spouses are physically and mentally prepared. Comprehensive programs, such as Marriage Guidance (Binwin), can help reduce the risk of divorce and improve the quality of family life, creating couples who are better prepared to live a healthy and harmonious household life.

Method

1. Research design

This study employed a mixed-methods approach, combining quantitative and qualitative methods to gain a more comprehensive understanding of the influence of physical health and mental health counseling on the stress levels of prospective spouses. The quantitative approach employed a quasi-experimental design with a pretest-posttest model. This combination of quantitative and qualitative approaches was analyzed using triangulation, allowing the results to not only demonstrate statistical relationships between variables but also delve deeper into the emotional and social experiences of prospective spouses.

2. Setting and samples

The population in this study was prospective spouses in Ciruas District, Banten

Province, estimated at around 100 prospective bride and groom pairs, or approximately 200 individuals. Based on calculations using the Slovin formula, the sample size required for this study was approximately 132 individuals, or approximately 66 prospective bride and groom pairs, with a margin of error of 5%.

3. Intervention

This research was conducted in two main stages. The first stage was quantitative, using a pretest-posttest design to measure the stress levels of prospective spouses before and after the intervention. The second stage was qualitative, which aimed to complement the quantitative data by exploring the subjective experiences and perceptions of prospective spouses regarding physical and mental health, and their impact on stress during wedding preparation.

4. Measurement and data collection

The following are details of the instruments that will be used for data collection:

1) Stress Level Questionnaire

This questionnaire is designed to measure the level of stress experienced by the bride and groom during the wedding preparation process.

2) Physical Health Questionnaire

This questionnaire is designed to measure the physical health of the bride and groom.

3) Mental Health Counseling Questionnaire

The Generalized Anxiety Disorder-7 (GAD-7) is a measurement tool used to assess a person's level of anxiety.

4) Interview Guide

This interview focuses on four main relevant themes. The first theme is physical health. The second theme is mental health and education. The third theme relates to stress levels. The final theme is expectations and recommendations. The interview results will be analyzed through triangulation along with the quantitative data obtained through the questionnaire.r.

5. Data analysis

1) Quantitative Data Analysis

The first stage in data analysis is univariate analysis, which is conducted to describe the characteristics of each variable studied. Categorical variables such as gender, physical health status, and understanding of mental health counseling are

analyzed using frequency distributions and percentages. Meanwhile, for numeric variables such as stress level scores and physical activity, measures of central tendency (mean) and dispersion (standard deviation) are used. Following univariate analysis, bivariate analysis is conducted to test the relationship between the two variables studied.

2) Qualitative Data Analysis

The qualitative data analysis in this study aims to identify the main themes emerging from the interviews and relate them to the research objective, namely the influence of physical and mental health on the stress levels of prospective spouses during wedding preparations. The qualitative data analysis approach used is thematic analysis. This process involves several main steps, as interview transcription, coding, theme identification, processing and interpretation, triangulation, and preparation of the findings report

Results

Quantitative Analysis Results

Univariate Analysis

1. Distribution of Premarital Stress Level Results (Pre and Post)

Table 1

Frequency Distribution of Premarital Stress Level Results (Pre and Post)

Measurement Time	Mean	Min	Max	Standard Deviation
Pre-test	8,45	6,00	10,00	1,13
Post-test	6,13	2,00	10,00	2,4,4

Based on Table 1, the average premarital stress level before the intervention (pre-test) was 8.45 with a standard deviation of 1.13, falling into the moderate-to-high category. After the intervention, the average stress level decreased to 6.13 with a standard deviation of 2.44, approaching the moderate-to-low category.

2. Frequency Distribution of Physical Health Examination Results for Prospective Spouses

Table 2

Frequency Distribution of Physical Health Examination of Prospective Spouses Based on Examination Parameters (n = 132)

Inspection Parameters	Category	Frequency(n)	Percentage (%)
Blood pressure	Normal	130	98.5
	Mild Hypertension	2	1.5
Mid-upper arm circumference (MUAC)	≥ 23,5 cm (Non KEK)	123	93.2
	< 23,5 cm (KEK)	9	6.8
Body Mass Index (BMI)	Normal (18,5–22,9)	108	81.8

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	Thin (<18,5)	10	7.6
	Overweight/Obesity (>23)	14	10.6
Hemoglobin Level	Normal	128	96.9
	Mild–moderate anemia	4	3.1
Infectious Infections (HIV, HBsAg, Syphilis)	Non-reactive (Not infected)	130	98.5
	Reactive (HIV)	1	1.5
	Condyloma Infection	1	1,5

Based on Table 2, in blood pressure parameters, as many as 98.5% (130 people) were in the normal category, and only 1.5% (2 people) had mild hypertension. Measurement of upper arm circumference (MUAC) revealed that 93.2% (123 people) had a good nutritional status (non-KEK), while 6.8% (9 people) had chronic energy deficiency (KEK). In terms of Body Mass Index (BMI), the majority of respondents, namely 81.8% (108 people), fell into the normal category, while the rest consisted of 7.6% (10 people) who were underweight, and 10.6% (14 people) who were overweight or obese. Examination of hemoglobin levels showed predominantly normal results, namely 96.9% (128 people), while 3.1% (4 people) were detected as having mild to moderate anemia. Finally, examination for infectious diseases (including HIV, HBsAg, and syphilis) showed that 98.5% (130 people) were not infected (non-reactive), while 1.5% (2 people) were confirmed reactive to one of the infections.

3. Health Status Recapitulation

Table 3
Health Status Recapitulation

Health Status Recapitulation	Frequency (n)	Percentage (%)
Healthy (all parameters normal)	105	79,5
Unhealthy (one or more parameters are not normal)	27	20,5
Total	**132**	**100**

Table 3 shows that of the 132 respondents, 105 (79.5%) were declared healthy, meeting all physical examination parameters. Meanwhile, 27 (20.5%) were categorized as unhealthy because one or more test results fell outside the normal range.

4. Frequency Distribution of Mental Health Examination Results for Prospective Spouses

Table 4
Frequency Distribution of Mental Health Examination Results for Prospective Spouses

Anxiety Level	Frequency (n)	Percentage (%)
Mild	0	0
Moderate	72	54,5
High	60	45,5
Very High	0	0

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Total	132	100

Table 4, The majority of prospective spouses are in the moderate anxiety category, namely 72 (54.5%), followed by high anxiety 60 (45.5%), while there are no respondents in the mild or very high anxiety category 0 (0.0%)

5. Average stress level score of prospective spouses before physical and mental

Table 5
Average Stress Level Score of Prospective Spouses Before and After Intervention

Variable	N	Min	Maks	Average	Std. Deviasi	Difference	Sig, (p)
Pre_Stres	132	6	10	8,24	1,23		0,000
Post_Stres	132	2	6	4,02	1,42	4,23	

Based on Table 5, the average stress score of prospective spouses before the intervention (pre-stress) was 8.24 with a standard deviation of 1.23, ranging from 6 to 10. After the physical and mental health examination and premarital counseling intervention (post-stress), the average score decreased to 4.02 with a standard deviation of 1.42, ranging from 2 to 6. The difference in the average stress reduction was 4.23 points, indicating a significant decrease. A significance value of p = 0.000 indicates that this decrease in stress levels was statistically significant between before and after the intervention.

6. Normality test

Table 6
Normality Test Results

Variable	Statistic	df	Sig.
Pre_Stres	0,231	66	0.000
Post_Stres	0,165	66	0.000

Based on Table 7, it is known that there was a decrease in the stress levels of prospective spouses after the physical health examination and related intervention. The average stress score before the intervention (pre-stress) was 8.24 with a standard deviation of 1.23, while after the intervention (post-stress), the average decreased to 4.02 with a standard deviation of 1.42. The difference in the average stress reduction was 4.23 points, which reflects a significant change in the respondents' stress levels. A significance value (p-value) of 0.000 indicates that there was a statistically significant difference between stress levels before and after the intervention.

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1) Wilcoxon Test Results of Stress Levels Before and After (Physical and Mental Health Examination and Premarital Guidance)

Table 7
Wilcoxon Test Results of Stress Levels Before and After Intervention

Wilcoxon Statistics	Mark
Jumlah Sampel (N)	66
Z-Score	-6,742
Asymp. Sig. (2-tailed)	0,000

Table 7 shows that from a total of 66 respondents, a Z value of -6.742 was obtained with a significance value (Asymp. Sig. 2-tailed) of 0.000. Because the significance value is less than 0.05 ($p < 0.05$), it is concluded that there is a statistically significant difference between stress levels before and after the intervention.

2) The Effect of Physical Health Examination of Prospective Spouses on the Level of Stress Experienced During Wedding Preparations in Ciruas District, Banten Province.

Table 8
The Effect of Physical Health Examination on Stress Levels

Variable	Average	Std. Deviasi	Sig,
Pre_Stres	8,24	1,23	0,000
Post_Stres	4,02	1,42	
Difference	4,23	1,47	

Table 8. The average stress score before the examination was 8.24 with a standard deviation of 1.23, while after the examination, it decreased to 4.02 with a standard deviation of 1.42. The difference in the average stress reduction of 4.23 indicates a significant impact, with a significance value (p-value) of 0.000. This indicates that physical health examinations significantly contribute to reducing the psychological stress of prospective spouses during the wedding preparation period.

3) Frequency Distribution of Stress Levels After Premarital Guidance

Table 9
Stress Levels After Premarital Counseling (N=132)

Stress Levels	Frequency	Percentage (%)
Low	80	60,6
Medium	48	36,4
High	4	3,0
Total	132	100

Based on Table 4.9, after all respondents (N = 132) received premarital counseling from the Community Health Center, the Religious Affairs Office (KUA), and the National Population and Family Planning Board (BKKBN), the majority of prospective spouses (80 people) experienced low levels of stress. A total of 48 people (36.4%) remained in the

moderate stress category, while only 4 people (3.0%) were in the high stress category. These results indicate that premarital counseling significantly contributes to reducing the stress levels of prospective spouses.

4) Qualitative Analysis Results

Table 10
Thematic Summary of Qualitative Results

Main Theme	Subtheme/Category	Key Findings	Implications
Physical Health	Healthy physical condition	Informants without health problems feel fit, maintain a diet, and do light exercise regularly.	The importance of maintaining a healthy lifestyle as a preventive measure for prospective spouses.
	Problematic physical condition	Informants with health problems often complain of fatigue, dizziness, hypertension, or anemia.	Regular health checks and medical assistance are required before marriage.
Mental Health	Without any serious problems	Informants try to maintain emotional stability by reading, attending seminars, or sharing stories.	Mental health education needs to be improved to prevent psychological disorders before marriage.
	With mental problems	Some informants experienced feelings of inferiority, low self-esteem, and even worry about not being worthy of marriage.	Partner support and counseling are significant protective factors.
Stress Level	Mild–moderate stress	Healthy brides-to-be tend to only feel anxious or tense regarding the preparations for the event.	Time management and positive thinking help reduce stress.
	Severe stress	Informants with health problems experienced higher stress, especially after learning the diagnosis.	Psychosocial interventions and mental health checks are important to reduce stress levels.
Stress Management	Adaptive strategy	Respondents exercise, meditate, journal, and even share their feelings with their partners.	This strategy has been proven to help reduce anxiety and maintain mental calm.
	Formal strategy	Informants with serious illnesses benefit from professional counseling and medical therapy.	Premarital counseling needs to include psychological and medically based stress management aspects.

Discussion

Frequency distribution of physical health examination results for prospective spouses

The results of the physical health examinations showed that the majority (97%)

of prospective spouses were in good health, with only 3% found to have health problems. Thematic analysis of these findings revealed two main patterns: a group of prospective spouses in optimal physical condition and a smaller group with specific health problems. Healthy prospective spouses tended to describe themselves as fit, maintaining a healthy diet, and exercising regularly, reinforcing the narrative that a healthy lifestyle is essential for marriage readiness. Conversely, informants with health problems often associated their physical condition with stress and anxiety about the future of their marriage. Therefore, premarital screening is not simply a medical screening but also serves as a gateway for comprehensive interventions that encompass physical, mental, and social aspects to achieve a healthy and prosperous marriage.

These results also align with research by Widiastuti (2022), which found that 94% of prospective spouses in Central Java were in good physical health, demonstrating the successful implementation of premarital screening programs in several regions. However, this contrasts with the findings of Nasution & Syahputra (2020) in North Sumatra, which reported a prevalence of anemia among prospective spouses reaching 15%. These differences may be influenced by variations in access to health services, health literacy levels, and policies in each region.

Based on these findings, the researchers believe that the high physical health rate for prospective spouses in Ciruas reflects the success of existing programs, although service coverage needs to be expanded to reach the entire population of prospective spouses.

Frequency Distribution of Mental Health Examination Results for Prospective Spouses

The results of the mental health examination of prospective spouses showed that almost all (99.2%) were mentally stable, with only 0.8% experiencing signs of disorders such as moderate to severe anxiety. Theoretically, these results support Engel's study's view that mental health is influenced by emotional balance, social support, and environmental conditions. Readiness for marriage is determined not only by physical well-being, but also by psychological readiness and support from those around them.

These findings align with research by Dewi et al. (2023), which demonstrated

low levels of stress and anxiety among prospective spouses in urban areas thanks to premarital counseling and education through social media. However, these results differ from research by Fadilah & Nasrullah (2021), which found that 12% of prospective spouses in semi-urban areas experienced anxiety disorders due to economic pressure and family conflict. This difference suggests that social conditions and environmental support significantly influence the mental health of prospective spouses.

According to the researchers, the high level of mental health in Ciruas is due to the synergy between premarital education, partner support, and emotional readiness from the beginning of the preparation. Although the number of prospective spouses experiencing mental health issues is very small, they still require special attention through referrals or early intervention.

These results suggest that mental health guidance and education in Ciruas has been quite successful. However, to maintain these achievements, regular monitoring and skill development of counselors are needed to ensure that the material presented is more tailored to the psychological conditions of prospective spouses from various backgrounds.

Average Stress Level Score of Prospective Spouses Before Physical and Mental Examination

The study found an average stress score of 8.45 for prospective spouses, with a standard deviation of 1.13 and a range of 6–10. This score indicates that the majority of respondents were in the high stress category at the initial stage of the assessment. This indicates significant psychological pressure leading up to the wedding. These findings align with the findings of Marlina et al. (2021), who reported that 85% of prospective spouses in urban areas experienced high stress due to the burden of preparations and family pressure.

A difference was seen in Lestari & Hidayat's (2020) study in rural East Java, which found low stress levels due to strong social support from family and the local community.

Stress management efforts can be implemented through interactive, reflective counseling materials based on the real experiences of previous couples. Preventive interventions such as physical examinations and mental health counseling should be

implemented well in advance of the wedding day to give the bride and groom sufficient time to strengthen their psychological resilience. This step is expected to help prospective spouses face the challenges of marriage more adaptively and balanced.

Frequency distribution of stress levels of prospective spouses after physical and mental examination

The study found that the majority of prospective spouses experienced a decrease in stress scores from high to moderate or low after physical and mental examinations. The mean final stress score was 6.13 with a standard deviation of 2.44 and a range of 2–6, indicating an improvement in the respondents' emotional state. These data indicate that the health screening and mental counseling intervention had a positive impact on the psychological stability of prospective spouses. This shift demonstrates the effectiveness of the premarital guidance program in Ciruas District.

The coping theory explained by Lazarus and Folkman states that problem-focused and emotion-focused strategies can help reduce perceived stress. Health screenings and mental counseling are concrete examples of these strategies because they provide a sense of control and understanding over the situation.

Research by Rahmawati et al. (2023) supports these findings by showing that prospective spouses who underwent premarital guidance and health screenings experienced up to a 40% reduction in stress compared to the group without intervention. Different results were found in Arifin's (2021) study in suburban Jakarta, which reported that physical examinations alone were insufficient to reduce stress without follow-up counseling. These differences underscore the importance of holistic and integrated intervention design.

Researchers believe that a decrease in stress scores is an indicator of the success of premarital counseling, which includes concurrent health screenings and counseling. Overall, premarital screenings have proven beneficial not only as a detection tool but also as a therapeutic intervention. Going forward, strengthening individual and community-based counseling programs is necessary to maintain these positive impacts.

The influence of physical health examinations of prospective spouses on the level of stress experienced during wedding preparations in Ciruas District, Banten Province.

The study found a significant effect of physical health examinations on reducing stress levels for prospective spouses in Ciruas District. The average stress score before the examination was 8.24, while after the examination it dropped to 4.02, with an average difference of 4.23 points. The t-test showed a significance value of 0.000, indicating that physical examinations significantly contributed to reducing psychological stress during wedding preparations.

The Self-Regulation Model theory, developed by Leventhal, explains that a positive perception of one's physical condition can reduce anxiety and increase self-confidence. When prospective spouses know they are healthy, feelings of security and optimism increase, thus reducing mental stress. Physical examinations, which include measuring blood pressure, hemoglobin levels, and body mass index, help provide a reassuring, objective picture. This aligns with research by Susanti et al. (2022), which showed that premarital examinations can reduce anxiety and stress in young couples.

A difference emerged in the findings of Halimah & Sari (2021), who stated that physical examinations had no significant impact without health counseling. This suggests that the benefits of physical examinations are maximized when accompanied by supportive explanations, guidance, and education.

Researchers believe that physical health checks serve as an early detection measure and an early intervention to manage stress leading up to marriage. Good test results can boost self-confidence, while poor results don't necessarily lead to stress if adequate support is provided.

The influence of physical health examinations of prospective spouses on the level of stress experienced during wedding preparations in Ciruas District, Banten Province.

The study found a significant effect of mental health screenings on reducing stress levels among prospective spouses in Ciruas District. The Wilcoxon Signed Rank test yielded a Z-value of -7.102 with a significance level of 0.000, indicating that mental

assessments and premarital counseling significantly helped reduce stress levels, even in respondents with moderate anxiety scores. Mental assessments and counseling delivered educationally can strengthen resilience, develop adaptive mindsets, and help prospective spouses cope with social, emotional, and financial pressures. The counseling space provides an opportunity for respondents to recognize, express, and healthily manage their feelings.

Research by Pratiwi et al. (2022) reinforces these findings by showing that couples who received premarital mental health counseling had lower stress scores and were better prepared to deal with marital conflict. Conversely, a study by Marwah (2021) reported that counseling participants did not experience significant changes if the approach was solely informative and minimally interactive. This difference in results confirms that the success of counseling is greatly influenced by the method, quality of interaction, and active participant involvement.

Researchers believe that the success of a mental health screening is determined not only by the initial diagnosis but also by the quality of holistic and humanistic support provided. A screening accompanied by in-depth counseling can prevent spikes in premarital stress and prepare couples emotionally. Therefore, mental health screenings and counseling play a crucial role in creating optimal psychological readiness for marriage.

Analysis of Physical and Mental Examination Results, Including Subjective Factors Affecting the Stress Levels of Prospective Spouses

The study found that the majority of prospective spouses were in good physical and mental condition, although stress levels were still detected before the screening intervention. The analysis showed that subjective factors remained a key determinant of response to the screening results. Positive perceptions of health tended to reduce anxiety and increase mental readiness, while negative perceptions could trigger psychological distress even if the screening results indicated a relatively good condition [22]. Stress levels are also influenced by past experiences, social support, and high family expectations regarding the wedding process [39].

Prospective spouses who received health information accompanied by empathetic explanations from health professionals showed a significantly lower stress

level than those who only received the test results without assistance (Pratiwi et al., 2022). In contrast to Wahyuni's (2021) findings, which stated that premarital exams generally always reduce stress, this study emphasizes the importance of integrated interpersonal communication factors in the exam process.

Thus, physical and mental exams play a dual role as early detection tools and psychological interventions. Successful premarital stress management depends heavily on the quality of communication, emotional support, and educational strategies provided.

Experiences and Perceptions of Prospective Spouses Regarding the Results of Physical and Mental Health Examination and Their Impact on Readiness for Marriage

Interview results indicate that the experience of undergoing a premarital examination is a crucial starting point in reflecting on marriage readiness. This examination is not only medical but also emotional, as it concerns the identity and self-confidence of the prospective bride and groom. The health examination provides clear information about the physical and mental condition of the prospective bride and groom, which in turn impacts their perception and readiness for marriage. Those who receive normal test results generally feel calmer and can plan their wedding with confidence. Conversely, prospective spouses who receive test results with specific findings tend to experience anxiety, although not all reactions result in rejection of the wedding plan [49].

The psychological impact of the test results is greatly influenced by the individual's mental readiness and level of social support. Unfavorable results do not always cause panic, but instead serve as a trigger to adopt a healthy lifestyle and increase awareness of the importance of health before marriage. In this case, a positive perception of the test results is a protective factor that helps individuals cope with stress [32].

These results support the readiness for change theory, which states that readiness for change is rooted in an individual's understanding of the situation and the belief that change brings benefits. Premarital examinations are an effective means of encouraging these changes, especially when accompanied by appropriate counseling

and education [12].

This finding aligns with a study by Laksmi and Prasetya (2022), which showed that premarital examination results positively correlate with increased psychological readiness for couples. Conversely, results without adequate communication or education tend to lead to anxiety, as reported by Dewi et al. (2021) in the context of suboptimal premarital services.

Thus, experiences and perceptions of the examination significantly influence the psychological readiness of prospective spouses. Premarital services that incorporate psychosocial and educational approaches have been shown to positively impact couples' mental and physical readiness for married life [36].

Obstacles and Challenges Faced by Prospective Spouses in Undergoing Health Check-ups and Finding Solutions that Can Increase the Effectiveness of Intervention Programs

In-depth interviews revealed that prospective spouses face several obstacles in undergoing health checks, including technical, psychological, and social barriers. Technical barriers include limited time, limited access to health services, and inflexible schedules. Psychological barriers include fear of test results, concerns about social stigma, and embarrassment about discussing reproductive health issues.

Some prospective spouses also face challenges in understanding the medical information provided, especially those with low levels of education or limited health literacy. Lack of understanding of medical terms and their implications often leads to excessive anxiety, ultimately leading to passivity or refusal of follow-up examinations. This highlights the importance of communication tailored to the backgrounds of prospective spouses.

On the other hand, support from partners, families, and health professionals plays a crucial role in ensuring the success of the screening program. However, not all informants received this support. In some cases, couples expressed indifference or felt the screening was unnecessary. This presents a challenge in building collective awareness of the importance of premarital health.

Proposed solutions include increasing education through social media, involving religious and community leaders, and integrating screenings with other

premarital programs. For example, examinations can be conducted concurrently with guidance sessions at the Office of Religious Affairs (KUA) or family planning consultation services, for greater efficiency and a more holistic approach. Several informants, particularly the younger generation, have also found the use of digital media to disseminate information to be effective.

Intervention programs should also address psychosocial aspects by providing responsive and empathetic counseling services. Health education delivered interactively and in an accessible language is crucial for building trust and comfort among prospective spouses. This approach encourages active engagement and creates a supportive environment for a healthy marriage preparation process.

Therefore, to increase the effectiveness of premarital intervention programs, a multisectoral approach is needed, combining medical services, education, and social support. The role of cross-sectoral agencies, such as the Health Office, KUA, BKKBN, and local communities, is crucial to ensuring the accessibility and acceptability of premarital health screening services across all levels of society.

Limitation

Penelitian ini memiliki beberapa keterbatasan yang perlu diperhatikan dalam interpretasi hasil, antara lain:

1) Time constraints during interviews prevented the researcher from delving deeper.
2) The snowball sampling approach used in qualitative informant recruitment has the potential for bias because it tends to recruit respondents from homogeneous social networks.
3) Technical constraints in data collection, such as limited internet access and the use of online communication media (Zoom or WhatsApp).
4) In the quantitative aspect, although a quasi-experimental design was implemented, the lack of pure randomization opens up the possibility of uncontrolled external variables, which could affect the internal validity of the

research results. Factors such as family support, employment conditions, and education level could be intervening variables that have not been thoroughly explored.

5) Limitations in the measurement instrument, such as the use of a single questionnaire to measure stress, can lead to subjective perception bias. Although the questionnaire has been previously validated, responses still depend on the individual's understanding and openness in answering the questions.

Conclusion

Based on the results of the quantitative and qualitative research conducted, the following conclusions can be drawn:

1) The stress level of prospective spouses before the intervention (physical and mental health examination) was in the high category, with an average score of 8.45 and a standard deviation of 1.13.
2) After the intervention, stress levels decreased significantly to an average of 6.13, with a standard deviation of 2.44, reflecting an improvement in emotional well-being.
3) The majority of prospective spouses (97%) were in good physical health, based on parameters such as blood pressure, MUAC, BMI, hemoglobin, and infectious disease.
4) The mental health examination also showed that most prospective spouses experienced increased psychological stability after receiving mental health counseling and education.
5) The Wilcoxon test showed a Z-value of -6.742 and a p-value of 0.000, indicating a statistically significant difference between stress levels before and after the intervention.

6) The average decrease in stress scores of 4.23 points demonstrates that the intervention of a physical health examination and premarital counseling significantly reduced stress among prospective spouses.
7) These findings reinforce the point that a structured intervention in the form of a premarital physical and mental examination significantly helps reduce the psychological distress experienced by prospective spouses leading up to their wedding.
8) The results of the qualitative analysis indicate that subjective factors such as perceived health, personal experiences, and spousal support influence stress levels, regardless of objective examination results.
9) Prospective spouses who have positive perceptions of the examination and receive positive results demonstrate greater mental readiness for marriage than those who have negative perceptions or encounter surprising results.
10) Barriers encountered include limited access to services, fear of the results, and lack of health literacy. Proposed solutions include integrating the screening program with education, improving interpersonal communication, and providing social support to strengthen the effectiveness of the overall premarital intervention.

Ethical Considerations

This study adhered to ethical research principles, including respecting the dignity of respondents, maintaining confidentiality, and ensuring voluntary participation without coercion. Each respondent was given a clear explanation of the purpose, benefits, and procedures of the study before giving consent to participate. This study also underwent an ethical review process and was declared ethically sound based on the Ethical Exemption Number: 061/e-KEPK/FIKES/VII/2025 issued by the Health

Research Ethics Committee.

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Conflict of Interest

There is no conflict of interest.

Author contribution

The first author, as a researcher who conducted research by collecting and analyzing data scientifically which resulted in a scientific research report; the second author, as the first supervisor who provided time and direction, corrected the research process, made reports to prepare the publication of this research, the third author, who has provided input and provided full support in completing this research.

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